

Guidance for authors completing the JSNA template (June 2013)

Background

The Health and Social Act (2012) states that there is a requirement for all Health & Wellbeing Board's working through local authorities and the Clinical Commissioning Group's to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community.

The successful transfer of Public Health into six distinct Unitary Authorities (UA's) across the Berkshire region has presented a new opportunity to create a redesigned JSNA. A Berkshire Public Health Shared Team has been formed to support each UA, which includes scoping the vision for the redesigned JSNA and providing the essential data to support each unique UA's focus on health inequalities.

The vision is to redesign the JSNA to ensure that it has the ability to:

- ***Be accessible and web based***
- ***Provide relevant, easy to disseminate data***
- ***Tell the local story***
- ***Use Ward data as a tool to plan for localised services***
- ***Provide key stakeholders with data for commissioning intentions.***

To take forward this approach the Director of Public Health with support from the Shared Team has canvassed views and sort agreement from each respective Health and Wellbeing Board. To date the majority of Boards have unanimously agreed to begin the first phase of transforming a paper based JSNA document into a distinct web based JSNA with updated, relevant data and the inclusion of ward profiles.

It is anticipated that phases 2 & 3 will be natural progression as the web based JSNA develops during 2014/15 to ensure effective updating and review on its fitness for purpose. Phase 4 will be planned to conduct a complete refresh for 2015/16.

Phases for JSNA Development

Phase 1	Develop a web based JSNA which tells the local story with updated data and newly created ward profiles
Phase 2	<i>Further develop the web based JSNA to link to key strategies across the Council</i>
Phase 3	<i>Build on other local information/data to provide details of health and wellbeing inequalities</i>
Phase 4	<i>Review and update</i>

It is important to note that the Health and Social Care Act (2012) is the key driver for change and that the JSNA is has taken on an enhanced role in the planning, prioritisation and commissioning of health and wellbeing priorities within each of Unitary Authorities across Berkshire. Therefore it is more important than ever to ensure that it is supported by robust data and evidence.

This document gives guidance to authors when reviewing and where necessary editing or writing the JSNA chapters to ensure quality and consistency of the overall JSNA document.

It is advisable that Authors reviewing and where appropriate updating existing chapters should assess the chapters from the previous JSNA against this guidance.

Structure

Authors

- All text should be in **Arial font 12**
- The writing style should be clear and aim for brevity. Use bullet points where appropriate. This makes it easier to read and gives more impact

Abbreviations

The JSNA is a public document, and its content should be appropriate for this audience. Abbreviations in your text should be written in full when they appear for the first time in your section, but should be followed by the abbreviation in brackets ie

Joint Strategic Needs Assessment (JSNA)

Once the full text has appeared in your section with its abbreviation in brackets, it is then appropriate to abbreviate.

Charts

These will be provided by the Shared Team for your use. If you are using your own charts please ensure that the principles below are followed.

- Complete in **Excel** ensuring the source is **referenced** below in ***Arial Font 8 italic.***
- Axes should be clearly labelled
- All charts/ maps should be clearly labelled with Figure1, etc. and a short description of the contents and data period in Arial font 12
- Charts should be in 2D

Tables

- Complete in **Word format** ensuring that the **source** is referenced below in **Arial font 8 italic**.

Referencing

Any sources used should be referenced as per the **Harvard Style of Referencing**. Please find attached a step by step guide to the Harvard referencing system which you may find useful. Please make ensure that references are inserted between the main body of the text, and before any appendices.

Hypertext linking

Please add hyperlinks to your document wherever possible to make it as useful and interactive as a resource. For consistency, for example if citing a NICE clinical guideline, it is recommended just to hyper-text the actual title i.e. *Referral guidelines for suspected cancer* (CG27, June 2005). The same applies to policy documents.

Please do not embed documents in the chapters, do send them separately with your submissions

Numbering style

For consistency, use either only numbers or only alphabets throughout the chapter. Where sub-numbering is required, use i, ii, etc.

JSNA Template

Heading: the subject of the topic

Introduction

This section should set the scene for the topic by outlining key points related to priority, prevalence and risk factors eg:

CVD is the single biggest contributor to the life expectancy gap in (the named UA) Borough

Include here where there are any inclusion/exclusion criteria to what is being considered plus links to other relevant parts of the JSNA eg:

This section considers obesity in children only. Adult obesity, physical activity and diet and nutrition are considered separately

What do we know?

Facts, Figures, Trends

The following will be provided by the shared team for your use:

- Prevalence- total number of people currently living with X
- Incidence- how many new cases of X are identified each year
- Mortality- how many people die from X (if applicable)
- What are the trends- past and future over time (3 to 5 years)?
- What are the features of the population affected? eg age, gender
- Where are the people with the issue locally?
- What are the regional and national comparators?
- What will be the effect of population change?
- What is the influence on health and well being? (where applicable)

Current activity & services

- What are the services?
- Where are the services?
- How many people use the services? Highlight trends in service use
- What are the characteristics of those who use the service
- Are any sub-groups not accessing services and why?
- What is the cost of the service?
- How cost effective is the service e.g. compared with benchmarks or outcomes such as cost per smoking quitter
- Projected service use- what will be the effect of population change, disease incidence and prevalence on services.

Local Views

- What do people (service users, carers or population groups) think of the services that are being provided (what works well, what doesn't)
- Key outcomes of any consultations, focus groups/workshops

National & Local Strategies (Best Practice)

- Summaries of the national and local evidence used to inform knowledge on this topic, e.g. NICE guidelines (provide hyperlink to guidance)
- Key evidence of effectiveness and cost-effectiveness i.e. if we invest in X it will impact upon Y (e.g. life expectancy/demand for social care provision)
- Highlight any key changes in evidence to inform de-commissioning-i.e. new evidence that has come to light that suggests that a certain intervention is less effective than has been previously thought, or only works in certain circumstances, or that another intervention appears to be more effective, or offers better value (financial and/or social).

Link documents/reports where appropriate rather than re-creating the whole document

What is this telling us?

- Are there been any key differences in the evidence which would suggest a reduction or an increase in health inequalities since 2012?

What are the key inequalities?

- Compare health between the 20% most deprived and the 80% least deprived areas

What are the unmet needs/ service gaps?

- By comparing the overall need within the council and comparing it with the level of service provision currently in place, highlight here known needs and known or presumed gaps in provision
- Highlight any over-provision of services to inform de-commissioning

Recommendations for consideration by other key organisations such as: CCG's, General Practices, other Local Authority department e.g housing and key providers – voluntary and private sectors.

- Identify the areas of need to address through commissioning
- Identify any services that may require de-commissioning
- Gaps in information that could improve the JSNA in the future

JSNA Template

Heading: the subject of the topic
Introduction
What do we know?
Facts, Figures, Trends
National & Local Strategies (Current best practices)
What is this telling us?
What are the key inequalities? What are the unmet needs/ service gaps? Recommendations for consideration by other key organisations such as: CCG's, General Practices, Local Authority department e.g housing and other providers.
This section links to the following sections in the JSNA:
References
Appendices
Name and contact details of author: