

## Commissioning for Better Health in Gloucestershire

The annual report of the Director of Public  
Health

2008 – 2009



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June 2009

# Foreword

## Annual DPH Report 2008-09

### Foreword

This year's Director of Public Health report is a watershed. It is the end of an era of producing annual reports, which over the years have ranged from weighty tomes to newspaper-style documents, all providing information on the state of health in Gloucestershire and making recommendations for improvement.

This year's report takes the form of individual briefings, some focus on a geographic locality, some on a particular topic or theme. In future rather than a single report we will produce briefings such as these throughout the year, on particular topics relevant to health and social care.

The 2008/09 briefings are largely based on the Joint Strategic Needs Assessment (JSNA) process that has been established between the Department of Public Health at NHS Gloucestershire, and the Directorates of Community and Adult Care and Children and Young People at the County Council. I am grateful to Margaret Sheather (Director of Community and Adult Care) and Jo Davidson (Director of Children's Services) for their support in developing Gloucestershire's JSNA. But whilst the development of the JSNA has been a joint effort, the recommendations made in this report are, in keeping with all Director of Public Health reports, my sole responsibility.

The JSNA process has proved both exciting and challenging; it provides a unique opportunity to bring together information across different organisations, and to plan collectively to improve the health and wellbeing of our population, for the short, medium and long term. The JSNA is essentially an iterative process and each year the sources of information – both quantitative and qualitative, will be extended and developed further. In particular we know we need to strengthen the information gathered through listening to our patients, users and public to ensure we develop a rounded picture of our service provision, and to ensure that we have taken into account patient and public views in planning future services.

The real test of the JSNA is the extent to which it is used by service commissioners and providers to inform where, how and what services we provide. To support this, the e-JSNA tool will be made publicly available through the County Council's MAIDeN website, and the briefings series will also highlight key areas for action and make recommendations based on the best evidence available.

Finally, as with all Director of Public Health Reports, I am extremely grateful to members of the public health department who have worked hard to develop the JSNA and produce this Report, particularly Ruth Wain and Alice Walsh. Of course our best reward for this effort is to see the information contained in the e-JSNA and this year's report being used to ensure that we really do commission for better health for everyone in Gloucestershire.



Shona Arora

Joint Director of Public Health

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## Additional documents

### Gloucestershire County Health Profile

#### Gloucestershire area health profiles for:

Cheltenham

Cotswold

Forest of Dean

Gloucester

Stroud

Tewkesbury

#### Gloucestershire commissioning briefs on:

Gloucestershire's ageing population

Health inequalities and People with Learning Disabilities

Healthy lifestyle choices for children and young people

Tackling obesity in Gloucestershire

# Introduction

Each year the Director of Public Health (DPH) produces an annual report. The aim of the report is to contribute to improving the health and wellbeing of the local population and to reduce health inequalities. This year, Gloucestershire's Joint Strategic Needs Assessment (JSNA) forms the basis of the annual report 2008-09.

## Commissioning for Better Health

NHS Gloucestershire's primary role is to commission public health and health care services that match the needs of its population.

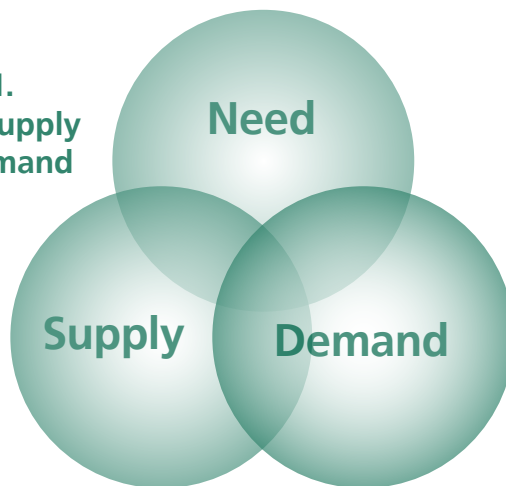
*"Commissioning involves intimately understanding patient and public wants and needs, using market making approaches to select providers to generate high quality, value for money outcomes for everyone, and being accountable for these outcomes."*

Adapted from Great Commissioning, Ernst & Young 2007.

The challenge for primary care trusts is to become World Class Commissioners.

This involves a robust understanding of the relationships between need (capacity of patients and public to benefit from services), supply (current provision of services) and demand (patient and public 'wants'). This is illustrated in Figure 1.

**Figure 1.**  
Need, supply  
and demand



The vision of World Class Commissioning is to provide better outcomes for people, adding life to years and years to life, as summarised in Box 1.

### Box 1. World Class Commissioning Vision

#### Better health and wellbeing for all

- People live healthier and longer lives
- Health inequalities are dramatically reduced

#### Better care for all

- Services are evidence-based, and of the best quality
- People have choice and control over the services that they use, so they become more personalised

#### Better value for all

- Investment decisions are made in an informed and considered way, ensuring that improvements are delivered within available resources
- PCTs work together with others to optimise effective care

Source: Department of Health, 2007

Joint commissioning is at the heart of improving outcomes for people. It recognises that people have differing health and social care needs and want to be treated as individuals. It means that, in addition to health care services, NHS Gloucestershire considers the wider determinants of health and the role of partners, including local authorities and the third sector, to identify the needs of the population and commission services to improve health and reduce health inequalities.

A robust strategic needs assessment is the first step in the commissioning cycle (Figure 2).

Figure 2. The Commissioning Cycle



In Gloucestershire the Public Health Department and Gloucestershire County Council's research team have undertaken a Joint Strategic Needs Assessment to describe the future health, care and wellbeing needs of local populations. The development process is described below.

1 Local Government and Public Involvement in Health Act 2007

2 Department of Health(DH) Commissioning Framework for Health and Wellbeing, 2007

3 Department of Health JSNA Briefing document, August 2007 update

## Developing the Joint Strategic Needs Assessment

### What is the Joint Strategic Needs Assessment?

Since April 2008, a new government Act requires that Directors of Public Health, Adult Care and Children's Services work together to produce a Joint Strategic Needs Assessment (JSNA)<sup>1</sup>. This will be the means by which primary care trusts (PCTs) and local authorities (LA's) describe the future health, care and wellbeing needs of local populations and the strategic direction of service delivery to meet those needs<sup>2</sup>. The JSNA must inform the development of local sustainable community strategies and Local Area Agreements (LAA's). Where local authorities are not unitary, there is a statutory requirement to involve district councils in this assessment.

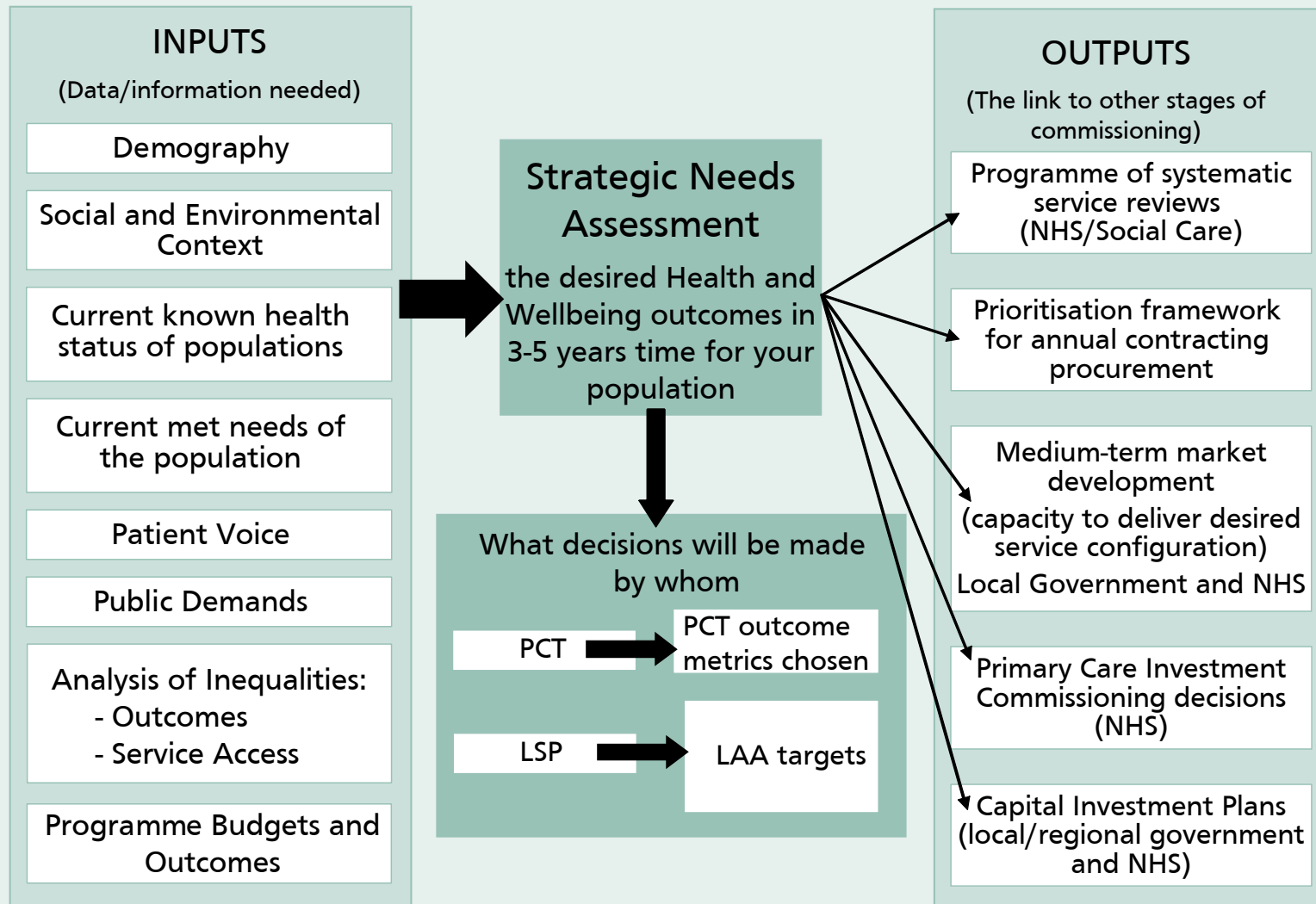
The JSNA will enable health and social care services to meet the needs of local people by allowing us to look ahead at least three to five years and support and direct the change that needs to happen in local service systems so that:

- services are shaped by local communities
- inequalities are reduced
- social inclusion is increased.

It is expected that Local Area Agreement targets will be based on the findings of the JSNA.<sup>3</sup>

The JSNA, when used alongside cost information, will enable NHS Gloucestershire, local authorities and Local Strategic Partnerships (LSPs) to understand where they are spending their resources and identify the potential for shifting resources between activities to produce better outcomes (see Figure 3).

**Figure 3: Strategic needs assessment**



Source: Commissioning Framework for Health and Wellbeing 2007

## How was the eJSNA tool developed?

In Gloucestershire, it was decided to build on the nationally recognised MAIDeN project, so that the central plank of our JSNA is a web-based e-tool<sup>4</sup>. This tool concentrates initially on the needs of adults and links to the needs assessment carried out to inform the development of the Children and Young People's Plan 2009-12. The development of the tool, and the overall JSNA, is overseen by a county-wide JSNA steering group chaired by the Director of Public Health.

The Public Health Department and Gloucestershire County Council's Research Team have developed a prototype eJSNA using the Department of Health core intelligence and data set. This is now available to a limited number of users in health and local authorities for quality assurance and feedback. Following this tool will be made more widely available via the MAIDeN website, later in 2009.

The eJSNA is only at the beginning of its development. This is a long term on-going piece of work. As more data become available the JSNA will continue to build, providing us with a wide range of information and acting as a key resource for planning our future services.

One of the key elements we need to build on is to include information provided through the patient/user voice. A work stream to look at this has already been established.

The eJSNA contains many useful sources of data that will be updated annually, and compares Gloucestershire's performance with comparator PCTs and local authorities. The data has also been cut, wherever possible, by district and by practice-based commissioning clusters. Trends and maps have also been included.

Summary tables of emerging findings from the eJSNA for the county and each district are provided in the Gloucestershire County Health Profile.

Whilst there is much useful data to inform commissioning of health and wellbeing, summary reports will need to be produced for wider audiences. This report is the prototype for summary reports and provides an overview. It consists of seven geographically based briefings – one for each district and one for the county. Each district briefing has information on:

- demography
- morbidity
- mortality
- key issues for the area
- key diseases contributing to health inequalities
- overview of current health improvement activity
- next steps in 2009/10

There are also four thematic briefings that have been identified as areas of focus for commissioning in 2009. These are:

- Gloucestershire's ageing population
- health inequalities and people with learning disabilities
- healthy lifestyle choices for children and young people
- tackling obesity in Gloucestershire

The theme of health inequalities runs throughout these briefings.

4 See MAIDeN project at [www.maiden.gov.uk](http://www.maiden.gov.uk)

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# Acknowledgments

We would like to thank the following people for their contributions to this report:

Kirsty Alexander, Locum Consultant in Public Health

Tracy Marshall, Public Health Manager

Sola Aruna, Consultant in Public Health

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Diana Billingham, Public Health Manager

Public Health Intelligence Team (PHIU)

Simon Bilous, Head of Commissioning for Children, Young People and Maternity

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Ruth Wain, Associate Director of Public Health

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Rachel Wigglesworth, Public Health Manager

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