

DECISION-MAKER:	CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH
SUBJECT:	TO ADOPT THE SOUTHAMPTON JOINT STRATEGIC NEEDS ASSESSMENT 2011-14
DATE OF DECISION:	5 SEPTEMBER 2011
REPORT OF:	EXECUTIVE DIRECTOR OF HEALTH AND ADULT SOCIAL CARE AND DIRECTOR OF PUBLIC HEALTH
STATEMENT OF CONFIDENTIALITY	
None.	

BRIEF SUMMARY

The Local Government and Public Involvement in Health Act (2007) places a duty on upper-tier local authorities and PCTs to undertake a Joint Strategic Needs Assessment (JSNA). JSNA is a process that will identify the current and future health and wellbeing needs of a local population, informing priorities and targets leading to agreed commissioning priorities. A re-refresh of the JSNA process for Southampton has been completed, and the Cabinet Member is requested to approve the process on behalf of the Council.

RECOMMENDATIONS:

- (i) That the Cabinet Member agrees the Joint Strategic Needs Assessment (JSNA) 2011-14;
- (ii) That authority be delegated to the Executive Director of Health and Adult Social Care and the Director of Public Health to update the JSNA as new data and information becomes available.

REASONS FOR REPORT RECOMMENDATIONS

1. To provide approval for a new JSNA and to ensure the data it contains is up to date.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

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

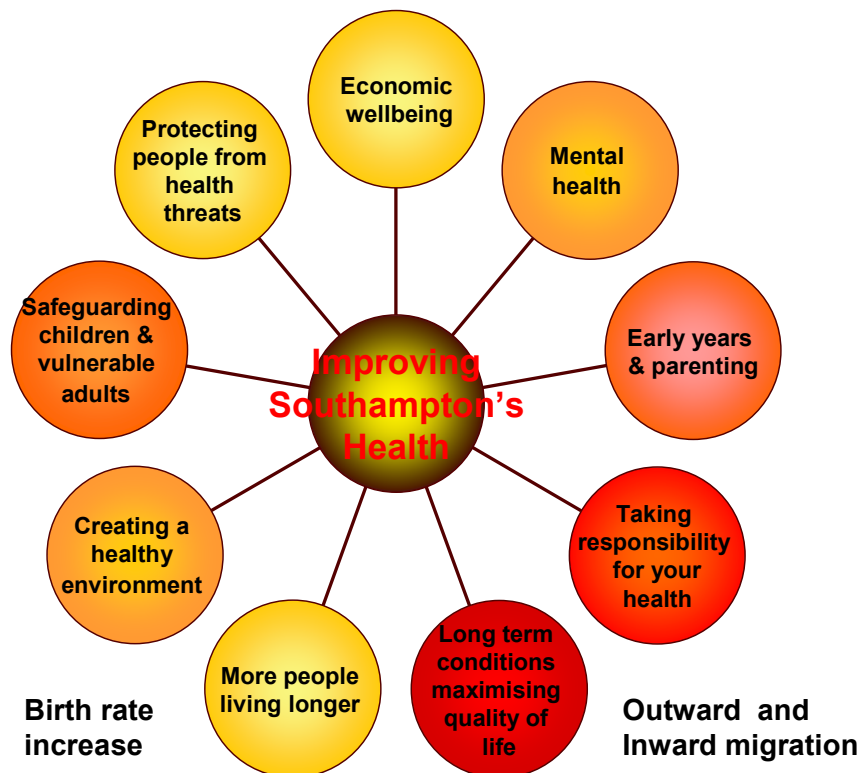
DETAIL (Including consultation carried out)

3. 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).
4. 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 generated have informed the JSNA now presented for approval. The Health Scrutiny Panel has received 2 reports on the JSNA. It made a number of detailed comments and these have been included in the executive summary at Appendix 1.

5. 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 better informed decisions. It will also be available to any interested parties at all times. Furthermore, it saves the expense of printing a large document that may not be fully utilised, as early on in its life newer information may be available elsewhere.
6. A new JSNA feature will address which assets are already available. This is in response to comments made during the consultation process that presenting only the needs meant that the existing investments and assets in place were not reflected. Adding this information to the JSNA will add value; commissioners will be able to identify resources provided by other organisations and other parts of their own organisation creating opportunities for achieving additional synergies, enabling more effective commissioning decisions, resulting in better value for money.
7. 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.

8. 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 which 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.

RESOURCE IMPLICATIONS

Capital/Revenue

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

Property/Other

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

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

11. 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:

12. None.

POLICY FRAMEWORK IMPLICATIONS

13. None.

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KEY DECISION? Yes

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	JSNA Executive Summary
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Documents In Members' Rooms

1.	None
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Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	No
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Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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