

Joint Strategic Needs Assessment: Framework

❖ This document is accompanied by the Joint Strategic Needs Assessment Toolkit

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Feedback on this framework and accompanying toolkit is welcome. These resources will continue to be developed through comments and feedback from users. Please return comments to jsna.email@rochdale.gov.uk .	
Heywood, Middleton and Rochdale  Primary Care Trust	
	

A. The Joint Strategic Needs Assessment

1) Introduction

Joint Strategic Needs Assessment (JSNA) is a process that describes the current and predicted future health and wellbeing needs of our local population. It informs and facilitates commissioners and providers from all agencies about population needs and priorities in order that we can improve outcomes and reduce inequalities. This framework is agreed as the Rochdale Borough approach to JSNA and should be used when completing a JSNA in the borough. It will guide you through the process and help ensure that we can link all of our JSNAs together.

The requirement for JSNA was created in the Local Government and Public Involvement in Health Act 2007. Rochdale Borough Council and NHS Heywood, Middleton and Rochdale have a duty to undertake JSNA in partnership with local people and groups. Commissioners and providers will have to demonstrate what action they have taken to address the identified needs. These duties will be assessed in the Comprehensive Area Assessment and in PCT and RMBC inspections and assessments and is also one of the key World Class Commissioning competencies.

To ensure that the full potential and impact of the JSNA process was achieved wellbeing was interpreted in the wider context to include economic, housing, education, community and environmental factors, as well as health and social care. Three JSNA pilots have been undertaken and the learning from these has been fed into the development of this framework. The following three documents can be found on the Stats and Maps website (www.statsandmaps.gov.uk).

- *The JSNA for the 3% Most Deprived LSOAs*
- *The JSNA for Older People*
- *The JSNA for Life Expectancy*

This framework – together with the JSNA toolkit – is intended to assist service areas to carry out JSNA. It describes what is involved in carrying out the process; how it fits in with current activity, guidance on building an evidence base and using JSNA to maximum effect. It is not intended to be a comprehensive guide to needs assessment however, and should be implemented by those already familiar with needs assessment. The toolkit, which accompanies the framework, is a collection of resources developed locally and nationally which expands on the information in this document to assist in completion of a JSNA. The first links to the toolkit highlighted below, give more detail about the role of the JSNA.

Toolkit:

- **Number 1: Department of Health, JSNA overview interview**
- **Number 2: Department of Health, Guidance on JSNA**

2) JSNA Structure in Rochdale Borough

Approaches to JSNA vary across the country. In Rochdale Borough, the opportunity has been taken to use the JSNA process to drive positive change through evidence based planning and commissioning. It is therefore necessary to carry out JSNA on specific areas. This will enable each JSNA to describe the wellbeing needs of the given population, providing commissioners with the strategic view they need to plan services.

In order to do this it has been agreed that a JSNA core team will coordinate the borough's approach, overseen by a board. Individual JSNAs will have executive sponsors from both the PCT and council; they will be carried out on specific service areas and linked to the core team through regular meetings. This relationship is shown in the diagram on the next page.

2.1) Individual JSNAs

Current needs assessment processes meet many of the criteria for JSNA, but can be strengthened by adopting JSNA methodology. Through developing current needs assessments further as and when they are due to be renewed, the capacity to deliver JSNAs is greater, and the ability of needs assessment to enable real change is significantly increased through the statutory duty to act upon the results. Rolling out JSNA through specific service areas will also aid ownership of the process and subsequent action plans.

The process owners of individual JSNA projects are responsible for conducting the process and following the guidance in the framework and toolkit. The process owners will link with the core team through attending core team meetings and providing progress reports.

Once the JSNA process has been undertaken the findings should be shared with commissioners from all relevant services and organisations. An action plan should then be developed and agreed that provides details of the actions that will be taken in response to the recommendations.

The action plan will be reviewed once implemented to assess whether it has met the identified needs. This will form part of the overall evaluation of JSNA. As JSNA is an iterative process, the outcome of evaluation will form evidence for the subsequent JSNA. As part of the wider management of JSNAs, a performance management structure will be developed to enable people to manage the recommendations and action plans that emerge from JSNA.

To ensure that the JSNA framework is fit for purpose, it will be piloted initially to see if it provides the relevant guidance and structure to enable users to conduct an effective and robust JSNA. Once the pilot is completed, the framework can be rolled out. However users will continue to be asked to provide feedback concerning the usefulness of the framework.

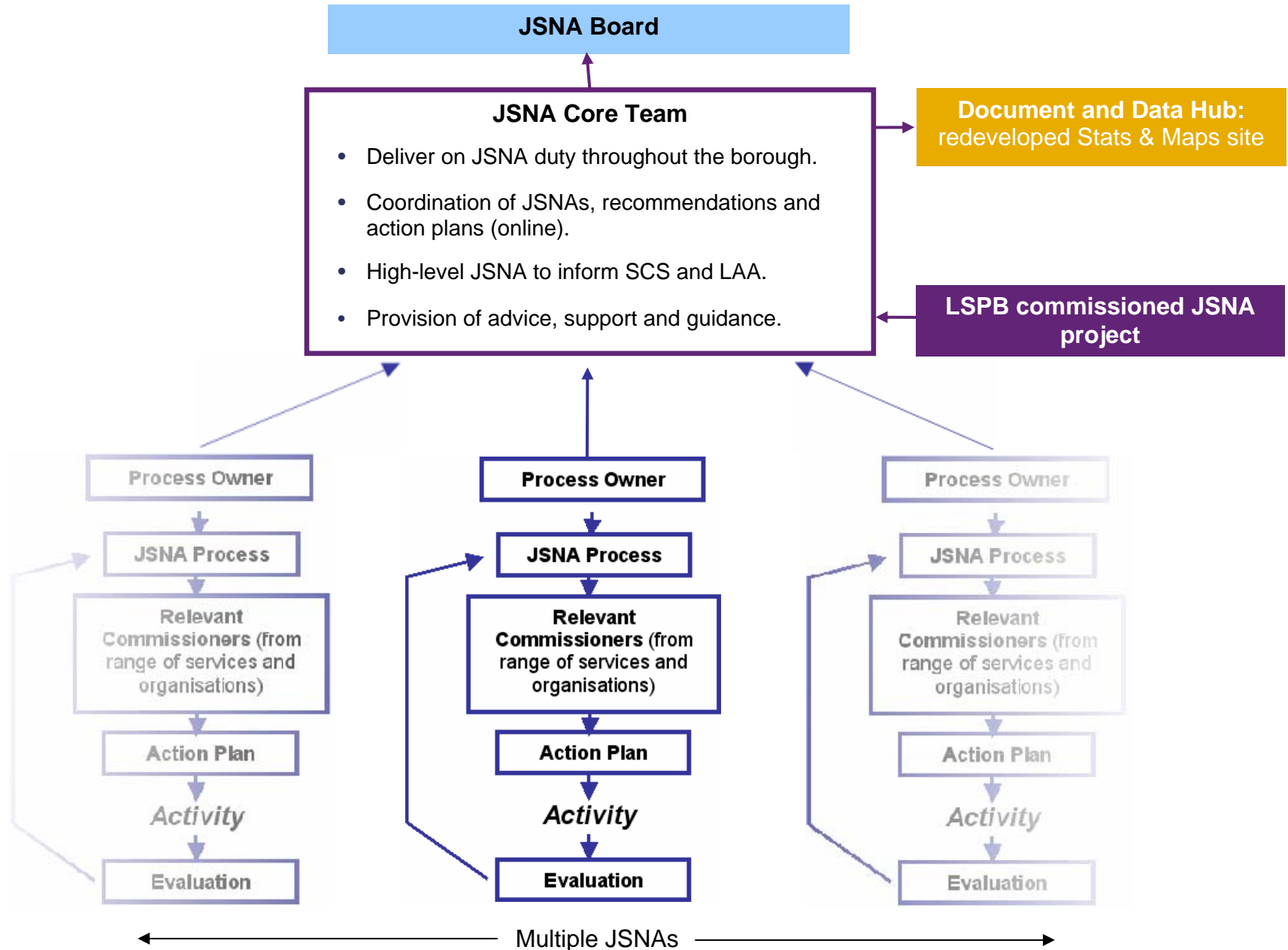
2.2) Core team role

The main role of the JSNA core team will be:

- to deliver on the duty to undertake JSNA across the borough

- to offer advice, support and guidance to those undertaking JSNAs
- coordinating ongoing JSNAs to ensure learning is maximised
- to develop a central JSNA resource.

The Joint Health Unit will ensure that actions arising from all JSNAs are performance managed by the 'owning' commissioner. They will coordinate action plans and through the core team will collate key findings to provide high level JSNA information.



B. The JSNA Process

3) Undertaking a JSNA

3.1) Before you begin

Whatever the focus of the topic may be, the JSNA requires that a holistic approach be taken. It is important to be able to describe not just the issues and outcomes, but also the processes that lead to these. The purpose of a JSNA is to ensure that we gain the best understanding of the issue and its causes.

As soon as a topic area is identified contact must be made with the core team. The library of JSNAs will enable you to determine whether your JSNA topic has already been identified elsewhere or is already planned.

3.2) Executive sponsor

Each JSNA needs to have an executive sponsor from both the PCT and the council. The executive sponsors will be responsible for 'owning' the recommendations and making sure they are acted upon. The executive sponsors of a JSNA should be recorded on the project initiation document.

3.3) Steering group

You will need to establish a steering group. The steering group for a JSNA should be representative of the topic's stakeholders in order to ensure maximum support for the process and increase the ability for coordinated and joint action. As a minimum, a representative of the PCT, local authority and voluntary sector should be on the group. Other relevant stakeholders will be determined by the topic area.

It will not always be necessary to set up a new group. It is likely that a group already exists that will be able to act as a steering group. However, there may need to be additional members during the period the JSNA is being undertaken.

3.4) Project initiation

A project initiation document (PID) must be completed and submitted to the project administrator and core team. The PID will enable you and the core team to understand the scope of the work and what level of support may be needed.

Once you have presented your PID to the core team, a project plan must be in place which details when each activity will be carried out and an overall timeline for the JSNA. Details of the membership of your steering group should be included with your PID submission.

Toolkit:

- Number 3: PID template

4) Building an evidence base

Once you have agreed the scope of your JSNA there are three key steps needed to ensure a successful set of recommendations.

- Data collection
- Engagement
- Analysis and interpretation

4.1) Data standards guidance

Having good quality and robust data is essential for effective JSNAs to be conducted. The data must be fit for purpose, representing activity in an accurate and timely manner. It is important that a balance is achieved between the importance of the information requirement and the cost of collecting the supporting data with the necessary accuracy, detail and timeliness. However, successful bodies and organisations recognise data quality as a corporate priority and have taken action to embed strong arrangements to ensure data is robust and for managing the quality of the data they collect and use.

Toolkit:

- **Number 4: Audit Commission, data standards guidance**
- **Number 5: RMBC data quality strategy**

4.2) Data and information sources

The range of data and information needed to produce an evidence base will depend on the subject of the JSNA, but should be as extensive as possible in order to achieve a comprehensive resource and a holistic assessment. It is important to consider what partner organisations may have and their ability to share this with you. It is anticipated that as more JSNAs are completed, and data management systems are improved and embedded, the shared data and information resource will be such that obtaining the data and information necessary will become significantly easier.

A good project plan will enable you to identify these resources and to get partners information/engagement in a timely manner.

A comprehensive list of data has not been provided due to the huge range of data sources and providers available, and the expectation that within each service area there will be knowledge of topic-specific data sources. Where possible data should be collected that allows valid comparisons in the form of time-series data and/or data for different areas (e.g. statistical neighbours, regional and national comparators). The JSNA core team are available to provide advice regarding broader data and information requirements.

There a number of data and information types which must be considered for JSNA. These are outlined below.

- **JSNA core dataset.** The core dataset is part of the Department of Health JSNA guidance and is a compilation of data which should be

available to every council and PCT. It provides the bare minimum of data which should be seen as a starting point to be built on with local intelligence.

- **Quantitative datasets.** Quantitative data provides an understanding of the issues through precise measurement and quantification. There are many sources of quantitative data that are likely to be available to inform a JSNA. Data should be collated and analysed that describes the population and its characteristics, both in terms of their wider demographics and topic specific detail.
- **Qualitative data sources.** Qualitative data gives in-depth understanding of human behaviour and the reasons that govern such behaviour. It should provide information that helps to answer the *why* and *how* of decision making, not just the *what*. Qualitative information is more likely to show us why certain service approaches are successful and others are not.
- **Consultation and engagement.** Consultation and engagement is necessary to capture the 'voice' of those people who are stakeholders in a JSNA. Consultation should take place with a wide range of stakeholders, including residents, service users, commissioners and frontline workers. Consultation can yield both quantitative and qualitative data and provide information that is otherwise unobtainable. In order to obtain valid and robust data from consultation, it is recommended that someone with consultation expertise is involved in the process.
- **Service provision.** This is a significant, but often challenging area of information collection. Service provision information takes two forms.
 - I. An understanding of service provision that impacts upon the subject population is necessary to aid the analysis and interpretation of data.
 - II. Service user analysis: an understanding of who is using the services provided, and how this relates to what would be expected. This includes being able to analyse service use by age, gender, geography (postcode), ethnicity and disability.
- **Good practice.** Knowledge of local and national good practice helps in forming recommendations and adds to the analysis and interpretation process.

Toolkit:

- **Number 6: Department of Health, JSNA core dataset**
- **Number 7: Audit Commission, Connecting with users and citizens**
- **Number 8: RMBC Centre for Learning and Development e-learning course: Communications, consultation & engagement**

4.3) Initial analysis and interpretation

Once all the data has been brought together it needs to be analysed. Such analysis must be effective so that key messages and recommendations are accurate and that time spent collecting data isn't wasted.

The aim of analysis is to turn datasets into useful information. Analysis enables us to understand patterns and trends in the data and validate/reject any comparisons and/or theories we may have. Interpreting this information involves linking the findings together and relating them to the subject area in order to improve our knowledge. There is a range of methods used to analyse and correctly interpret information. Using the correct method is important if valid intelligence is to be obtained from the data. Research expertise is therefore necessary to carry out this process.

Information will not always be available for analysis. Where information should be available, but is not, an action should be recorded to ensure that the situation is resolved. A key outcome of the JSNA is not only identifying the needs that services should be meeting, but also identifying the gaps in information and data that we should be gathering to inform service planning and delivery.

Toolkit:

- **Number 9: Association of Public Health Observatories, data toolkit**

5) Engagement

Engagement should be undertaken in all stages of JSNA from planning to delivering and evaluating, rather than being restricted to commenting on final drafts.

5.1) General public and service user engagement

Improving the level of involvement of local people in public services is a major part of recent Government agendas. The holistic approach of JSNA demands that multiple viewpoints are understood in order to better inform services, therefore there is a strong emphasis within JSNA on engagement. Views of the general public and service users are often enlightening, aiding our understanding of why approaches are successful or ineffective, as well as providing ideas about what services are needed.

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 and service users. 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 the PCT and council must work together, respecting the time and efforts of local people. Efforts should build on the duties to consult and involve and optimise available listening opportunities such as LINKs and Citizens Panels.

It is expected that the costs of any engagement will be met by the service area which owns the JSNA. The Joint Health Unit may be able to offer support

to JSNAs in relation to social research and engagement. There may be limited resources to also fund some of this work. Core team JSNAs will be prioritised however, and an early conversation with the JHU will be imperative.

Toolkit:

- **Number 10: NICE guidance on community engagement**

5.2) Staff engagement

It is also essential to engage with staff, including both strategic roles and those who work on the front line. Discussing initial findings and emerging hypotheses with staff provides further insight into the data that has been collected and builds a more robust understanding. It is recommended that anyone who is likely to be involved in the actions that arise from the JSNA (at a strategic level) be engaged with during this process to gain further insight, ensure buy-in and maximise effectiveness.

Many strategic staff will have the opportunity to contribute through being closely linked to the JSNA process through steering/advisory groups. In contrast frontline workers are often detached from decision making processes. The experience and unique position of these workers provides a valuable viewpoint that is important to capture and feed into the JSNA process.

Toolkit:

- **Consult internal communications managers regarding consultation procedures.**

6) Summary and Recommendations

Once the full range of evidence has been analysed it will be possible to develop a set of recommendations. It is important to remember that the JSNA is meant to be an independent review of the issue and therefore the recommendations should be challenging. However, it may be useful to develop the recommendations along with key services' senior management so that they are more likely to be shared, owned and delivered against.

6.1) Summary

The executive summary should highlight the knowledge and issues that have arisen from the research and analysis process.

6.2) Recommendations

The recommendations that emerge from a JSNA should be based upon the range of evidence that emerged during the research and evaluation. Recommendations should be developed with key stakeholders. Whilst it is important that stakeholders buy in to the recommendations, it is necessary to retain the integrity of the JSNA process by ensuring that anything contrary to the JSNA findings are backed up with suitable evidence. The importance of adequate representation on steering groups and engagement throughout the process is highlighted in order to minimise this occurrence.

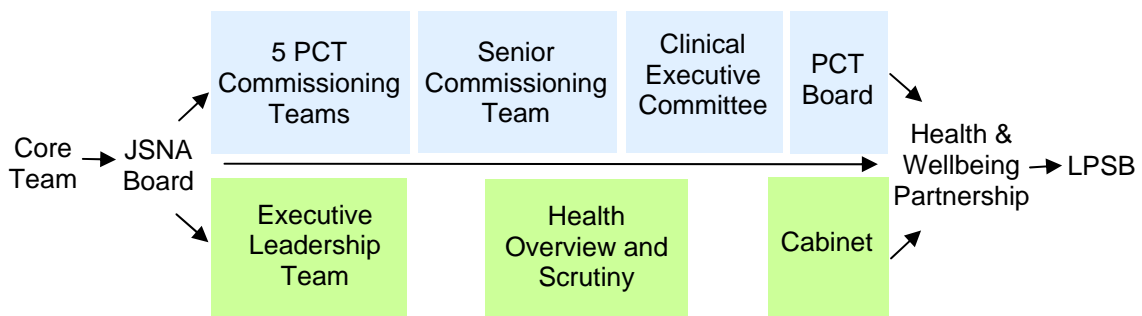
Recommendations should be outcome based and auditable, focusing on improving the health and wellbeing outcomes of the population, and not target driven.

7) Approval

The JSNA process and actions that emerge from the recommendations will be subject to evaluation. It is therefore essential that the JSNA receives approval in recognition that it represents a culmination of best available subject knowledge to inform commissioning, and that the borough is dedicated to action.

7.1) Process of approval

The process of approval is as follows:



8) Outputs

8.1) Outputs

Once the JSNA has been approved, it is important they are shared as widely as possible to key stakeholders. This includes those people who may have provided you with information along the way, such as members of the public.

In order to present a coherent and easily accessible collection of JSNAs for use by partners and members of the public, outputs from JSNA will be uniformly branded and presented. The publication of the main report will be synchronised with a press release and public friendly brief, to be coordinated by the JSNA core team. The outputs for each JSNA will be:

- Report: suitable for use by partners, and will help inform future work and reduce duplication of efforts.
- Public friendly brief: a short synopsis of the main report that conveys the key messages to the public (produced by the JSNA core team).
- Key datasets: availability of key datasets through the Stats and Maps website to aid analysis by other users.

All JSNAs will be collected and presented through the Stats and Maps local information system which will act as a hub for JSNA information.

Toolkit:

- See current JSNA for document structure.

C. Implementing the JSNA

9) Implementation

The holistic nature of JSNA will lead to the inclusion of partners from various services and organisations on the steering group and taking part in the process. This approach is advantageous when taking action against the recommendations, drawing on these resources to ensure that the comprehensive approach to assessment can be reflected during implementation.

9.1) Service planning

The joint nature of JSNA provides an opportunity to extend and improve upon joint working practices, by providing effective solutions signed up to by steering group members and key stakeholders of the JSNA process. Service plans need to reflect this by formalising the joint approaches to tackling issues.

9.2) Action plan

The JSNA recommendations will need to be transferred onto the Triangle performance management system and the owner of each recommendation will need to be identified. The owner will then be expected to provide an action plan to achieve each recommendation.

D. Evaluation

10) Evaluation

10.1) Evaluation

Evaluation is essential in order to learn from experience, understand if we are making a difference and providing value for money, know whether to recommission or decommission a service, and as an evidence base to inform future JSNAs. Both the JSNA process and the actions that came out of it need to be evaluated, as should all services delivered.

Toolkit:

- Number 11: Rochdale Borough Service Evaluation Framework

11) Audit Process

11.1) Audit Process

An audit of the activity against the action plan will be undertaken. Six months from the end of the JSNA you will be asked to report to the Health and Wellbeing Partnership Executive on the impact of the recommendations, what action has taken place and how you are measuring outcomes. This will happen again at 12 and 24 months after completion of the JSNA, although the Health and Wellbeing Partnership Executive retain the right to 'call in' any JSNA over time.

The Comprehensive Area Assessment (CAA) will specifically be looking at the impact of JSNA within the borough. The CAA will expect JSNA to be answering questions such as:

- how well do local partners understand the needs and aspirations of their diverse communities?
- how well do local partners deliver outcomes and improvements?
- what are the future prospects of the area?

The CAA expects JSNA to aid joint working towards agreed priorities across partners, aid efficiency and value for money, and support scrutiny and challenge to ensure that progress is real.



Toolkit:








- Number 12: Audit Commission, How the JSNA and CAA fit together

Joint Strategic Needs Assessment: Toolkit

Please contact jsna.email@rochdale.gov.uk for access to links that do not work through the PDF version of this document.

- ❖ This document accompanies the Joint Strategic Needs Assessment Framework

Toolkit number	Resource	Location
1	Department of Health, JSNA overview interview (podcast)	http://networks.csiip.org.uk/BetterCommissioning/Podcasts/Podcastitem/?cid=2791&type=wmv
2	Department of Health, <i>Guidance on Joint Strategic Needs Assessment</i>	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097  Department_of_Health_JSNA_Guidance.pdf
3	Project Initiation Document template	 Microsoft Word Document
4	Audit Commission, <i>Improving information to support decision making: standards for better quality data</i>	http://www.audit-commission.gov.uk/Products/NATIONAL-REPORT/F4E13DD0-2808-4f3a-98FF-358AF9010155/ImprovingInformation.pdf  Toolkit_data standards guidance_B31.pdf
5	RMBC, <i>Data Quality Strategy</i>	 Microsoft Word Document
6	Department of Health, <i>The JSNA Core Dataset</i>	http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086676  Toolkit_DH core dataset_B4.pdf
7	Audit Commission, <i>Connecting with Users and Citizens</i>	 Toolkit_AC connecting with users and citizens.pdf

8	RMBC, Centre for Learning and Development e-learning course: <i>Communications, consultation & engagement</i>	Centre for Learning and Development: 01706 516816
9	Association of Public Health Observatories, <i>The APHO Resource Pack</i>	http://www.apho.org.uk/resource/view.aspx?RID=53885  Toolkit_APHO statistical validity.pdf  Toolkit_APHO projection methods.pdf  Toolkit_APHO data sharing.pdf  Toolkit_APHO measuring health inequalities.pdf
10	National Institute for Health and Clinical Excellence, <i>Community Engagement to Improve Health</i>	http://www.nice.org.uk/PH9  Toolkit_Community engagement to improve health_B4.pdf
11	Rochdale Borough Service Evaluation Framework	 Microsoft Word Document
12	Audit Commission, <i>Comprehensive Area Assessment – Fit with JSNA</i>	 How_JSNA_fits_within_new_CAA.pdf

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