

## **Joint strategic Needs Assessment – Briefing Paper Framework and Guidance**

### **What is the Joint Strategic Needs Assessment (JSNA)?**

The Health and Social Care Act 2012 introduced a duty for Health and Wellbeing boards to provide a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).<sup>1</sup>

The Joint Strategic Needs Assessment (JSNA) provides a picture of the health and wellbeing of the people of our county and the issues which affect their needs, inequalities and services. This includes the physical, mental and social well-being not just disease or infirmity. The Joint Health and Wellbeing Boards Strategy (JHWS) is built on the needs identified within the JSNA. Information is used to provide a central resource for commissioners, funding bids, demographics and information for various population levels or need profiles.

Norfolk provides its JSNA via the Norfolk Insight website<sup>2</sup> containing more than 5,900 data sets at 8 geography layers for Norfolk and Waveney. The JSNA site<sup>3</sup> is published in chapters of People, Place, Healthy start, Childhood health and wellbeing, Adult Health and wellbeing and Older people's health and wellbeing. A collection of relevant documents and links to information, the JSNA provides a platform for information dissemination.

Feedback on requirements for the JSNA established the benefit of short, informative documents on single topics which would give the reader the headlines and a picture for Norfolk in a short and accessible format with references to further information should that be required. These briefing papers are written by various contributors across NCC; the Public Health department, the Intelligence and Analytics team or topic specialists. The briefing papers are familiar in their structure and content, this benefits the reader by their understanding of what and where they will find information as well as benefitting the author who has a clear understanding of the requirement of the paper.

It is this structure and content of a briefing paper which this document sets out to give guidance and support for quality assurance.

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<sup>1</sup> <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>

<sup>2</sup> [www.norfolkinsight.org.uk](http://www.norfolkinsight.org.uk)

<sup>3</sup> <https://www.norfolkinsight.org.uk/jsna/>

### **Some initial questions to decide if a briefing paper is created.**

1. Do we have a paper on this topic already? It may be that a review and refresh of a paper already published could be undertaken.
2. Is this a current issue for Norfolk, the HWB or Public Health? Focusing our efforts on topics which will benefit from an informed paper, this topic is of current concern, supports the strategy or supports a project current to Public health.
3. Have we recently undertaken some work on this topic and therefore the information and data are current? Writing a briefing paper now means the work is fresh and will only require translating to the structure and format.

### **Some questions to aid gathering of information.**

1. What is the issue and why is it important for Norfolk? Include current key challenges/opportunities such as legislation changes, trends and new influences.
2. What population is this briefing paper about?
3. What is the focus of this briefing paper? A specific group, meeting need, specific condition or disease, trends.
4. Is there evidence to identify and assess impacts, is that robust?
5. What are the expected numbers, distribution and pattern of people, place and time?
  - a. Person; Prevalence, Incidence, Mortality, features of those affected, over or under representation, equality; age, gender, ethnicity, sexual orientation, faith, disability, deprivation, poverty, socioeconomic class and vulnerable groups including safeguarding. Gaps in service and risk factors.
  - b. Place; Where are the people locally, regional and national comparators (CIPFA etc.)
  - c. Time; trends, past and future. Change; legislation and population/demand.

6. Can this data be placed in the public domain? Have I considered all data protection requirements?
7. What services already exist? Prevention, primary, secondary and tertiary. How are they accessed, where are they, who are the providers? Comparison of burden with other similar areas, region, national.
8. Evidence of effectiveness. Is the current service provision effective, cost, what would be cost effective, performance of current provision?
9. Observed services users. How many, characteristics, subgroups, different communities, comparison regional and national?
10. How does this topic impact on health and wellbeing? Include differences for different groups, short- and long-term impact, support services impact.
11. Service user experience. Expectations, access and waiting times, safety, quality, coordinated, building relationships, information and choice, service delivery. Views of service users, general population, carers, as to improvement of the service. Opinions of professionals on met and unmet need and improvements.
12. Information gaps. Are there any and can they be filled? Do they need acknowledgement for example specific populations for whom we do not have information or data.
13. Experts and stakeholders. Are there experts or stakeholders such as commissioners you can call on? Do they have specialist knowledge of this area, would they be willing to help with content or review?
14. Conclusion. Based on the evidence gathered, review of the need and service to support it. Are there populations who are especially vulnerable or not receiving care they need?
15. Recommendations. What would be of benefit, best value, effective, efficient, disinvestment as well as investment? Environmental impact could this be developed to support the sustainability agenda.

## Considerations when gathering information

### Health and Well-being determinants checklist

Lifestyles	Diet, Physical activity, use of alcohol, cigarettes, non-prescribed drugs, Sexual activity and other risk-taking activity
Social and community influences on health	Family organisation and roles, Citizen power and influence, Social support and social networks, Neighbourliness, Sense of belonging, Local pride, Divisions in community, Social Isolation, Peer pressure, Community identity, Cultural and spiritual ethos, Racism, Other social exclusion
Living / environmental conditions affecting health	Rural/Urban, Built environment, Neighbourhood design, Housing, Indoor environment, Noise, Air and water quality, Attractiveness of area, Green space, Community safety, Smell/odour, Waste disposal, Road hazards, Injury hazards, Quality and safety of play areas
Economic conditions affecting health	Unemployment, Income, Economic inactivity, Type of employment, Workplace conditions
Access and quality of services	Medical services, Other caring services, Careers advise, Shops and commercial services, Public amenities, Transport including parking, Education and training, Information technology
Macro-environmental and sustainability factors	Government policies, Gross Domestic Product, Economic development, Biological diversity, Climate

Vulnerable/Disadvantaged groups checklist – including People with protected characteristics.

Age related groups	Children and young people, Older people
Income related groups	People on low income, economically inactive, Unemployed/workless, People who are unable to work due to ill health
Groups who suffer discrimination or other social disadvantage	People with physical or learning disabilities/difficulties, Refugee groups, People seeking asylum, Travellers, Single parent families, Lesbian and gay and transgender people, Black and minority ethnic groups, Religious groups
Geographical groups	People living in areas known to exhibit poor economic and/or health indicators, People living in isolated/over-populated, rural or urban areas, People unable to access services and facilities

### Quality Assurance Checklist.

Some questions to help you check you have covered all aspects in the document.

1. Is it clear what the paper is about?
2. Is it clear what the issue is and why it is important to Norfolk?
3. Have you included regional and national context?
4. Is it clear what populations are affected?
5. Have you included expected numbers, distribution and patterns of population?
6. Do you describe trends over time, long and short-term impacts?
7. Have you considered potential inequalities such as; Age, Gender, Ethnicity, Sexual orientation, Faith, Disability, Deprivation/Poverty/Socioeconomic class, Geography/rurality, safeguarding, family groups.
8. Have you set out what existing services are?
9. Have opinions been included, service user, professional, provider?
10. Have you included a description of best practice?
11. Are outcomes described?
12. If there are gaps in information have you mentioned them?
13. Are the priorities identified?
14. Do you make recommendations?
15. Has the paper been peer reviewed?
16. Has the paper been shared with experts in the field such as a commissioner or specific policy holder?
17. Are all data and information resources referenced accurately?
18. Have you kept to the described structure?

**The structure of the document.** (Appendix A Document template)

### **Introduction**

Include a brief overview of the local and national position and/or any particular local requirements.

### **Summary**

Key issues, messages and charts/maps/infographic summary.

### **Headlines**

What is the local picture across Norfolk and the districts, particular populations, relevant data and/or any other local context.

Include relevant indicators, trends and maps where possible.

### **Influences on Health and Wellbeing**

Any detail of the impacts for this area, any additional local impacts, on local resources (see also burden of ill health and gaps in services). What is it that is of concern in relation to this issue? What is changing that can impact?

### **Social, environmental, population context**

Wider social, environmental national context and other influences. Population groups particularly affected / influenced.

### **Burden of ill health and gaps in service**

This could include the impact on life expectancy & mortality, disease prevalence, hospital admissions, cost of care, cost to local services in terms of activity/time/resource (police, mental health, acute activity, GP, voluntary sector, district council, etc.), disability adjusted life years, quality adjusted life years, cost of

### **Current services, local plans and strategies**

Set out any national strategies, national drivers for change and their influence directly relating to Health and Wellbeing. Describe what is being done locally, what priorities are being set by which key groups and include links to any local strategy papers.

### **Voice – the perspective from the public, service users, referrers and front-line staff**

Include any public context, feedback or surveys. Might also include any relevant information from referrers into services, front line staff delivering services on how services could be better used / service gaps etc.

### **Considerations for Health and Wellbeing Board and commissioners**

Include information and context which could help HWB and commissioners to set priorities, focus, recognise areas of need and create forward plans.

### **References and information**

Include any references made and links to external organisations, information sources and useful contacts.

## Reference Examples

References are included as numbered footnotes on each page. Where possible add as a link to the source. Only those not directly included in the text are included as a bibliography at the end of the document.

Surname, Initial1.Initial2. (1999), 'Some title goes here', Journal Name, vol. 999, no. 10, pp. 101-104.

Author, 1. and Author, 2. (1993), Book Title, Publisher, London.

Organisation (1999), 'The document title goes here'  
<http://www.weblinkifappropriate.info/> (accessed 26/10/2016)

In text references are set as footnotes and

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