DH Department of Health

Guidance on Joint Strategic Needs Assessment

Guidance on Joint Strategic Needs Assessment

In partnership with

department for
children, schools and families

DH INFORMATION READER BOX

Policy HR/Workforce Management Planning Clinical	Estates Commissioning IM & T Finance Social Care / Partnership Working
Document Purpose	Best Practice Guidance
ROCR Ref	**Gateway Ref** 8794
Title	Guidance on Joint Strategic Needs Assessment
Author	DH
Publication Date	December 2007
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT PEC Chairs, Directors of Finance, GPs, Directors of Children's SSs, PCT and LA Directors of Commissioning and Directors of Finance, Regional Directors of the Government Offices.
Circulation List	N/A
Description	The Guidance on Joint Strategic Needs Assessment has been produced following consultation on the Commissioning Framework for Health and Wellbeing. It complements the statutory guidance Creating Strong, Safe and Prosperous Communities which is currently out for consultation.
Cross Ref	The NHS in England: The Operating Framework for 2008/9; Creating Strong, Safe and Prosperous Communities Statutory Guidance: Draft for Consultation; Our health, our care, our say: A new direction for community services; Strong and Prosperous Communities – The Local Government White Paper; Commissioning framework for health and wellbeing; Guidance on the Children and Young People's Plan.
Superseded Docs	N/A
Action Required	N/A
Timing	N/A
Contact Details	Dr Renu Bindra Health Improvement Directorate Skipton House 80 London Road SE1 6LH 020 7972 1576
For Recipient's use	

Contents

Foreword

In order to achieve the world class services that people expect, we must have a full understanding of local needs.

The requirement for Joint Strategic Needs Assessment, created earlier this year in the Local Government and Public Involvement in Health Act, will lead to stronger partnerships between communities, local government, and the NHS, providing a firm foundation for commissioning that improves health and social care provision and reduces inequalities. This vision of stronger partnership working is reinforced in the cross-sector concordat *Putting People First: a shared vision and commitment to the transformation of adult social care*.

Earlier this year, as part of the wider consultation on the *Commissioning Framework for Health and Wellbeing*, we asked you about the proposed duty of Joint Strategic Needs Assessment. In response, you told us that you welcomed the duty, but wanted further guidance on certain aspects, including timing and the relationship with other local plans including the Children and Young People's Plan. You also told us that you wanted some flexibility to design approaches that are appropriately tailored to your communities, allowing the unique needs of your areas to drive locally focussed actions. In this guidance, we have built upon the initial approach outlined in the *Commissioning Framework for Health and Wellbeing* and responded to what you have said.

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.

Joint Strategic Needs Assessment will identify areas for priority action through Local Area Agreements. It will help commissioners, including practice based commissioners, to specify outcomes that encourage local innovation, and help providers shape services to address needs. We will therefore look for evidence that commissioning decisions have been informed by the Joint Strategic Needs Assessment, to achieve improved health and wellbeing and reduced inequalities at best value for all.

We know that carrying out a successful Joint Strategic Needs Assessment will be challenging – joint working arrangements vary around the country, not all identified needs can be met, and there may be technical difficulties, including those around sharing information. However, much of the relevant work is already happening and most areas are already carrying out substantial elements of Joint Strategic Needs Assessment.

We are publishing this guidance alongside the NHS Operating Framework which clarifies the close fit of the NHS and wider public sector performance frameworks for the next three years. The fit between Joint Strategic Needs Assessment, PCT operational plans and the new Local Area Agreements will allow people and communities to drive a sharper focus on their health and social care in partnership with the NHS, local government and other local agencies.

Rt Hon Dawn Primarolo
Minister of State for Public Health

John Healey
Minister of State for Local Government

Ivan Lewis
Parliamentary Under Secretary of State for Care Services

Rt Hon Beverley Hughes
Minister of State for Children, Young People and Families

Ben Bradshaw
Minister of State for Health Services

Summary

The Local Government and Public Involvement in Health Act (2007) places a duty on upper-tier local authorities and PCTs to undertake Joint Strategic Needs Assessment (JSNA). JSNA is a process that will identify the current and future health and wellbeing needs of a local population, informing the priorities and targets set by Local Area Agreements and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities.

This guidance has been produced following consultation on the *Commissioning Framework for Health and Wellbeing*. The many people and organisations that responded welcomed the duty of JSNA, especially the fact that it will inform Sustainable Communities Strategies and Local Area Agreements. The majority of respondents supported locally designed approaches to JSNA, but requested further guidance, in particular regarding issues around timing and duration, the link with other plans and engaging with communities. Many also commented on the core dataset, welcoming it as a good starting point to build upon and asking for further tools that would support JSNA.

This document complements the draft statutory guidance *Creating Strong, Safe and Prosperous Communities* (currently out for consultation), and sets out the policy context underpinning JSNA, providing guidance and tools for local partners involved in the process. The various stages of JSNA are described, including stakeholder involvement, engaging with communities and recommendations on timing and linking with other strategic plans. This guidance also contains a core dataset, information on using the JSNA to inform local commissioning, and a section on publishing and feedback. Local partnerships will use their own experience and circumstances to develop a more detailed approach to understanding their communities' needs.

1. Policy context

The Local Government and Public Involvement in Health Act (2007)

The duty to undertake JSNA is set out in Section 116 of the Local Government and Public Involvement in Health Act (2007), and described in the draft statutory guidance *Creating Strong, Safe and Prosperous Communities*, currently out for consultation. The duty will commence on 1st April 2008.

The statutory guidance emphasises that JSNA should be taken into account by the local authority and its partners in preparing the Sustainable Community Strategy, as part of a strengthened commitment to local priorities. The issues identified by JSNA will inform the priorities and targets set by the Local Area Agreement, the delivery agreement for the Sustainable Community Strategy.

In 2006, the Department of Health White Paper *Our health, our care, our say*[1] set out a new direction for improving the health and wellbeing of the population in order to achieve:

- 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.

Our health, our care, our say identified the need for Directors of Public Health, Adult Social Services and Children's Services to undertake regular strategic needs assessments of the health and wellbeing status of their populations, enabling local services to plan, through Local Area Agreements, both short and medium term objectives. Later that year the Local Government White Paper, *Strong and prosperous communities*[2], outlined a vision of responsive services and empowered communities, including a Community Call for Action across local public services. The Local Government and Public Involvement in Health Act (2007)[3] places a duty on upper-tier local authorities to prepare Local Area Agreements in consultation with others, including district councils in two-tier areas. The Act also places a duty on upper-tier local authorities and PCTs to produce a JSNA. The draft statutory guidance[4] accompanying the Act positions JSNA as underpinning the Sustainable Community Strategy and, in turn, the Local Area Agreements. This *Guidance on Joint Strategic Needs Assessment* aims to support the successful discharge of these new requirements on local authorities and PCTs by providing additional practical advice.

The new performance framework for local authorities working alone or in partnership[5] contains 198 national priorities for local delivery, many of which are relevant to improving adult health and wellbeing. Although performance will be measured against all 198 indicators, each Local Area Agreement will have up to 35 national priority targets that will be subject to performance monitoring, with local partners free to agree additional targets to support improved local delivery and outcomes. A forthcoming Health and Wellbeing narrative sets out how the performance framework will operate to drive improved outcomes in health and social care.

The Department of Health *Commissioning Framework for Health and Wellbeing*[6] builds on these recent reforms, aiming for a:

- shift towards services that are personal, sensitive to individual need and that maintain independence and dignity
- strategic reorientation towards promoting health and wellbeing, investing now to reduce future ill-health costs
- stronger focus on commissioning the services and interventions that will achieve better health, across health services and local government, with everyone working together to promote inclusion and tackle health inequalities.

The *Commissioning Framework for Health and Wellbeing* identified eight steps to effective commissioning, which include understanding the needs of populations and individuals. JSNA will identify the health and wellbeing needs of a local population, and lead to more effective service provision by informing the Sustainable Community Strategy, Local Area Agreement, and other relevant commissioning strategies, driving improvements in the health and wellbeing of a local area and leading to a reduction in health inequalities.*

Eight steps to effective commissioning

- Putting people at the centre of commissioning
- Understanding the needs of populations and individuals
- Sharing and using information more effectively
- Assuring high quality providers for all services
- Recognising the interdependence of work, health and wellbeing
- Developing incentives for commissioning for health and wellbeing
- Making it happen: local accountability
- Making it happen: capability and leadership

* The *Commissioning Framework for Health and Wellbeing* is not guidance on how to meet the duty of best value; draft statutory guidance on how to fulfil this duty is currently out for consultation in *Creating Strong, Safe and Prosperous Communities*

In the NHS, the Department of Health's world class commissioning programme will improve commissioning capability. The programme consists of three main areas:

- articulating a vision and purpose for world class commissioning to inspire and motivate the NHS, and setting out the key competencies that commissioning organisations will need in order to become world class
- creating an assurance model to reward PCTs for delivering world class commissioning and to hold them to account
- putting in place a support and development framework to help PCTs attain world class commissioner status.

World class commissioning competencies for PCTs

- Locally lead the NHS
- Work collaboratively with community partners
- Engage with the public and patients
- Collaborate with clinicians to inform strategy, service design and resource utilisation
- Manage knowledge and assess current and future needs
- Identify and prioritise investment requirements and opportunities
- Influence provision to meet demand and secure outcomes
- Drive continuous improvement in quality and outcomes through innovation
- Deploy procurement skills that ensure providers have appropriate contracts
- Manage the local health system
- Make sound financial investments

The world class commissioning competencies emphasise the role of JSNA in driving the long term commissioning strategies of PCTs and their collaborative work with community partners, and include an emphasis on public and patient engagement.

2. Defining Joint Strategic Needs Assessment

- Joint Strategic Needs Assessment describes a process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness
- Joint Strategic Needs Assessment identifies "the big picture" in terms of the health and wellbeing needs and inequalities of a local population

Needs assessment is an essential tool for commissioners to inform service planning and commissioning strategies. For the purpose of JSNA, a clear distinction should be made between individual and population need. JSNA examines aggregated assessment of need and should not be used for identifying need at the individual level. Specifically, JSNA is a tool to identify groups where needs are not being met and that are experiencing poor outcomes.

In the context of this guidance, needs assessment is *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.*

Building on the new duty placed upon local authorities and PCTs and commencing 1st April 2008, the key focus of JSNA includes:

- understanding the current and future health and wellbeing needs of the population; over both the short term (three to five years) to inform Local Area Agreements, and the longer term future (five to ten years) to inform strategic planning
- commissioning services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities. In particular, JSNA will address those outcomes described in both the National Indicator Set for local authorities and local authority partnerships, and the "vital signs" referred to in *The NHS in England: The Operating Framework for 2008/09*[7].

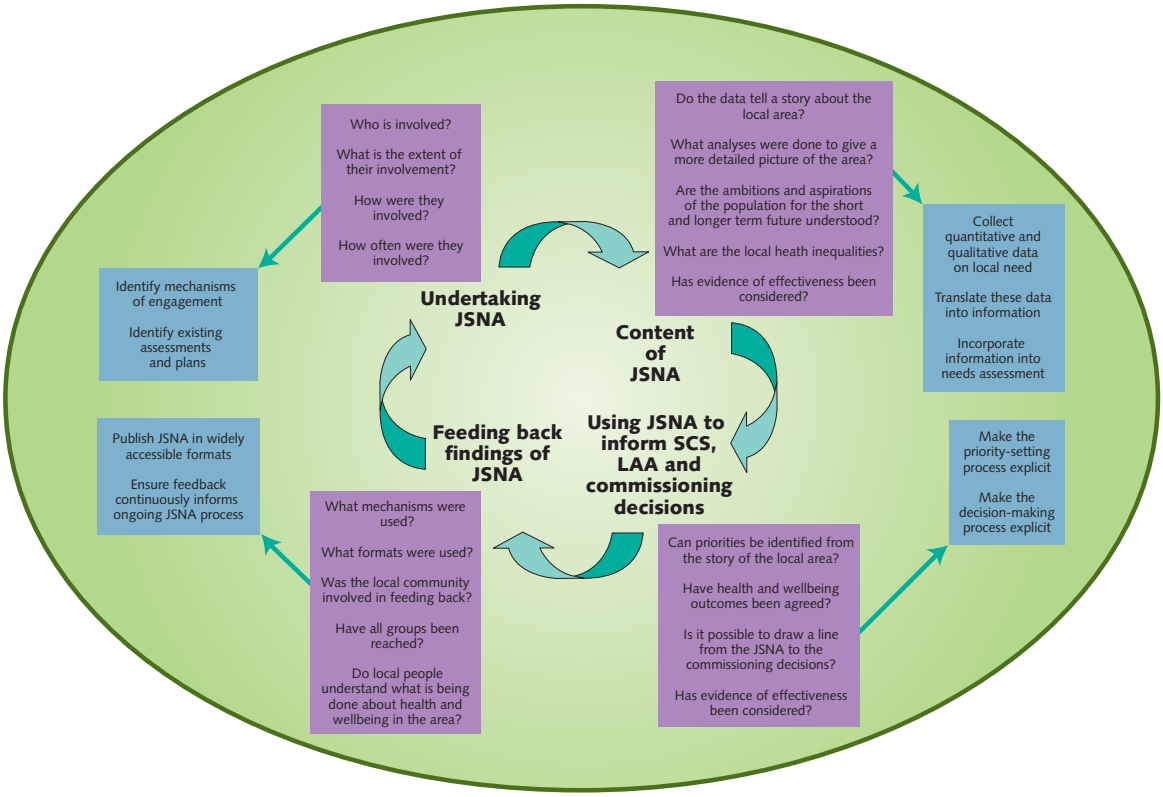
The JSNA process will be underpinned by:

- partnership working: JSNA will be undertaken by Directors of Public Health, Adult Social Services and Children's Services working in collaboration with Directors of Commissioning

- community engagement: actively engaging with communities, patients, service users, carers, and providers including the third and private sectors to develop a full understanding of needs, with a particular focus on the views of vulnerable groups
- evidence of effectiveness: identifying relevant best practice, innovation and research to inform how needs will best be met.

JSNA is a continuous process. All contributing actors should engage with each other throughout and refine their analyses as part of this ongoing process. Figure 1 describes the various stages of JSNA, with accompanying questions and tasks and the anticipated outcomes of these tasks. Each stage of the process is discussed in further detail in later sections of this guidance.

Figure 1 – The Joint Strategic Needs Assessment process



Each JSNA will be unique and will reflect local circumstances, leading to more detailed analyses of the issues identified. 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.

3. Undertaking Joint Strategic Needs Assessment

Who should undertake JSNA?

The Local Government and Public Involvement in Health Act (2007) places the duty of JSNA on upper-tier local authorities and PCTs. In practice, the Director of Public Health, Director of Adult Social Services and the Director of Children's Services will jointly undertake JSNA, working closely with Directors of Commissioning and Finance to help set strategic priorities and make evidence-based investment. Jointly appointed Directors of Public Health can facilitate the process by working across health and local government. For PCTs, the world class commissioning assurance model will ensure that PCT Boards take an active interest in JSNA, and that it is used and understood at a senior governance level.

JSNA will be based on the area of the upper-tier local authority (or unitary council), and should be taken into account by the upper-tier authority in the preparation of the Sustainable Community Strategy. Local arrangements for two-tier areas will therefore need to be agreed in consultation with district councils. PCTs should feed into the JSNA for the local authority area(s) in which the PCT geographical boundary falls.

JSNA will require contributions from a range of stakeholders including statutory partners in the Local Strategic Partnership, providers from the public, private and third sectors and members of the local community. Local practitioners, including those from third sector and user-led organisations, often have detailed knowledge of community needs and are frequently aware of gaps in service provision. They can facilitate exchanges with local communities and groups and identify those who may not have the capacity to make themselves known to services. JSNA will be most effective if communities are involved throughout the process, including design, content, use and feedback. Further guidance on community engagement is given in Section 4.

Examples of who could contribute to JSNA

- 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
- Private providers

Local Strategic Partnerships

Local Strategic Partnerships (LSPs) are non-statutory bodies responsible for collectively agreeing the Sustainable Community Strategy and Local Area Agreements and overseeing their delivery. The legal duty to produce the Sustainable Community Strategy and the Local Area Agreement rests with the local authority. LSPs and their thematic partnerships will have a key role in encouraging partners to engage with JSNA and use the findings to inform the shared vision and priorities for the place.

Timing and duration

JSNA will assess current and future needs. In order to have the greatest impact, JSNA will assess needs over the next three to five years, but will include a longer term assessment (five to ten years) to take into account anticipated changes in demography and infrastructure developments and inform strategic planning.

As an absolute minimum, JSNA should align with three-yearly Local Area Agreement planning cycles. Since the findings of JSNA will inform a number of commissioning plans in

addition to the Local Area Agreement, individual areas will use their discretion to update elements of JSNA, responding to local circumstances including the availability of new, strategic, plan-changing, information. Key to updating JSNA is understanding the reliability of available data, including the risks attached to using them. The greater the uncertainty surrounding the data, the more frequently they will need to be re-assessed and a decision made on when to refresh parts, or all, of the JSNA.

Assessing the needs of children and young people

The Children Act 2004[8] requires local authorities† to prepare and publish an overarching plan setting out their strategy for discharging their functions in relation to children and young people. The Children and Young People's Plan (CYPP) is prepared by local authorities and their partners through the local children's trust cooperation arrangements, feeding into and informed by the Sustainable Communities Strategy. A key element of the CYPP is the requirement to carry out a comprehensive needs assessment, in partnership with all those involved in the planning process, and to review it on a regular basis. The needs assessment is based on the requirement to improve the five Every Child Matters (ECM)[9] outcomes for children, young people and their families: be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic wellbeing. The scope of the CYPP therefore extends to all services affecting children in the locality, not just those provided by the local authority. With its focus on outcomes, partnership working and consultation, the CYPP process is fully consistent with that of JSNA, with JSNA taking the needs of the full age range of the local population into account.

Strategic alignment of the CYPP and JSNA, using consistent and identical datasets, will encourage the planning of services that consider children in the wider context, as part of families, schools and communities. JSNA should take into account 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.

The data to inform the health and wellbeing aspects of the five ECM outcomes will eventually be contained within the core dataset for JSNA, together with a wider range of information that can be used to support the CYPP. The Child and Maternal Health Intelligence Unit (CHIMAT, Annex A), is currently developing a specific needs assessment tool for children, based around the requirements of the CYPP and with clear linkage to the JSNA core dataset.

† Four star authorities are exempted from this requirement

4. Joint Strategic Needs Assessment: content

Scope of JSNA

As set out in the draft statutory guidance *Creating Strong, Safe and Prosperous Communities*, the Sustainable Community Strategy must be based on sound evidence. JSNA will identify the health and wellbeing needs of local areas, contributing to this evidence base. 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. Local authorities and PCTs should therefore build on the core dataset, using clearly defined criteria to select additional, high quality and locally relevant information that provides a clear picture of their area.

Links to other plans

JSNA will contain a range of information to inform a number of other local authority and PCT strategies and plans. Ensuring linkage of these plans will encourage joined-up commissioning across health and social care, and will have a positive impact on locally provided services.

Examples of other strategies and plans linking to JSNA

- PCT and Local Authority 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
- Housing strategies
- Community safety strategies
- Carers strategies
- Workforce planning strategies

The core dataset

JSNA relies on good quality data. The core dataset (Annex B) is a resource that signposts users to a range of existing data sources that can assist the JSNA process. The dataset is being developed to take into account the set of indicators to support the Department of Health's key outcomes and the Local Government National Indicator Set for local authorities working alone or in partnership. Local areas will be expected to supplement the core dataset with additional, locally relevant information to add depth and insight into the needs of their populations, having locally agreed standards on data quality for inclusion.

Work on the core dataset is ongoing and will be refined as JSNA develops. The latest version of the core dataset can be accessed at http://www.yhpho.org.uk/commissioning_JSNA.aspx; these indicators will be amended as the work evolves.

Engaging with communities

Strong and Prosperous Communities emphasises that citizens and communities know what they want from services and what needs to be done where they live.

Some routinely available data sources on patient and service-user experience are described in the core dataset. These should be supplemented by information gained through active dialogue with local people, service users and their carers. Communities should be involved in all stages of JSNA from planning to delivering and evaluating, rather than being restricted to commenting on final drafts. Careful and relevant community engagement can facilitate and empower people by giving them the chance to voice their needs, whilst local ownership of the process will increase the relevance of services, improving their uptake and sustainability.

Community engagement can be a resource intensive process and PCTs and local authorities should work together, respecting the time and efforts of local people. Many PCTs and local authorities already have wider engagement and consultation strategies in place, and should build on the duties to consult and involve[††] and optimise available listening opportunities such as LINks and Citizens Panels.

†† This guidance only refers to Section 116 of the Local Government and Public Involvement in Health Act (2007)

Local Involvement Networks (LINks)

From 1st April 2008, each local authority will establish a LINk in its area. LINks are new bodies designed to involve local people in shaping health and social care services and priorities. They build on the role of patient forums and will enable patients to influence key decisions about all care services.

LINks will be able to investigate issues of concern, demand information, enter and view services, make reports and recommendations, and refer issues to Overview and Scrutiny Committees, providing a one-stop-shop for communities to engage with care professionals and vice versa.

LINks will result in services that are more accountable and make ongoing dialogue with the community easier.

Communities are best engaged through a variety of means and careful consideration should be given in choosing whom to involve, since:

- communities often encompass people with a complex range of interests, many of whom will have different and conflicting priorities
- some may wish to be closely involved in an initiative, others less so
- those who have most need may have less confidence and be least likely to volunteer their involvement.

Ensuring the engagement of particularly vulnerable and hard to reach groups, those with complex medical and social care needs and those experiencing exclusion will be one of the significant challenges of JSNA. Their involvement is important, since they are more likely to suffer from poor health, wellbeing and inequalities, and their engagement with JSNA will best shape services to meet their needs. Third sector and local user-led organisations often have considerable experience in identifying need within these groups.

Connected Care

Connected Care is a model for integrating health, housing and social care in the most deprived communities, with the community playing a central role in the design and delivery of those services. The first stage of the model consists of an audit to determine the needs and aspirations of local residents, and their perceptions about the services they currently receive. The audit is carried out by local people trained and supported by the Turning Point Centre of Excellence in Connected Care. The second stage uses the findings from the audit to develop integrated services that better meet the communities' needs.

The box below describes ten standards that are a useful starting point for community engagement. Further resources are described in Annex A.

Ten steps for effective community engagement

- **Involve:** Identify and involve the people and organisations who have an interest in the issues which are being explored
- **Support:** Identify and overcome any barriers to people's involvement (transport problems, timing etc)
- **Plan:** Gather evidence of necessary and available resources and use these to plan purpose, scope and timescale of engagement and actions
- **Methods:** Agree to and use methods of engagement that are appropriate and fit for purpose
- **Work together and with others:** Agree to and use clear procedures to enable participants to work with each other effectively and efficiently; work effectively with others who have an interest in the engagement process
- **Share information:** Ensure that necessary information is communicated between participants
- **Improve:** Actively develop skills, knowledge and confidence of all participants
- **Feedback:** Feed back results to all those involved and affected
- **Monitor and evaluate:** Work together to monitor and evaluate whether engagement has achieved its purpose
- **Recognise:** people are different, and processes and services should take meaningful account of those differences

Adapted from *National Standards for Community Engagement*, produced by Communities Scotland

Evidence of effectiveness

Using evidence of the effectiveness and cost effectiveness of interventions and services is essential in deciding how needs can best be met. Key sources of evidence include NICE, SCIE and IDeA (Annex A). As well as providing guidance to NHS organisations, NICE also provides topical guidance and implementation tools aimed at improving health and wellbeing for use in schools, workplaces, community centres, and leisure, care and community settings. It helps with planning and gives clear standards and recommendations, supported by evidence and costs.

5. Using Joint Strategic Needs Assessment

- JSNA is a tool to identify the health and wellbeing needs and inequalities of a local population to inform more effective and targeted service provision
- The Local Strategic Partnership, through the Sustainable Community Strategy and Local Area Agreement, will determine the shared targets to meet these needs
- JSNA will identify priorities for commissioning. Local partnerships should set out explicitly how they are going to prioritise based on the information contained within the JSNA

Commissioning for outcomes

JSNA will identify the existing and future needs of the community, map services and they way they are used, and include an analysis that will enable the prioritisation of services and therefore commissioning requirements. The Local Area Agreement provides the mechanism through which the wider LSP (which includes the local authority and PCT) can determine the appropriate targets to meet the needs identified.

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 are an expression of the results of investing in a service or the provision of the service in a certain manner. They are about improvement, giving control and choice, and the benefits gained. Outcomes can be expressed at four different levels:

- high level outcomes: expressed through developing policy and performance measures, as in the performance framework
- second level outcomes: designed with communities as a way of expressing their involvement and their expectation of changes in service provision or investment in a particular service or treatment

- third level outcomes: designed with groups with common interests and who represent the needs for a proportion of the population that exhibit similarities, for instance some ethnic groups, urban or rural populations or people with needs due to particular disabilities
- there are also individually expressed outcomes for people using services but these would not be the subject of a JSNA priority measure.

Expressed outcomes should be used to assist commissioners. They can be used in discussion with providers to express the results that commissioners want from investment in a service, and open the door to innovative practice and ideas. Commissioners, presenting actual or potential providers with outcomes requirements, may ask providers to write the specification that will lead to the successful results needed.

Expressed outcomes should also be used to measure return on investment - whether the expenditure on one form of provision gives the results required. If not, there should be an understanding of why and whether a different provider could improve results for the same or less investment. This is a key issue in seeking the best ways to gain value for money and improvement, and drives a better understanding of different providers' means of delivering services. In this way, benchmarking of outcomes and subsequent results can be explored between commissioners.

Publishing and feedback

The findings of the JSNA should be fed back to the local community. Local areas should consider a variety of means of disseminating the findings and ensure that they are available in a range of formats that will be accessible to members of the public. This will include Annual Reports and PCT and local authority websites. PCTs are required to incorporate the findings of the JSNA into the Prospectus, in addition to the outcomes of patient satisfaction and experience surveys and the results of service performance reviews.

The Director of Public Health Annual Report

There is a long tradition of Directors of Public Health producing independent annual reports. Although PCTs are required to appoint a Director of Public Health to the PCT Board, there is no statutory requirement for them to prepare annual reports.

However, the Priorities and Planning Framework for 2003–06 set out a number of targets which support the Programme for Action for Health Inequalities, including the requirement for PCT service delivery to be informed by an Annual Public Health Report. Directors of Public Health should therefore consider whether they wish to incorporate relevant findings of the JSNA into their annual report, or use their 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.

Annex A: Tools and resources to support Joint Strategic Needs Assessment

This annex provides a list of useful tools and resources that can be used to support JSNA.

Engaging with communities

General resources

In 2008 **NICE** will issue guidance for professionals with a role in, and responsibility for, community engagement and development. The guidance will make recommendations about the conditions, infrastructure, approaches and evaluation needed for effective community engagement as a mechanism for health improvement, accompanied by practical tools to support their implementation. The earliest anticipated date of publication is February 2008.

The **Social Care Institute for Excellence** (SCIE) produces knowledge reviews and practical guidance on involving people using social care services.

The **Turning Point: Connected Care Centre of Excellence** champions the delivery of Connected Care in England and Wales. Connected Care is a new vision for community led and fully integrated health, social care and housing services. The Centre will also promote evidence-based best practice for community engagement and community led commissioning.

The Improvement and Development Agency (**IDeA**) provides a number of tools and case studies on effective consultation, including links to the Audit Commission's **Listen Up** pages.

The NHS Centre for Involvement supports NHS organisations and staff to create services that are shaped by the views and experiences of patients and the public.

Children, young people and families

The **Every Child Matters** website links to a number of sources of information on involving children, young people, and their families, and provides guidance on building a culture of participation.

Older people

The Care Services Efficiency Delivery (CSED) **Anticipating Future Needs Toolkit** provides a methodology for consultation on the future needs of older people in the community, including step-by-step guidelines for conducting questionnaires, focus groups and reporting.

Identifying current and future need

Disease prevalence

The Association of Public Health Observatories (APHO) websites provide models for estimating the prevalence of **hypertension**, **diabetes**, **coronary heart disease**, and **chronic obstructive pulmonary disease**, with further models in development.

For diseases lacking local prevalence models, various proxies can be used to estimate need, with variable accuracy. The **National Centre for Health Outcomes Development** website, for example, enables commissioners to compare inputs (expenditure, in the form of Programme Budget Categories) with a range of measures of need and disease outcomes.

Lifestyle

The **Health Survey for England** (HSfE) provides an overall view of risk factors and disease prevalence. Whilst this does not provide estimates at PCT or local authority levels, local synthetic estimates of some risk factors, based on the HSfE, are available from the **Information Centre**. Local lifestyle surveys and primary care data can be used to support local estimates.

There is currently limited support to help commissioners estimate the impact of local risk factor prevalence on future disease prevalence. The **UKPDS Outcomes Model** is a computer simulation model designed to assess the total burden of disease over an extrapolated lifetime for populations with type 2 diabetes as a risk factor for the diseases. The model uses a wide variety of input data, including knowledge of previous events for individuals, and has the ability to take into account changes in some risk factor levels over time.

Inequalities

The **Health Poverty Index** gives a high-level overview of each local authority area showing its "health poverty"; a combination of the present state of health, the root causes and intervening factors. It includes some data enabling comparison across ethnic groups.

The **Local Basket of Indicators** for health inequalities, accessed via the London Health Observatory (LHO) website, provides a menu of indicators to examine health inequalities across a range of dimensions.

The interactive **Health Inequalities Intervention Tool**, developed by the Department of Health and the Association of Public Health Observatories (APHO), is designed for use in Spearhead areas. It pulls together key information on disease and life expectancy, allowing areas to establish:

- the size of their local life expectancy gap
- the diseases driving the gap, and by how much and at what ages
- the interventions necessary to ensure rapid impact
- whether plans for key interventions are of sufficient order of magnitude to narrow the life expectancy gap with England.

Children, young people and families

The Child and Maternal Health Intelligence Unit (**CHIMAT**) is a new national resource providing access to information and knowledge related to child and maternal health.

Older people

The **Projecting Older People Population Information System** (POPPI), a web-accessed forecasting solution, consists of National Statistics population projections to district level. By February 2008 a number of data enhancements will be available, including population data for 2007–11, and links to ward and SOA area population estimates and poverty and deprivation data.

Tools to support commissioners

Through funding provided by the Department of Health, the King's Fund has developed the PARR and Combined Model predictive modelling tool, which can assist commissioners in identifying individuals who are most at risk of hospital admissions and in targeting more effective, community based services and interventions. More details at: http://www.kingsfund.org.uk/current_projects/predictive_risk/combined.html. Recent research by the King's Fund has identified the potential to extend the Combined Model approach across both health and social care population data, including the ability to identify individuals most at risk of requiring long term care. The Department of Health is currently discussing how to develop and test the potential of this work with the King's Fund during 2008 (http://www.kingsfund.org.uk/publications/other_work_by_our_staff/predicting_who.html).

Care Service Improvement Partnership (CSIP) provides a range of capacity building tools and networked support for commissioners and providers across local health, housing and social care economies at www.icn.csip.org.uk. Useful tools include:

- The Integrated Care Network (ICN) **Integrated Working: a guide** examines key issues on integrated working and signposts to resources and routes for health and social care communities wishing to progress integration and strategic partnership. An updated version will be published in early 2008.

- ICN: **The role of public health in supporting the development of integrated services** provides an overview of the scope of public health practice, outlines some tools and techniques for designing and evaluating integrated services, and explains how they might be used as a lever for change and service improvement.
- The Better Commissioning Learning and Improvement Network **Commissioning e-book** is a compilation of articles, papers and reports on themes relating to commissioning services across the NHS and local authorities.
- The Housing Learning and Improvement Network (LIN) workbook and CD-ROM **Strategic Moves: thinking, planning and delivering differently** is aimed at those involved in strategic commissioning of older people's services across health, housing and social care. A new edition incorporating JSNA will be published in 2008.

NICE produces a range of bespoke tools for commissioners that can assist those working across a number of complex areas and partnerships and that can inform JSNA. See www.nice.org.uk for more details.

The **Disease Management Intervention Tool** (DMIT) models the effects of possible interventions which may be commissioned at a local level. It supports decision-makers, commissioners and deliverers of care for people with long term conditions. DMIT helps users to analyse and consider the likely impact of possible commissioning decisions.

The Local Health Community (LHC) **Change Capability Appraisal tool** can help PCTs working across the local health community, often with local authorities, to plan and deliver transformational change. It can help assess local change capability and agree a programme of action to address weaknesses that are likely to frustrate the delivery of new models of care.

The **Every Child Matters** website has case studies demonstrating examples of effective practice in commissioning for children, young people and families.

Annex B: The core dataset

The latest version of the core dataset can be accessed at http://www.yhpho.org.uk/commissioning_JSNA.aspx. Work on the core dataset is ongoing and as the work evolves, indicators may be added, removed or amended.

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
Demography	Population numbers	Estimates	5 year age bands and gender			
		Projections	Population 3–5 years ahead			
	Births	Current		Current births		
		Projections		Projected births		
	Ethnicity	Estimates	Numbers and percentages by ageband			
		Projections	3–5 years ahead			
	Disability		Limiting Long-Term Illness			
	Migration	Misc proxy indicators	*See www.audit-commission.gov.uk/migrantworkers/data for available indicators*			
Social & Environmental Context	Deprivation		Index of Multiple Deprivation (IMD)	**Proportion of children in poverty (NI 116)**		
	Living arrangements	Housing	*1. Housing tenure* *2. Overcrowding*		*1. Living alone* *2. Central heating etc (e.g. from POPPI)*	**1. Adults with learning disabilities in settled accommodation (NI 145)** **2. Adults in contact with secondary mental health services in settled accommodation (NI 149)**
		Transport	*Access to car or van, etc*			
	Economic	Employment	**1. Overall employment rate (NI 151)** **2. Working age people on out-of-work benefits (NI 152)**			**1. Adults with learning disabilities in employment (NI 146)**

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
Social & Environmental Context	Economic	Employment	**3. Working age people claiming out-of-work benefits in worst performing neighbourhoods (NI 153)**			**2. Adults in contact with secondary mental health services in employment (NI 150)**
			Other Employment Indicators – e.g.: Unemployment rate, Claimant count, etc.			
		Other	Average incomes			
	Environment	Isolation	Rural or urban location			
			Access to services (e.g. from Indices of Deprivation)			
	Voice				**Satisfaction of people over 65 with home and neighbourhood (NI 138)**	
Lifestyle/Risk factors	Behaviours	Smoking	*1. Modelled and/or recorded prevelance* *2. Quit rates* *3. Deaths due to smoking*			
		Eating habits	*Modelled and/or recorded eating behaviour*	**Prevalence of breast-feeding at 6–8 weeks from birth (NI 53)**		
		Alcohol	**Alcohol-harm related hospital admission rates (NI 39)** *Modelled and/or recorded drinking behaviour*			

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
Lifestyle/Risk factors	Behaviours	Physical Activity	*E.g. from Active People Survey*			
		Sexual Behaviour		**Under 18 conceptions (NI 112)**		
				Under 16 conceptions		
	Other	Hyper-tension	*Modelled and/or recorded prevalance*			
		Obesity	*Modelled and/or recorded prevalence*	**Obesity among primary school age children in Reception Year (NI 55)**		
				Obesity among primary school age children in Year 6 (NI 56)		
Burden of ill-health and disability	Miscellaneous	All causes	All-age All-Cause Mortality (NI 120)	Infant mortality		
			Life Expectancy			
			Main causes of death			
			Hospital admissions – top 10 causes			
			Self-reported measure of overall health and wellbeing (NI 119)			
					Healthy life expectancy at age 65 (NI 137)	
		Causes considered amenable to healthcare	Mortality			

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
Burden of ill-health and disability	Diabetes	General	Modelled v. recorded prevalence			
			Implications – e.g. Life Expectancy/ Quality-Adjusted Life Expectancy/Costs from UKPDS			
	Circulatory	General	**Mortality rate from all circulatory diseases under 75 (NI 121)**			
		CHD	Mortality			
			Modelled v. recorded prevalence			
			Hospital admission rate for MI (proxy for incidence)			
			Admissions for cardiac revascularisation			
		Stroke	Mortality			
			Hospital admission rate for Stroke (proxy for incidence)			
	Cancer	General	**Mortality rate from all cancers under age 75 (NI 122)**			
		By site	*Cancer registrations*			
	Infectious	Respiratory	COPD Mortality			
			COPD modelled v. recorded prevalence			
			TB notifications			
		STIs	KC60 GUM STI data, particularly gonorrhoea	Chlamydia in under-25s		Late diagnosis of HIV
			New diagnoses of HIV/Aids			
	Dental	Decay		*% DMFT in 5-year olds*		
	Mental	Dementia			e.g. Predictions from POPPI	

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
Burden of ill-health and disability	Trauma	Falls			*Hospital admissions for Fractured Neck of Femur (proxy for incidence)*	
		Road accidents	People killed or seriously injured on roads	**Children killed or seriously injured on roads (NI 48)**		
		Injuries		**Hospital admissions caused by unintentional and deliberate injuries to children and young people (NI 70)**		
	Musculo-skeletal	Arthritis			*Admissions for hip and knee replacement*	
	Disability	General	Long-term limiting illness			
Services	Social Services	Numbers			Physical disability, frailty and sensory impairment 1. Number of clients 2. Number receiving services in community	Physical disability, frailty and sensory impairment 1. Number of clients 2. Number receiving services in community
					Learning disability, 1. Number of clients 2. Number receiving services in community	Learning disability, 1. Number of clients 2. Number receiving services in community

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
Services	Social Services	Numbers			Mental health 1. Number of clients 2. Number receiving services in community	Mental health 1. Number of clients 2. Number receiving services in community
					Substance misuse 1. Number of clients 2. Number receiving services in community	Substance misuse 1. Number of clients 2. Number receiving services in community
					Other vulnerable people 1. Number of clients 2. Number receiving services in community	Other vulnerable people 1. Number of clients 2. Number receiving services in community
		Standard of Service				**Timelessness of social care assessment (NI 132)**
						People supported to live independently through social services (NI 136)

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
Services		Standard of Service	**Carers receiving needs assessment or review and a specific carer's service, or advice and information (NI 135)**			
	Preventative		Uptake rates for Flu jab, etc	Uptake rates for MMR, etc		
	Sexual Health Services		Offer of an appointment at a GUM service within 48 hours			
			Long acting reversible contraception methods as a percentage of all contraception			
			Access to NHS funded abortions before 10 weeks gestation	Access to NHS funded abortions before 10 weeks gestation		
	Voice	User persective on social care			**The extent to which older people receive the support they need to live independently at home (NI 139)**	
						Self-reported experience of social care users (NI 127)
		User persective on social care	National Patients Survey Programme findings for local institutions. Available http://www.healthcarecommission.org.uk/healthcareproviders/yourlocalhealthservices.cfm			

Bold red = National Indicators

Italic grey = Optional Indicators

References

1 Department of Health (2006). *Our health, our care, our say: A new direction for community services.*
http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Modernisation/Ourhealthourcareoursay/index.htm

2 Communities and Local Government (2006). *Strong and Prosperous Communities* – The Local Government White Paper.
http://www.communities.gov.uk/publications/localgovernment/strongprosperous

3 Local Government and Public Involvement in Health Act 2007.
http://www.opsi.gov.uk/acts/acts2007/pdf/ukpga_20070028_en.pdf

4 HM Government (2007). *Creating Strong, Safe and Prosperous Communities Statutory Guidance: Draft for Consultation.*
http://www.communities.gov.uk/publications/localgovernment/statutoryguidance

5 Communities and Local Government (2007). *The New Performance Framework for Local Authorities and Local Authority Partnerships: Single Set of National Indicators.*
http://www.communities.gov.uk/publications/localgovernment/nationalindicator

6 Department of Health (2007). *Commissioning framework for health and wellbeing.*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604

7 Department of Health (2007). *The NHS in England: The Operating Framework for 2008/9.*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094

8 The Children Act (2004). http://www.dfes.gov.uk/publications/childrenactreport/

9 Every Child Matters: Change for Children. http://www.everychildmatters.gov.uk/

285097 1p 0.5k Dec 07 (CWP)

Produced by COI for the Department of Health

If you require further copies of this title quote
285097/*Guidance on Joint Strategic Needs Asessment*, and contact:

Dr Renu Bindra
Joint Strategic Needs Assessment Lead
Public Health Development
Department of Health
80 London Road
SE1 6LH

www.dh.gov.uk/publications