Cheshire East Joint Strategic Needs Assessment (JSNA) Update

Eastern Cheshire CCG Governing Body

27th May 2015
What can, or should, a JSNA do?

- It focuses on health and social care needs, including the determinants of those needs.
- Identifies needs that can be met or modified by the Local Authority, CCGs, or NHS England.
- When framed from the public perspective, it can reduce organisational and professional bias.
- It supports empowerment, reduces inequality, and can help stimulate personal responsibility.
- It highlights where prevention can reduce need.
- And it should be an evidence-based process.
Monitor & evaluate

Identify evidence & insight

Develop strategies (priority, outcome)

Develop plans

Implement options

JSNA

What’s the question?
The Needs
In Cheshire East, four reasons account for over 3,000 A&E visits by under-5’s annually:

- *respiratory illness*
- *tummy problems*
- *feverish illness*
- *bump to the head*

Eastern Cheshire CCG is helping to develop
Common Approach to Childhood Health (CATCH)

Children’s JSNA was fully updated during 2014

How to...
Pharmaceutical Needs Assessment March 2015

- cross-boundary pharmacy flows by Wilmslow and Poynton residents (partly to access early morning and late evening pharmacy provision)
- major new housing developments are planned by both Local Authorities adjacent to their border

The PNA highlighted cross-border health needs that may require co-ordinated work by both Stockport and Cheshire East Health and Wellbeing Boards
Anna Whitehead, the new JSNA Manager

- has produced and is starting to test new JSNA policies:
  - JSNA work programme development
  - JSNA partnership working and community involvement
  - JSNA governance

- has developed a JSNA 2015/16 work programme
- continues to facilitate & manage production of JSNA sections (including mental health, exercise, cancer)
- is coordinating input from service users and the public
Cheshire East’s JSNA focuses on Outcomes

Good Position, Getting Worse

- Preventable sight loss diabetes
- Adult smoking: prevalence
- Hip fractures 65-79
- Infants mortality
- Re-offending: re-offences
- Adult smoking: routine/manual
- <75 liver deaths F
- Re-offending: %
- Active adults
- MH housing
- Preventable liver <75 deaths F
- Communicable dis deaths M
- Preventable sight loss certifications
- Admissions 0-4 injuries
- Admissions <14 injuries

Poor Position, Getting Worse

- Preventable sight loss diabetes
- Adult smoking: prevalence
- Hip fractures 65-79
- Infants mortality
- Re-offending: re-offences
- Adult smoking: routine/manual
- <75 liver deaths F
- Re-offending: %
- Active adults
- MH housing
- Preventable liver <75 deaths F
- Communicable dis deaths M
- Preventable sight loss certifications
- Admissions 0-4 injuries
- Admissions <14 injuries

Poor Position, Getting Better

- HIV late stage
- NEET
- Drug treatment: opiates
- Sickness absence: previous week
- Fuel poverty
- Low birth weight
- Preventable resp <75 deaths F
- Admissions within 30 days M
- Admissions within 30 days F
- Readmissions within 30 days
- Fall injuries >65 M
- Fall injuries 80+
- Sickness absence: % days lost
- Drug treatment: non-opiates
- Sickness absence: previous week
- Fuel poverty
- Fuel poverty
- Preventable liver <75 deaths F
- Communicable dis deaths M
- Preventable sight loss certifications
- Chlamydia detection
- Hib/MenC booster sy
- Preventable sight loss AMD
- Hip fractures 80+
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preventable liver <75 deaths M
- Preventable liver <75 deaths F
- Preve
How does this help CCG consider its priorities for commissioning (other than ‘must dos’) 

As a commissioner, use the steer of:

- Health and Well-Being **themes** (Starting, Living and Ageing well). Emphasis on children, families, reducing inequalities in life expectancy and healthier active lives for longer.

- Which health outcomes **need improvement fastest** in ECCC area.
  - JSNA ‘quadrant’ ~H & WB footprint  
  - ‘Local Health Profiles’ (PHE) gives further focus at CCG level e.g. in past: stroke outcomes, children’s emergency admissions. 
  - Local inequalities in premature mortality **amenable to healthcare**. (Part of CCG commissioning intentions processes. E.g. Using CfV data, PHARs.)

- Starting point- List of **effective actions** CCGs can take, from NHS Eng.

As partner in Health & Well-Being arena:

- JSNA – build picture together
- H & WB Board active partner, build common understanding, co-ordinate.
- Optimise effective preventive opportunities within CCG gift (e.g. every contact counts, mat. care)
- Patient pathways don’t follow commissioner boundaries, Commissioners work together!
The JSNA Journey

What's the question?
Identify evidence & insight
Develop strategies (priorities, outcomes, intentions)
Develop plans
Implement options
Monitor & evaluate

JSNA Manager, JSNA Policies

Cheshire East JSNA
CVS cheshireeast
NHS
Eastern Cheshire Clinical Commissioning Group
South Cheshire Clinical Commissioning Group
Cheshire East Council