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briefing

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The joint strategic needs assessment

A vital tool to guide commissioning

Key points

- A joint strategic needs assessment (JSNA) analyses health needs of populations to inform and guide commissioning of health, well-being and social care services within a local authority area.
- Producing an annual JSNA has been a statutory requirement for the NHS and local authorities since 2007.The Health and Social Care Bill 2011 proposes a central role for JSNAs so that health and well-being board partners jointly analyse current and future health needs of populations.
- Examples of products of JSNAs include population-level data for GPs, a priority-setting matrix and mapping the flow of money spent on priorities.

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA will underpin the health and well-being strategies, a proposed new statutory requirement and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. The NHS and upper-tier local authorities have had a statutory duty to produce an annual JSNA since 2007.

The Health and Social Care Bill 2011 proposes a central role for JSNAs to bring together partners from across the NHS, local government and the voluntary sector to analyse current and future health needs of populations. At the time of writing, the policy proposal is that clinical commissioning groups and local authorities will have a statutory responsibility to produce a JSNA and a joint health and well-being strategy to inform and guide the commissioning of health, well-being and social care services in a local authority area. JSNAs continue to evolve, and the detail of national health policy may change further, but this *Briefing* sets out the principles behind a good JSNA, provides a step-by-step guide to producing them, and presents examples of JSNA processes and products to date.

This *Briefing* has been produced jointly by the NHS Confederation, Local Government Improvement and Development (LGID) and the Royal Society for Public Health. It summarises information found in LGID's *Joint strategic needs assessment: a springboard for action*, published June 2011.

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Background

The term 'JSNA' refers both to the process of conducting a needs assessment and the publication of a report/s or product/s. The 'process' aims to provide a comprehensive picture of current and future health needs for adults and children, based on a wide range of quantitative and qualitative data, including patient, service user and community views. The 'product' of a JSNA is intended to improve health and well-being outcomes and help address persistent health inequalities. Clinical commissioning groups, the local authority and the NHS Commissioning Board will need to consider the JSNA and the health and well-being strategy when commissioning services, because the JSNA should guide decisions around where to invest or reduce spending.

The JSNA will be a shared resource for clinical commissioning groups, the local authority and key players within a local authority area, such as community organisations and service providers. Challenges may include integrating complex organisations with different agendas to agree upon shared priorities, and organising clinical commissioning groups that span several local authority areas to engage with the process. Such issues will need to be considered at the start of the process as it is vital for commissioners to be engaged from the beginning.

A good quality JSNA has the potential to drive improvements, highlight health inequalities and closely inform commissioning. A weak JSNA is disconnected from key decision-makers and commissioning, and removed from local communities. In the past, most JSNAs have focused on a 'deficit' approach based on indicators of mortality and illness. Relatively few have been balanced by an assessment of the assets, strengths and capacities of local communities, which is clearly more desirable.

Pharmaceutical needs assessments

In the new system, local authorities, through health and well-being boards, will have a responsibility to produce a pharmaceutical needs assessment (PNA). PNAs are carried out to assess the pharmacy needs of the local population. This includes dispensing services as well as public health and other services that pharmacies may provide. Completing a PNA requires medicine management and pharmacy commissioning expertise. Resources will be required to access this expertise through clinical commissioning groups or other bodies. Local authorities and clinical commissioning groups will need to develop links with the local pharmaceutical committee, and we anticipate that guidance and support from the NHS Commissioning Board, in collaboration with Public Health England, will assist local authorities carry out the PNAs.

A PNA is used to identify the pharmacy needs of a local population in order to guide the commissioning of services. Giving local authorities the responsibility for conducting PNAs should strengthen links between the two assessment processes – JSNAs and PNAs.

What is a JSNA?

The process

The JSNA's central role is to act as the overarching primary evidence base for health and well-being boards to decide on key local health priorities. Clinical commissioning groups and local authorities, including public health teams, will jointly undertake an analysis of population-level health needs. Specialist skills and resources are needed to capture, collate, analyse and interpret population-level data. The process can be driven by looking at data; stakeholder, key informant, patient and service user views; and comparisons between and within different areas.

In the future, a JSNA will be an essential part of the commissioning cycle, guiding decisions made at all stages from strategic planning and service provision through to monitoring and evaluation. In-depth needs assessments may be required in addition to the overarching JSNA when a local area is redesigning care pathways.

The product

The outcome, or product, of a JSNA process can include different ways of organising or presenting data, such as online resources, thematic maps or tables. The JSNA should reflect the needs of a local population, not just the demand for services, although this too may be important to consider. Data quality is important to ensure assessments accurately reflect the needs of a population. Clinical commissioning group and local authorities will be free to choose JSNA products that offer the most value and best meet the needs of target audiences, but

there is an expectation that products are based on reports and analysis of:

- **population level demography** – age, gender, ethnicity, population growth and migration flows
- **social, economic and environmental determinants of health** – housing quality, environment, employment, educational attainment, benefit uptake, crime, community cohesion, and community assets such as libraries
- **behavioural determinants of health** – exercise, smoking, diet, alcohol and drug use, immunisation uptake
- **epidemiology** – incidence and prevalence of physical and mental illness and well-being, quality of life, life expectancy
- **service access and utilisation** – emergency admissions, health and community provider services and data, discharge information, and children's centres
- **evidence of effectiveness** – good practice examples, reviews of academic evidence, and NICE guidelines and quality standards
- **community, patient and service user perspectives** – views, perceptions and experiences of patients, service users and local communities; and their physical, emotional, social and physiological needs. Incorporating patient experience data and community views into the JSNA requires expertise in handling qualitative data, which is a distinctly different set of skills compared to those needed for quantitative data.

Five principles behind a good JSNA

No need exists in isolation – the health and well-being of all citizens is shaped by social, economic and environmental determinants and the challenge of persistent health inequalities cannot be satisfactorily addressed by any single agency alone.

Partnership is part of the solution – a single, agreed picture of health needs is essential for strategic planning between partners.

A clear picture of needs means stronger partnerships – JSNAs will enable partners to better understand and value each organisation's contribution. An agreed, comprehensive picture of needs and assets demands that the NHS and local authorities overcome professional and organisational differences and take joint responsibility for delivering services and improving outcomes.

Demand is not the same as need – building an objective picture of needs is fundamental to ensuring appropriate services are provided. Use of services data is useful but it will not demonstrate a community's health requirements.

Each JSNA requires local design – while there are common elements of a good JSNA, each process requires local engagement and leadership to adapt the process and product/s according to local circumstances.

A step-by-step guide to JSNAs

1. Learn from the past: review your existing JSNA and local partnerships
2. Agree the scope and mandate
3. Be clear about the target audience and their requirements
4. Build trust: a shared process
5. Match form to function
6. Secure capacity, skills, data and knowledge
7. Governance of the JSNA process and products

Producing an effective JSNA is best achieved by:

- learning from the past and reviewing previous JSNAs
- agreeing the scope and mandate the JSNA will have as a driver of change
- being clear about the target audience and their requirements
- building trust and developing a shared process
- producing documents/products to meet the needs of target audiences
- securing capacity, skills, data and knowledge
- agreeing the governance process.

JSNAs: a step-by-step guide

This section sets out some actions that might help commissioners develop good quality JSNA processes and products. While organisations in each local area will approach the process from their own unique perspective, not all of the actions will apply in your area. It is important to note that JSNAs and national health policy are evolving so requirements may change, but the actions set out below should provide a useful framework.

1. Learn from the past: review your existing JSNA and local partnerships
Reviewing local experiences, lessons learnt, past JSNAs and strategic partnerships will provide insight into the impact previous JSNAs have had on commissioning, partnerships, health outcomes and reducing health inequalities. This will highlight what worked well and not so well, and will assist with:

- designing the new JSNA
- developing a clear remit
- ensuring engagement across the NHS and local government
- incorporating the views of patients, service users and community groups and resourcing the process itself.

2. Agree the scope and mandate
Before the process starts, health and well-being board members should agree the mandate and what significance the JSNA could have as a driver of change. The JSNA should provide top-level analysis that guides in-depth and specific assessments linked to commissioning priorities. Different stakeholders will probably have a different understanding of both commissioning and decision-making processes, so it is essential to explain and agree the process as clearly as possible at the start.

From the outset, health and well-being board members should:

- acknowledge that the JSNA will inform decision-making within a local area – this should make it easier to set commissioning priorities
- determine who needs to be involved
- determine the scope of the JSNA across multiple public services such as health, housing, environment and economic development, as well as collaboration with voluntary and private sectors
- recognise that connecting the wider determinants of health and influencing planning and strategy more broadly across the NHS, local government, voluntary and private sector organisations could maximise use of resources, and reduce demand for services.

3. Be clear about the target audience and their requirements
Effective JSNAs are clear about their target audience and what their information needs are. A manager or commissioner within a clinical commissioning group will have different requirements to those of an elected member of a health and well-being board. Experience shows JSNAs can be difficult for decision-makers to translate into action. A commissioning strategy guided by the JSNA and health and well-being strategy will help translate priorities into action, and detailed needs assessment and analysis may be required for particular services or care pathways. The advantage of making the JSNA widely accessible and presenting the analysis of data in a range of formats and products to a variety of audiences is that it enables many partners to align their work more easily with the JSNA. However, the broader the audience, the more varied products you may require,

Providing GPs with population-level data in Torbay

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

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

Speaking to elected members in Cumbria

Cumbria developed a dissemination strategy for elected members across local government to spread insight into population health more widely.

"We sparked off a hunger for evidence and information. I think they [the elected members] feel they know what is going on and have a stake in local services."
Graham Hodkinson, Assistant Director for Older People, Cumbria County Council

Priority-setting matrix in Portsmouth

Portsmouth's JSNA team uses a prioritisation score sheet format for partners to submit needs assessment requests. Workshops, made up of a wide group of stakeholders, are then asked to score the requests. Each area is scored, with a maximum of 18 points available, and a score greater than 12 identifies a topic as a high priority.

and dedicated JSNA capacity may be required to ensure quality control and coherence.

Having a communication plan should ensure that information in the JSNA is shared with a wide range of stakeholders, including the voluntary sector. This type of information should be as user-friendly as possible.

4. Building trust: a shared process

Achieving agreed priorities will require a careful, balanced process where partners feel able to digest and respond to an emerging picture. JSNAs and health and well-being strategies may become a point of tension as they drive decision-making concerning the use of limited resources. All partners should consider how to build trust and secure buy-in and will need to be ready for a debate about shared processes that scrutinise value and redirect money.

Partners should:

- agree how to handle the assessment process, moving from hard data, through analysis and interpretation, to priority setting
- give thought to the difference between data, analysis, value judgements and priority setting and take into consideration potential tensions, such as provider involvement
- consider how to ensure fairness and transparency. Not all partners may be comfortable with a shared process of priority setting, and disagreements and conflict could quickly undermine trust in the process.

Different professional groups have different terminologies and may aspire to different outcomes. All partners will need to recognise each other's strengths and contributions towards developing a shared culture and understanding.

5. Matching form to function: examples of different products

The vision for the JSNA will guide the choice of products and services. Clinical commissioning groups and local authorities will be free to choose JSNA products that offer the most value and best meet the needs of target audiences.

Presenting intelligence and data analysis by theme or geography may satisfy some groups more than others. Alternatively, those accessing the JSNA resource may want to directly consult a team member involved in the process, and/or request bespoke JSNA data analysis or intelligence. This is an ideal outcome as it binds the JSNA to everyday decision-making. Looking at JSNAs in neighbouring areas will share learning and may highlight and help resolve key cross-boundary issues.

Good practice examples of JSNA products:

Accessible data online, Newcastle – has a shared online information and data analysis resource spanning health and well-being for everyone who commissions, provides or uses health, social and children's services in the city. www.newcastlejsna.org.uk

Neighbourhood profiles, Leicestershire Statistics and Research Online – holds over 800 datasets about local communities, accessible as thematic maps or tables, as well as in-depth analysis. They have a series of interactive reports created over a number of different geographical areas. www.lsr-online.org

In-depth evaluations of complex needs, Nottingham – has detailed intelligence and recommendations designed to dovetail into relevant commissioning strategies for domestic violence by bringing together data sources from a range of agencies, and complementing this with proxy measures and service user views. www.nottinghaminsight.org.uk

JSNA upstream modelling tool, Gateshead – the JSNA team uses information from a wide range of sources to map the flow of money spent on key priorities, such as mental health, circulatory disease and musculoskeletal conditions, to help support upstream investments. www.gateshead.gov.uk/Care%20and%20Health/jsna2010.aspx

Monitoring infectious and vaccine preventable diseases, Nottingham – by providing uptake data for both childhood and adult vaccines on a ward level, the Nottingham City

JSNA highlights areas where improvements in uptake are most urgent. www.nottinghaminsight.org.uk/insight/jsna/adults/jsna-immunisations-and-vaccinations.aspx

Good practice examples of JSNA working processes:

Designating JSNA team capacity, Havering – has a permanent, joint funded and co-located JSNA team that ensures the JSNA data and products are current, continually improved and refreshed. Through a rolling process of management, the team has built good relationships across organisations. www.havering.gov.uk

Stakeholder engagement, Staffordshire – was clear that its JSNA should be informed by the needs and priorities of the local community. The JSNA team consulted a wide range of partners and stakeholders. www.southstaffordshirepct.nhs.uk/YourHealth/profile/jointNeeds.asp

Training and knowledge sharing, Lancashire – provides regular updates on JSNA data and intelligence via an electronic newsletter. The JSNA team also offers 'train the trainer' sessions, to train individuals to show others how to get the most out of the Lancashire JSNA web pages and products. www.lancashire.gov.uk/office_of_the_chief_executive/lancashireprofile/jsna/

Involving community and voluntary sector – the Voluntary Organisations Disability Group website hosts good practice case studies, toolkits and briefing sheets to help better embed community and voluntary sector involvement in JSNAs. It provides direct access to more than 350,000 voluntary sector organisations through the Department of Health Voluntary Sector Strategic Partners Programme. www.vodg.org.uk/jsna-resources

6. Securing capacity, skills, data and knowledge

The production of a high-quality JSNA will require access to the right data, expertise and knowledge, which will be found in different parts of the NHS and local authority systems such as children's services, clinical commissioning groups and public health departments. The process will need to gather as much relevant and useable qualitative and quantitative data as possible. Using data from a wide variety of sources will be invaluable, but clear frameworks to manage the flow of information will be essential. Guidelines may help external agencies prepare and standardise their data to make this process easier.

Ambitious JSNAs require people, time, skills and, potentially, additional capacity. Some capacity could be freed up by reducing duplication of data and analysis systems across the NHS and local authorities within a locality. The JSNA process will require a range of skills, such as:

- research and analysis
- market segmentation
- financial modelling
- conflict resolution
- community engagement
- asset mapping approaches
- market supply.

Accountability at the heart of the JSNA in Cambridgeshire

Cambridgeshire's JSNA has clear and comprehensive operational governance arrangements. It has a dedicated JSNA coordinator who produces standard templates for all JSNA chapters and monitors timelines. The Cambridgeshire JSNA has built-in accountability arrangements by making data available to all, using an independent JSNA website, involving patients and service users, and having clear reporting structures.

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

Investing in the process and designating JSNA capacity will increase stakeholder confidence in the quality of the JSNA and foster good working relationships. The data may be unmanageable without investment.

7. Governance of the JSNA process and products

Outlining JSNA partners' roles and responsibilities and governance of the process from the beginning is essential. This will assist with monitoring actions and priorities, knowing whether the process is working and how it will be reviewed. The JSNA form and function is commissioned by the members of health and well-being boards following detailed and informed negotiations with other partners. Producing a clear statement of the JSNA's aims will help measure progress and evaluation. Establishing strong

governance procedures will ensure clear leadership, reduce the risk of partnerships disintegrating in the face of unpopular decisions, and be more respected externally by the NHS Commissioning Board, Public Health England and others.

Confederation viewpoint

We know that a good quality JSNA has the potential to drive improvements, highlight health inequalities and closely inform commissioning. This *Briefing* sets out many examples of useful JSNA 'products' that have made a real difference to understanding local needs.

A weak JSNA, on the other hand, is disconnected from key decision-makers and commissioning and, therefore, removed from local communities. In the past, most JSNAs have focused on a 'deficit' approach based on indicators of mortality and illness. Relatively few have been balanced by an assessment of the assets, strengths and capacities of local communities, which is clearly more desirable.

We believe that JSNAs have not yet reached their full potential for commissioning in local authority areas. The reform proposals provide a welcome opportunity to extend JSNAs to include health and voluntary partners. However, it will no doubt be challenging for clinical commissioning groups and local authorities to rapidly take up all their new responsibilities. Commissioners face significant financial challenges and tough decisions about what to invest and disinvest in. Optimising the JSNA process and products should help decision-making and guide the development of local health and well-being strategies and commissioning across health and local government.

We would encourage all partners involved in developing JSNAs to look at the broad determinants of health, such as housing, education and employment, as well as the physical and mental well-being of communities. If the JSNA remains focused on health services, public health and social care alone, it may require fewer resources but will provide a limited analysis of the needs and assets of the community and may not engage or inform key partners, which is surely one of the key benefits.

For more information on the issues covered in this *Briefing*, please contact **nicola.stevenson@nhsconfed.org**

Further information

Joint strategic needs assessment: a springboard for action. LGID, June 2011.

Other key JSNA resources covering asset mapping, migrant health, integrated working, children, housing and other topics are available at **www.idea.gov.uk**

Measuring demand – making decisions: a briefing paper exploring the relationship between commissioning and joint strategic needs assessment. North West Joint Improvement Partnership, August 2010: **www.idea.gov.uk/idk/aio/23731533**

The Association of Public Health Observatories provides technical guidance and access to expertise: **www.apho.org.uk**

The NHS Information Centre offers a range of tools and information to help complete a JSNA: **www.ic.nhs.uk/services/joint-strategic-needs-assessment-jsna**

The Royal Society for Public Health Training Solutions JSNA resources: **www.rsph.org.uk/jsna**

Mental well-being impact assessment – a toolkit for well-being 2011: **www.apho.org.uk/resource/item.aspx?RID=95836** This can be used to assess the impact of a JSNA or health and well-being strategy on mental well-being.

Pharmaceutical needs assessments: **www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/PNA_Guidance.aspx**

Primary Care Commissioning: **www.pcc.nhs.uk/pharmaceutical-needs-assessment**

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- helping our members to **make sense** of the whole health and social care system
- **bringing people together** from across health and social care to tackle the issues that matter most to our members, patients and the public.

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