



Joint Strategic Needs Assessment Deep Dive Process

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Author: Susan Lowe, Lead Officer Knowledge, Evidence and Governance Team

Partnerships, Insight and Prevention Directorate: Public Health Division

Version Control	Date	Amendments	Author
V0.1	03/04/19	Creation of draft document	Susan Lowe
V0.2	10/04/19	Expansion of scope and engagement sections following input from Elizabeth Griffiths	Susan Lowe

1 Purpose

This document sets out the process and content for Birmingham's JSNA Deep Dives, including

- Roles and responsibilities
- Prioritising topics
- Process for production.

2 Background

The Joint Strategic Needs Assessment (JSNA) is an ongoing process to identify the current and future health and wellbeing needs of the local population and the services and assets available for meeting those needs. Local Authorities and local NHS have a joint statutory duty to produce a JSNA via the Health and Wellbeing Board.

The 2018 CQC Birmingham Local System Review raised specific concerns over the capacity of the Birmingham JSNA to inform future commissioning decisions. To address these concerns a multi-agency steering group is now in place and a plan for development is set out below.

Deep dives allow for in depth data analysis on key areas relating to health and wellbeing. The aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. They will be used to determine actions local authorities, the local NHS and other parties need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

The new Director of Public Health has set out a vision for a rolling annual programme for deep dive JSNA reviews whereby 4 deep dives are completed a year (one to be reserved for a protected characteristic under the Equality Act 2010) using the following methodology:

- 1 month for scoping.
- 2 months for data/evidence collection and community engagement.
- 1 month for analysis and write up.

3 Roles and Responsibilities

Topic Champions

Champions will be Health and Wellbeing Board members. The role of the champions will include:

- Challenging the scope and breadth of the deep dives
- Scoping and agreeing the content with Topic Lead
- Ensure assessment is able to drive local commissioning and decision-making
- Encourage involvement of key partners organisations to secure capacity, skills, data and knowledge required
- Promoting the use of JSNA by strategic partners
- Finalising the topic report and presenting to the JSNA Steering Group and Health and Wellbeing Board (with Topic Lead).

Topic Leads

The role of the topic leads is to manage the deep dive process and includes:

- Identifying the partners to be involved in the work (a reference group)
- Scoping and agreeing the content with Topic Champion
- Coordinating the data and evidence to be utilised
- Ensuring citizen views and lived experience are incorporated
- Ensuring assets as well as needs are captured
- Finalising the topic report and presenting to the JSNA Steering Group and Health and Wellbeing Board (with Topic Champion).

4 JSNA process

4.1 Prioritising Topics

The topics for 2019-20 will be agreed by the Health and Wellbeing Board. For future development 2020-23 a long-list of deep dive topics has been produced based on future commissioning requirements and Health and Wellbeing Board strategic planning. Prioritisation of the 4 topics per year from 2020-21 onwards will be through a Delphi Panel process.

4.2 Scoping

Once a topic has been agreed and is in the programme it will need to be scoped by the Topic Lead and Champion. Scoping is an important part of the JSNA process as it should define the needs assessment and enable tasks, resources and deadlines to be applied. The proposed scoping process is set out in the table below.

Stage	Detail
Identify and engage with stakeholders	This should involve professionals, commissioners and community representatives related to the subject area. The purpose is to create a joint ownership of the process and ensure we are capturing the bigger picture including assets as well as needs. This stage should identify the reasons for undertaking the deep dive and capture what about stakeholders wish to understand about the subject.
Define the population of interest	This should be as inclusive as possible. Consideration should be given to the geographical area, protected characteristics etc. By involving individuals, patients and services users in scoping the definition you are more likely to get a full picture of the subject area. The JSNA deep dive should be strategic providing a whole system insight into that topic.
Identify data sources	The data should include <ul style="list-style-type: none">• Demographics of the population of interest including key subgroups• Health issues – incidence and prevalence affecting the population• Current services• Benchmarking with core cities, national, regional or other comparators• Evidence for interventions• Cost data including cost-effectiveness

Stage	Detail
	In scoping attention should be paid to what is publicly available but also what can partners provide. There is more detail on data requirements in Section 4.3.
Develop a communications plan	A JSNA should involve a wide range of stakeholders. It is important to consult and engage to capture the full range of views on the topic area. Topic leads should identify the target audience so that the messages can be tailored to best meet their needs. There is more information on engagement in Section 4.4
Define JSNA deep dive products	<p>A JSNA deep dive will be a detailed assessment report. However to support this other products should be developed. These can include infographics, posters, and presentations. Considerations should include:</p> <ul style="list-style-type: none"> • Style – Health and Wellbeing Board template • Accessibility • Visual impact
Set timescale	The recommended timescale for completion of a JSNA is 4 months. Detailed mapping of tasks at an early stage are required to plan the delivery of the deep dive.

4.3 Data and evidence collection

This part will be undertaken by the Topic Lead and Reference Group. Data is just one part of the process. There is no mandatory dataset to be included but the guidance states that both quantitative (numerical) and qualitative (reason, opinion, motivation) evidence should be included.

A good JSNA should include the following data:

- Population – total numbers by age, gender and ethnicity. Births and deaths.
- Wider social, economic and environmental factors – employment, housing, educational attainment, crime and disorder, community cohesion.
- Lifestyle determinants of health – smoking, diet, substance misuse, obesity, physical activity.
- Epidemiology – life expectancy, morbidity, mortality, disease prevalence.
- Service use – hospital admissions, screening uptake, social care.
- Evidence of effectiveness – good practice, literature reviews, NICE guidance and quality standards.
- Community perspectives – views, expectations and experiences of the local communities.

4.4 Engagement and consultation

Engagement and consultation are essential elements of the JSNA. It is especially important to involve the population whose needs are being assessed in the JSNA deep dive. We can deliver more efficient and effective services and more person-centred care if we listen to what people are

telling us. Strategic partners, third sector organisations and Birmingham citizens also need to be involved. Stakeholders can include service users, front line staff and providers.

The level of engagement will vary according to the JSNA subject but there must be an opportunity for stakeholders to contribute to the JSNA. This will be developed at the scoping stage in the Communications Plan. Methods for engagement may include:

- Be-heard online consultation
- Focus groups
- Surveys
- World café events.

The Scottish Health Council has produced a Participation Toolkit¹ which includes various engagement methods as well as checklists to ensure an effective approach. To avoid duplication previous consultation and engagement should be considered before undertaking new campaigns. Examples of existing engagement can include Friends and Family Test data, online resource of people's health experiences e.g www.heathtalk.org and provider customer surveys.

4.5 Analysis and write up

This is the responsibility of the Topic Lead. The data and evidence collected should be analysed to build the intelligence to inform priorities and drive change. The write up should highlight areas of need and opportunities for action. There is a JSNA deep dive template to provide guidance for Topic Leads.

¹ Scottish Health Council online resource available at http://scottishhealthcouncil.org/patient_public_participation/participation_toolkit/the_participation_toolkit.aspx