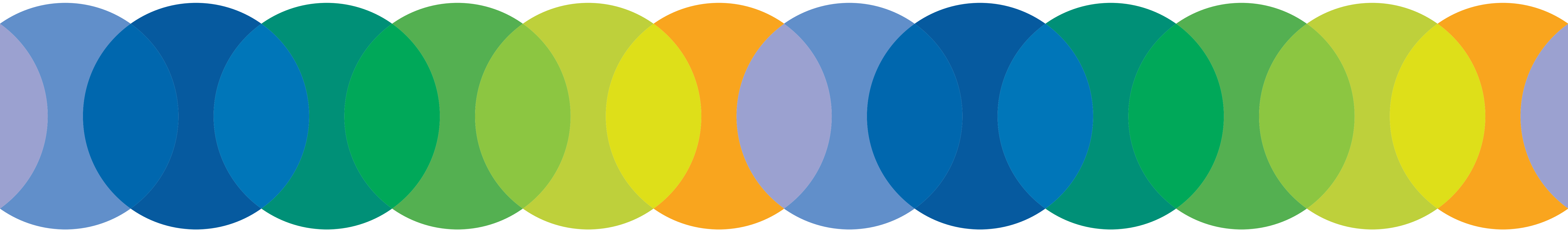
research
in practice
for adults

www.ripfa.org.uk

research
in practice
for adults

03
KEY ISSUES

joint strategic needs assessment



research in practice *for adults* is a department of Dartington - an international centre for the generation and application of new ideas.

Printed on 100% post-consumer recycled material
Designed with ❤ at biz-R / 01803 868989 / www.biz-r.co.uk

Dartington

learning events publications network exchange change projects www.ripfa.org.uk research in practice

joint strategic needs assessment

introduction

The new duty to produce a Joint Strategic Needs Assessment (JSNA) came into effect on 1 April 2008. Under the terms of the Local Government and Public Involvement in Health Act 2007 (DH, 2007a) upper tier local authorities and primary care trusts (PCTs) must identify the needs of the local population to provide the evidence base for determining priorities and planning and commissioning services that will better meet local health and wellbeing needs in the future.

The JSNA is intended to contribute to strategic processes within the local authority, the PCT and other local agencies.

The DH guidance states that:

'JSNA will provide a framework to examine all the factors that impact on health and wellbeing of local communities, including employment, education, housing and environmental factors'.

DH (2007b:12)

JSNA - a definition

The Department of Health defines JSNA as:

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

DH (2007b:7)

the context

What's the rationale for JSNA?

A primary purpose of the JSNA is to provide the evidence base to underpin health and social care commissioning strategies and the PCT Prospectus. This will contribute to achievement of the health and wellbeing objectives set out in *Our health, our care, our say* (DH, 2006a):

- Better prevention and early intervention for improved health, independence and wellbeing
- More choice and a stronger voice for individuals and communities
- Tackling inequalities and improving access to services
- More support for people with long term needs.

The need for a regularly updated strategic needs assessment is underlined in the DH's *Commissioning Framework for Health and Wellbeing* (DH, 2006b) which sets out the eight steps to effective commissioning, one of which is 'understanding the needs of populations and individuals'.

Local areas have a duty to prepare a JSNA and there is comprehensive guidance (DH, 2007b) on what it should, as a minimum, contain. Nevertheless it is for local authorities, PCTs and their partners to devise their own objectives for the JSNA and to set out how they are going to go about the task. **Table 1** gives an example of the aims and objectives for the JSNA set by one local area.

What about the Sustainable Community Strategy and the Local Area Agreement?

The JSNA is also intended to be taken into account by the local authority and its partners in preparing the Sustainable Community Strategy (SCS) and the priorities and targets set by the Local Area Agreement (LAA) - the delivery plan for the SCS. The Local Government White Paper (DCLG, 2006) sets out a clearer role for both the SCS and the LAA and both are underpinned by the new performance framework for local authorities. The indicators within the JSNA core dataset (see page 09) dovetail with those in the national indicator set.

Table 1 **Staffordshire JSNA purpose aims and outcomes**

Source: Staffordshire Joint Strategic Needs Assessment (JSNA Report 1) p1, January 2008

The purpose of the Staffordshire Joint Strategic Needs Assessment is to provide a multiagency view of 'need' across Staffordshire. It identifies the 'big picture' relating to health and wellbeing needs and inequalities of the local population.

The aims of the Staffordshire JSNA are as follows:
Analysis of data identifying the health and well being status of local communities
Identification of inequalities
Inclusion of patient/carer and local community views
Use of evidence of effectiveness of interventions to shape the future investment and dis-investment of services.

The Staffordshire JSNA will help achieve the following outcomes:
Define achievable improvements in health and well-being outcomes for the local community
Help to target services and resources where there is most need
Support health and local authority commissioners
Deliver better health and well being outcomes for the local community
Underpin the LAA and the choice of local outcomes and targets.

How does the JSNA fit with the Children and Young People's Plan?

The Children Act, 2004 requires local authorities* to prepare and publish a Children and Young People's Plan (CYPP) in partnership with other agencies through the local children's trust arrangements. A comprehensive needs assessment is an important element of the CYPP, focusing on the five Every Child Matters (ECM) outcomes. The CYPP covers all services for children, young people and families, not just those provided by the local authority. It also emphasises outcomes, partnership working, and consultation. As such it should be consistent with the JSNA and make use of the same data and indicators. The JSNA must cover the needs of all children, including particularly vulnerable groups such as looked after children, children with disabilities, children in transition and those with caring responsibilities. It is eventually intended that the data that informs the health and wellbeing aspects of the CYPP will be contained within the JSNA core dataset.

What about other local plans and strategies?

The DH guidance (DH, 2007b) identifies the following plans and strategies that have links with the JSNA:

> PCT and LA commissioning strategies

> PCT Local Delivery plans

> Children and Young People's plans

> PBC commissioning plans

> Local Development plans

> Community Regeneration strategies

> PCT Pharmaceutical Needs assessments

> Supporting People strategies (see also CLG, 2008)

> Housing strategies

> Community Safety strategies

> Carers strategy

> Workforce Planning strategy

Over time it is intended that these local plans and strategies will be linked through shared evidence, targets and indicators.

* with the exception of four star authorities

getting started

What should the JSNA contain?

At a minimum the JSNA must provide data that answers the following questions:

> What are the current health and wellbeing needs of the local population?

> How are these needs likely to change in the future?

> In what ways and how effectively are these needs being met currently?

This requires presentation of data on the following:

> Demography - population, births, ethnicity

> Social and environmental factors - characteristics of the locality, deprivation

> Current known health status - illness, lifestyle, teenage conceptions, limiting long-standing illness

> Current met needs - social care, primary care, HES

> Service user perceptions - social, primary and community care user satisfaction

> Public perceptions - residents' surveys

> Analyses of current inequalities - by geography and population group in terms of outcomes and access to services

> Projections of service use in three to five years

> Projections of outcomes in three to five years

> Evidence of effectiveness

This is a minimum requirement and the guidance emphasises that localities should also include 'locally relevant data' that reflects local objectives, priorities and circumstances. Also, if the JSNA is to take account of all of the factors that impact on health and well-being then it should include data relating to housing, employment, leisure, the environment and transport. This has the potential for becoming unmanageable so localities should develop their own aims, objectives and the questions that they are seeking to answer through their JSNA while meeting statutory requirements. The insert provides examples of questions that the JSNA might address.

Table 2 **Examples of questions to be answered by the JSNA** Source: YHPHO (2008)

In my area now
Which groups are getting a raw deal?
How many children are living in poverty?
Which members of our community die youngest?
What are people dying of?
Roughly when do people die?
Are we spending our money on the right things?
How many people are over 75?
What illnesses are people living with?
What are people living with that makes their lives difficult?
Where do the groups getting a raw deal live?
What help do the groups getting a raw deal want and need?
In three to five years time
How do we get more people to help older people have better lives?
What do we do to stop people dying of heart attacks?
Has the health of the poorest improved?
How do we create more responsive service providers?
How can we get children to take more exercise?

Who should be involved?

The JSNA is the shared responsibility of the local authority and the PCT as represented by the Directors of Public Health, Adult Social Services and Children's Services. However, the potential scope of the JSNA, its links to the SCS and LAA and the emphasis on involving the local community, suggests the need for much wider involvement in its design, execution and communication. The more involved key stakeholders are, the more likely it is that they will feel ownership of the JSNA and make use of it in their decision-making. A small Steering Group representing the main stakeholders, together with a mechanism for consulting with a wider reference group, may be the best way forward. It may also be helpful to set up a separate Technical Group that can advise on data and analysis issues.

Hooper and Longworth (2002) suggest that the following groups should be involved in needs assessments:

> Those who know about the issues
service providers, front-line practitioners, people with knowledge derived from research. (The DH guidance gives examples of local practitioners with local knowledge who might contribute to the JSNA , see **Table 3**.)

> Those who care about the issues
representatives from the local community, service user or carer groups, campaigning and self-help groups

> Those who can make changes happen
managers in relevant agencies, service planners and commissioners.

Table 3 **Examples of service providers who could contribute to the JSNA** Source: YHPHO (2008)

Service providers:
Neighbourhood services staff including housing leads and community safety officers
Public health nurses, such as health visitors and school nurses
District nurses
Social care staff
Environmental health officers
Family planning providers
Teachers
Health promotion teams and health trainers
Community pharmacists
Youth workers
GPs and their teams
Midwives
Patient Advice and Liaison Services (PALS) and LINks
Carer Centre staff
Voluntary and third sector providers

Community engagement

Community engagement is a central principle of the JSNA. The DH guidance states:

'We firmly believe that community engagement is an essential element of Joint Strategic Needs Assessment, and that the process will, in itself, have a positive impact on health and wellbeing. Engaging with communities includes understanding whether services have delivered what was expected, and whether service users have had their needs met.'

(DH 2007b:1)

Who or what 'the community' is for the purposes of the JSNA will have to be specified early on. All or some of the following may be relevant:

> the general public - as represented by household surveys

> specific population groups eg older people, specific minority ethnic groups

> people living in specific geographical areas

> users of specific services

> carers.

The core dataset refers to information on patient and service-user experience but this needs to be supplemented by the views and attitudes of other groups within the local population, especially those that are traditionally 'hard-to-reach' but may have particular health and wellbeing needs that are not being fully met. Furthermore the DH guidance states that:

'Communities should be involved in all stages of the JSNA from planning to delivering and evaluating, rather than being restricted to commenting on final drafts.'

So 'the community' might, potentially, be involved in planning the JSNA, contributing to the data on needs, expressing views on services, commenting on priorities and responding to a draft report.

Any strategies for engaging the community will need to:

> take account of the circumstances and needs of particular groups, especially hard to reach groups

> be appropriate to the stage of the JSNA process

> build on existing strategies and mechanisms for community engagement.

There is a wide range of tools and resources that can help with community engagement (see Resources section of DH guidance).

the core dataset

The quality of the JSNA will, in large part, be dependent on the quality of the data it contains. To assist partnerships in accessing good quality data, a core dataset has been developed consisting of indicators relating to the main themes of the JSNA. The dataset is linked to both the Local Government National Indicator Set for local authorities and local partnerships and the Department of Health's Vital Signs key outcomes. Work on the core dataset is ongoing and as the work develops indicators may be added, removed or amended. (See APHO, 2008)

The dataset is organised into a series of 'domains':

> demography

> social and environmental context

> lifestyle/risk factors

> burden of ill-health

> services.

Each of these domains is then further sub-divided into sub-domains and sub-sub-domains. Indicators are provided for each, data sources identified and comments made, where appropriate. The format used for each indicator is shown in Table 4.

Table 4 **Format for indicators in core dataset**

Indicators		
22. Modelled and/or recorded smoking prevalence		
Domain Lifestyle/risk factors	**Sub-domain** Behaviours	**Sub-sub-domain** Smoking
Sources		
Description	**Detail**	**Available from**
Survey data on smoking prevalence	Local	Currently only available if a local survey is conducted. Will in future be available from new Integrated Household Survey
Modelled estimates of smoking prevalence	LA, PCT and MSOA, 2003-05	Available from www.neighbourhood.statistics.gov.uk. Look for 'Healthy Lifestyle Behaviours: Model-based estimates' under 'Health and Care. Also available (LAs only) from http://www.ic.nhs.uk/pubs/healthylifestyles05
Data on mothers smoking at time of delivery	PCT, quarterly	www.dh.gov.uk/en/Publichealth/Healthimprovement/Tobacco/Tobacco General Information/DH_4139682
Comments		
Model-based estimates show what may be *expected* locally based on the area's socio-economic characteristics, and cannot be used to monitor performance.		

from data to intelligence

If the JSNA is to effectively inform strategy, planning and commissioning the data has to be turned into intelligence. Data cannot on its own provide answers; to be useful it must be collated, synthesised, analysed and interpreted. Different kinds of data - statistical, qualitative, financial - from different sources - local agencies, national statistics, local service providers, the local community - will need to be blended and interpreted.

Steps in the process

Moving from data to intelligence entails the following steps:

1. **Collating data from all sources and presenting it both for the whole locality and also by (for example)**
   > Wards, districts or neighbourhoods
   > GP practices
   > Population groups.
2. **Synthesising data: bringing together data from different sources will illuminate an issue from different viewpoints. It may also throw up contradictions which require further investigation. In considering different kinds of data ask the following questions:**
   > Should all data sources be given equal weight?
   > Are some sources more authoritative than others?
   > Does all the evidence point in the same direction? If not, what does this tell you about differences in perception of stakeholder groups?
3. **Analysing data and drawing conclusions about what the data means. It is these conclusions which will provide the answers to your questions about local needs, inequalities and service provision.**

From intelligence to priorities

The JSNA will not itself point up priorities; rather, by identifying issues it will provide an evidence base to help local partners in that process. But the evidence from the JSNA will not be the only input into the prioritisation process. Decisions about priorities must be taken in the wider context of national and local policy, agency targets and the availability of resources. And, although the process should be evidence-informed, it is necessarily a political process informed by values and principles. As such, prioritisation, as with the JSNA more generally, should engage all stakeholders.

what to do with it once you've done it

Presentation, publication and communication

For the JSNA to be influential it should be published and communicated widely. Thought will need to be given to the way in which the information is presented to ensure accessibility and to maximise impact. The need to communicate with diverse audiences - commissioners, service providers, managers, service users and the local community - will necessitate a range of different formats to meet different needs. The DH recommends that:

'**The published findings of the JSNA will be a concise summary of the main health and wellbeing needs of a community as opposed to a large technical document.**'

DH (2007b:8)

A possible format for the contents of the JSNA is presented in **Table 5**.

PCTS are required to incorporate the findings of the JSNA into their Prospectus together with the outcomes of patient satisfaction and experience surveys and the results of service performance reviews. Directors of Public Health have traditionally produced independent annual reports, although this is not a statutory requirement.

The DH guidance (p18) suggests that Directors of Public Health:

'should consider whether they wish to incorporate relevant findings of the JSNA into their annual report, or use the annual report to examine more specific issues and as an expression of their independent, professional view of the state of the health of the local population.'

Informing planning

The JSNA should identify current and future needs, map existing services and the way they are used, identify service gaps and priorities for the future. As such it will be an essential input into the planning of health and social care services and also other services that impact on health and wellbeing. Again this reinforces the need for the key messages from the JSNA to be widely communicated. The LAA will be a crucial part of this process as it provides the mechanism for local target setting across a wide range of services.

Informing commissioning

The DH's Commissioning Framework emphasises the importance of:

'commissioning for outcomes across health and local government. An important part of the rationale for the JSNA is to underpin the increased focus on outcomes within the commissioning process.'

The DH guidance (2007b:17) expresses it as follows:

'Historically, most commissioning activity has been expressed through the contractual requirement to provide outputs, such as the number of hours or type of service to be provided. However, measuring the real benefits of services commissioned in this way has proved difficult. In order to translate priorities into commissioning requirements it will therefore be necessary to consider the outcomes that commissioning bodies want to achieve on behalf of communities.'

Outcomes can be defined as the results of interventions or the provision of services - the changes that have come about as a result of those services or interventions. The achievement of specific outcomes is what commissioning processes are designed to secure. Clearly expressed (and evidence-informed) outcomes will:

> help commissioners to secure services that are appropriate to local needs identified through the JSNA process

> inform the specification for particular services

> provide a means of assessing service effectiveness and value for money

> aid comparisons as to the effectiveness of interventions and service providers.

Table 5

JSNA - what might it contain?

Introduction

> What is the document about?
How has it been produced? Data sources

Context

> Local and national policy context
> Linkages to other plans and strategies
> The locality and its population

Key findings on needs

> Incidence and prevalence of need organised by topic, population group, sub-area as appropriate
> Projections of future needs
> Data from consultations

Key findings on services

> Current service provision
> Satisfaction with services
> Evidence on effectiveness of services and interventions

Gap analysis

> Main issues relating to the gap between needs and existing services

Priorities for the future

> Identification of needs
> Outcomes sought
> Future service priorities

reviewing and updating

The JSNA should be seen as a dynamic process not a one-off exercise. The initial document will, inevitably, be something of a trial run. In producing it partners should consider:

> Whether there were issues about which there was little data

> Whether there were issues where the data was incomplete or unreliable for the populations of interest.

This should lead to the collection of new primary data eg through local research and surveys, or further analysis of existing data to permit different levels of aggregation. Furthermore the initial JSNA will reflect the state of play of the core dataset which is constantly evolving. The Steering Group overseeing the production of the JSNA should address the following review questions:

> How will the JSNA be updated as new data becomes available?

> Should there be a rolling programme of reviews focusing on different geographical areas, outcomes, population groups?

> How often should the JSNA be refreshed to reflect new priorities?

> How should the reviewing and updating process be linked to the timescale for producing the LAA, Sustainable Community Strategy, Local Authority and PCT corporate plans?

> Who should be involved in the review process?

> How will new information and reviews be communicated?

JSNA - top tips

> Engage key stakeholders early in the process

> Establish an active and committed Steering Group to drive the process forward

> Allocate sufficient resources to the JSNA process

> Ensure that timescales for the production of JSNA are, as far as possible, synchronised with the production of other key plans and strategies

> Start with what you want to know and then find the data to answer those questions

> Be clear about the populations to be analysed

> Make sure that there is read-across between plans and strategies in terms of objectives, outcomes and indicators

> Make use of data from a wide variety of sources

> Devote time and resources to not just collecting data but also synthesising, analysing and interpreting data to create 'intelligence'

> Make sure that staff are assigned to the JSNA who have the appropriate analytical skills

> Consider not only the current situation but also the future: the next year in terms of contractual changes and changes in frontline services; 3-5 years in terms of improvements in health and reductions in health inequalities; 5-15 years for major infrastructure planning

> Allow time for discussion of, and agreement on, outcomes and priorities

> Communicate the findings and key messages of the JSNA widely and in appropriate formats

> Develop a plan for updating and reviewing and allocate resources accordingly.

references and resources

Opposite is a list of references that appear in the text. In addition the Department of Health's guidance on JSNA contains, as an appendix, a useful list of resources to support the process. More generally there is a considerable literature on needs assessments in the fields of health and wellbeing. However much of this literature focuses on specific services (eg Hanson et al, 2006) or population groups (eg Scottish Executive Effective Interventions Unit, 2004; Beverly et al, 2005; Nolin et al, 2006) or specific services (eg DH, 2004; Hanson et al, 2006). In thinking about the approach to undertaking the JSNA it might also be worth looking at the literature on needs, for example, Doyal and Gough, 1991 and, more recently a collection of papers edited by Axford, 2008, and also that on different approaches to health needs assessment (eg HDA, 2005). There is also a more limited literature that seeks to demonstrate the effect of carrying out needs assessment on services (eg O'Reilly and Stevenson, 2004).

Association of Public Health Observatories (2008)
The JSNA Core Dataset
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086676 (accessed 2 September 2008)

Axford N.(ed) (2008)
Defining and Classifying Children in Need, Ashgate

Beverly CJ, Mcatee R, Costello J, Chernoff R, and Casteel J (2005)
Needs assessment of rural communities: a focus on older adults, *Journal of Community Health*, 30, 3, 197-212

Communities and Local Government (2008)
Needs Analysis, Commissioning and Procurement for Housing-Related Support

Department for Communities and Local Government (2006)
Strong and Prosperous Communities. *The Local Government White Paper*, Cm 6939 London: HMSO

Department of Health (2004)
Alcohol Needs Assessment Research Project

Department of Health (2006a)
Our Health, Our Care, Our Say: A new direction for community services

Department of Health (2006b)
Health reform in England: update and commissioning framework. Annex: the commissioning framework, available at www.dh.gov.uk/publications (accessed 10th September 2008)

Department of Health (2007a)
Local Government and Public Involvement in Health Act, 2007

Department of Health (2007b)
Guidance on Joint Strategic Needs Assessment

Doyal L and Gough I (1991)
A Theory of Human Need, Basingstoke: Macmillan

Hanson L, Houde D, McDowell M and Dixon L (2006)
A population-based needs assessment for mental health services, *Administration and Policy in Mental Health Services Research*, 34, 3, 233-242

Health Development Agency (2005)
Health Needs Assessment - a practical guide, London: HDA

Hooper J and Longworth P(2002)
Health needs assessment workbook, London: Health Development Agency

JSNA Core Dataset
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086676 (accessed 2 September 2008)

Nolin J, Wilburn S, Wilburn K, and Weaver D (2006)
Health and social service needs of older adults: implementing a community-based needs assessment, *Evaluation and Programme Planning*, 29, 217-226

O'Reilly D and Stevenson M (2004)
Are data on the uptake of disability benefits a useful addition to census data in describing population health care needs? *Journal of Health Services Research*, 9, 3, 165-170

Scottish Executive Effective Interventions Unit (2004)
Needs Assessment. A practical guide to assessing local needs for services for drug users, Edinburgh: Scottish Executive

YHPHO
Joint Strategic Needs Assessment
http://www.yhpho.org.uk/commissioning_JSNA.aspx
(accessed 10 September 2008)

Written for research in practice *for adults*
by Janie Percy-Smith, Independent Researcher

key issues

This is one in a series of publications on Key Issues published by **research in practice *for adults***. The series is designed to provide ready access to relevant policy, available evidence and emerging practice on topics of current importance.

research in practice *for adults* is a partnership organisation promoting the use of evidence-informed policy and practice in adult social care. It provides a range of resources for Partner agencies, including learning events, publications, network opportunities, a website and the opportunity to participate in practice development Change Projects.

contact us

Blacklers
Park Road
Dartington
Totnes Devon
TQ9 6EQ

tel 01803 869753
fax 01803 868816

email info@ripfa.org.uk