

<b>DECISION-MAKER:</b>	Health Overview and Scrutiny Panel		
<b>SUBJECT:</b>	Joint Strategic Needs Assessment		
<b>DATE OF DECISION:</b>	26 <sup>th</sup> July 2011		
<b>REPORT OF:</b>	Executive Director of Health and Adult Social Care and Director of Public Health		
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<b>STATEMENT OF CONFIDENTIALITY</b>			
None			

## SUMMARY

The Scrutiny Panel considered the consultation draft of the Joint Strategic Needs Assessment (JSNA) at its meeting on 8<sup>th</sup> September 2010. Since that time the comments received during the consultation process have been analysed and major themes identified. The key issues arising out of these themes have been summarised, and this summary is now presented to the Scrutiny Panel.

## RECOMMENDATIONS:

- (i) That the Scrutiny Panel notes and comments on the proposed findings of the JSNA and the arrangements for the publication of the Joint Strategic Needs Assessment covering the period 2011 – 2014.

## REASONS FOR REPORT RECOMMENDATIONS

1. The Council has a duty to produce a Joint Strategic Needs Assessment in consultation with the Primary Care Trust (PCT).

## CONSULTATION

2. A number of consultation activities were undertaken in autumn 2010. These included a series of meetings with stakeholders, including a presentation to this Scrutiny Panel in September, web-based consultation and the publication of a document entitled "Health Matters", which included a response form to enable individuals to express their views.

## ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None. The local authority and the PCT are under a legal duty to produce and Joint strategic Needs Assessment.

## DETAIL

### Background

4. The JSNA sets out to identify the 'big picture' for health and wellbeing and is a statutory requirement of the PCT and City Council to produce. The JSNA defines a needs assessment as '*a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and*

*reduce inequalities.* Department of Health JSNA Guidance p.7 (2007).

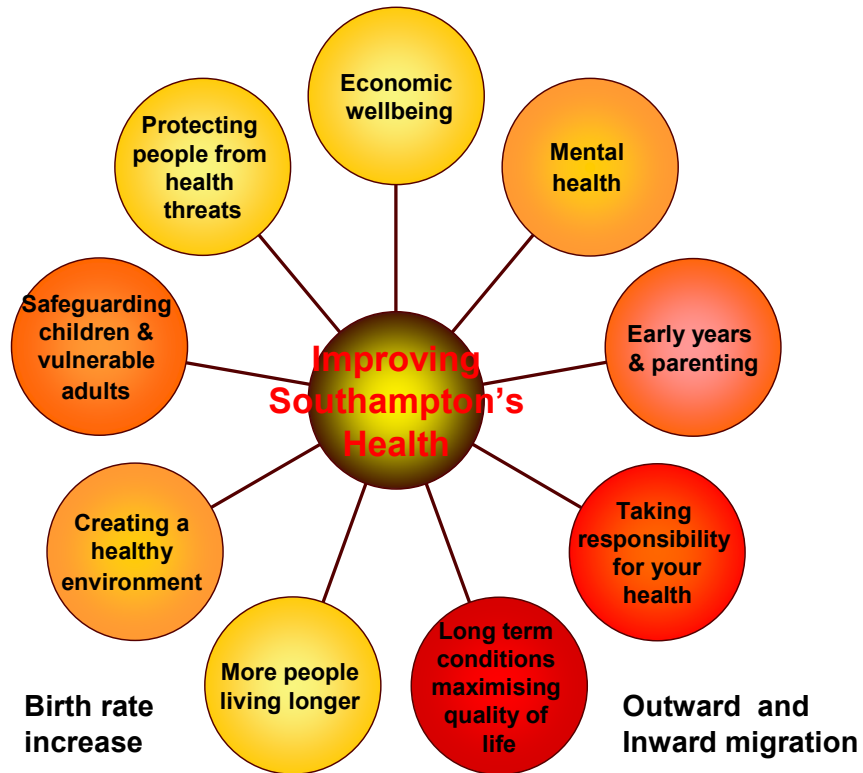
5. The government has been pursuing major reforms to the NHS, public health and adult social care over the past year. However the JSNA has continued to be seen as a vital process, and central to the NHS and local authorities being able to undertake informed and effective commissioning decisions. Subject to the passage of the Bill, production of the JSNA will, in future, be the joint responsibility of the local authority and the local clinical commissioning group (the new local health commissioning agency that replaces the GP commissioning consortium proposed in the 2010 NHS White Paper and the original Health and Social Care Bill), through the new Health and Wellbeing Board. It will need to inform the Joint Health and Wellbeing Strategy (again, to be a joint responsibility between the local authority and the clinical commissioning group through the Health and Wellbeing Board). The Health Scrutiny Panel will be able to challenge commissioning plans if it believes they do not reflect the evidence provided through the JSNA.

The first JSNA covered the period 2008 – 2011. During 2010 work was undertaken to review and update the assessment. A consultation draft JSNA was produced in the summer of 2010, and over a period of almost 5 months, key stakeholders were consulted, and the responses have generated. This scrutiny panel (then called Scrutiny Panel B) received a presentation and considered the consultative draft document at its meeting on 23<sup>rd</sup> September. No specific recommendations on the consultation document were made at this meeting.

6. The new arrangements for health structures and the role of the JSNA present a real challenge. The JSNA needs to be reliable, relevant and available throughout its lifetime. To respond to these challenges it is proposed that rather than be a paper document, the JSNA should become a web-based resource. This has been undertaken by several other local authorities cited in best practice reviews and it has several advantages. It will not become out of date soon after publication and it can be updated regularly and take account of the latest data. New datasets can be added if major new issues and challenges arise. This will assist commissioners in making higher quality informed decisions. It will also be available to any interested parties at all times. Furthermore, it saves the expense of publishing a large document that may end up sitting on shelves, as early on its life newer information may be available elsewhere.

Another issue the new JSNA will address is to detail assets already available. This is in response to a series of comments made during the consultation process that presenting only the needs meant the investments already being made were not being reflected. Adding these to the JSNA will add value, as by making this information available to commissioners, they will be able to identify resources provided by other organisations, or other parts of their own organisation, that they were not aware of, thereby potentially achieving additional synergies, more effective commissioning decisions, and better value for money.

It was also felt necessary to produce a more accessible and concise account of the issues that have come out of the JSNA review process. To this end, an executive summary has been produced which draws the evidence into 9 key themes. This helps the council and the NHS identify in broad terms areas of significant need that will require investment to improve health outcomes and reduce health inequalities. The 9 themes are set out in the diagram below:



The executive summary document is attached as Appendix 1 to this report, and members will receive a presentation at the meeting highlighting some of the key data and feedback from the consultation process.

## **FINANCIAL/RESOURCE IMPLICATIONS**

### **Capital**

15. There are no capital implications contained in this report.

### **Revenue**

16. There are no direct revenue implications in this report. The JSNA will inform future commissioning decisions to ensure the effective use of such revenue budgets as are approved by the council.

### **Property**

17. There are no property implications contained in this report.

### **Other**

18. None.

## LEGAL IMPLICATIONS

### Statutory power to undertake proposals in the report:

19. The Local Government and Public Involvement in Health Act (2007) places a duty on upper tier local authorities and PCTs to undertake Joint Strategic Needs Assessment.

### Other Legal Implications:

20. None.

## POLICY FRAMEWORK IMPLICATIONS

21. None.

## SUPPORTING DOCUMENTATION

### Appendices

1.	JSNA Executive Summary
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### Documents In Members' Rooms

1.	Non
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### Background Documents

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
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Background documents available for inspection at:

KEY DECISION?                      Yes

WARDS/COMMUNITIES AFFECTED:	All
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