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Constructing and de-constructing the Nation's Joint Strategic Needs Assessments (JSNAs)

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15th July 2009

Overview

- What is JSNA?
- What are the aims of JSNA?
- Undertaking the JSNAs
- Content
- Findings
- Highlights
- Conclusions and further work

What is JSNA?

“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 in three to five years”

Aims of JSNA

- JSNA should identify the current and future health and well-being needs of a local population
- Underpins world class commissioning
- Inform future service planning

Renu Bindra, in Health Service Journal 2.6.08

Undertaking the JSNA

- Who is involved
- Mechanisms of engagement
- Key building block of commissioning
- Focused on outcomes
- Focused on future

World Class Commissioning

- Competency 2: World class commissioners work collaboratively with community partners to commission services that optimise health gains and reductions in health inequalities.
- Competency 3: World class commissioners proactively seek and build continuous and meaningful engagement with the public and patients, to shape services and improve health.
- Competency 5: World class commissioners manage robust and knowledge and undertake that establish regular needs assessments a full understanding of current and future local health needs and requirements.
- Competency 6: World class commissioners prioritise investment according to local needs, service requirements, and the values of the NHS.
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Content

- Collecting high quality data (core data sets)
- Outlining the ambitions and aspirations of the population
- Telling our story

Findings

- Leadership
- Status of the JSNA
- Consumers
- Data
- Flexibility and support

Highlights

- Southampton – comp deprivation
- Manchester – Ward fact sheets
- Gateshead – outcomes and impact *
- Nottingham – action plans
- N Yorks – telling our story *
- Lancashire – updates and tailor made
- Co Durham – ward level outliers
- Bournemouth and Poole – PH Annual Report

Gateshead

“The emerging issues have been assessed in terms of their impact: death, years of life lost, hospital admissions, employability implications; and outcomes: prevalence, trends, inequalities, and effective interventions”

Gateshead JSNA Feb 2008

Conclusions and further work

- Language and images
- Active engagement of community
- Wider agency working
- Variety of approaches
- High quality of quantitative data *
- Emerging importance of qualitative data
- International comparisons

Mosaic Public Sector

Mosaic Public Sector is a classification providing a comprehensive view of society enabling policy decisions, communications activity and resource strategies to be applied at the most local of levels of geography.

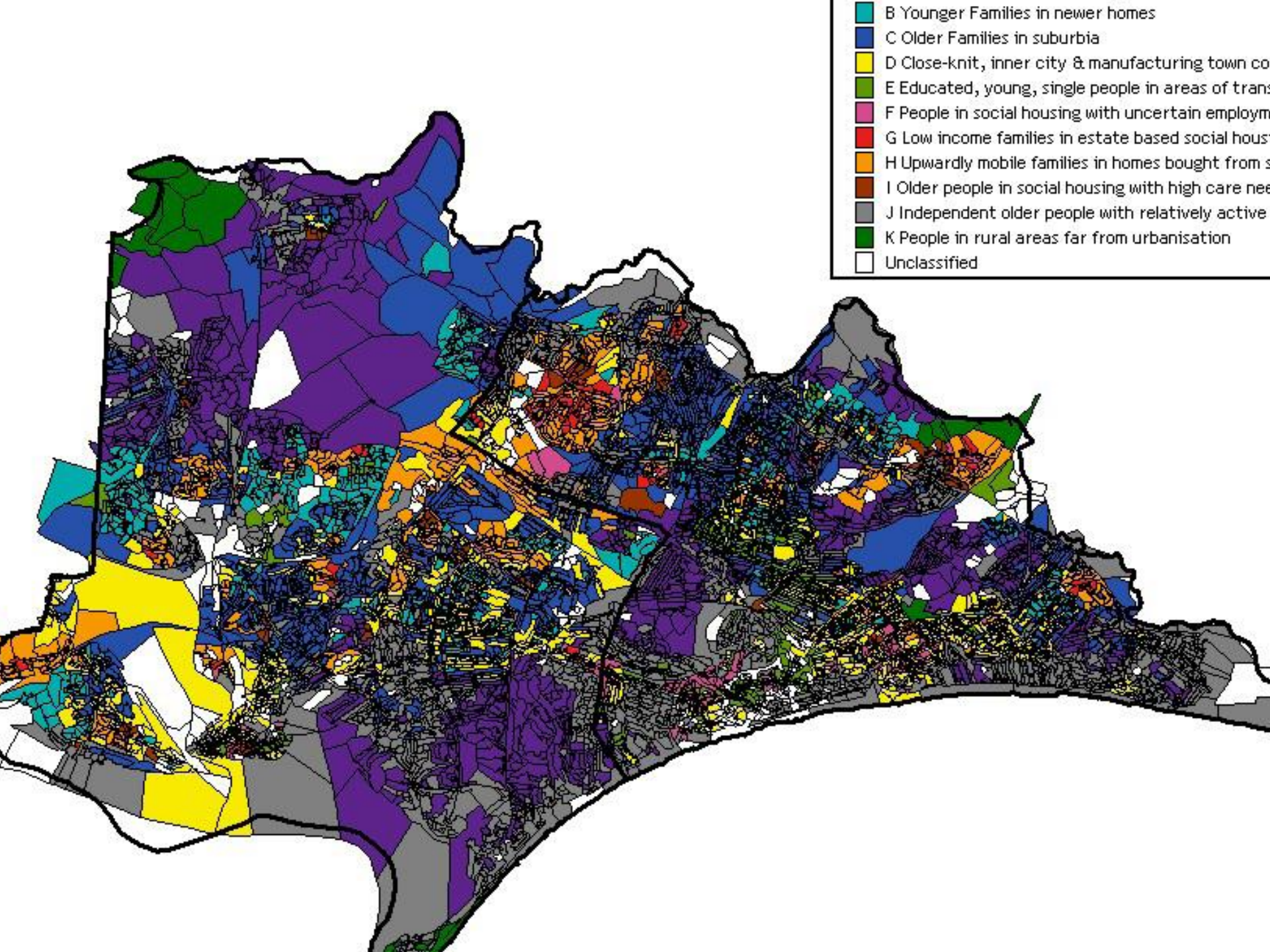
It uses data from a wide range of public and private sources, and is linked to specific data sources from health, education, criminal justice, local and central government.

The dataset provides an insight into households in terms of their requirements of these services. Additionally, it provides a 'common currency' that enables the same household to be viewed in the same way by all public bodies, thereby assisting joined-up government and partnership working.

Experian MOSAIC Public Sector: classification of the population

Using this data, Experian classifies every unit postcode into one of eleven lifestyle groups and sixty-one lifestyle types. Each of the groups and types has a description, the aim of which is to give an image of the area.

The following slide shows the lifestyle groups in Bournemouth and Poole.



Health Profile of England 2007

International Indicators

- Life expectancy at birth
- Infant mortality
- Circulatory disease - premature mortality
- Cancer - premature mortality
- Suicide and mortality from injury of undetermined intent
- Smoking related mortality
- Chronic liver disease – premature mortality
- Death from motor vehicle traffic accidents
- Teenage pregnancy (live births to mothers aged under 20)
- Alcohol consumption
- Obesity prevalence
- Fruit and vegetables – availability
- Tooth decay in children