



PRIORITISING HEALTH SERVICES: The Role of Joint Strategic Needs Assessment

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Purpose

- To inform the audience of the new Commissioning Framework, and in particular JSNA
- To discuss some of the likely challenges of JSNA
- To gain feedback to be used to refine the guidance post-consultation

The Commissioning Framework

- Launched March 2007; consultation ends 29th May
- Key development in system reform agenda
- Emphasises importance of strong partnerships
- Recognises potential role of third sector

The Commissioning Framework: Aims

1. A shift towards services that are personal, sensitive to the needs of the individual and focused on maintaining independence
2. A reorientation towards promoting health and well being, and proactive prevention of ill health
3. A stronger focus on commissioning for outcomes, across health and local government, working together to reduce health inequalities & promote equality

Where we are now

- Health reform and investment have changed the NHS
 - Clinical outcomes have improved
 - Increasing effectiveness of joint working across health & social care
 - More choice among services, which are delivered closer to home
- BUT**
- Commissioning for volume and price - not quality and outcomes
 - Too much care in institutional settings
 - Health inequalities remain
 - Focus on treating illness, not preventing it
 - Limited diversity of providers
 - Individual choices still limited, local voices sometimes unheard

What are the obstacles?

- NHS links to the community less systematic than LA links
- Elements of JSNA exist, but not systematic
- Sharing of information to support commissioning often patchy
- Commissioners find that providers unwilling/unable to provide new/innovative services they want to secure
- When people need a package of care delivered by more than one provider, it often requires front-line practitioners to pull this together
- Being in work matters to the health and well-being of individuals and communities
- Incentives within commissioning systems do not yet fully support the delivery of better health and well-being
- The accountability for partnership working can be weak, leading to misunderstandings and the breakdown of relationships
- Capability to commission well is under-developed

Eight steps to more effective commissioning

1. Putting people at the centre of commissioning
2. Understanding the needs of populations and individuals
3. Sharing and using information more effectively
4. Assuring high quality providers for all services
5. Recognising the interdependence of work, health and well-being
6. Developing incentives for commissioning for health and well-being
7. Making it happen: local accountability
8. Making it happen: capability and leadership

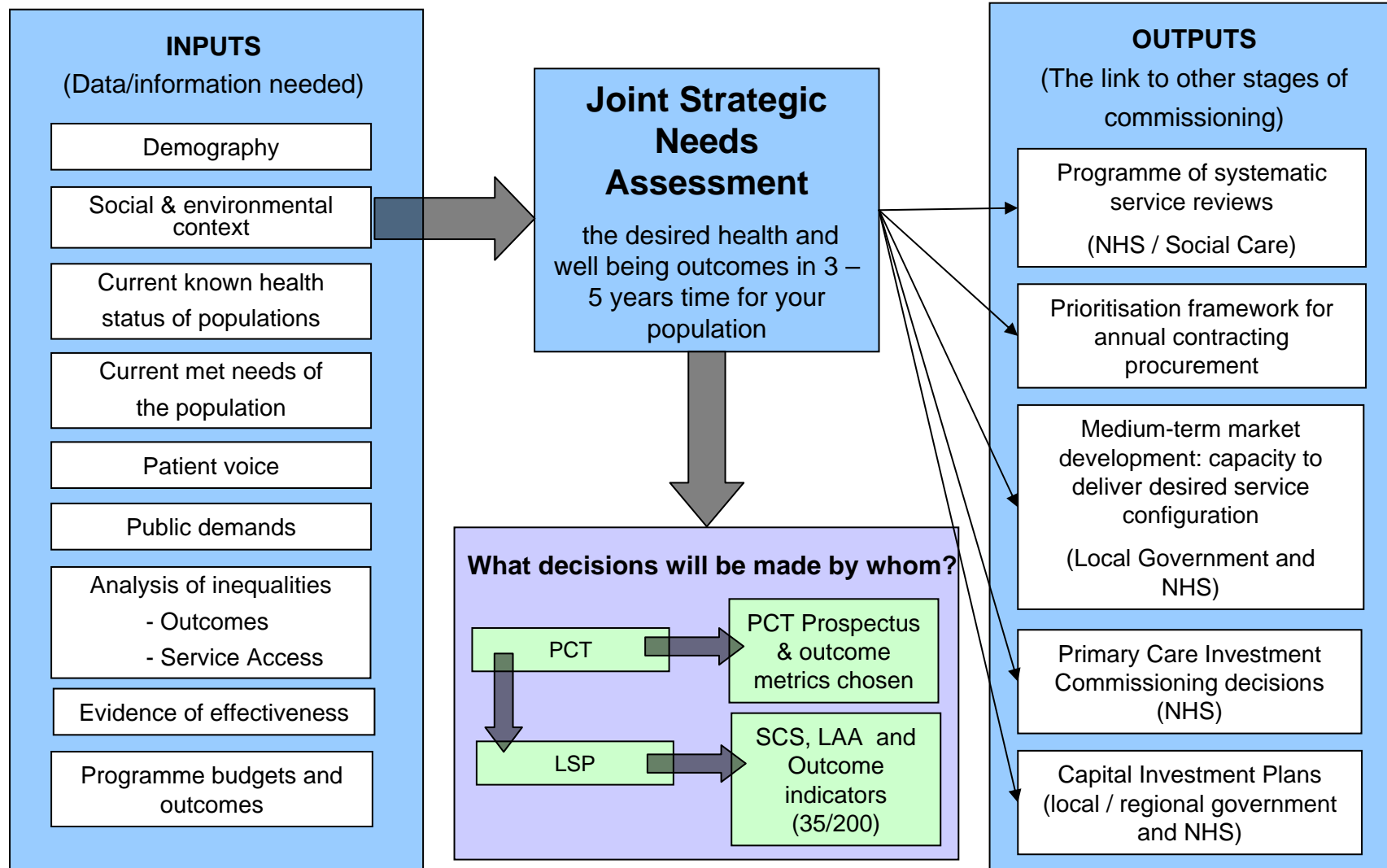
Understanding the needs of populations and individuals: JSNA

- Key building block of the commissioning process
- Will be a *duty* of the local authority and the PCT (DPH, DASS, DCS)
 - LAA and local targets based on the JSNA
- Must be focussed on *outcomes*
- Must be focussed on the *future*
 - 3-5 years: improvements in outcomes/reductions in health inequalities
 - 5-15 years: for major infrastructure planning (transport, housing, healthcare facilities)
 - 1 year: contractual changes at frontline / PBC level

JSNA – What it isn't, what it can do

- Not the whole commissioning process
- Not the plan to deliver changes in service delivery
- **It is** the information & evidence to support other parts of the commissioning process
- The PCT Prospectus & Sustainable Community Strategy
 - Signals to the 'market' that changes in provision expected
 - Services as they are currently delivered could be decommissioned
- Patient and Public 'voice' is a vital element

JSNA and the Commissioning Cycle



Challenge: Duty

- LG&PIH Bill places a duty on the LG Upper Tier and PCT(s) to produce a JSNA
- Mirrors Sustainable Community Strategy and LAA duty
- Not a duty on lower tier
- Does making it a duty make a difference?
- Are there issues of co-ordination?
- Are there issues of 'granularity'?
- How many JSNAs should there be? (1 per upper tier; 1 per PCT etc)

Challenge: Co-operation

- The duty will manifest itself as statutory guidance
- Which will place the duty on the DPH/DASS/DCS to work together
- What are:
 - o the interpersonal issues
 - o the political interface issuesthat could undermine JSNA (and commissioning)?

Challenge: Outcomes

- JSNA focuses on outcomes
- Over the short to medium term
- Aligned with SCS & LAA cycles
- What will prevent an agreement on outcomes?
- How will priorities be set?
- Will there be any 'political'/power imbalances?

Challenge: Decommissioning

- What part can JSNA play?
 - Acts as “backdrop”; supports prioritisation
 - Consideration in the annual contracting round
- What are the timescales on which decommissioning can take place?
 - Needs to guide shifts in investment over 18 month – 3 year period
- What are the sufficient and necessary conditions for decommissioning?
 - Provides ‘defensible’ process for decisions on priorities
 - Includes building local support for decommissioning (patient/public/political voices)

Challenge: Capability

A good JSNA relies on:

- Data
- Turned into information
- Which is analysed and presented effectively
- Are there sufficient analytical skills available?
- Are there any 'economies of scale'?
- If there is a gap in skills, how quickly can it be closed?

Challenge: Data

- Effective commissioning is data hungry
- But attempting to describe: a 'minimal' dataset
- Is there anything missing?
- *Demography*
- *Social and Environmental*
- *Current Known Health Status*
- *Current Met Needs*
- *Service User*
- *Public Demands*

Challenge: Voice

- Patient & public opinion – or data – is rarely heard in ‘traditional’ needs assessment
- How can patient & public ‘voices’ be effectively used to inform the JSNA?
- Do we need new methods/techniques for ‘systematising’ this data?

Summary of the Challenges

- How powerful is the Duty?
- Professional / interpersonal relationships
- Political interface
- Commissioner capability
- Pathway from three year outcomes to annual contract volumes
- Prioritising outcomes
- Data & Information
- Systematising 'Voice'