

JSNA – Why Local Voice is crucial

Sam Crowe

Deputy director of Public Health, NHS Bournemouth and Poole
ADPH Bournemouth (designate)

 @5072north

JSNA: what it is and isn't

JSNA is:

A process,

Collaborative,

Strategic,

Focused,

Continuous,

A dialogue

A tool for commissioning

Statutory duty

JSNA isn't:

A huge list of health facts

Single agency view

All things to all people

Or the answer to
everything

The only way of getting
something funded ...

Ever finished or complete

What the guidance* says

- *There will be a focus on improving **outcomes** at a local level ... health and wellbeing boards will use JSNAs and Joint health and Wellbeing Strategies to set and measure outcomes for the **local communities** ... but also **align these priorities** with the NHS, public health and adult social care*
- *JSNAs ... should be **strategic** and take account of **current, future** health and social care needs of the **whole population***
- *... must be prepared **equally** by local authorities and Clinical Commissioning Groups, and this duty will be discharged via the Health and Wellbeing Board ...*
- *... JSNA is key to understanding **inequalities** and factors that influence them ... should identify the things that can be done **together** ... and should **prioritise** issues requiring the greatest attention, focusing on the **key issues that make the biggest difference***

* From: JSNAs and Joint Health and Wellbeing Strategies, Draft Guidance, January 2012, Department of Health



Duties in the Health and Social Care Act 2012

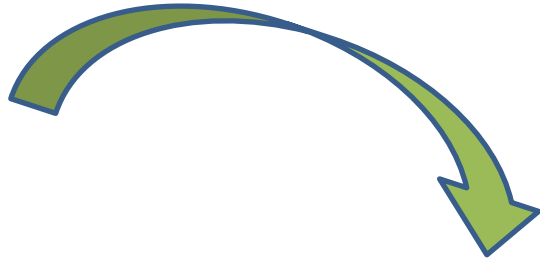
- Duty to prepare a JSNA in relation to the local authority area in line with guidance from the SoS for Health.
- ... to consider all needs capable of being met or affected by LA or CCG functions
- ... to use the JSNA to prepare a health and wellbeing strategy
- ... to involve third parties in preparing the JSNA and JHWS
 - **And yes, this includes ordinary people living in the area**
- ... to publish the JSNA and JHWS (local authorities)
- ... to have regard to the JSNA and JHWS when exercising relevant commissioning functions (for CCGs, LAs and NHS commissioning board)

Importance in setting priorities

- JSNA can tell you
 - How many people in a population are thought to have a condition
 - Where they live, and who they are (age, sex etc)
 - What their outcomes are like compared with other populations
 - What treatments or services are effective and cost-effective
 - Overall sense of importance of that issue **relative** to others
 - *Is it serious, with poor outcomes and affecting a small number of people, or less serious but affecting lots of people*

JSNA is really about a series of questions

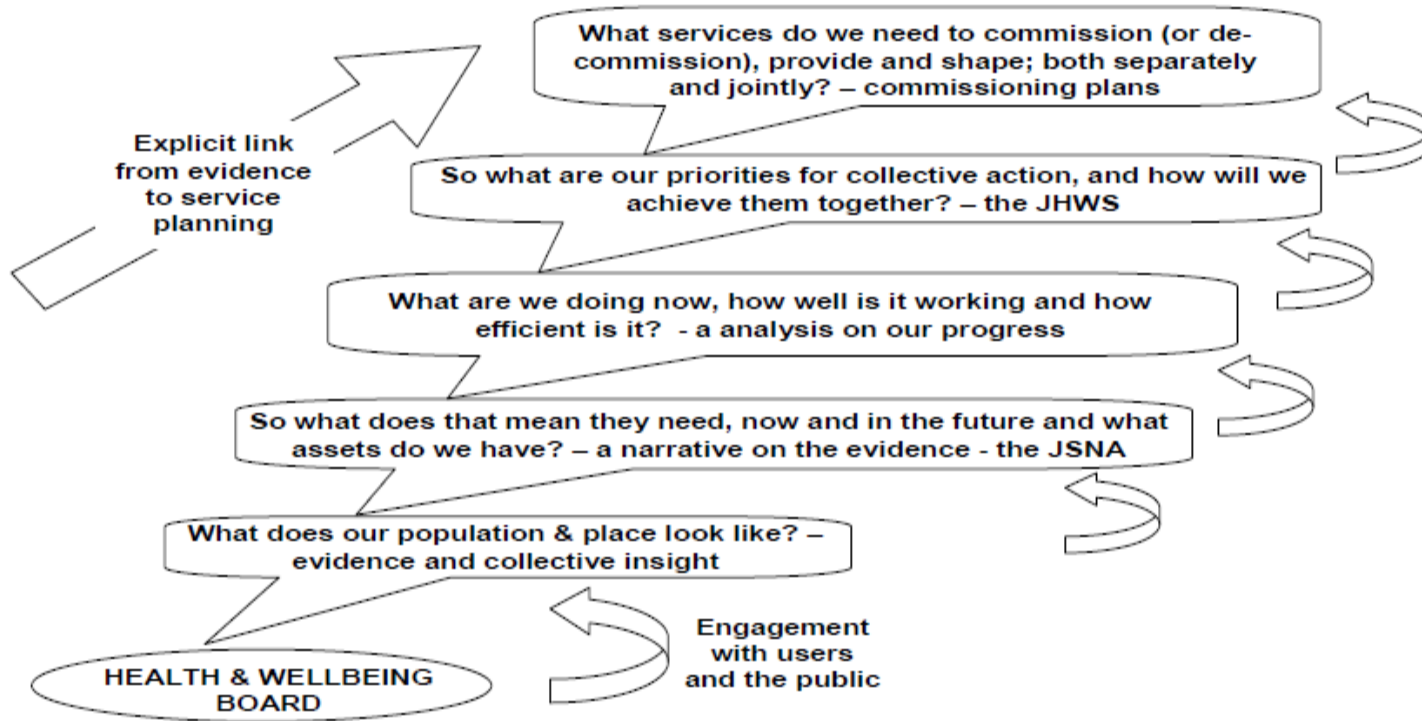
- What are the biggest unmet needs, now and in the future?
 - Major causes of ill health and early preventable death
- Are there groups suffering worse outcomes compared with the population?
- Where and how do they live?
- What actions are effective in improving outcomes for these groups?



... and these questions provide a link to developing a clear Joint Health and Wellbeing Strategy to inform priorities and commissioning plans

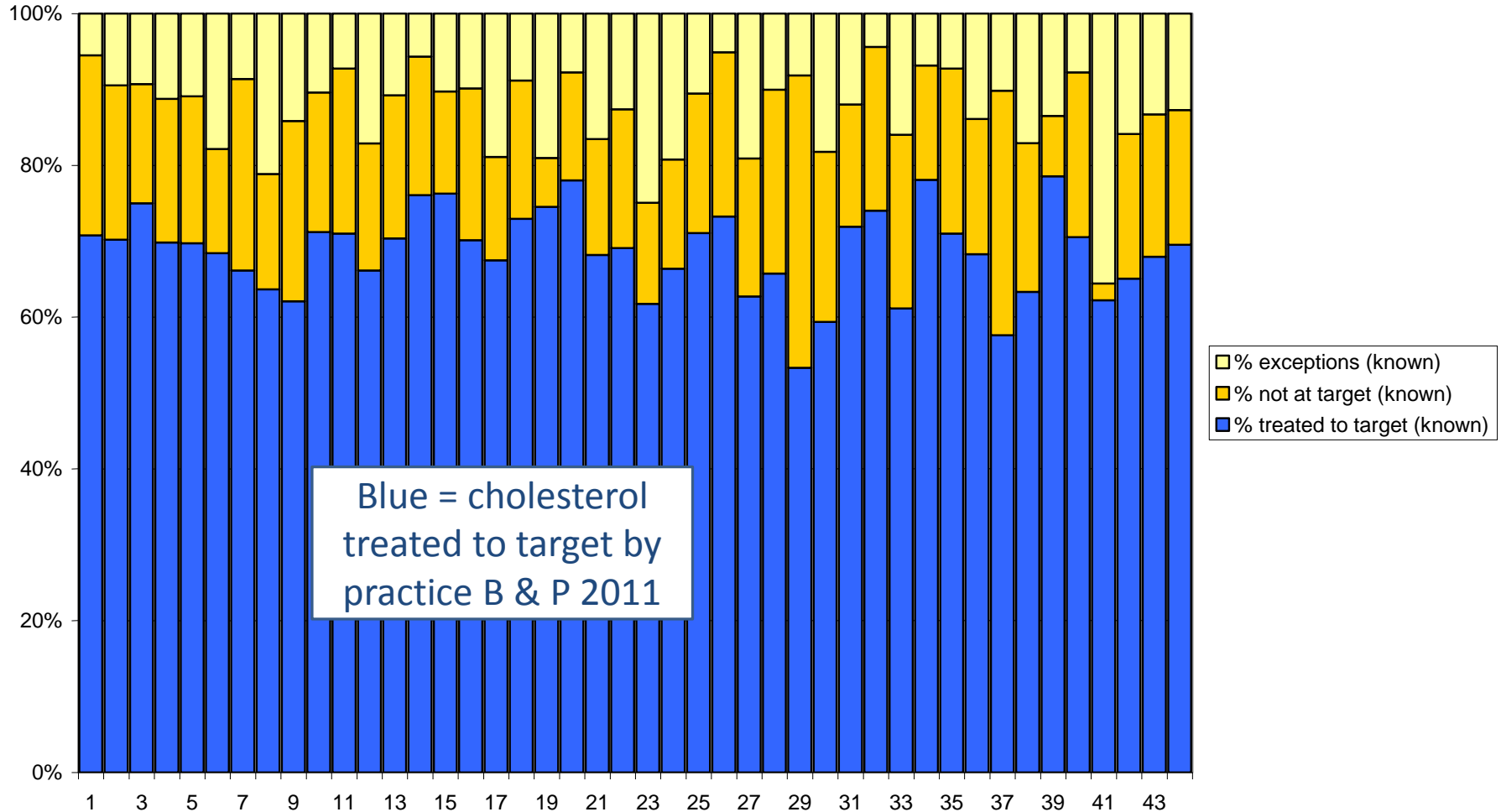
The link from JSNA to strategy

JSNA and JHWS - the vehicle for shared leadership

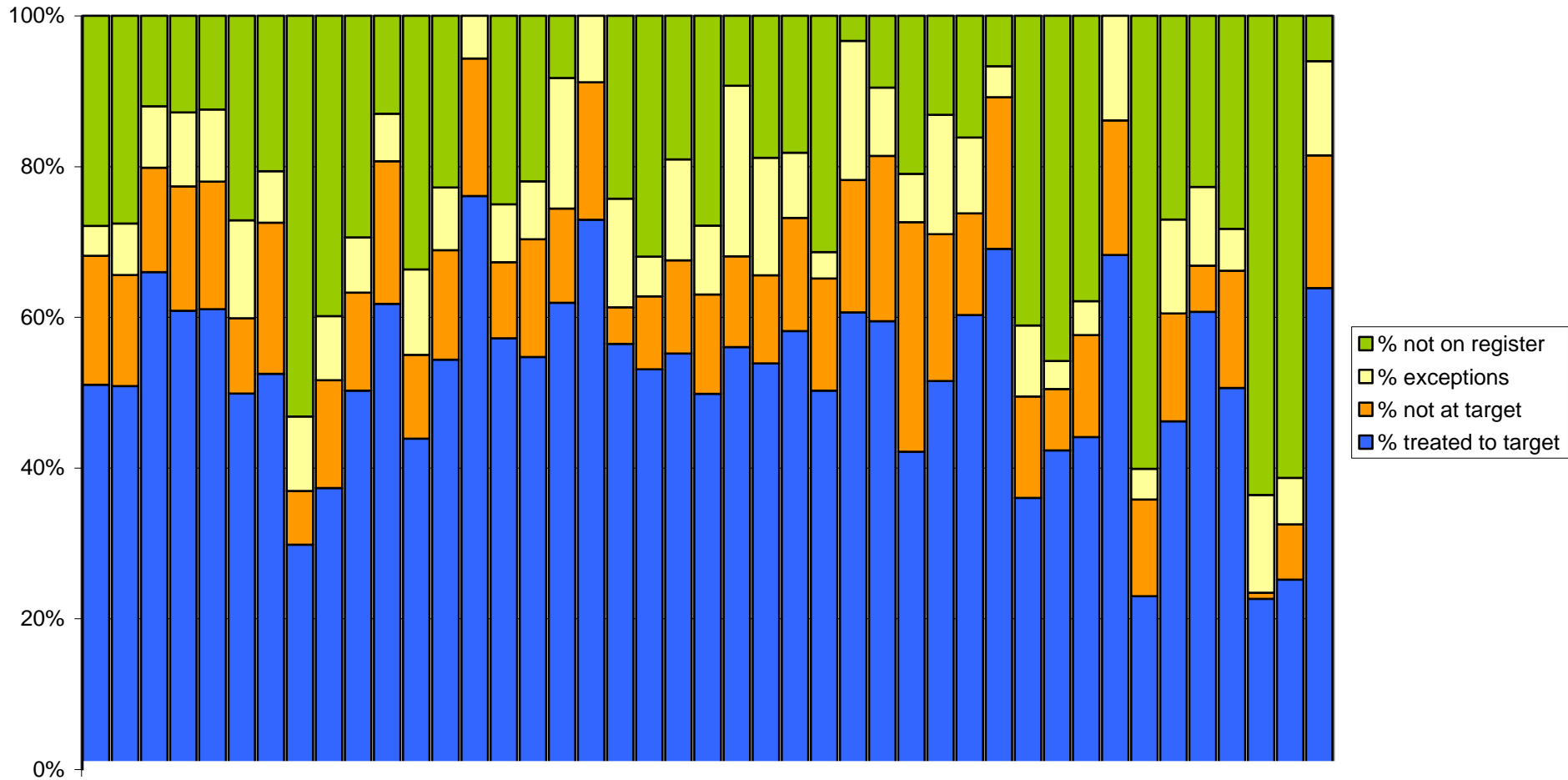


From: JSNAs and joint health and wellbeing strategies – draft guidance

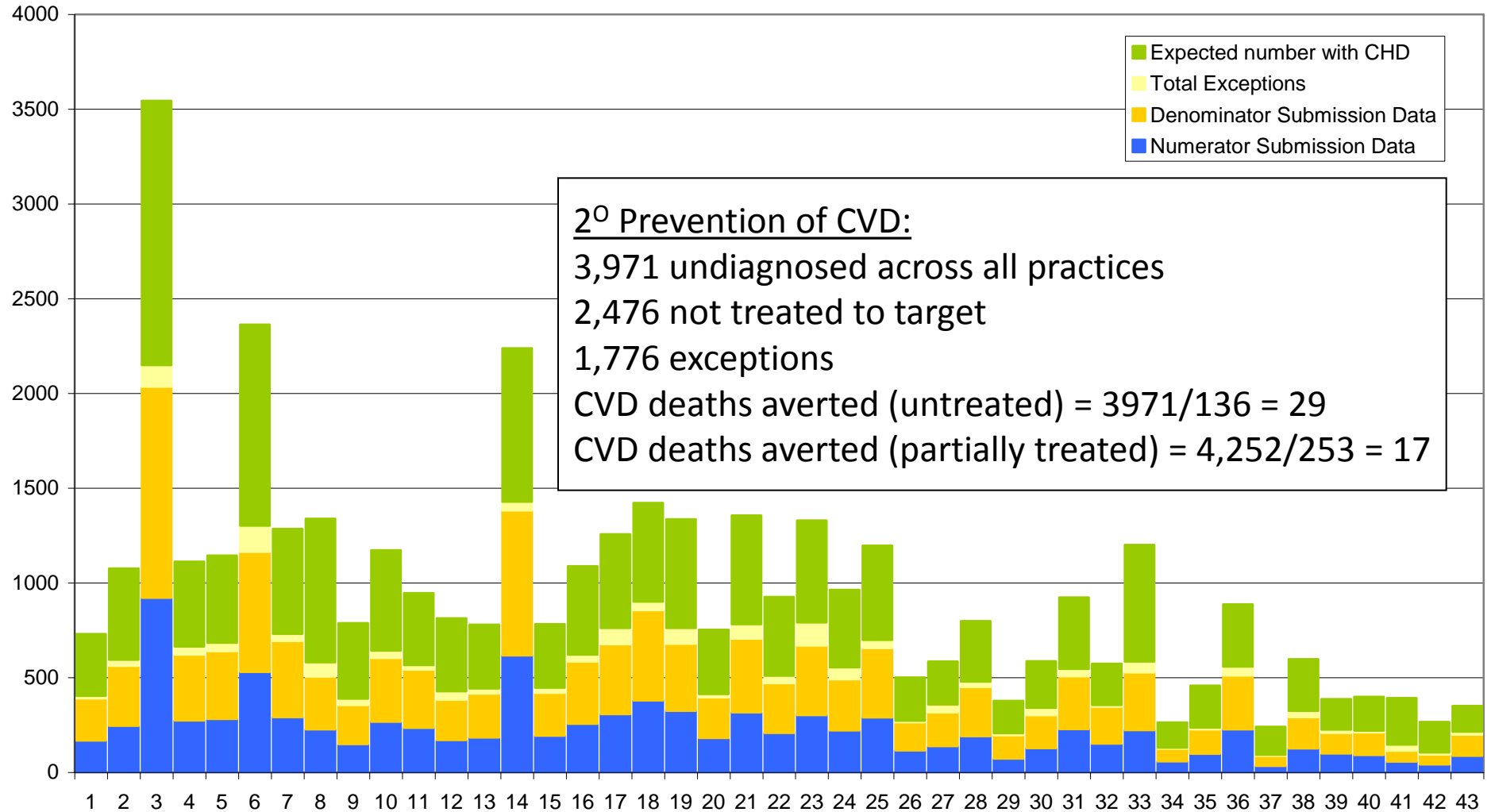
JSNA cannot provide all of the answers without dialogue and local voice



... the same data but with missing people added



Actual numbers -- achievement of CHD8, NHS Bournemouth and Poole 2011



Putting this together ...

- Not everyone with heart disease knows they have it
- Not everyone who knows they have it is necessarily on a practice register ...
- Not everyone on a practice register is necessarily being treated effectively ...
- Not everyone who is being treated effectively takes their medication ...

National estimates are that only around 1/6 of people with a long term condition are receiving and complying with optimal treatment ... JSNA cannot solve this alone