



# **Joint Strategic Needs Assessment:** A springboard for action

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# Ministerial vision statement

**Paul Burstow MP**

Minister of State (Care Services)

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When the Government published the Health and Social Care Bill in January 2011, it reaffirmed its commitment to tackling persistent health inequalities, meeting the needs of seldom heard and vulnerable groups more effectively, and making sure that decisions were taken as close to local people as possible. The proposals for reform of the NHS embody these principles as we devolve power to GPs and introduce real, local democratic accountability to healthcare for the first time in almost 40 years.

The NHS and local government have made progress on the development of Joint Strategic Needs Assessments (JSNA) since they were introduced in 2007. However their effectiveness in addressing the health and wellbeing requirements of communities was limited without a powerful local mechanism to oversee real change and tackle inequalities. The new requirement for health and wellbeing boards to lead enhanced JSNAs and joint health and wellbeing strategies (JHWS) will help areas take up three major opportunities.

Firstly, the boards will bring the major commissioners of public services for local people to a single table – for example, local government (including public health) and the NHS (organised around commissioning consortia). Where it makes sense to do so, they will be able to work together to secure the health and wellbeing services which best meet needs and are most important to local people. An effective JSNA will help local leadership to decide on priorities in a more

joined-up, effective and efficient way.

Secondly, it is open to local discretion to widen participation in health and wellbeing boards to district councils, the community and voluntary sector and to other agencies with a major contribution to make to promoting health and wellbeing. Wider influences on health and wellbeing such as housing, economic development, and spatial planning are well documented, but only the health and wellbeing board has the potential to bring them together around a common theme. A comprehensive and robust JSNA will identify the scope for these contributions, providing a coherent single needs assessment for all services and the opportunity to maximise investment across a locality.

Finally, local democratic accountability and the participation of HealthWatch are key to making sure this all happens. They offer a real opportunity to develop a much stronger relationship with the people in local communities who, in turn, can shape the balance of services. A strong JSNA will strike the right balance between facts and figures about local health and wellbeing, and local views about what should be done. It will play its part in our goal of passing power to communities and individuals.

This publication is a first step in an evolving process – a best practice toolkit provided by Local Government Improvement and Development (LG Improvement and Development) for all members of new shadow health and wellbeing boards.

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# Foreword

## Councillor David Rogers OBE

Chairman, Local Government Group Community Wellbeing Board

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I am delighted to write this foreword to the LG Improvement and Development JSNA best practice guide. Local government has been at the forefront of identifying and

responding to the needs and expectations of increasingly diverse communities. At the time of writing the Health and Social Care Bill is going through Parliament. However we recognise that robust needs assessment is the cornerstone of:

- effective decision-making
- efficient use of limited public resources
- making sure services deliver public value by promoting the wellbeing of individuals, families and communities.

JSNA has been in place now for nearly four years and, as this tool shows, there is already a lot of good practice to be drawn on. Respondents to a recent JSNA survey conducted by the LG Group told us that the JSNA had helped to achieve more joined-up and aligned strategies across health, social care and wider partners.

Nevertheless, the potential for JSNA to be at the centre of commissioning decisions has not yet been fully realised. Considerable scope still exists to ensure JSNA informs investment and decommissioning decisions

as well as guiding efficiencies in service provision. Fewer than half of those responding to the JSNA survey believed that their current process was well prepared to achieve these extended ambitions.

In response, this guide – a joint collaboration between LG Improvement and Development's Healthy Communities Programme and the Department of Health's National JSNA Development Programme – aims to provide advice and information to emerging health and wellbeing boards undertaking JSNA in a changing economic environment. It aims to assist them in designing enhanced JSNA to reflect local circumstances and wider policy developments but it is not intended to be prescriptive. The guide may also be of benefit to elected members responsible for wider services, such as education and housing, by clearly setting out how JSNA can help all leaders recognise interdependency and value each other's contribution. Ultimately, it will be for local areas to decide on the most appropriate approach to their JSNA.

While a focus on 'needs' is inevitable, it is only one part of an effective strategy to improve health and wellbeing and reduce health inequalities. It is also important to build on local strengths. As the LG Improvement and Development publication '[A Glass Half Full](#)' makes clear, the time is right to achieve a better balance between a needs approach based on relative inequalities and deficits, and an approach based on community assets and the strength

of local networks. This is necessary if we are to build a more informed picture of health inequalities and engage local communities in transforming their health and wellbeing.

The guide provides opportunities for local areas to consider how to bring together both needs and assets within the JSNA process to achieve a more comprehensive understanding of what promotes good health.

The Government's health reforms – set out in the NHS and Public Health white papers and Health and Social Care Bill – give councils greater responsibility for local health improvement. Local government will be expected to work with partners, especially commissioning consortia and HealthWatch, to ensure that the JSNA supports robust joint health and wellbeing strategies and commissioning plans.

As local areas start to implement the health reforms, I hope that this timely publication will encourage members of health and wellbeing boards to reflect on their ambition for the JSNA and how they will ensure it contributes to improved outcomes.

A handwritten signature in black ink, appearing to read "David O. H. H. H." with a horizontal line underneath.

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## Acknowledgments

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# Introduction to the policy context

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As a result of the Government's proposals for health and social care policy, the Joint Strategic Needs Assessment (JSNA) has moved centre stage and sits at the heart of local health improvement.

A number of key consultative documents set out the Government's new approach to health and wellbeing, reforming the NHS, public health, adult social care and local government. These – together with the responses set out in 'Liberating the NHS: Legislative Framework and Next Steps' – have informed the Health and Social Care Bill currently before Parliament. The reforms aim to hand power back to local communities to deliver improvements across the public sector by:

- reducing bureaucracy
- increasing local control of spending
- strengthening accountability to local people.

The Government's proposals place responsibility for local health improvement and the reduction of health inequalities within local government, and transfer local public health staff to councils. They remove the superstructure of primary care trusts and strategic health authorities, giving commissioning consortia responsibility for spending around £80 billion of the total health budget.

Three quality outcomes frameworks (for public health, adult social care and the

NHS) are to replace top-down targets and support the development of local strategies to achieve outcomes. The three convergent and overlapping frameworks will monitor local progress, and mark an important step towards fuller integration of public services. This approach recognises that tackling persistent health inequalities requires the combined efforts of public health, health services and local government, together with other partners in the public sector, business and the community and voluntary sectors.

At a national level, the new NHS Commissioning Board (NHSCB) will lead the commissioning system, to support continuous improvement, value for money and safeguard the core values of the NHS. It will account for the overall NHS budget and directly commission around £20 billion of services (primary care, prison healthcare and some specialised services). It will be responsible for the authorisation of commissioning consortia formed from GP practices, and will ensure ongoing accountability of consortia, intervening if necessary to support commissioning consortia where they face financial or service risk. The NHSCB will have a leadership role in promoting patient involvement and choice, and addressing inequalities in access to healthcare.

Sitting alongside the NHSCB will be Public Health England (PHE) who will lead on emergency preparedness, health protection, screening and immunisation, as well as a number of nationally designated public health

issues such as infant public health and specialised sexual health services.

HealthWatch England will be set up to champion the views and feedback of patients, services users and carers, and ensure that they form an integral part of local health and wellbeing planning. Building on the foundations of the Local Involvement Networks (LINKs), local HealthWatch will be funded by and accountable to local authorities but will report their concerns through the national body, HealthWatch England, which will sit within the Care Quality Commission.

At a local level, new health and wellbeing boards will be the key forum for public accountability of any public service directly related to health and wellbeing. The core purpose of the new boards is to improve local health and social care, and reduce health inequalities. They are to join up commissioning across health, public health, social care and wider services that the board agree are directly related to the health and wellbeing of a community. Improved alignment of commissioning strategies should ensure better health and wellbeing outcomes for the whole population, better quality of care for all their users, and better value for the taxpayer.

The membership of the board is to be decided locally but must include as a statutory minimum one elected member, commissioning consortia representation, the directors of public health, adult social service and children's services, and HealthWatch. It is inevitable that health and wellbeing boards will look different from area to area, particularly in two-tier areas where the responsibility for housing and planning lies at district level. Many local areas will also want to involve wider statutory partners and the voluntary and community sector.



The Government has set out an ambitious and central role for Joint Strategic Needs Assessments, which have been a statutory duty on upper-tier local authorities and local NHS since 2007. The process aims to provide a comprehensive analysis of local current and future needs for adults and children to inform commissioning. This will include a wide range of quantitative and qualitative data, including user and community views, and is intended to lead to better health and wellbeing outcomes and help address persistent health inequalities. Building on the needs and assets identified through the JSNA, the health and wellbeing board will be required to produce the new 'joint health and wellbeing strategy' (JHWS) that will drive all health and wellbeing strategic commissioning in a locality.

The proposals place a new shared statutory obligation on GP-led consortia and the local authority to produce JSNA and JHWS (through the health and wellbeing board) and to commission with regard to them. In doing this they must consider the use of flexibilities under the NHS Act 2006, such as pooled budgets. The NHS Commissioning Board will also be expected to have regard for both JSNA and JHWS.

The new demands on JSNA means that a step change in its role and function will be necessary; this is not business as usual. For many areas, the re-affirmed duty of JSNA and introduction of JHWS comes against the backdrop of efficiency savings, radical investment and disinvestment decisions, and changing leadership across health, social care and children's commissioning. A substantial amount of work has been completed in developing and improving JSNA, and the LG Improvement and Development website (see [www.idea.gov.uk/health](http://www.idea.gov.uk/health)) is home to a sizeable body of good practice. Where they are undertaken well, JSNAs have driven improvement, highlighted inequalities and unmet need, and closely informed commissioning.

In contrast to this, weak JSNAs have been disconnected from key decision-makers, poorly linked to commissioning, and removed from local communities. Overall, most JSNAs have also taken a predominately 'deficit' approach based on indicators of mortality and morbidity, only occasionally balanced by an assessment of the assets, strengths and capacities of local people and communities. Experience to date suggests community engagement in JSNA has been variable at best.

This backdrop will challenge most JSNAs to respond to the needs of changing audiences, greater political prominence and an environment of increased scrutiny, transparency and accountability. For example, commentators may look to JSNAs to provide a clearer rationale for hierarchy of need across the system, so driving strategic prioritisation and 'big picture' investment or disinvestment decisions.

The business of health improvement is not new to councils. They have enormous influence over the wider determinants of health through their levers over the big

building blocks of employment, early years services and education, spatial planning, transport, housing and the environment. For example, local authorities are charged with building local resilience for civil emergencies and disasters and act as a 'critical friend' to the NHS through overview and scrutiny. They help individuals, families and communities change behaviour using a range of interventions from health education and promotion to regulation and enforcement. Councils also support civil society in its crucial health and wellbeing role, especially through local networks of community and faith groups, voluntary organisations and social enterprise, cooperatives and mutuals.

Ultimately, reducing health inequalities and improving health outcomes will rely on the leadership of local government and commissioning consortia. It is clear that taking the right action through early intervention and prevention can make a long-lasting difference to people's lives, keeping them well for longer. It is hoped that this tool will help all members of the health and wellbeing board begin this process.

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# What is a JSNA?

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**Key message:** Some of the basics of JSNA are easily defined and you might find it helpful to remind yourself of them. Be ready to consider more in-depth issues of design as you start to explore the detail later in this resource.

## What does a good joint strategic needs assessment process do?

As a minimum, a good JSNA process will be the definitive local programme through which:

- local authorities, the community and voluntary sector, service users and NHS partners research and agree a comprehensive local picture of health and wellbeing needs via the health and wellbeing board
- partners jointly undertake 'big picture' intelligence and analysis – for example what's working, what's not, and what could work better? What are the major health inequalities and what can we do about them? What does an analysis of unmet needs, seldom-heard populations and vulnerable groups tell us?
- partners use needs assessment information to negotiate and agree overarching priorities on health and wellbeing (recognising that this could be equally manifested in an accompanying joint health and wellbeing strategy)

- commissioning and decision-making are influenced by needs assessment and strategic priorities, via whatever products, services or methods of engagement are most appropriate and proportionate to the task – for example, where should we invest or disinvest resources for best value?
- summary information on the strategic picture for health and wellbeing is made available to wider audiences – for example the public, NHSCB, service providers, local media, voluntary and community sector or any audience the health and wellbeing board considers appropriate.

## What data should a JSNA include?

**Key message:** A word of caution – data is only a means to an end. Gathering it in one place is just one part of the overall JSNA process. Analysing it to build intelligence, inform priorities and drive change will be another.

The JSNA process is expected to include the following data:

- **population-level** – for example total, growth, migration, birth, gender, age, ethnicity
- **social and place** – for example housing quality, environment, employment, educational attainment, benefit uptake, vulnerable groups, crime and disorder and community cohesion

- **lifestyle determinants of health** – for example exercise, smoking, diet, alcohol, drug abuse
- **epidemiology** – for example morbidity, mortality, life expectancy, long-term conditions, disease prevalence, immunisation uptake rates
- **service access and utilisation** – for example emergency admissions, vulnerable groups receiving care, primary care data, discharge information, screening uptake, transport, children’s centres and welfare rights
- **evidence of effectiveness** – for example commentary on good practice, literature reviews and National Institute for Health and Clinical Excellence (NICE) guidelines and quality standards
- **community perspectives** – for example the views, expectations, perceptions and experiences of service users and local communities about what contributes to good health; a range of methods should be available to gather community perspectives.

Other local data will be equally as important. Information from the voluntary sector, qualitative sources, service providers, the private sector – indeed any partner who you think will add value – will be crucial to the ability of a JSNA to provide an objective assessment of needs and priorities.

For more information, see the further information and advice section at the end of the document. The LG Improvement and Development website will feature the Public Health Observatories and LG Improvement and Development 2011 JSNA Data Inventory commissioned as an accompaniment to this tool.

## Why have a JSNA?

**Key message:** The duty to undertake JSNA was introduced in 2007 in recognition that strategic planning for health and wellbeing was best done in partnership, and based on evidence. It is intended to provide a powerful model for joint working in every locality.

The principles underlying JSNA are summarised as follows.

### **No need exists in isolation**

The health and wellbeing of all citizens is shaped by the social and environmental determinants they experience throughout their life. The challenge of persistent health inequalities and complex or multiple needs groups cannot be satisfactorily addressed by any single agency alone and lies beyond the scope of health, public health and social care combined.

▶ Partnership is the only workable solution to the big challenges that we face.

### **A single, agreed picture of true needs is essential for strategic planning**

Without it, decision-makers will not be able to coordinate joint actions effectively, nor identify what the most important investments are for today or tomorrow. There is a danger that partners simply ‘treat the symptoms and do not provide a cure’, with each working independently from their separate perspectives.

▶ Without shared priorities based on JSNA, the same problems will come up again and again.

### **A clearer picture of needs means stronger partnerships**

An agreed, comprehensive picture of needs and assets demands that public services overcome professional and organisational differences and take joint responsibility

when delivering solutions. Partners are better able to understand and value each other's contribution by recognising the interdependency of public services. New service initiatives should have a clearer mission statement agreed by both sides, and be more robust in the face of unforeseen shocks.

► Partners know what they're doing and why, and agree 'the buck stops with all of us'.

### **Demand is not the same as need**

Data on use of services is helpful to a point, and often readily available. But building an objective picture of needs, not demand, is fundamental to ensuring that the right people get the right services, at the right time, in the right place. There can only be a single and shared process setting out 'a single version of the truth' for this to be workable.

► Know what you don't know.



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# Using this toolkit

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## Who is this JSNA toolkit for?

**Key message:** This is a design tool to help emerging health and wellbeing boards lead a new generation of JSNA. It will help you to ask the right questions about your JSNA, understand the range of good practice in other areas, decide what you want it to be and how it will inform the new Joint Health and Wellbeing Strategy (JHWS).



This tool is intended for all the statutory members of health and wellbeing boards:

- elected members
- commissioning consortia
- directors of public health
- directors of adult social care
- directors of children's services
- HealthWatch representatives.

We hope it is also useful to other key decision-makers and wider audiences, such as district councils, local authority chief executives, directors of finance and commissioning, housing and planning, service providers, the community and voluntary sector, other potential members of the boards and users of JSNAs.

## What does this toolkit do?

**Key message:** This tool sets out the basic requirements for the JSNA process, but readers will quickly see that best practice examples are many and varied.

Throughout this document we illustrate good practice standards for important aspects of design, and provide short pen pictures to help demonstrate what is possible. Ultimately, the choice of the most appropriate model is yours.

## What is the format?

**Key message:** Whilst the potential value of a JSNA is clear, each process requires local design beyond the basic essentials. Take ownership and lead a review from first principles.

Experience shows that the most effective JSNAs have considered a number of key issues that have to be resolved when designing their JSNA process. We have developed these issues into seven quality themes to assist emerging health and wellbeing boards in deciding on their JSNA approach.

These are...

### Take stock

1) Learn from the past – review your existing JSNA process and strategic partnerships.

### Ask big questions

2) Agree the scope and mandate for the JSNA process going forward.

3) Know your audience. Agree the users of your JSNA and what they need from the process.

4) Build trust and agree a shared process of strategic priority setting through your JSNA and JHWS.

### Go into further detail

5) Match form to function and specify your JSNA products.

6) Secure the capacity, skills, data and knowledge needed to deliver your JSNA.

### Consolidate

7) Agree governance and consolidate your vision into a clear specification.

A discussion on each quality theme should inform the next in turn. This tool provides theme-based worksheets to help you work through them.

Each worksheet starts with a key message explaining the headline in a little more detail before asking three or four more in-depth questions. The questions are followed by conversation prompts that encourage users to think more specifically about the detail.

To help illustrate the discussion points, each worksheet also contains a good practice template, and is accompanied by case studies and a nominal position to use for comparison. The worksheets are intended to be printed off and used.

Each theme provides a different angle on the same question, ‘What should our JSNA process set out to achieve?’ Remember, you will be approaching it from the unique perspective of your locality, your existing JSNA, and your experience of strategic partnerships to date. You may not agree with all of them, or you may wish to adapt them. It is up to you.

Section five includes key messages from specialist areas of work and signposts to further reading.

### As you read this toolkit, bear in mind...

**Joint strategic needs assessments are still evolving.** So are the strategic partnerships that oversee them. You may be approaching this tool as a well-informed reader with strong opinions, or you may be relatively new to the subject. Your existing JSNA may be highly valued and influential, or it may not. It doesn’t matter where you are in the process at the moment – recent policy developments represent a significant step change in the role and function of JSNAs and most areas will need to review their local process from first principles.

**It may take many conversations for partners to collectively agree what you want your JSNA process to do.** The basic processes for a comprehensive needs assessment may be self-evident. Experience shows that complexities will surface as you build a working process intended to drive high-level priorities and decision-making, especially when you work with different organisational cultures and professional opinions. Challenging conversations are probably an indication you are on the right track.

**Use the toolkit to get started.** We encourage key partners on the health and wellbeing board to read through this toolkit before meeting, making notes of early thoughts and comments. This toolkit may not answer all your questions at first, but we hope it shows you what it is possible to achieve. It is important that all the board members attempt to have an open and honest conversation about their JSNA. The resources provided here and signposted on the back pages will help with these conversations.

**See this as a first step in a longer journey.** Quality JSNA processes are unlikely to spring up overnight and will need long-term engagement of the health and wellbeing board, the JSNA team, and other audiences. New leaders, systems and processes take time to settle. Evaluate your JSNA at regular intervals as part of an ongoing learning process.

**Be ready for a challenge.** Building a new JSNA and JHWS may not be all plain sailing. Be ready for different views and opinions and be ready for compromise.

**Above all, remember that trusting relationships between partners representing very different organisations and interests can take time to build. The quality of your JSNA process will be a reflection of the maturity of your relationships.**



## Quality theme 1: Learn from the past. Review your JSNA and strategic partnerships to date.

Key message: Before you recast your vision for the process, gather your thoughts on local experiences and lessons learnt. What was your JSNA like last time? Your new JSNA will only be as good as the strategic partnerships that underpin it. How established are they? And what is it realistic to aim for?

### Key issues to debate

- Was it clear what partners wanted from the JSNA process last time? Was a clear vision agreed?
- Did our JSNA impact on commissioning and decision-making? What worked and what didn't?
- What is our local experience of strategic partnership working? How far have we come? (For example since five, ten, or 15 years ago?)

Thinking in more detail – use the following prompts to help you.

Some reported JSNA successes...	Do you agree? Note your thoughts or further comments here
The JSNA process has encouraged challenging conversations	
It has strengthened partnerships	
It has brought all the data together in one place	
The process has exposed unmet need	
It has driven strategic commissioning	
Producing the JSNA has been a useful learning process in itself	
The JSNA has been the key strategic document across the whole locality	
It has led to new and innovative services or moved money around the system	
JSNA highlighted inequalities and has driven a health inequalities approach	

...and some common JSNA problems	Do you agree? Note your thoughts or further comments here
Few commissioners and decision-makers have been aware of the JSNA process	
The JSNA hasn't changed anything – it has just told us things we already know	
The JSNA has tried too hard to be 'all things to all people' – the remit needs to be clearer and more defined across partners	
The JSNA process has been dominated by one professional group and hasn't been prepared in partnership	
The JSNA has been service-led, has not engaged wider partners and has not adequately covered the wider determinants of health	
The views of service users and the community and voluntary sector have been absent from our JSNA	
The Equality Duty has not been clearly embedded in the JSNA process	
The JSNA hasn't been adequately resourced	
The right people at the right level were not involved at the right time	
Elected members have had limited engagement in the JSNA process	
The deficits model was not balanced with an asset approach	
Producing the JSNA has become an end in itself and has not been seen as a means of challenging commissioning or decision making	

Over to you – what other successes or problems have you encountered?	
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<b>...and strategic partnerships more generally</b>	<b>Do you agree? Note your thoughts or further comments here</b>
The statutory partners trust and understand each other	
Partners have developed a high-level consensus where local needs and priorities demand it	
Partners have overcome different organisational cultures and systems to reach good working arrangements at all levels	
Partners have good experience of joint investments and budget transfers to address common problems	
The community and voluntary sector have been fully involved in the JSNA process from the outset, contributed local intelligence on needs, gaps and quality of service and helped provide access to local people	
Over to you – what other successes and problems have you encountered?	
The JSNA has been the key strategic document across the whole locality	
It has led to new and innovative services or moved money around the system	
JSNA highlighted inequalities and has driven a health inequalities approach	

## Quality theme 2: Agree the scope and mandate for the JSNA

**Key message:** JSNAs must be central to strategic leadership for health and wellbeing. How will you achieve this? Will the JSNA drive all strategic health and wellbeing decision-making or simply inform key players? A discussion about the detail will quickly flush out different perspectives and help partners agree the mandate and influence your JSNA will have in driving change.

### Key issues to debate

- To what extent do we want our JSNA to drive all health and wellbeing decisions? What influence and levers will it have to support this?
- To what extent will a health and wellbeing rationale drive all strategies across our locality? (For example, economic, regeneration, housing, etc)?
- Will the JSNA process drive our strategic collaboration with the non-statutory sector? (For example, business, voluntary sector, housing associations)?

Thinking in more detail	Note your thoughts here
<p><b>Question:</b> How wide does JSNA influence go?</p> <p><b>Issue:</b> This is a local decision, and possibly the biggest question to answer. The JSNA and JHWS could limit itself to informing statutory commissioning for health and wellbeing, but would this be a missed opportunity to connect the wider determinants of health via other strategies? Would it also be useful to try to influence planning and strategy across the local authority, wider statutory partners, voluntary sector and other agencies?</p>	
<p><b>Question:</b> How will JSNA best add value to existing commissioning strategies and planning processes?</p> <p><b>Issue:</b> Most commissioning streams undertake needs assessment and analysis as part of their current planning cycles. Do you agree there is a risk of siloed or service-led thinking unless early planning stages come from the shared, strategic or outcomes-focused perspective that the JSNA can offer? Are there good reasons why the depth of engagement should vary for different strategies or commissioning streams?</p>	

<p><b>Question:</b> Will the JSNA drive integrated working?</p> <p><b>Issue:</b> This is a statutory duty for health and wellbeing boards. It would make sense to allocate an explicit role to the JSNA and/or JHWS in driving it. Do you agree?</p>	
<p><b>Question:</b> What levers will the JSNA and JHWS have?</p> <p><b>Issue:</b> ‘Informing’ is quite different to ‘driving’ decision-making. The former implies reacting to information as a user sees fit; the latter implies preconditions will constrain choices. What mandate will you give your JSNA process to ensure it has influence over strategic decision-making? If your JSNA is weak, what confidence do you have that partners will stick to their actions? Or that strategic long-term investment will weather competing pressures over the short- to medium-term?</p>	

## Understanding good practice – Quality theme 2: Agree the scope and mandate for the JSNA

**Good practice template:** JSNA is the authoritative strategic process for all health and wellbeing decision-making. There is a default culture across all partners that the JSNA is a shared assessment of need to underpin health and wellbeing planning, and will have a say over all early strategies. In other words: if it’s not in the JSNA, it’s not a priority.

### Advantages

JSNA and JHWS are better able to influence the wider determinants of health such as housing, education, and employment. It may bring economies of scale over individual needs analysis in separate commissioning streams. It can drive an outcomes-focused approach across all public services, such as ‘Think Family’ and community budgets or ‘place’ approaches.

### Disadvantages

It may require re-organisation of analysis capacity. Investment may be required to build strategic links with wider partners, especially those not bound by the requirement to commission according to the JHWS.

## Case study: reconciling all strategies to the JSNA

In Wiltshire, the JSNA process has brought together previously disparate local plans to provide coherence to the strategies and activities that shape health and wellbeing. Wiltshire chose to use the JSNA to rationalise existing data and knowledge management so that there would be 'one version of the truth'. From this alignment they built and agreed a common strategic assessment that drives all local plans.

**Nominal position:** JSNA intelligence is targeted only at health, public health and social care commissioning strategies informing the Health and Wellbeing Board duty of integration.

### Advantages

A clearly defined process is able to target the available capacity into a specialist product. JSNA can be produced by professionals alongside the day job.

### Disadvantages

Wider services may make decisions unilaterally, oblivious to perverse outcomes across the system or to local will. Within statutory commissioning there may be weak challenge to the business-as-usual approach – you won't know what you don't know.

## Case study: JSNA driving all commissioning

In Westminster all commissioning strategies stem from JSNA intelligence. It is a 'brand' comprising a range of products and processes and is the first port of call supporting decision-makers as and when required.

**Overarching documents**, for example public health annual reports, JSNA highlight

**Rolling programme** of health needs assessments for example sexual health, vision, older people, autism, obesity, suicide, carers, fuel poverty, learning disabilities, mental health, children

**Westminster Observatory** of statistics on useful health and wellbeing data, for example mortality, long-term conditions, direct payment recipients

"We work directly with commissioners to co-produce needs assessments. The product of this engagement is not just the document but the strategy and action plan. This action plan is our impact." **Bethan Searle, JSNA Programme Manager, Westminster**

**Good practice template:** Central Bedfordshire is working to ensure that it is a good place in which to grow old. This will be achieved through working in partnership with key stakeholders to enable older people to achieve healthier lifestyles and live independently for as long as they are able.

### Advantages

This will mean older people will:

- have choice and control of their lives and support them feel safe
- have easy and timely access to health, housing and social services through an integrated approach
- be supported to remain living in their own homes, should they wish to do so
- have increased opportunities for remaining active and being involved in their local communities

### Disadvantages

Not recognising the value of vaccination/immunisation and that further investment may be required with strategic partners.

## Case study: JSNA and older people

The JSNA is aimed to provide commissioners with an analysis of data to show the health & wellbeing status of local communities. They have produced a quick overview of the issues aimed at senior managers and partners. This includes improving influenza vaccination uptake rates especially in deprived areas.

**Evidence** – influenza vaccinations: Uptake of the influenza vaccine was 72% at the end of January 2010. Regional uptake ranged from 69.5% to 75%



**Priority** – improving the levels of influenza vaccination uptake across Bedfordshire, especially the uptake in three GP practices identified as serving the 20% most deprived areas.

[http://www.centralbedfordshire.gov.uk/images/101206%20JSNA%20Older%20People\\_tcm5-35047.pdf](http://www.centralbedfordshire.gov.uk/images/101206%20JSNA%20Older%20People_tcm5-35047.pdf)

## Quality theme 3: Know your audience. Agree the users of your JSNA and what they need from the process

**Key message:** Experience shows strategic needs assessment can be difficult for decision-makers to translate into actions, and they may require further input tailored to their needs. Some important users may seem obvious, such as commissioners and elected members, but as your list grows, so too will the demands on your JSNA. Effective JSNAs are clear about the primary users they intend to inform.

### Key issues to debate

- Who will our JSNA primarily speak to – elected members, commissioners, service providers, the voluntary sector, other non-statutory organisation, the public, or all of these?
- How do the needs of the JSNA differ? Are the needs of decision-makers on the Health and Wellbeing Board similar to the day-to-day needs of commissioners?
- To what extent is our JSNA expected to cater equally to these users? Are some more important than others?

Thinking in more detail	Note your thoughts here
<p><b>Question:</b> How important is it that a range of audiences can access and understand JSNA products? Are the needs of statutory commissioners and decision-makers of greater or lesser importance than providers, non-statutory agencies or public audiences?</p> <p><b>Issue:</b> The needs of different audiences may not be fully compatible, even if equally valid. The JSNA should be understandable to as many relevant audiences as possible, but be ready to prioritise.</p>	
<p><b>Question:</b> Which intelligence and JSNA product will elected members value most?</p> <p><b>Issue:</b> Elected members are the only democratically elected officers on the health and wellbeing board. More so than other users, they may want to draw on the JSNA as a key element in public accountability for re-prioritisation and investment and disinvestment decisions. They will need to be confident that the JSNA is of sufficient quality to enable them to challenge services on behalf of the people they are elected to represent.</p>	

<p><b>Question:</b> Which intelligence and JSNA product will commissioners value most?</p> <p><b>Issue:</b> Examples might include commentary linking overarching local priorities and persistent health inequalities into the proposed outcome frameworks across health, social care, public health and children’s services, or the modelling of potential joint investments and evidence of effectiveness.</p>	
<p><b>Question:</b> Which commentary is most useful for non-statutory agencies and the voluntary sector?</p> <p><b>Issue:</b> Market analysis, trends and strategic intelligence to shape product and business development might be valued. Ask them.</p>	
<p><b>Question:</b> What do the public want to know?</p> <p><b>Issue:</b> The public may be considerably less bound than commissioners to service-led or siloed commentary. Again, ask them. What do they consider important to know and how should it be presented?</p>	

## Understanding good practice – Quality theme 3: Know your audience. Agree the users of JSNA and what they need from the process

**Good practice template:** The JSNA is designed to be widely accessible with intelligence presented in a range of formats and products to a variety of audiences.

### Advantages

Enables all parties – including those not bound by JHWS to align with the strategic agenda for example, providers can determine demand for services and investment.

Health and wellbeing is seen as everyone’s business. The JSNA engages and informs commissioning consortia, elected members, district and parish councils, social care and children’s commissioners, wider statutory and non-statutory partners, the public.

### Disadvantages

The broader the audience, the more varied products you will have to offer. It needs dedicated JSNA capacity to ensure quality control and coherence.

## Case study: Providing GPs with population-level data

Torbay has commissioned a dynamic and interactive online dataset for GPs that allows them to look at linear growth models for Torbay comparing ward or GP practice-level data.

“Our JSNA practice profiles were designed to show the value of the process to GPs, and gives them a ready summary of the most important data and analysis” **Doug Haines**  
**Torbay Care Trust.**

## Case study: Engaging district councils

The Cambridgeshire JSNA presented an opportunity for Cambridgeshire’s district councils to better engage with the county council and local NHS to agree clear evidence of the health and wellbeing needs of local people.

“The JSNA is seen as the single overarching strategic document for all district councils in Cambridgeshire.” **Richard Cassidy, Fenland District Council.**

In the West Sussex JSNA area, the West Sussex Public Services Board (equivalent of the local strategic partnership) appointed the chief executive of Chichester District Council as the JSNA champion. This helped raise the profile of JSNA in district councils and support their engagement and contribution to the process.

**Nominal position:** The JSNA design is heavily weighted towards health, public health and social care users. The JSNA is generally created and used by analysts and data specialists with limited accessibility for non-specialist audiences.

### Advantages

It’s low cost. Effort is confined to meeting the needs of a limited number of users.

### Disadvantages

JSNA may neither engage nor inform key users for example GP-led consortia, elected members, district and parish councils, social care and children’s commissioners, wider statutory and non-statutory partners, the public.

## Case study: Speaking to elected members

In Cumbria, elected members were integral to how JSNA became a key part of the ‘Cumbria Story’. Cumbria developed a dissemination strategy for elected members across both tiers to spread insight into population health more widely.

“We sparked off a hunger for evidence and information. I think they feel they know what is going on and have a stake in local services.” **Graham Hodgkinson, Assistant Director for Older People, Cumbria County Council.**

## Quality theme 4: Build trust and agree a shared process of strategic priority setting through your JSNA and JHWS

**Key message:** A comprehensive picture of needs is not the same as a hierarchy of issues. Achieving agreed priorities will require a careful, balanced process where partners feel able to digest and respond to an emerging picture. Remember that JSNAs and JHWS may become a point of tension as they drive strategic priority setting, particularly given resource implications. Consider how to build trust and secure buy-in.

### Key issues to debate

- How ready are we for a debate about shared, priority-setting processes that scrutinise value and redirect money?
- How will we handle the needs-assessment process moving from hard data, through analysis and interpretation, to priority setting?
- How do we bridge the gap between the different needs, perspectives and languages of partners?

Thinking in more detail	Note your thoughts here
<p><b>Question:</b> To what extent are we comfortable with the JSNA as a challenge to the status quo?</p> <p><b>Issue:</b> Not all partners may be equally comfortable with a shared process of strategic priority setting. How can the process ensure fairness and transparency? Does it matter if we cannot agree with everything?</p>	
<p><b>Question:</b> How will we handle disagreements?</p> <p><b>Issue:</b> Priority setting is not an exact science, and evidence is far from the only consideration. Conflict may quickly undermine trust in the JSNA process. What would help to build confidence in the priority setting process? Consider a 'firewall' between data and analysis and value judgements and priority setting. Give thought to other tensions, for example, around involving providers.</p>	

<p><b>Question:</b> To what extent should the JSNA be a vehicle for developing a shared culture and understanding between partners?</p> <p><b>Issue:</b> Professional groups have different terminologies and may aspire to different outcomes. For example, social care may talk about independence or personalisation, commissioning consortia about delayed discharge or achieving clinical standards; children’s services about educational attainment or Think-Family approaches; and public health about lifestyle behaviours or upstream investments. Bear these in mind. How will the JSNA help partners recognise interdependency and value each other’s contributions?</p>	
<p><b>Question:</b> How do we see the interface between JSNA and JHWS?</p> <p><b>Issue:</b> The JHWS must be informed by the JSNA, and partners must have regard to both when commissioning. Do we see JSNA and JHWS as a single process or is there a clear boundary?</p>	

## Understanding good practice – Quality theme 4: Build trust and agree a shared process of strategic priority-setting through your JSNA and JHWS

**Good practice template:** An open and iterative process of priority-setting accountable to all partners that reconciles language, perspectives, values etc.

### Advantages

All partners own and understand the priorities and are prepared to implement change.  
 Agreed priorities are robust over the long term.  
 Partners present a united view of spending decisions and investment and disinvestment priorities.

### Disadvantages

Experience could be divisive, time and resource-intensive.  
 All partners may not get what they want.  
 There’s a risk of compromised and diluted priorities.

## Case study: Joint priority-setting

Lancashire has developed an objective transparent priority-setting process that presents data and analysis to JSNA leaders for debate and interpretation. This pathway ensures that debate, consensus and relationship building run as a thread through the JSNA priority-setting process.

“Engagement in the interpretation phase of the data allows all partners to sign up to and own the priorities.” **Deborah Harkins, Head of Joint Health Unit.**

## Case study: Actioning priorities across agencies and departments

JSNA intelligence in Waltham Forest highlighted childhood obesity as a major issue in certain parts of the borough. JSNA partners agreed it was a priority and took a whole-system approach to tackling the issue by leading out with priorities for children’s services, education, planning, health and the School Sports Partnership.

“The changes are leading to qualitatively different conversations between partners.” **Leora Cruddas, Deputy Director of Children and Young People’s Services.**

**Nominal position:** The JSNA presents a simple list of the greatest needs without further value judgements or hierarchy. The JSNA priorities are set according to the values of a single professional group.

### Advantages

Statistically straightforward and quick to produce.  
Less contentious.

### Disadvantages

Priority-setting processes for JHWS are required elsewhere, or at worst, are absent.  
Risk that a simplistic process of analysis remains oblivious to unmet need, changing populations and underlying causal factors.  
Risk of reproducing existing priorities or production of new priorities that are flawed.  
‘Closed’ priority-setting processes foster mistrust.  
Poor analysis leads to retrenchment into individual needs assessment processes.

## Case study: Priority-setting matrix

Portsmouth City use workshops to identify clear JSNA priorities. Portsmouth’s JSNA team include a ‘prioritisation score sheet’ in the standard form for submitting needs assessment requests to the JSNA steering group. The workshops, made up of a wide group of stakeholders, are then asked to score the requests. Each area is scored with a maximum of 18 points available and a score greater than 12 identifies a topic as a high priority.

## Quality theme 5: Match form to function and specify your JSNA products

**Key message:** Very few products are a given, leaving the Health and Wellbeing Board free to choose those which offer the most value. Use your aspiration for the JSNA process to guide your choice of products and services, not the other way around. Capacity limitations may force you to prioritise. If so, which are vital? Which are not?

### Key issues to debate

- Looking at products overleaf, what products will best meet our intentions so far for JSNA?
- Is our JSNA there to simply facilitate access to quality data or is it also to provide intelligence and drive priority-setting?
- How responsive will our JSNA be to the needs of audiences as and when they arise?

Thinking in more detail	Note your thoughts here
<p><b>Question:</b> How sophisticated and diverse should our range of JSNA products and commentary be?</p> <p><b>Issue:</b> Experience shows that accessible, quality data is useful to a point but is unlikely to challenge commissioning and decision-making alone. What do decision-makers really want to know? What does our JSNA really want to tell them? What analysis and intelligence will be the most useful to those translating JSNA intelligence into action?</p>	
<p><b>Question:</b> Will JSNA provide bespoke analysis or datasets by different geographies, care groups or themes?</p> <p><b>Issue:</b> It may not be possible to agree a single requirement for JSNA. General, overarching narratives have a place but may be of limited use to some partners on their own, such as GP consortia or district councils who may need commentary tailored to their own geographies. Other JSNA users may want theme-specific narratives, for example a care group approach for children's or adult social care. Can you give them what they need?</p>	

<p><b>Question:</b> Are reports the most useful JSNA products?</p> <p><b>Issue:</b> JSNA users may want to speak to someone, or be able to request bespoke JSNA intelligence. This can be very powerful – the glue that binds JSNA into everyday working decisions. Do you agree?</p>	
<p><b>Question:</b> Have you read your neighbour’s JSNA? How does it compare? Are there any implications for the style and content of your own JSNA?</p> <p><b>Issue:</b> As well as providing the opportunity to learn from others’ experiences, looking at your neighbour’s JSNA could assist with highlighting important cross-boundary issues.</p>	

<p><b>Understanding good practice: Which products, services and commentary have others commissioned for their JSNA processes?</b></p>	<p><b>Note your thoughts. Are these crucial, helpful, or not a priority?</b></p>
<p><b>Accessible data portal</b> Newcastle have a shared online up-to-date shared information and intelligence resource spanning health and wellbeing for everyone who commissions, provides or uses health, social and children’s services in the city.</p> <p><a href="#">Newcastle JSNA website</a></p>	
<p><b>JSNA support across all early commissioning</b> Westminster JSNA team provide bespoke analysis, advice and support for all individual commissioning strategies, as and when requested by any member of staff. A multi-agency group allocates roles, and task and finish teams produce the needs assessment using a standard workbook to an agreed timeframe.</p> <p><a href="#">Westminster City Partnership website</a></p>	

<p><b>Neighbourhood data profiles</b> Leicestershire Statistics and Research Online (LSRO) holds over 800 datasets about local communities – accessible as thematic maps or tables – as well as a wealth of professional research reports with in-depth analysis. They have a series of interactive reports created over a number of different geographies.</p> <p><a href="#">LSRO website</a></p>	
<p><b>Deep-dive analysis of complex need</b> Nottingham City has detailed intelligence and recommendations designed to dovetail into relevant commissioning strategies for domestic violence by bringing together data sources from a range of agencies, and complementing this with proxy measures and service-user views.</p> <p><a href="#">Nottingham Insight website</a></p>	
<p><b>JSNA upstream modelling</b> Gateshead JSNA team use information from a wide range of sources to map the flow of money spent on mental health, circulatory disease and musculoskeletal conditions to help support upstream investments. The areas were chosen because they are amongst the most significant in terms of population health and service expenditure.</p> <p><a href="#">Gateshead Council website</a></p>	
<p><b>Mapping investment</b> Lambeth JSNA maps and analyses all commissioning activity across their priority areas, such as sexual health services. In addition to commissioning activity, Lambeth JSNA analysis also sets out the service provider and type of activity supported – that is prevention, screening, diagnosis and identification, clinical treatment or condition management.</p> <p><a href="#">NHS Lambeth website</a></p>	

<p><b>Monitoring infectious and vaccine preventable diseases</b></p> <p>Nottingham City – By providing uptake data for both childhood and adult vaccines on a ward level, the JSNA highlights areas where improvements in uptake are most urgent.</p> <p><a href="#">Nottingham Insight website</a></p> <p>Manchester – JSNA emphasises the importance of monitoring infectious disease as a means of targeting health inequalities. It stresses the importance of exploring ways to promote complete uptake of childhood vaccines, using life checks as a way of screening older people for the presence of infectious disease, monitoring the impact of increases in international migration on reported cases of infectious disease and improving uptake of hepatitis B vaccination in high risk groups such as prisoners and injecting drug users.</p> <p><a href="#">Manchester JSNA website</a></p>	
<p><b>Client group approach</b></p> <p>Cambridgeshire produce client-group-based JSNA for children and young people, older people, travellers, migrant workers, the homeless, new communities and people with long-term conditions, learning disabilities, mental health and prevention in adults of working age. These all contribute to the Cambridgeshire JSNA which informs strategic multi-agency priority setting while the client group JSNAs inform commissioning for the client groups.</p> <p><a href="#">Cambridgeshire JSNA website</a></p>	

<p><b>Market and supply-side analysis</b>          Bromley include health market analysis in their JSNA that includes demand-related changes, supply-side quality and expenditure, and the provider landscape. A detailed analysis of the provider market is broken down by disease area which helps indicate the best approach to improving cost effectiveness and the quality of the market.</p> <p><a href="#">NHS Bromley website</a></p>	
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<p><b>Understanding good practice: Some leading national examples of JSNA working processes</b></p>	<p><b>Crucial, helpful, or not a priority?</b></p>
<p><b>Designated capacity</b>          Havering have a permanent, joint-funded and co-located JSNA team that ensure the JSNA data and product is current, continually improved and refreshed. Through a rolling process of management and authoring, the team have built good relationships across organisations.</p> <p><a href="#">The London Borough of Havering website</a></p>	
<p><b>Stakeholder engagement</b>          Staffordshire were clear that their JSNA should be informed by the needs and priorities of the local community. They consulted across a wide range of partners including county and district colleagues, local strategic partnership, the voluntary sector, local NHS colleagues, carers, service users and patients.</p> <p><a href="#">South Staffordshire NHS website</a></p>	
<p><b>Review and evaluation</b>          Cheshire East invited local NHS auditors to conduct a review of their JSNA. They were asked to report on how it could be improved, and propose more effective ways of monitoring local use of the JSNA and its impact on the planning and commissioning of services.</p> <p><a href="#">Cheshire East Council website</a></p>	

<p><b>Training and knowledge sharing</b></p> <p>Lancashire provides regular updates on JSNA data and intelligence via an electronic newsletter. The JSNA team also offer ‘train the trainer’ sessions, open to all, to provide individuals with the ability to show others within their organisation how to understand and get the most out of the Lancashire JSNA web pages and products.</p> <p><a href="#">Lancashire Council website</a></p>	
<p><b>Community and voluntary sector engagement</b></p> <p>While community engagement was central to the early JSNA guidance, this remained an aspiration in many areas. The local community and voluntary sector has a wealth of local intelligence to offer on needs, gaps and quality of service and provides access to the voice of some of the most vulnerable and seldom-heard communities with the greatest health inequalities. With funding from the DH JSNA Development Programme, the Voluntary Organisations Disability Group (VODG) developed a website to host good practice case studies, toolkits and briefing sheets to help better embed community and voluntary sector involvement in JSNA. It also provides commissioners with direct access to more than 350,000 voluntary sector organisations through the DH Voluntary Sector Strategic Partners’ Programme. <a href="#">JSNA</a> – on the VODG website</p>	

## Quality theme 6: Secure the capacity, skills, data and knowledge needed to deliver your JSNA

**Key message:** The data, knowledge and skills required for quality JSNAs will be found across the system. Review and agree which are critical for your JSNA.

### Key issues to debate

- Where is data on health and wellbeing found? What is needed from outside of health, social care, public health and children's services, for example schools, planning, economic regeneration, housing, the voluntary and private sector?
- Are existing JSNA analytical skills sufficient? Who is needed to complement the existing JSNA skill set?
- What is the capacity of wider partners to participate in the JSNA process? What could be done to encourage and facilitate this?

Thinking in more detail	Note your thoughts here
<p><b>Question:</b> How will our JSNA locate and manage increasingly diverse data?</p> <p><b>Issue:</b> How will JSNA link with analysis and data contained within individual commissioning strategies? Data from wider sources will be invaluable but clear frameworks to manage the flow of information are needed. Prepare fair vetting procedures. Is it useful for the JSNA team to run an 'open door' policy for other data providers, as well as proactively seeking data from missing sources? Would guidelines help external agencies prepare and standardise their data?</p>	
<p><b>Question:</b> Where is the capacity we need for our JSNA process?</p> <p><b>Issue:</b> Ambitious JSNAs require people, time and skills. Is it simply a question of needing more or could JSNA be mainstreamed into existing reporting, planning and commissioning arrangements? Could JSNA free up capacity by avoiding duplication with the 'do once, share many times' principles. What can be done to enable wider partners, particularly the voluntary sector, to invest in JSNA?</p>	

**Question:** Where are the skills found for quality JSNA?

**Issue:** Public health tends to prefer a wider role for research and analysis whereas commissioning competencies traditionally focus more on prioritisation and decision-making skills such as simulation, risk assessment, market segmentation, programme budgeting and evaluation. Do you agree? You may well need additional skills of leadership, financial modelling, actuarial skills, conflict resolution, community engagement, asset-mapping approaches, market supply, evaluation and review.

## Understanding good practice – Quality theme 6: Secure the capacity, skills, data and knowledge to deliver your JSNA

**Good practice template:** Dedicated time and resources to analyse and produce the JSNA and to manage the whole process as a core programme of work across the local authority and NHS.

Additional skills and capacity identified across public services (or more widely) and brought in where needed.

JSNA gathers as much relevant and useable health and wellbeing data as possible – both qualitative and quantitative – from across a range of partners, and incorporates it appropriately into JSNA analysis and products.

### Advantages

High confidence in quality of JSNA commentary across all sectors.

Designated JSNA capacity fosters good working relationships with variety of decision makers and gives JSNA a high profile.

### Disadvantages

Risk that without investment in JSNA capacity, correspondence and data become unmanageable.

### Case study: Integrated JSNA team

Havering created a permanent joint-funded and co-located team to ensure sufficient capacity for the JSNA to be continually improved and refreshed. This was seen as essential to enable partners to have a shared understanding of the most relevant local need.

## Case study: Gathering essential data

Devon's JSNA team developed a suite of detailed 'accommodation and support JSNAs' in partnership with their Supporting People (SP) colleagues to make better use of existing SP datasets and better identify and support the needs of vulnerable adults.

"You won't find out what opportunities JSNA offers until you're willing to let go of what you think you know, and get involved." **Max Sillars, SP Manager.**

## Case study: Bringing in the voluntary sector and wider partners

Leeds City Council, NHS Leeds and Leeds Citizens Advice Bureau met to identify what useful data the bureau maintained on financial inclusion, indebtedness and health and wellbeing.

Bristol ran several successful partnerships to improve the quality of their JSNA. Following a community engagement event, the Royal National Institute for the Blind (RNIB) suspected that there was a large gap in data on eye health and the blind and partially-sighted population. They began working with the JSNA team, providing national-level evidence on future increases in needs, and highlighting issues such as undercounting, weak points in service design, and under-used sources of data.

Bristol's housing team used local authority, private sector and PCT data to highlight the health impact of housing across the city. The JSNA was then able to propose a range of partnership initiatives, including a programme of Home Action Zones (HAZs) to improve housing conditions in the ten most deprived areas of the city.



## Quality theme 7: Agree governance and consolidate your vision into a clear specification

**Key message:** Experience shows that good intentions for partnership working suffer at the hands of competing pressures. Bring all your discussions so far together, and consolidate them into a clear specification of the JSNA including roles, responsibilities and clear statements of intent. This will also encourage partners to focus as you negotiate the form and function of JSNA.

### Key issues for the health and wellbeing board to debate

- Roles and responsibilities – who will need to do what, and when, to make this work?
- How will actions and priorities be set and recorded?
- How will we know if our JSNA and JHWS are working?
- Who will evaluate and review the process, and when?

Thinking in more detail	Note your thoughts here
<p><b>Question:</b> How formal should roles, contributions and working processes be?</p> <p><b>Issue:</b> Enhanced JSNAs require a more sophisticated interplay of different individuals. Who are the authors, contributors and users of JSNA? Who manages the process? Where does final editorial control lie? What constitutes meaningful involvement of the health and wellbeing board members or others?</p>	
<p><b>Question:</b> How will JSNA influence be formalised?</p> <p><b>Issue:</b> Is it reasonable to assume that decision-makers will reflect JSNA priorities in the way they best see fit, or will loose arrangements lead to inconsistency and weak influence? Start from the principle that clear, agreed and binding processes will be more effective at driving real change (for example, clarifying where debate ends and actions or priorities become 'live'). Partners will be free to argue against this if they feel there are legitimate exceptions.</p>	

<p><b>Question:</b> What sort of governance structures will be needed?</p> <p><b>Issue:</b> How does the board want to lead the JSNA? Will it oversee it directly, or will there be separate governance structures reporting back? How and when will partners be able to indicate their satisfaction with the quality or relevance of products and services? Do you need to formalise this?</p>	
<p><b>Question:</b> How will we know if our JSNA is delivering what we want?</p> <p><b>Issue:</b> Evaluation is essential, and areas should embed a review of the process as part of a JSNA planning cycle. Who will do it, how often, and with what criteria? Agree some indicators of quality to guide the JSNA officers and authors in their work, as well for an evaluation of progress. Ask the board to state where it wants the JSNA process (or future derivations) to be in one, five, ten and 20 years time.</p>	

## Understanding good practice – Quality theme 7: Agree governance and consolidate your vision into a clear specification

**Good practice template:** JSNA form and function is explicitly commissioned by the board following detailed and informed negotiations with partners.

Clear statement of aspiration for JSNA impact produced, both in terms of processes and outcomes, against which progress can be measured.

Clear evaluation processes established.

### Advantages

Health and wellbeing board leadership of process much clearer – partners recognise status of JSNA and adhere more closely to agreement.

Clearer audit of decision-making for health overview and scrutiny, wider council membership and members of the public.

Reduced risk of partnerships disintegrating in the face of unpopular decisions or ‘rough seas’. JSNA critique likely to carry more weight externally (for example, NHS Commissioning Board, Public Health England) if all partners have demonstrably consented to process.

JSNA officers able to target available resources around clear quality framework.

Process of agreeing written specification itself drives clearer thinking and more effective design overall (for example user needs, working arrangements and local ambitions further prioritised and detail expanded).

### **Disadvantages**

Risk that process becomes more bureaucratised and innovative ideas are harder to prioritise unless agreed early on as part of specification.

## **Case study: Accountability at the heart of JSNA**

Cambridgeshire's JSNA has clear and comprehensive operational governance arrangements. They have a dedicated JSNA coordinator who produces standard templates for all JSNA chapters and monitors timelines. The timelines include designated time in the work plans of public health specialists, county council analysts and managers who produce the JSNA chapters. This multi-agency team, as well as specialists working with client groups who have access to data and understand it, is overseen by a multi-agency partnership group who draft recommendations on the back of the JSNA chapter for the local strategic partnership who have sign-off.

The Cambridgeshire JSNA has built in accountability arrangements at each stage of the JSNA process using a variety of mechanisms including: open access to data, use of an independent JSNA website, service user involvement, and clear reporting structures.

“Without transparency and accountability, there can be no quality JSNA process; it simply would not work.” **Dr Fay Haffenden, NHS Cambridgeshire.**

**Nominal position:** The board does not agree a specification for the JSNA in advance of its production or implementation.

### **Advantages**

Overall process extremely fluid and can be adapted quickly to perceived needs without need for in-depth review.

### **Disadvantages**

Risk that JSNA team and other participants unclear what they are aiming to achieve, guided only by their own opinion-gathering and professional instinct.

Risk that competing pressures undermine capacity and will of different actors to contribute to JSNA.

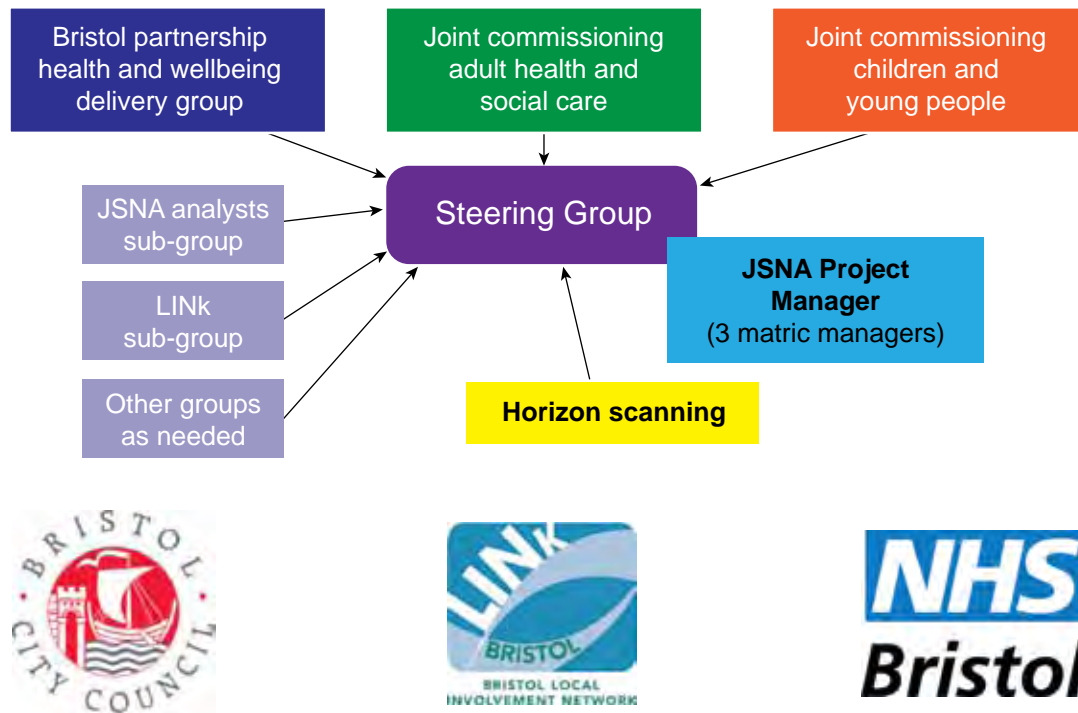
Risk of inconsistent JSNA impact as unfamiliar audiences left freer to disconnect.

Evaluating JSNA process complicated by lack of original indicators of progress, quality and working arrangements.

## Case study: JSNA strategic and operational governance model – Bristol JSNA

Bristol recognised the importance of formal working arrangements to ensure that all partners were able to contribute to JSNA and jointly own the strategic direction of travel identified through the process. To drive the JSNA, a joint project manager was appointed, working for a management group led by public health and the joint commissioning functions of the primary care trust and city council. This covered children and young people’s services and adult health and social care.

### Project structure, governance and accountability



A wider steering group chaired by the jointly appointed director of public health was also established to bring the management group together with commissioners, data analysts, and other stakeholders such as the LINK, planners and housing bodies. The group had an overview of the process and final products, and members were responsible for taking forward JSNA findings within their own organisations.

“Transparency in the governance arrangements was key, and having clear mechanisms to embed the JSNA into commissioning structures through the Steering Group.”

**Pat Diskett, Deputy Director of Public Health (NHS Bristol).**

“Clear governance was critical in creating and maintaining ownership across a range of stakeholders, including the Overview and Scrutiny Commission, commissioners in the council and PCT, GPs and voluntary organisations.”

**Claudia McConnell, Service Director (Performance, Policy and Partnerships), Bristol Children and Young People’s Services.**

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# Further information and advice

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**Key message:** Don't worry if you don't have all the answers straight away. A range of good practice support and learning materials on key JSNA themes are available to help with the detail.

## 2011 JSNA data inventory

The original 2007 Department of Health JSNA Guidance came with a supporting JSNA Core Dataset. Despite being offered as a guide, the core dataset was often considered mandatory by JSNA authors and some used it as template for JSNA design. This usually resulted in an unimaginative publication that was difficult for users to interpret and translate into actions.

The 2009-10 DH JSNA Development Programme commissioned the Association of Public Health Observatories to recast the Core Dataset and produce a more facilitative tool, accompanied with key messages, advice hints and tips for JSNA analysts.

## Linking JSNAs with commissioning

Developing closer links with commissioning and decision-making is one of the central challenges at the heart of a quality JSNA process. Realising this ambition requires agreement on the needs and nature of commissioning in your area, the design of JSNA products and service in response

to those needs, and a clear specification of roles and responsibilities to consolidate working arrangements.

For further information, please see 'Measuring demand, making decisions' a report commissioned by the North West Joint Improvement Programme and DH JSNA Development Programme in August 2010.

Measuring Demand – Making Decisions – on the LG Improvement and Development website

## Voluntary sector and community engagement

Involving wider partners in JSNA is crucial, both as providers of information and intelligence and users of JSNA products and services able to play a powerful role in the local strategic agenda. Meaningful engagement with the voluntary sector, providers, and community organisation will require outreach, relationship building and a workable 'deal' around their investment of capacity and resources in helping to build JSNA.

The Voluntary Organisations Disability Group (VODG) was commissioned by the DH JSNA Development Programme to provide a home to a range of reports, case studies and tools for the voluntary sector and statutory partners. Through the DH Voluntary Sector Strategic Partners Programme, the VODG site provides access to a collective

reach of more than 350,000 voluntary sector organisations.

[JSNA Resources](#) – on the VODG website

## Vulnerable adults and supported housing

Supported housing and housing-related care has a significant impact on the health and wellbeing of vulnerable people, yet remains surprisingly disconnected with JSNA processes in many areas. This report was commissioned by the DH JSNA Development Programme to provide a selection of case studies and insights into strategic commissioning for vulnerable groups with complex needs who suffer persistent health inequalities.

[JSNA, housing, care and support](#) – on the LG Improvement and Development website

## Spatial planning and regeneration

The potential of the planning and development community as users of JSNA products and services is enormous. Decision-making on licensing, leisure services, transport, employment, economic development, housing, green space, and countless other social and environmental determinants of health are central to the wellbeing agenda.

This publication by Hyde Housing and the Town and Country Planning Association was commissioned by the DH JSNA Development Programme as a practical guide to JSNA for planners and policy-makers in spatial planning, regeneration, housing, and development management.

[Spatial Planning and JSNA](#) – on the LG Improvement and Development website

## Children

The Health and Social Care Bill is clear that JSNA is to cover all ages, including children. To encourage more flexible and responsive local partnership working, the Government has withdrawn the regulations and statutory guidance that required areas to produce centrally-prescribed children and young people plans through a children's trust board.

These changes bring opportunities to draw on local experiences of joint commissioning for children's services and the work of children's trusts to integrate the strategic planning for wider services for children – as well as health and public health services – into the population-wide strategic leadership of the health and wellbeing board.

In the light of this, colleagues may want to closely monitor news and information from the Department of Health, Department for Education and Department for Communities and Local Government for early feedback around children's issues from the early implementer sites, and undertake horizon-scanning on the opportunities and benefits realised in other localities.

[Example of Children and Young People's JSNA 2010-14](#) – on Lancashire County Council's website

[Example of Children and Young People's JSNA](#) – on Cambridgeshire County Council's website

## Race equality

Race equality is increasingly recognised as a vital lens through which to interrogate health inequalities, poor outcomes and unmet needs. This report was commissioned by the DH JSNA Development Programme to identify different aspects of good race

equality practice, enabling local areas to review and benchmark their existing JSNA documentation and process.

Race and equality JSNAs: 'Towards Culturally-Responsive JSNAs' – on the LG Improvement and Development website

## Migrant health

A JSNA analysis of migrant groups can offer an invaluable perspective on unmet needs and persistent inequalities. Migrants may arrive at risk of poor health because of their life experiences, which in turn can often drive a vicious cycle in which they are less able than most to access help or seek treatment. This guide produced jointly by experts in Yorkshire and Humber, North West and North East was commissioned by the DH JSNA Development Programme to help JSNA teams better describe and understand the needs of some of their least visible and most vulnerable population subgroups.

Including migrant populations in JSNA – on the LG Improvement and Development website

## Asset mapping

Traditionally, strategic planning for public services focuses on needs, deficits and problems within local communities and aims to apply investments in response. A growing school of thought believes this is unsustainable and should be balanced by better understanding of where assets, successes and good outcomes already exist and for whom. The North West region and others are leading the development of an asset approach in JSNA (or rather, Joint Strategic Asset Assessment, or 'JSAA') that identifies the skills, strengths, social capital, capacity and knowledge of communities as well as its deficits.

'A Glass Half Full' – on the LG Improvement and Development website

## Integrated working

The purpose of integration is to improve patient and service-user outcomes by minimising any organisational barriers to the optimal provision of care and services according to needs. Although numerous resources exist on good practice, a good place to start is the Integrated Care Network's 'Practical Guide to Integrated Working'.

Practical Guide to Integrated Working – on the DH Care Networks' website

## Engaging patients and service users

People who use services are often the best judge of the quality of the service and whether it meets their needs. Many service users with long-term health and social care issues now have 'person-centred plans' as part of the drive to greater personalisation of services.

The 'Working Together for Change' process collates and analyses what patients service users report in their plans, for example what isn't working in their lives and the outcomes they want. It uses a simple six step co-production process involving service users, carers frontline staff and commissioners.

Working Together for Change: using people centred information (PDF 45 pages, 3MB) – on the Putting People First website

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# Glossary of terms

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This glossary includes some of the terms commonly used by the authors of this paper when talking about JSNA. It is certainly not definitive or academic, but is presented here as a prompt for local JSNA discussions to consider how they use these terms and either accept or modify them to suit their local requirements.

Asset-mapping	A process which identifies the capacity, skills, knowledge, connections potential, and social capital in a community.
Commissioning	Commissioning is the process of ensuring that the health and care services are provided or arranged so as to effectively meet the needs of the population. It is a complex process with responsibilities ranging from assessing population needs, prioritising outcomes, procuring products and services, and managing service providers. Increasingly it is expanding to include the way decisions are made about directing investment as well as direct service commissioning.
Co-production	Active production of solutions (for example, design of services) by the people who may use them alongside those who have traditionally provided or arranged them. It emphasises that people have assets to contribute rather than simply needs which must be met.
Deep dive	A focused enquiry or investigation into a particular element of the health and wellbeing system.
Enhanced JSNA	The phrase was first used in HM Governments 'Liberating the NHS: Legislative Framework and Next Steps' (Cmd 7993) which said: "In the reformed system, the process and product of the joint strategic needs assessment takes on much greater importance." (5.19). The phrase is used to distinguish the next generation of JSNA from those developed since 2007-2010.

Governance	Set of processes and conventions designed to underpin the way an organisation works, and ensure that requirements such as separation of functions, scrutiny, etc are properly managed.
Hard and soft data	‘Hard’ data is intended to be precise, numerical, and reproducible from one situation to another. ‘Soft’ data tends to be more subjective. In practice there is a continuum between the two and neither is superior to the other. Good decision-making often comes from a combination of the two. (See also ‘Intelligence’).
Health inequalities	Differences in the health (and increasingly wellbeing) experienced by different groups in a community which are avoidable and therefore held to be unacceptable.
Intelligence	Collectively all the information that enables judgements to be made at a strategic level. This might involve data which is processed and presented so as to become information, evidence (which might be scientific or impressionistic), best practice (what works), or predictive (using specialised techniques). (See also ‘Hard and soft data’).
Integration	Bringing together some or all of the wider partners (see ‘Wider partners’) so that their efforts can be combined. Most commonly applied to the NHS and the social care part of the local authority and now including public health, integration can avoid the disadvantages of working in silos (see ‘Siloed’), offers a joined-up experience to the consumer, and can be both more effective and efficient. Integration can be applied at different points – for example, in needs assessment, commissioning, or in service provision, as well as across the whole system.
Market analysis	An analysis of the make-up of how (by whom, in what style) local services are provided. Typically this will include the sectors (private, voluntary etc) providing care and health services and their resilience (ability to resist fluctuations in demand, finance, etc).
Market segmentation	The way that a market (for example providers of services, people who use services) can be divided generally into subsets that have the same characteristics or might behave in the same way.
Market supply	The supply of services in a particular area. The term ‘market’ relates to the fact that most health and care is provided by a mixture of statutory and non-statutory providers – hence there is a market of provision characterised by some degree of competition.

Needs assessment	A systematic method for reviewing the issues facing a population, leading to agreed priorities and resource allocation that will improve health and wellbeing and reduce inequalities.
Outcomes-focused approach	An approach based on focusing on the results of investing in a service or providing it in a certain way rather than outputs. Commissioners can be clearer about the real benefits they are seeking by defining the outcomes being sought. (See also 'Health inequalities').
Pooled budgets	One of a range of options available to support the integration of health and social care. While partners such as local government and the NHS can delegate some functions to each other, they may also commit some of their financial resources to create a single or 'pooled' budget which is discrete and separate and for a specific purpose thus helping to avoid funding disputes. The Health and Social Care Bill would require local authorities and commissioning consortia to consider using these and similar provisions.
Programme budgeting	Programme budgeting is the analysis of expenditure in healthcare programmes, such as cancer, mental health and cardiovascular diseases. Programme budgeting usually makes comparisons between expenditure and outputs or outcomes between one geographical area and another.
Quality premiums	A Government proposal to offer GPs financial rewards for performing well.
Siloed	The tendency for individual sectors and services to work independently of each other rather than cooperating is known as the 'silo' approach. The disadvantage is that while each pursues its own objectives they may do so without reference to the implications for other agencies. (See also 'Integration').
Simulation	A realistic imitation of a real-life situation in an environment where assumptions or proposed actions – 'what ifs?' – can be tested.
Strategic intelligence	Collectively all the information that enables judgements to be made at a strategic level. This might involve data which is processed and presented so as to become information, evidence (which might be scientific or impressionistic), best practice (what works), or predictive (using specialised techniques).

Upstream and downstream investment	Based on an analogy by McKinley (1979) of the health and wellbeing system as being like a fast flowing river in which people were drowning. The system was so preoccupied with rescuing them that there was no time to go upstream to prevent them falling in – which would have been a more fruitful, preventative (upstream) activity.
Wellbeing	Used by the World Health Organisation (1946) “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. More recently the concept was described as “feeling good and functioning well” (New Economics Foundation, 2008). Creating wellbeing (of which good health is a component) requires the mobilisation of the widest assets to ensure community cohesion, safety and so on. <u>Five Ways to Well-being: the Evidence (2008)</u> – on the New Economics Foundation website
Wider partners	The core membership of health and wellbeing boards is defined in the Health and Social Care Bill. But many other services and agencies contribute towards health and wellbeing in a locality, including the voluntary and private sector, economic regeneration, housing, environment, education, licensing, and police. These are the wider partners. (See also ‘Integration’).



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