



Public Health
England

Protecting and improving the nation's health

Best practice and opportunities for innovation in local Joint Strategic Needs Assessments (JSNA)

Local Knowledge & Intelligence Service

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Aims

This project was a trial of collaborative working between a local authority and PHE's Local Knowledge and Intelligence Service West Midlands team. The project came about following a Care Quality Commission whole system review which queried the effectiveness of the local JSNA in informing local strategies and commissioning decisions.

The aims of the project were to:

- Increase the understanding of what constitutes a 'good' JSNA
- Identify the process and products to realise a JSNA's full potential in informing strategy and commissioning
- Look at ways to revitalise the JSNA process in the current context with a move towards population health management approaches and integrated care systems.
- Promote sector-led improvement to the JSNA process using innovative approaches.

Summary

Top tips for JSNA's

1. Communicate, communicate, communicate
2. Make evidence the norm
3. Future focussed
4. Fail to plan – plan to fail!
5. Data: Give them what they need
6. Add meaning and impact
7. Don't forget the asset based approach
8. Identify priorities
9. Collaboration
10. Evaluate and adapt

Rationale

- Currently, there is no guidance for producing JSNAs
- Joint Strategic Needs Assessments (JSNAs) help identify key local health and wellbeing priorities. The work undertaken presents clear links to the prevention agenda to prevent ill health and reduce health inequalities as detailed in PHE's remit letter. It should also aid local JSNAs in making reference to some of the dedicated priorities identified in the remit letter.
- This resource is a result of a specific ask for local systems via PHE coordinated networks. All local systems have a statutory requirement to produce and update a JSNA. However, existing JSNA's demonstrate variability in their content and the degree to which they directly inform commissioning decisions.
- Thus, this resource will be essential for local health care systems producing and updating JSNAs. As such, the intended audience includes all involved in the responsibility for producing JSNAs as well as the users of JSNAs.

What is a JSNA?

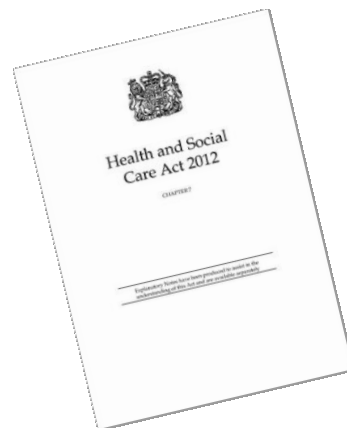
“a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve the health and wellbeing outcomes and reduce inequalities”

- Assessment of health and social care needs
- Place-based population health analysis
- System-wide approach to health inequalities
- Evidence base for local strategies and commissioning
- No set format, local areas free to manage and design.

Why carry out a JSNA?

Local Health and Wellbeing Boards have a statutory duty (*2007 Local Government and Public Involvement in Health Act, 2012 Health and Social Care Act*) to:

- Produce a JSNA
- Produce a Joint Health and Wellbeing Strategy (JHWBS) informed by the JSNA
- Ensure LA, CCG and NHS England commissioners take the JSNA into account for planning and redesigning health and care services.



New developments

Most recent guidance for JSNAs produced in 2013. Since then, the underlying context has changed...

- Moving towards Integrated Care Systems (ICS) by 2021 for joint commissioning and delivery of health and care in local area.
- NHS Long Term Plan requiring more NHS action on prevention and health inequalities.
- ICSs to use population health management approaches.
- Primary care networks to complete health inequality plans.
- Whole system approach to designing services around place rather than through individual services.
- Need for complex systems approach taking into account multiple factors across population groups.

A changing role for JSNAs?

Population Health Management improves population health by data driven planning and delivery of care to achieve maximum impact.

It includes segmentation, stratification and impactability modelling to identify local 'at risk' cohorts - and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes.

What now for JSNAs?

Optimal time for a review of current JSNAs and how they are used.

Raise awareness of the role JSNAs can play:

- Reinforcing the JSNA as a fundamental decision support tool.
- Reinvigorating JSNAs by aligning with the emerging population health management/integrated agenda.

To support this we have developed:

- A set of the top 10 tips exploring new ideas based on best practice in local areas across England.
- An updated core JSNA dataset specification.

Place-based intelligence

- New place-based health system approaches brings opportunities for local areas to improve JSNA process to incorporate place-based intelligence.
- STPs/ICSs are required to use population health management approaches to identify need in their local areas.

OLD SYSTEM	PLACE-BASED HEALTH
Closed	Open
Separate service silos	Whole system approach
Vertical top down model	Horizontal model across services
Institution led	Person centred
Largely reactive	Largely preventative
Focussed on treating ill health	Focussed on promoting wellbeing
Health in a clinical setting	Wider determinants of health in communities
Services 'done to' citizens	Balance of rights and responsibilities

Reference: NLGN (2015) Placed-based health systems

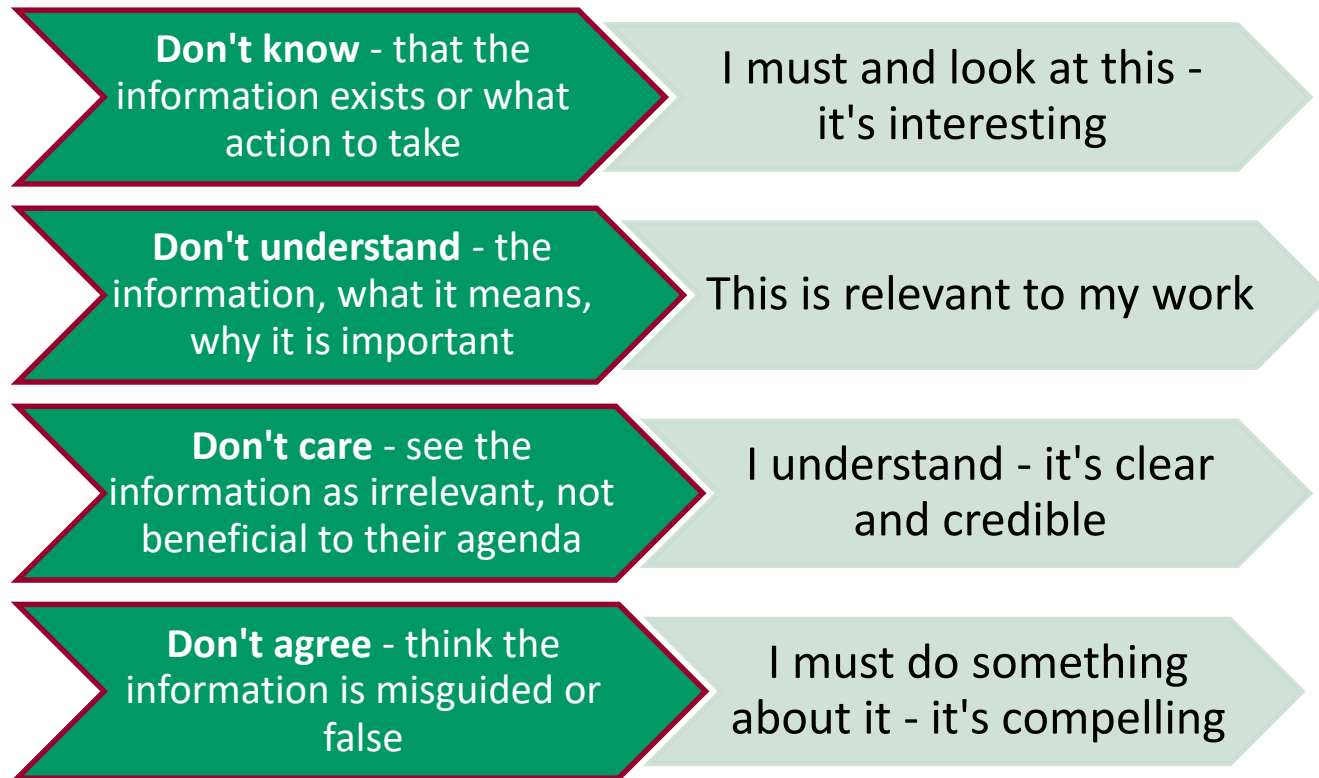
JSNA & Population Health Management

Opportunities to complement each other in identifying need & tackling health inequalities

Opportunity	Detail
Systems approach	Moving away from silo-working Broader focus on whole system
Skills development	Predictive demand and capacity modelling Knowledge translation – influencing policy makers Systems leadership – working across organisations
Collaboration	Data sharing and joint working across organisations in a local area e.g. police, housing, social care, schools, hospitals and GPs Shared understanding of the health inequalities in a local area
Building insight	Big picture view of an individual's interaction with the system Identifying drivers for health inequality and potential interventions
Innovation	Automation of processes Use of Application Programming Interface (APIs) for accessing, sharing and flexible presentation of data

Bridging the know-do gap

How do decision-makers think about JSNAs?



Adapted from The Knowledge Translation Toolkit

Top tips for JSNAs

These tips are an attempt to bridge any know-do gaps that may exist in your JSNA process. They are a set of ideas intended to revitalise local JSNA process and products. Each have examples of good practice from a local area. These are based on recommendations from PHE LKIS teams, national award winners and online research/appraisal.

There is no “one size fits all” for JSNAs and the tips should be adapted accordingly to your local area.



1. Communicate, communicate, communicate

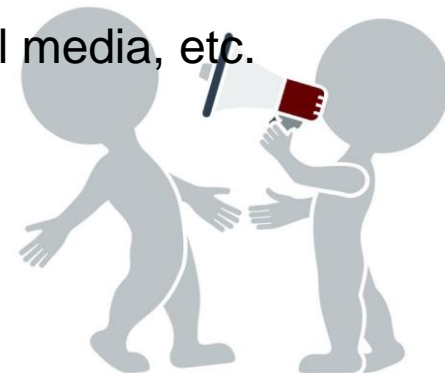
Why is this important?

Building awareness and positive attitudes towards JSNAs will maximise their impact on local decision-makers. If the right people don't know it exists or can't see the benefit, it is unlikely to be used to inform local strategies and plans. Marketing of key messages to the target audience using a range of approaches will generate interest and raise awareness of the local JSNA.

Recommendation

Develop a detailed communications plan, continued & consistent awareness raising by JSNA 'champion', apply branding, utilise range of communications methods e.g. blogs, newsletters, training, press releases, social media, etc.

Good practice: Suffolk – Healthy Suffolk brand, monthly blog.



2. Make evidence the norm

Why is this important?

JSNAs are the evidence base for Joint Health and Wellbeing Strategies and local commissioning plans. The triangulation of intelligence and evidence. Strategies and plans are more likely to be effective if based on objective and proven reasons from best available research. Commissioners and decision-makers should be comfortable using evidence and research.

Recommendation

Actively promote use of evidence, showcase local research.

Best practice: Birmingham –
Annual research seminar



Good evidence

- Clear and easy to understand
- Relevant and credible
- Encourages challenging conversations
- Accessible
- Timely

Poor evidence

- Too much or too little information
- Conflicting data
- Out of date
- Lack of awareness of information

3. Future focussed

Why is this important?

JSNAs should consider the future health and wellbeing needs of their local community. Population health management approach requires predictive modelling for demand and capacity. System-wide approaches to health inequalities require complex systems analysis. Increasing availability of automation tools to access and manipulate data.

Recommendation

Develop skills/capacity amongst analytical colleagues, being innovative in data use e.g. automation, impactability modelling, use of APIs for more efficient analysis.

Good practice: Kent – development of JSNA Plus



4. Fail to plan – plan to fail!

Why is this important?

Organising the collection, analysis and distribution of evidence across local health and care system is no easy task. Programme management skills are necessary to manage relationships, the process and resources. Tasks need to be distributed, stakeholders engaged and resources allocated.

Recommendation

Consider having a dedicated programme manager to oversee your JSNA, establish a detailed project & implementation plan, develop an ongoing stakeholder engagement plan, use of agile project management methodologies to be more responsive.

Good practice: Manchester – JSNA work programme, delivery plan



5. Data: Give them what they need

Why is this important?

JSNAs should be a continuous process providing data and intelligence to enable local decisions. Identifying health inequalities and unmet need should be the main driver for selection of data sources. Consideration should be given to the wider determinants of health. Both quantitative and qualitative evidence should be used to provide insight on current and future health needs. Qualitative data should include local community views, particularly vulnerable groups.

Recommendation

Core datasets for different JSNA products, adopt a continuous cyclical process to keep the JSNA up-to-date and relevant, incorporate local consultation findings

Good practice: Wolverhampton – interactive JSNA ward tool.



6. Add meaning and impact



Why is this important?

JSNAs should be an umbrella for a collection of resources to motivate local decision makers to take action. Headline data on one page can start challenging conversations, in-depth analysis is necessary for commissioning the right services and interactive reports can grab attention and provide instant information. Creating JSNA products that are interesting and easy to understand will enable them to be used to make a difference. Knowing your audience is key and matching form to their needs.

Recommendation

Consider adopting some consistent branding for all your JSNA activity, look to produce a suite of documents that complement each other, make accessible on local website, stakeholder analysis to identify need, regular review of effectiveness.

Good practice: [Wigan](#) – JSNA on a page

7. Don't forget the asset based approach

Why is this important?

JSNAs should be more than a needs/deficit analysis and should consider the strengths and assets in a local community that commissioners and planners can build upon. What helps a community be healthy? When decision-makers can understand this they can support conditions for community action to improve health and wellbeing not just providing services.

Recommendation

Development of asset indicators, voluntary and community sector involvement

Good Practice: Kirklees – shifting the balance from needs to assets



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8. Identify priorities



Why is this important?

The JSNA should be the single agreed picture of needs in local area.

Key health and wellbeing issues are identified using an evidence-based approach and an agreed process. It should make clear where there is unmet need so decision makers can take action.

Recommendation

Timing JSNA process to fit with local strategic planning and commissioning cycles, facilitated discussion with Health and Wellbeing Board, direct link to Joint Health and Wellbeing Strategy, consider use of prioritisation tools (e.g. Multiple-criteria Decision Analysis (MCDA), Programme Budgeting Marginal Analysis (PBMA), STAR, PHE's prioritisation framework)

Good practice: East Riding of Yorkshire – stakeholder consultation on priorities

9. Collaboration



Why is this important?

JSNAs are produced in partnership across the health and care system. Collaborative leadership and governance structures are essential for accountability. Need for a systematic process with clear ownership and responsibilities to hardwire JSNA evidence into everyday decisions. It is helpful to have people of influence to champion the JSNA across local organisations and communities.

Recommendation

Adopt a clear governance structure, form a local JSNA steering group, agree terms of reference, requirement to demonstrate use before sign off of commissioning plans/decisions.

Good practice: Wirral – JSNA cited in evidence base for local plans.

10. Evaluate and adapt

Why is this important?

Evaluation is essential to find out if your JSNA is fit for purpose. Can you demonstrate it is being used as the evidence base for local decisions and commissioning plans? Monitoring and reviewing (including strategic relationships, feedback on JSNA products, how and where the evidence has been used) should be a fundamental part of the JSNA process. The lessons learned should then drive ongoing improvements.

Recommendation

Success indicators, feedback from stakeholders, regular review of use in local decisions.

Good practice: Kent – JSNA evaluation workshop



Core dataset specification

The following slides detail a suggested core dataset specification of key data that should be considered within a 'good' JSNA. This is based on the statutory guidance and using datasets that should be easily accessible. Links to resources have also been included.

JSNA indicators should include data relating to both health and wellbeing. They should also consider the wider determinants of health and allow identification of health inequalities.

The core dataset has been organised into 8 categories: Population, Epidemiology, Wider Determinants of Health, Lifestyle, Service Use, Assets, Evidence and Community Perspectives.

Suggested core dataset

- Local population by age, sex and ethnicity
- Births and deaths
- Migration

Population



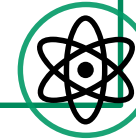
- Life expectancy
- Disease prevalence
- Morbidity
- Mortality

Epidemiology



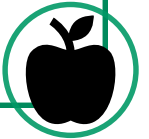
- Health inequalities
- Economic - deprivation, employment
- Social – education, housing
- Environmental - crime and disorder, green space, transport and air pollution

Wider determinants of health



- Physical activity
- Healthy eating
- Excess weight
- Substance misuse
- Sexual health
- Smoking

Lifestyle



- Children in care
- Adults social care
- Screening
- Immunisations

Service use



- Networks and groups
- Places of worship
- Sports events
- Local transport
- Local physical resources e.g. libraries, leisure centres
- Local businesses

Assets



- Good practice
- Literature reviews
- Professional opinion

Evidence



- Local opinion
- Qualitative insight
- Service user evaluations

Community perspectives



Resources to support JSNA

There are a large set of tools, datasets and health profiles freely available that can be used alongside local data to inform your JSNA.

PHOF tool Public Health Outcomes Framework

Local Health (for geographies smaller than local authorities)

NHS Outcomes Framework (NHS Digital)

Adult Social Care Outcomes Framework (NHS Digital)

PHE profiles – topic specific / area based

SHAPE tool – Strategic Health Asset Planning and Evaluation

Global Burden of Disease tool – data visualisations for local authority level

LGInform – Local Government Association

ONS population estimates and projections

Stat-Xplore – DWP benefit statistics

NOMIS – labour market and Census data (ONS)

DFE statistics – data on education and children

PHE data and analysis tools

Sources/references

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Authors and contact

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