Herefordshire's
Joint Strategic Needs Assessment

A rapid review 2023

Herefordshire Council

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Herefordshire Council

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Our current JSNA form and function reflects the preferences of the Health and Wellbeing Board around 2018. Since then, there have been significant organisational changes in the local authority and NHS; for example, in the formation of primary care networks in 2019, integrated care systems in 2022, and a resource shift to respond to the COVID-19 pandemic from 2020 to 2022. No stable group has been in place to guide the JSNA process through these changes.

As a result, it is not clear how well the current JSNA is meeting its goal of informing local decision making, from the perspective of those decision makers.

The purpose of the JSNA review is to uncover the strengths and weaknesses of our current JSNA in meeting its goal. The review outputs aim to provide a clear critique of the strengths and weaknesses of our current JSNA approach, and outline options for improvement, to be agreed by the Health and Wellbeing Board.

What is a JSNA?

The Joint Strategic Needs Assessment (JSNA) is a process by which local authorities and NHS integrated care boards (ICBs) assess the current and future health, care and wellbeing needs of the local community to inform local decision making[1].

This includes, but is not limited to:

- Providing a shared view of current and future health and care needs for the local community.
- Looking at the health of the population, with a focus on behaviours that affect health such as smoking, diet and exercise.
- Being concerned with wider social factors that have an impact on people's health and wellbeing, such as housing, poverty and employment.
- Identifying specific health inequalities affecting our residents
- Identifying gaps in health and care services and documenting unmet needs

The JSNA process is made up of two elements. The data and information collected, sometimes called the "evidence base", and the process of making sense of that information in terms of joint strategic planning and decision making.

Who is the JSNA for?

The main audience for the JSNA is health and social care commissioners who use it to plan health and social care services.

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[1] Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, 2022

It can also be used as an evidence base for preparing bids and business cases; by the voluntary and community sectors to ensure that community needs and views are represented; by service providers to assist in the future development of their services, by local councillors to provide insights into their area of democratic accountability, and by the public to scrutinise local health and wellbeing information and plans.

Our current JSNA process

The live evidence base of Herefordshire's JSNA is displayed on a website called "Understanding Herefordshire". The information is arranged into programme and place-based topics, such as population, health, economy and place. Outputs include Herefordshire specific reports, presentations and infographics as well as "useful links" to external national or regional information sources.

A JSNA summary is currently agreed on a 3-yearly cycle and was last produced in December 2021 as a 61 slide PowerPoint presentation. This is the attempt to bring the many parts of the evidence-base jigsaw together into a shared narrative of current and future needs.

Method

We aimed to assess our current JSNA approach through objective and subjective feedback, looking specifically at four elements: form, function, administration and governance:

- **Form**: the content, look, ease of use, lucidity, and timeliness of JSNA outputs.
- **Function**: how the JSNA is, or isn't, used by different audiences to inform strategic planning and decision-making
- **Administration**: capacity and time to produce and maintain JSNA process and outputs.
- **Governance**: how the JSNA process is controlled and directed. Who makes decisions about its scope, content, and how do we go from data to insights to priorities across diverse stakeholders.

Current reality

We drew on four sources to understand our current JSNA strengths and weaknesses:

- The number of Understanding Herefordshire newsfeed subscribers (n=478)
- Usage patterns of those navigating the Understanding Herefordshire website (2,000 views per month)
- Subjective feedback submitted via an online feedback form embedded on the Understanding Herefordshire website (n=59 over 5-years)
- Direct engagement with JSNA user groups via individual or group meetings, using feedback prompts (n=60 from Aug to October 2023)

Group feedback provided the richest data. Around 60 people generated over 300 unique lines of feedback that were reviewed and summarised.

Future opportunity

With a better understanding of what's working well and less well with our current approach, we moved to assess options to improve. This included:

- A search of best practice examples and frameworks from national sources
- A review of JSNAs from other areas (n=7)

Results

Strengths

1. The JSNA is clearly *informing* some work in a light-touch manner, although it is *driving* far less.
2. Bespoke needs assessments, driven by a multi-agency group, seemed the most effective way of linking data to decisions and driving change e.g. 0-19s needs assessment linked to recommissioning of that service.
3. Consistent "Understanding Herefordshire" website branding acting as a one stop shop for information in line with best practice guidance.
4. Some find the website a useful source of light-touch reference material/facts when writing funding bids, reports, and strategies, or to orientate themselves to local issues when new in post.

Weaknesses

1. **The "Joint" in JSNA.**
   a. Unbalanced "Joint" element. Local authority driven rather than balanced with NHS: both in setting scope and direction, but also in administration and use.
   b. Limited or inefficient collaboration between analytical teams on important shared approaches to using data to help health and care systems improve population health and wellbeing, for example, the JSNA process or population health management approach.

2. **Collaboration**.
   a. There is a governance gap. We are missing a partnership group of primary users who can decide the JSNA scope, main audiences, products, and alignment with important strategic and contractual commissioning cycles. At present this falls to a single analytical stakeholder.

3. **Future focus.**
   a. Limited future focus: painting a clear picture of future need and implications for services.

4. **Adding meaning and impact.**
   a. Limited emphasis on uncovering unmet need and inequalities
   b. More demand for adding meaning and impact to data and information, spelling out the answer to the question, "what does this mean for now and the future?"

5. **Failing to plan, planning to fail.**

a. Limited project planning, development of ongoing stakeholder engagement plan, use of agile project management methodologies etc. to be more responsive.

6. **Data: giving them what they need.**
   a. Core datasets for different JSNA products not defined, unclear process to keep the JSNA up-to-date and relevant, limited incorporation of local consultation findings.
   b. Limited innovative for more efficient analysis e.g. automation, scenario/impact modelling, use of application programming interfaces.

7. **Making evidence the norm**
   a. Using evidence does not seem the norm. Low use and perceived value for some primary commissioner and decision-making audiences
   b. Most users struggle to make sense of the information available and draw meaningful insights from it to uncover unmet need, drive quality improvement or inform commissioning intentions.

8. **Communication**
   a. JSNA awareness and impact was limited. Limited use of awareness enhancing methods such as: a clear communications plan, continued & consistent awareness raising by JSNA 'champion', blogs, newsletters, training, press releases, social media, etc.

9. **Asset based approach**
   a. Limited development of asset indicators, voluntary and community sector involvement

Opportunities

There are many opportunities to improve our JSNA, much appetite across our user groups to do so, and clear options on how to do it.

A fundamental rejuvenation of our JSNA processes would require:

- Discussing and documenting answers to the 7 quality themes outlined in Joint Strategic Needs Assessment: a springboard for action, Local Government Association (2011). Summary questions listed in Appendix: "Local Government Association Toolkit Questions"
- Adopting the 10 top tips and recommendations for JSNAs published in, "Best practice and opportunities for innovation in Joint Strategic Needs Assessments (2020)".
- Reviewing options documented in the local authorities similar to our own review and deciding which to adopt.

The sources above provide a clear path to address our weaknesses, and a clear path to better shape our JSNA to the needs of our users, so it has more impact.

But this leaves the question of who decides which of the top 10 tips to adopt, how much first principles thinking is needed, or what options from other local authorities we wish to emulate and which we do not, or cannot?

In this report we have resisted the temptation to make recommendations unilaterally, as we think this perpetuates one of the main weaknesses of the JSNA process as is. Instead the main opportunity is to define a partnership group that can work through the best practice options above, and make those decisions on behalf of the JSNA primary users.

These judgements have not been made explicitly for years, so may take time and challenging conversations to work through fully, document and implement. But in our favour; the options are already well-framed, distilled and decision frameworks ready to use.

Threats

In reinvigorating our JSNA process in future we see the following threats:

1. An overemphasis on JSNA *form* (the most visible part of the JSNA, like the website) without collaboratively defining JSNA *functions* (the invisible missing part). Form should follow function.
2. Taking unilateral decisions on JSNA processes and outputs for speed, rather partnership decisions for long-term value.
3. A focus on data and information generation or pooling, rather than insights generation from that information, which will require analyst and commissioner collaboration. For example, to interpret and provide a narrative around what we know now, irrespective of any new or different data sources in future.
4. A focus on analytical capacity and outputs that underplays the vital role that commissioners and other decision makers play in generating shared insights. This includes the capacity and capability of decision makers to provide professional input and insights in a timely way.
5. Over-emphasis on putting information on a website vs providing personalised analytical capability to probe question-driven insights and decision making
6. Sunk-cost bias: a reluctance to strip back what is low value but familiar, in favour of the higher value, but less familiar.
7. Expecting data to point to a decision, rather than providing the best available information to inform a partnership judgement. The threat is not having a decision making process or prioritisation process that uses information routinely and well.
8. Focus on demand not need. So unmet needs remain hidden or not clear enough to act on.
9. Capacity and capability of local Intelligence system to collaborate and deliver JSNA in partnership
10. Capacity to define a JSNA programme lead with time and skills to drive change.

Options and recommendation

Option	Recommended?	Recommendation rationale	Resource implications
Do nothing	No	Weaknesses would remain unaddressed	None
Decide on form, function and administration unilaterally. Single stakeholder group e.g. local authority intelligence unit and public health, take a view on what's needed and implement change.	No	Single stakeholder view is not representative of primary user needs. Runs counter to the "Joint" nature of the JSNA process and perpetuates an existing limitation. Partnership governance gap remains.	Likely met within current capacity
Establish a JSNA steering group that makes decisions on form, function, administration and governance. 1) To decide which actions to take forward in response to this review 2) As a business as usual steering group	Yes Recommend incorporating into role of One Herefordshire Partnership (1HP) Recommend 1HP consider the best method of including wider partners as needed.	Steering group is good practice and in place in most areas. Addresses governance gap and gives a forum to make decisions on all aspects of the JSNA Resources are available on what issues the steering group should consider, agree and document. 1HP has core health and social care primary users, and could include wider partners as needed for specific JSNA decisions.	Demands senior leadership time to attend and manage steering group. Likely more time upfront in establishing a new group and working through list of tasks in response to this review. Steady state likely to be less labour intensive – developing an annual JSNA work plan linked to strategic planning and commissioning. The steering group can make JSNA decisions with knowledge of the capacity and capability of intelligence unit and NHS analytical resources.

Background

Rationale and purpose of the JSNA rapid review

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recommendations.

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Figure 1 Understanding Herefordshire Website Landing Page
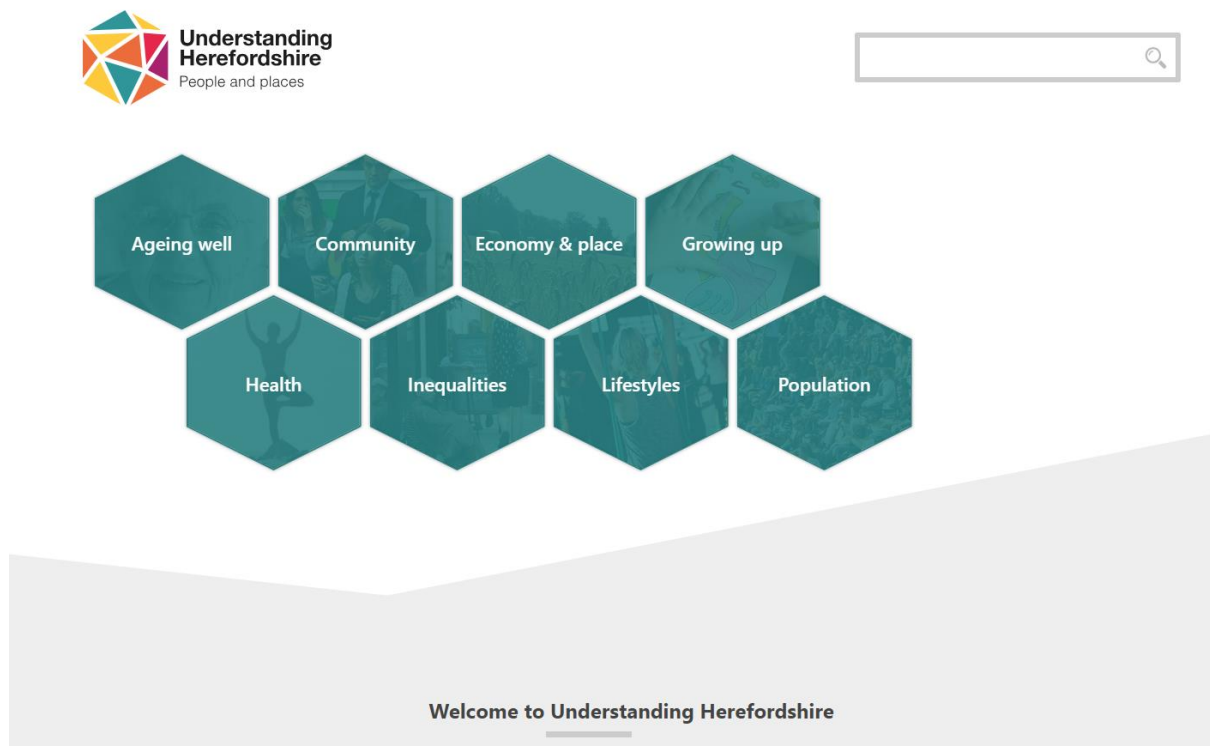
The website content is managed by Herefordshire Council's intelligence unit; a team of 4.8 full time equivalent analytical staff servicing the diverse information needs of the whole Council. They undertake most analysis and reporting, publish outputs on the website and co-ordinate summary findings in collaboration with others.

A JSNA summary is currently agreed on a 3-yearly cycle and was last produced in December 2021 as a 61 slide PowerPoint presentation. This is the attempt to bring the many parts of the evidence-base jigsaw together into a shared narrative of current and future needs.

Method

The JSNA rapid review is following a 4-step approach between August and December 2023.

| GOAL PLANNING AND BUY-IN | CURRENT REALITY | FUTURE OPPORTUNITY | WAY FORWARD |

Goal, planning and buy-in

Step 1 aimed to:

- Define the goal of the JSNA review, seek key stakeholder group buy-in and get their steer on the scope of the review and engagement approach
- Develop a project plan for the review including identifying risks, mitigations and opportunities, for example, the opportunity link to "Thrive", the Council's Transformation Programme.

A project plan for the review was agreed by One Herefordshire Partnership 22 Aug 2023.

Current Reality

Step 2 step aimed to assess our current JSNA approach through objective and subjective feedback, looking specifically at four elements: form, function, administration and governance:

- **Form**: the content, look, ease of use, lucidity, and timeliness of JSNA outputs.
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We drew on four sources to understand current JSNA strengths and weaknesses:

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- Usage patterns of those navigating the Understanding Herefordshire website

- Subjective feedback submitted via an online feedback form embedded on the Understanding Herefordshire website
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Future Opportunity

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- A review of JSNAs from other areas

Way forward

The JSNA rapid review has a defined start and end date. It is envisaged it will be followed by an implementation phase once options for improvement have been considered and a collective way forward agreed.

- JSNA review phase Aug to Dec 2023
    - Present JSNA review findings and recommendation for improvement to Health and Wellbeing Board (Dec 2023)
- JSNA rejuvenation phase Jan to Dec 2024:
    - Agree and implement JSNA improvements (Jan to Mar 2024)
    - Agree scope of next JSNA summary due Dec 2024 (Apr to Dec 2024)
    - Deliver next JSNA summary Dec 2024

Results

Current Reality

Newsfeed subscribers

As of June 2023, 478 people had signed up to receive Understanding Herefordshire news updates via email. Subscriber numbers have accumulated gradually over time and include Herefordshire Council employees, a wide range of voluntary and community organisations, faith groups, schools, NHS organisations and others.

The newsfeed publicises recent data updates and publications across the wide range of topics covered by Understanding Herefordshire. In 2023 this was focused on monthly updates about the impacts of the rising cost of living, new analysis of data emerging from the 2021 Census, and updated Ward Profiles.

Website data

In the year from September 2022 to August 2023 inclusive, the Understanding Herefordshire Website attracted around 2,000 views per month.

Table 1 shows the top 10 most viewed pages within the micro-site, with population, inequalities and "economy and place" taking the top 6 spots. Average time spent on these pages ranged from 1 to 3 minutes. Some pages outside of the top 10 had longer visits, for example; Census 2021 population information, ward profiles, and water quality all averaged over 5 minutes per visit.

Section of Understanding Herefordshire Website	% of total views
1. Population	7.8
2. Inequalities/index of multiple deprivation	4.7
3. Population/population around the county	3.8
4. Economy and place	3.7
5. Economy and place/facts and figures about local areas	3.0
6. Inequalities	2.8
7. Joint Strategic Needs Assessment	2.8
8. Health	2.6
9. Community	2.3
10. Economy and place/topics-relating-to-the-economy/the-cost-of-living-crisis/	1.7

Source: Google Analytics

Online feedback form

The Understanding Herefordshire Website has an online feedback option that prompts users to rate the content, appearance and ease of use of the site, along with, "what do you particularly like" and "what do you dislike" free-text options.

Not many people use this option. In the 5 years from 2019 to 2023, 59 people submitted comments, averaging between 7 and 18 a year.

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Figure 2 Ratings on content, appearance and ease of use from online feedback forms submitted over a 5-year period (2019 to 2023)

Legend:
- Count of What do you think of the content?
- Count of What do you think of the appearance?
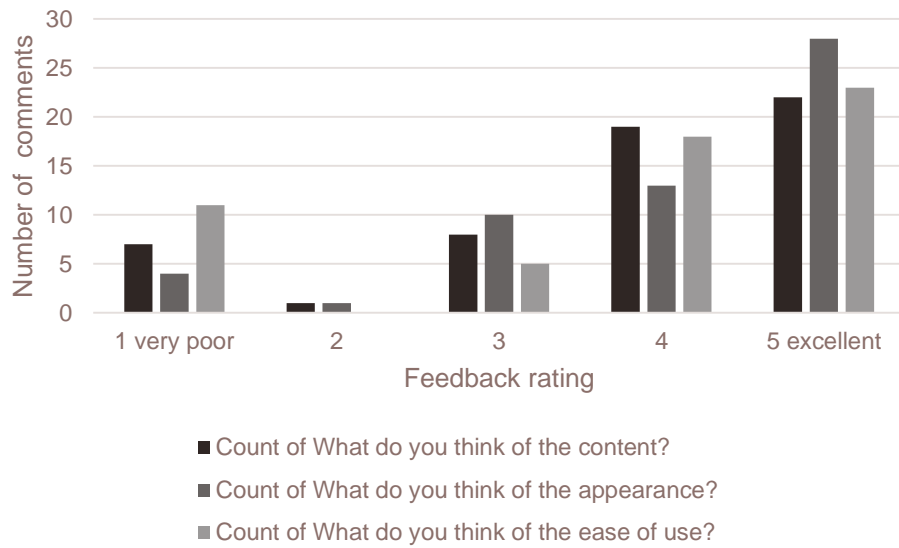- Count of What do you think of the ease of use?

Figure 2 shows that generally, feedback was submitted to provide positive feedback on "content" and "appearance" dimensions. The dimension of "ease of use" attracted the highest number of "very poor" ratings (n=11).

In the free-text feedback section, things people particularly liked were:
- level and clarity of information (16)
- ease of use / navigation (9)
- range of topics covered (4)

Things people disliked were:
- Not enough information / detail, reasons or actions (8)
- Out-of-date information (7)
- Insufficient explanation of technical terms or sources (3)
- Missing information or broken links (3)

Workshops and individuals giving feedback

The rapid review sought feedback from 10 primary stakeholder groups and obtained feedback from 8. This accounted for around 60 people, generating around 300 unique lines of feedback that were reviewed and summarised below.

Stakeholder groups included:

1. Health and Wellbeing Board
2. Health Watch
3. Ward Councillors
4. Communities directorate leadership team (includes adult social care)
5. Children and Young People's directorate leadership team
6. Clinical practitioners forum
7. All age commissioning team
8. Public Health Team

Stakeholders we hoped to include but could not within the time available included:

1. Integrated Care Board Executive Leadership Team
2. Intelligence Cell (analysts from different health partner organisations)

Stakeholder feedback

Form

Form: the content, look, ease of use, lucidity, and timeliness of JSNA outputs.

Most comments were directed at the Understanding Herefordshire website as the live JSNA evidence base. Few commented on specific outputs, like the 3-yearly summary slide deck, or specific needs assessments, potentially out of lack of awareness or direct experience of using them.

The majority of users agreed that the website was broadly easy to use once they were familiar with it and knew which part of the website to go to access the information they

needed.

For stakeholders who did not regularly use the website, some had been put off. Many commented that there was a huge body of information, and they didn't know where to start to find what they needed, or what sort of information was on there to begin with. Some users found it difficult to find information specifically about Herefordshire. Others did not know what the Understanding Herefordshire website was, or had ever heard of it.

Lack of timeliness came up a lot. When users came to use different parts of the website it is often stated that, 'this could be out of date' so it was difficult to establish what was current and useable. Others said it was unclear what information was still relevant and accurate despite being a few years old, compared with what was out of date, potentially misleading, inaccurate or no longer relevant.

Users commented that aspects of the JSNA don't seem joined up to some of the biggest areas of work being completed within the local authority, for example, should Children's Service Improvement plans, which are key to the current Children's services, be included or referenced in the JSNA? There are multiple users for the website, not just commissioners, and some felt the data is tailored towards the latter only.

To improve the website, it was regularly suggested to have a type of executive summary of information at the top of key pages and links to the more in depth detailed data elsewhere.

Users would like to see more insights (what does this mean) included alongside information and data. For example, services said they were keen to do more strategic planning and be more future focused, but required help to understand and articulate what the predicted impact on service areas could be, such as where we would end up in 5 years if existing trends continued.

The value of looking forward was frequently highlighted, and so too was the value of looking backwards, as a learning and evaluation tool. For example, could we show trends from 4-5 years ago, alongside different projects and programmes, and see whether they look to have made an impact by making a dent in those trends?

Function

Function: how the JSNA is, or isn't, used by different audiences to inform strategic planning and decision-making

The JSNA website was most often referred to as a 'starting point', or a "reference point" to pick out some quick facts and figures for a report, funding bid, or writing a Strategy, for example, Herefordshire's joint [Health and Wellbeing Strategy 2022-23](#) and the Integrated Care System's [Integrated Care Strategy 2022-23](#).

Most people are using the JSNA as a light touch reference point of facts to inform what they are already planning to do, or are restricted to do via grant conditions or national policies. Few are identifying service gaps or making significant service changes *driven* by information or insights generated within the JSNA.

Some stated that the content of the website is too light touch and therefore they are not able to find the information needed to make informed decisions. As a result, users found

themselves going to the intelligence team directly to find the specific, timely information they required.

A common theme was the perception that the JSNA is not used often enough to understand local need, or unmet need. In some cases this was justified, for example, because of the way some funding or grants restrict activity to specific areas or groups. But there was a general feeling from many that the JSNA was underused.

Users recognised there were multiple audiences for the JSNA and so it needed to be accessible and comprehensible for different readers and decision makers. A key findings report was suggested to be circulated quarterly to keep a broad range of users informed, with more detail available on the website for those who wanted it.

The commissioning teams said they would like to do more strategic planning, which ideally would tie into the JSNA work priorities for the year, so that the right information could drive their decision making at the right time.

There was widespread appetite for more joined-up working across teams and organisations to build a shared understanding of the truth. This was driven by a perception among many JSNA users that there were lots of information sources out there (the JSNA, other websites, dashboards, performance monitoring intelligence, reports etc.) and a huge amount of work going on. But that it was difficult to piece it together. So it was hoped it was possible to work more collectively across JSNA stakeholders to make the JSNA more of a central point of information and shared understanding.

Administration

Administration: capacity and time to produce and maintain JSNA process and outputs.

The Council Intelligence Unit (4.8 FTE) do most of the JSNA related analysis and report writing, publish outputs on the website, and co-ordinate the 3-yearly summary of findings report. They are a small team with competing demands from across the Council and wider partners.

The last JSNA summary report was completed in December 2021 in a 61 slide format. It included engagement with wide range of stakeholders and contributors. However, the team often struggled to get relevant timely information from partners and so the process of coordinating it was perceived as being less efficient and engaged than it could be.

All of the primary JSNA users we met with perceived there to be a huge amount of data that could potentially be useful to them, but recognised that this needs to be matched with resources available to gather, organise and make sense of it. And that this is a commissioner and leadership responsibility as it is an analyst one.

Often users couldn't answer a question from the website alone. So said it was useful going directly to the Intelligence Unit Team to request information, as they liked having someone to talk with to understand what information is available, what might be relevant to the question they have, and get help understanding what the answer means. However, these tailored conversations weren't often possible due to the capacity of the intelligence team, or timelines of response. Users perceived there to be little in the way of process to prioritise multiple requests to the intelligence team, so it was unclear to them how different

requests were ordered in terms of relative importance, urgency, strategic fit, or impact value across people, teams, departments and organisations.

Most JSNA users were conscious of potential duplication of effort and output. They are aware of similar types of data being produced at different organisational levels (GP, PCN, Ward, Local Authority, ICB, Hospital Trust etc.). They recognised each organisation holds a different piece of the overall jigsaw and use them for different purposes. This is appropriate. But users felt more of this could be joined up, and if the JSNA was created with the LA and health together in more of a balance, there could be more buy-in from partners and less duplication.

Groups commented that it's not just about having more data, it's about how we best use data we already generate, especially how we work together to interpret it. Users recognised that this needs subject matter experts inputting into the JSNA, not just analysts.

Governance

Governance: how the JSNA process is controlled and directed.

It was implicit in the conversations that there is little governance or documentation around the current JSNA processes. There is no agreed process, for example, of bringing together the differing needs of the user groups into a prioritised and agreed JSNA work programme or product cycle. Without which it's possible to have a disconnect between the needs of decision makers and the outputs and timelines of JSNA outputs.

Most groups stated that coproduction between partners was vital, and implicitly, could be improved. They perceived that the JSNA was the first point of call for understanding and if all partners were using the same data, this could eliminate duplication and join up working more than is currently the case.

Multiple users talked about wanting more system-wide awareness of the programmes and commissioning intentions of partners such as social care, NHS, and public health. Some suggested partner commissioning intentions could be collated and aligned to the JSNA process to form a JSNA topics work programme, managed through the Health and Wellbeing Board or subgroup.

Contributors suggested there needs to be a lead for the JSNA, but it should be mandated that there is a collective responsibility to shape and contribute to the JSNA, which the subgroup could manage. The subgroup could be made up of partners who would then have oversight of the JSNA, agree the JSNA work programme each year, look at what is next and what they are going to do with the information from the JSNA.

Some wanted to increase the visibility of what's available through the JSNA. For example, that the JSNA needs to come to boards more regularly to maintain awareness and relevance of it, rather than coming occasionally for specific reasons. If there was more visibility across more boards then it could be more routinely used by officers. Users were keen that the JSNA was considered as a source of information whenever there were relevant commissioning or strategic planning activities or decision making processes.

Future Opportunity

CURRENT REALITY   FUTURE OPPORTUNITY   WAY FORWARD

To identify opportunities for improvement we looked at national best practice recommendations, approaches, the JSNAs of 5 local authorities most similar to our own; and 2 local authorities with significantly larger resources.

10 top tips for JSNAs

In 2020, Public Health England published, "Best practice and opportunities for innovation in Joint Strategic Needs Assessments (2020)". The aim was to raise awareness of the role JSNAs can play by:

- Reinforcing the JSNA as a fundamental decision support tool.
- Reinvigorating JSNAs by aligning with the emerging population health management/integrated agenda.

To support this they developed a set of the top 10 tips and recommendations. The tips are a set of ideas intended to revitalise local JSNA process and products. They are based on recommendations from Public Health England Local Knowledge and Intelligence Service teams, national award winners and online research/appraisal. Each have examples of good practice from a local area, explain, "Why is this important?" and provide a recommendation.

The 2020 report recognises there is no "one size fits all" for JSNAs and the tips should be adapted accordingly to the local area.

The 10 Tip Areas and Recommendations are summarised below.

1. **Communicate, communicate, communicate**
   a. Develop a detailed communications plan, continued & consistent awareness raising by JSNA 'champion', apply branding, utilise range of communications methods e.g. blogs, newsletters, training, press releases, social media, etc.

2. **Make evidence the norm**
   a. Actively promote use of evidence, showcase local research.

3. **Future focussed**

   a. Develop skills/capacity amongst analytical colleagues, being innovative in data use e.g. automation, impact/scenario modelling, use of application programming interface programmes for more efficient analysis.

4. **Fail to plan – plan to fail!**
   a. Consider having a dedicated programme manager to oversee your JSNA, establish a detailed project & implementation plan, develop an ongoing stakeholder engagement plan, use of agile project management methodologies to be more responsive.

5. **Data: Give them what they need**
   a. Define core datasets for different JSNA products, adopt a continuous cyclical process to keep the JSNA up-to-date and relevant, incorporate local consultation findings. Identifying health inequalities and unmet need should be the main driver for selection of data sources

6. **Add meaning and impact**
   a. Consider adopting some consistent branding for all your JSNA activity, look to produce a suite of documents that complement each other, make accessible on local website, stakeholder analysis to identify need, regular review of effectiveness

7. **Don't forget the asset based approach**
   a. Development of asset indicators, voluntary and community sector involvement

8. **Identify priorities**
   a. Timing JSNA process to fit with local strategic planning and commissioning cycles, facilitated discussion with Health and Wellbeing Board, direct link to Joint Health and Wellbeing Strategy, consider use of prioritisation tools (e.g. Multiple-criteria Decision Analysis (MCDA), Programme Budgeting Marginal Analysis (PBMA), STAR, PHE's prioritisation framework

9. **Collaboration**
   a. Adopt a clear governance structure, form a local JSNA steering group, agree terms of reference, requirement to demonstrate use of JSNA before sign off of commissioning plans/decisions

10. **Evaluate and adapt**
    a. Success indicators, feedback from stakeholders, regular review of use in local decisions.

First principles thinking

The [Joint Strategic Needs Assessment: a springboard for action,](#) Local Government Association (2011) publication provides a systematic approach for members of health and wellbeing boards to reflect on their ambition for the JSNA and how they will ensure it contributes to improved outcomes. This was used when JSNA's were first mandated, but can also be used to rejuvenate them.

Whilst the potential value of a JSNA is clear to most, each JSNA process requires local
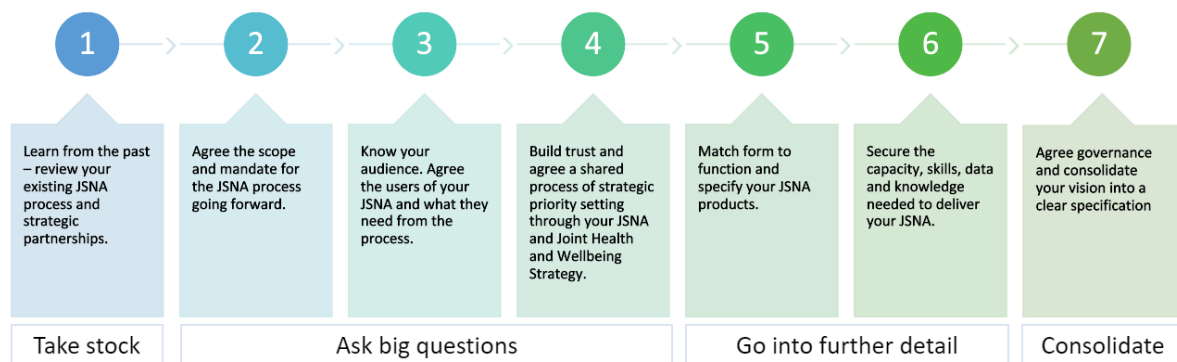
design beyond the basic essentials.

The document argues that health and wellbeing boards need to take ownership of the JSNA process and lead a review from first principles.

Experience shows that the most effective JSNAs have, in partnership, considered and resolved a number of big questions around what their JSNA should be, and do.

The document aims to guide health and wellbeing boards through a 7-step process to reach clarity on their unique JSNA needs and processes. Figure 3 shows the top-level 7-step process and prompts, but there is considerable depth under each in the full document.

Each theme provides a different angle on the same question, 'What should our JSNA process set out to achieve?' A question that needs to be considered, agreed, articulated and documented in partnership.

Figure 3 Seven step process for rejuvenating a JSNA

1	2	3	4	5	6	7
Learn from the past – review your existing JSNA process and strategic partnerships.	Agree the scope and mandate for the JSNA process going forward.	Know your audience. Agree the users of your JSNA and what they need from the process.	Build trust and agree a shared process of strategic priority setting through your JSNA and Joint Health and Wellbeing Strategy.	Match form to function and specify your JSNA products.	Secure the capacity, skills, data and knowledge needed to deliver your JSNA.	Agree governance and consolidate your vision into a clear specification
Take stock	Ask big questions			Go into further detail		Consolidate

Source: adapted from Joint Strategic Needs Assessment: a springboard for action, Local Government Association (2011)

Local authorities similar to our own

The JSNA's of five local authorities most similar to Herefordshire were reviewed rapidly online for opportunities to improve (CIPFA Nearest Neighbours). The rationale for this was that they would have roughly the same resources. However, as the JSNA is an equal responsibility of local authorities and the NHS, this excludes the NHS contribution.

2023/24 Public Health Ring Fenced Grant Allocations are also included as an additional proxy for equivalence of team size and resource. Herefordshire's for comparison is £9.9 million.

The 5 local authorities reviewed were:

1. Shropshire   (£13.2 million)
2. Cheshire East   (£17.9 million)

3. North Somerset   (£10.2 million)
4. Cheshire West and Chester   (£17.7 million)
5. Wiltshire   (£18.6 million)
- Birmingham   (£99.1 million)
- Worcestershire   (£32.2 million)

In addition we reviewed our ICS Neighbour Worcestershire and the largest Council in the Country, Birmingham. They aren't directly comparable to Herefordshire but represent what's hypothetically possible with significantly larger teams and budgets.

Table 2 in the Appendix documents the variety of approaches to the JSNA process and outputs. For ease, they are grouped into form, function, administration and governance below, focussing on areas of weakness in our current approach, guided by stakeholder feedback and best practice principles.

Options - form

Considerations for JSNA content, website navigation, timeliness, outputs and future focussed insights.

- Clean, well-thought-through, uncluttered information outputs are more important than the format (PowerPoint Slides, Word Document, Power BI display). Overcrowding of information blocks comprehension. Clarity is king.
- Some are using short Power BI interactive reports, others, simple impactful slide decks. Good outputs are simple to understand and clean looking. Added bonus of Power BI is interactivity. Users can create custom geographies, ages, parameters of interest etc. to answer the questions they may have. However, it is unclear how much added value that is to primary users wanting fully formed insights, or whether it is more useful for analysts doing exploratory analysis to try to generate those insights.
- Display long-term trends so users can understand the history up to now at a glance. Where appropriate, state, model or chart what is likely to happen in the future. Particularly relevant for long-term stable trends.
- Integrate data and information with a clear narrative about its probable implications, explaining the "so what" consequences for now and the years ahead.
- Consider providing an "all reports list" with publication date and "current/archived" tag, to leave no doubt what is useable and what is not.
- Relevant examples of community profiles from Birmingham, disabled, LGBT, Veteran, Carers, specific faith groups etc. including evidence of inequalities. Groups that services are often trying understand better e.g. 20% most deprived
- Few have integrated NHS data well in their standard website output. JSNA summaries are also NHS data light, unless through OHID Public Health Profiles.
- Bring the different elements of "public voice" together in one place on the website. Multiple JSNA users want to know what the public has said on different topics and take that into account.

Options – function

- Define a primary audience, for example, "The JSNA is for everyone but will primarily be used by health and social care commissioners and service providers". Defining the audience and their need helps define the most useful product for the user in terms of data, format and footprints e.g. PCNs, neighbourhoods, wards, videos, reports, dashboards etc. Form should follow function.
- More awareness and efficient integration of existing national and regional data and platforms so we're not replicating things locally that exist elsewhere e.g. Instant Atlas, OHID Fingertips.
- Main achievement of "joint strategic" part of the JSNA is in the production of Health and Wellbeing and or ICB Strategies. Ideally this facilitates a local authority and NHS shared view of the truth and priorities. Be clear on the process by which strategy development could be *driven* by the JSNA, rather than using the JSNA as a post-hoc reference source.
- JSNA programme explicitly orientated towards commissioning and provider cycles with an annual cycle of work programme planning
- Joint outcomes framework tracking Health and Wellbeing Strategy progress.
- No one has brought LA and NHS data into one place for self-serve/exploration. It's nested within topic specific reports, so that it points toward a "so what" for that topic area.

- Some are not doing regular JSNA summaries, some do this annually, some 3-yearly.
- Some have embedded key performance dashboards into their websites to display progress towards JSNA priority areas or display measures for monitoring and awareness (North Somerset, although mainly OHID Fingertips).

Options - administration

- Some have very minimalist websites that clearly take little maintenance
- Others taking a display everything approach
- Some have dedicated JSNA manager/lead, a role, not necessarily a post.
- Cheshire East have a useful guide helping to provide role clarity and balance of analyst and commissioner input
- Looks to be largely local authority business intelligence team driven rather than LA/ICS balance. Widespread opportunity to be more balanced.

Options - governance

- Most places have a Health and Wellbeing Board sub-group or steering group to direct and decide the most useful JSNA process and outputs. Including a forward plan of information needs 1-5 years ahead
- Useful to clearly define, JSNA roles in programme documentation, for example, health and wellbeing board, steering group, JSNA programme lead, analysts, commissioners and other users.
- Cheshire East have examples of documents and process for JSNA governance

Way forward

CURRENT REALITY   FUTURE OPPORTUNITY   WAY FORWARD

Strengths

1. The JSNA is clearly *informing* some work in a light-touch manner, although it is *driving* far less.
2. Bespoke needs assessments, driven by a multi-agency group, seemed the most effective way of linking data to decisions and driving change e.g. 0-19s needs assessment linked to recommissioning of that service.
3. Consistent "Understanding Herefordshire" website branding acting as a one stop shop for information in line with best practice guidance.
4. Some find the website a useful source of light-touch reference material/facts when

writing funding bids, reports, and strategies, or to orientate themselves to local issues when new in post.

Weaknesses

Weaknesses relative to best practice principles:

1. **Collaboration**.
    a. There is a governance gap. We are missing a partnership group of primary users who can decide the JSNA scope, key audiences, products, and alignment with important strategic and contractual commissioning cycles etc. At present this falls to a single analytical stakeholder.
    b. There are lots of data jigsaw pieces out there, and a perception that we could do more to join them up, but we have no process for how to do this.

2. **Adding meaning and impact.**
    a. Limited emphasis on uncovering unmet need and inequalities
    b. More demand for adding meaning and impact to data and information, spelling out the answer to the question, "what does this mean for now and the future?"

3. **Future focus.**
    a. Limited future focus on painting a clear picture of future need and implications for services. Also limited skill/capacity development to deliver the JSNA in terms of being innovative in data use (e.g. automation, scenario/impact modelling, use of application programming interfaces for more efficient analysis)

4. **Failing to plan, planning to fail.**
    a. Limited project planning, development of ongoing stakeholder engagement plan, use of agile project management methodologies etc. to be more responsive.

5. **Data: Giving them what they need.**
    a. Core datasets for different JSNA products not defined, unclear process to keep the JSNA up-to-date and relevant, limited incorporation of local consultation findings. Identifying health inequalities and unmet need should be the main driver for selection of data sources, but not currently the case

6. **The "Joint" in JSNA**
    a. Unbalanced "Joint" element. Local authority driven rather than balanced with NHS - both in setting scope and direction, but also in administration.
    b. Limited or inefficient collaboration between analytical teams on important shared approaches to using data to help health and care systems improve population health and wellbeing, for example, the JSNA process or population health management approach.

7. **Making evidence the norm**
    a. Using evidence does not seem the norm. Low use and perceived value for some primary commissioner and decision-making audiences
    b. Most users struggle to make sense of the information available and draw

meaningful insights from it to uncover unmet need, drive quality improvement or commissioning intentions.

8. **Communication**
   a. JSNA awareness and impact was limited.
   b. Limited use of awareness enhancing methods such as: a clear communications plan, continued & consistent awareness raising by JSNA 'champion', using a range of communications methods e.g. blogs, newsletters, training, press releases, social media, etc.

9. **Asset based approach**
   a. Limited development of asset indicators, voluntary and community sector involvement

Opportunities

There are many opportunities to improve our JSNA, much appetite across our user groups to do so, and clear options on how to do it.

A fundamental rejuvenation of our JSNA processes would require:

- Discussing and documenting answers to the 7 quality themes outlined in Joint Strategic Needs Assessment: a springboard for action, Local Government Association (2011). Summary questions listed in Appendix: "Local Government Association Toolkit Questions"
- Adopting the 10 top tips and recommendations for JSNAs published in, "Best practice and opportunities for innovation in Joint Strategic Needs Assessments (2020)".
- Reviewing options documented in the local authorities similar to our own review and deciding which to adopt.

The sources above provide a clear path to address our weaknesses, and a clear path to better shape our JSNA to the needs of our users, so it has more impact.

But this leaves the question of who decides which of the top 10 tips to adopt, how much first principles thinking is needed, or what options from other local authorities we wish to emulate and which we do not, or cannot?

In this report we have resisted the temptation to make recommendations unilaterally, as we think this perpetuates many of the weaknesses of the JSNA process as is. Instead the main opportunity is to define a partnership group that can work through the best practice options above, and make those decisions on behalf of the JSNA primary users.

These judgements have not been made for years, so may take time and challenging conversations to work through fully, document and implement. But in our favour; the options are already well-framed, distilled and decision frameworks ready to use.

Threats

In reinvigorating our JSNA process in future we see the following threats:

1. An overemphasis on JSNA *form* (the most visible part of the JSNA, like the website)

without collaboratively defining JSNA *functions* (the invisible missing part). Form should follow function.

2. Taking unilateral decisions on JSNA processes and outputs for speed, rather partnership decisions for long-term value.

3. A focus on data and information generation or pooling, rather than insights generation from that information, which will require analyst and commissioner collaboration. For example, to interpret and provide a narrative around what we know now, irrespective of any new or different data sources in future.

4. A focus on analytical capacity and outputs that underplays the vital role commissioners and other decision makers play in generating shared insights. This includes the capacity and capability of decision makers to provide professional input and insights in a timely way.

5. Over-emphasis on putting information on a website vs providing personalised analytical capability to probe question-driven insights and decision making

6. Sunk-cost bias: a reluctance to strip back what is low value but familiar, in favour of the higher value but less familiar.

7. Expecting data to point to a decision, rather than providing the best available information to inform a partnership judgement. The threat is not having a decision making process or prioritisation process that uses information routinely and well.

8. Focus on demand not need. So unmet needs remain hidden or not clear enough to act on.

9. Capacity and capability of local Intelligence system to collaborate and deliver JSNA in partnership

10. Capacity to define a JSNA lead with time and resources to drive change.

Options and recommendation

Option	Recommended?	Recommendation rationale	Resource implications
Do nothing	No	Weaknesses would remain unaddressed	None
Decide on form, function and administration unilaterally. Single stakeholder group e.g. local authority intelligence unit and public health, take a view on what's needed and implement change.	No	Single stakeholder view is not representative of primary user needs. Runs counter to the "Joint" nature of the JSNA process and perpetuates an existing limitation. Partnership governance gap remains.	Likely met within current capacity
Establish a JSNA steering group that makes decisions on form, function, administration and governance. 3) To decide which actions to take forward in response to this review 4) As a business as usual steering group	Yes Recommend incorporating into role of One Herefordshire Partnership (1HP) Recommend 1HP consider the best method of including wider partners as needed.	Steering group is good practice and in place in most areas. Addresses governance gap and gives a forum to make decisions on all aspects of the JSNA Resources are available on what issues the steering group should consider, agree and document. 1HP has core health and social care primary users, and could include wider partners as needed for specific JSNA decisions.	Demands senior leadership time to attend and manage steering group. Likely more time upfront in establishing a new group and working through list of tasks in response to this review. Steady state likely to be less labour intensive – developing an annual JSNA work plan linked to strategic planning and commissioning. The steering group can make JSNA decisions with knowledge of the capacity and capability of intelligence unit and NHS analytical resources.

JSNA steering group initial tasks

1. Discuss and document answers to the 7 quality themes outlined in the [Joint Strategic Needs Assessment: a springboard for action,](#) Local Government Association (2011) publication (Summary Questions in Appendix: Local Government Association Toolkit Questions)
    a. Each theme provides a different angle on the same fundamental question, 'What should our JSNA process set out to achieve?' A question that needs to be considered carefully, agreed and articulated in partnership
    b. Why? It provides a systematic approach for members of health and wellbeing boards (or steering group) to reflect on their ambition for the JSNA and how they will ensure it contributes to improved outcomes. This is fundamental to address the governance gap.
2. Agree which of the 10 recommendations in "[Best practice and opportunities for innovation in Joint Strategic Needs Assessments (2020)](#)" to take forward locally.
3. Review options outlined in the "Local authorities similar to our own" section" and decide what to take forward for 2024/25
4. Business as usual
    a. Maintain JSNA documentation outlining key decisions and processes
    b. Develop an annual JSNA work plan linked to the most important strategic planning and commissioning cycles.
    c. Consider even longer forward plan timescales if relevant to key contracts or decision making points (2-5 years).

Herefordshire Council

Appendix

JSNAs from similar areas

- **Form**: content, look, ease of use, comprehension, timeliness etc.
- **Function**: How are people using the information, are they? Who, what, where, why, how, when and for whom? Key users/non-users. Balance of current vs future focus.
- **Administration**: capacity and time to produce, maintain, who is doing the leg work, analysts, commissioners? Opportunity cost of measurement.
- **Governance**: who is directing the JSNA process and decision making, who owns it?

Table 2 JSNA form, function, administration and governance, from local authorities most similar to ours (accessed Oct 2023)

Local authority most similar to Herefordshire*	Form	Function	Administration	Governance
Shropshire £13.2 million	- 7 themed Power BI reports (around 6 pages each) e.g. demographics and life expectancy trends, includes brief narrative - Some top level static reports - No obvious summary or priorities, strategies - Main hyperlinked products are JSNA, Annual Report, and Pharmaceutical Needs Assessment.	- Defined primary audience. The JSNA is for everyone but will primarily be used by health and social care commissioners and service providers. - Seems data driven and self service via Power BI charts and tables. - Many sections "Thematic/Specialist needs assessment" and "other profiles and intelligence" say "content to follow" and are blank.	- Business Intelligence produced Power BI platforms and update - Minimal content on website	- Not stated

Cheshire East £17.9 million	• Products by theme but also "a complete list of JSNA products" as table.
	• Clear evidence-review titles with publication date
	• "Can we improve this page" prompt options for immediate feedback
	• Status tag "current or archived" to signal what's most up-to-date
	• Most outputs are documents, presentations – no significant Power BI, dashboards, or other style outputs.
		• JSNA programme explicitly orientated towards commissioning and provider cycles
		• Annual cycle of work programme planning Joint outcomes framework tracking Health and Wellbeing Strategy progress.
			• Have a defined JSNA manager role
			• Roles of others clearly defined in programme document
				• HWBB approved JSNA work programme
				• Programme has written principles and aims to align to commissioning cycles.
				• Includes developing the JSNA documentation:
				  • JSNA work programme
				  • JSNA governance to resolve issues
				  • Written process of content production

North Somerset £10.2 million	• 2022 115 page PowerPoint slide deck • A 12 page data dashboard giving detail (Power BI), ward profiles, topic reports, bespoke needs assessments (spotlight reports) • Dashboard KPI summary grouped by life-course, benchmarked vs England or Region. • Bullet summary analysis of "What is going well" (green) and "things to consider" for each JSNA section. • Single page "spotlight reports" produced for different topics and make up the JSNA.	• Defined primary audience. The main audience for the JSNA are health and social care commissioners who use it to plan their services. • Informs HWB Strategy with clear priorities	• Business Intelligence • Dashboard running off OHID fingertips (mostly) but also education statistics, and other public sources, links them together.	• Health and Wellbeing Board responsible for producing JSNA, requested JSNA advisory group overseas development (LA, NHS and voluntary)
Cheshire West and Chester £17.7 million	• JSNA webpage is minimal. A few lines and current published JSNA products list • Separate Data and Intelligence Tab has census, ward profiles, population, health (COVID, Mortality, Ward profiles), economy and inequalities tabs • Reports are busy slides • ACORN ward profiles • Resident and user views section • Power BI Interactive Council Performance	• One line "The JSNA is a useful resource base for a wide range of partners and the public."	• Unclear. Minimal content on website	• Unclear. Minimal content on website

	- Report. - Minimal content on website.			

Wiltshire £18.6 million	- Land on "Wiltshire Intelligence"
	- 2022 JSNA 6 topics areas 100 indicators, each topic has an embedded pdf slide deck to scroll through and "key focus areas"
	- Example topic report LE and causes of death(slides)
	- Library of reports and surveys
	- Data catalogue 67 items, searchable
	- Needs assessments as reports and embedded summary slides.
	- Additional JSNAs
	  o Recovery JSNA
	  o Community Area JSNA
		- Wiltshire evidence as a 'one-stop shop' for key local datasets and reports, presented in a consistent format that is easy to navigate and understand.
		- JSNA as summary current and future health needs
		- Directly informs HWB Strategy
			- Unclear. Minimal content on website	- Unclear. Minimal content on website

Birmingham £99.1 million	- Birmingham's JSNA consists of the following work programmes:
	  o JSNA dashboard
	  o a series of deep dive analyses
	  o a series of profiles
	- Integrated Power BI reports acting as briefings. Data and insight combined.
	- Health and Wellbeing Strategy is Power BI
	- JSNA key facts reports e.g. Older Adults
	- Wider intelligence offer is vast although lots of areas with no content
	- Embraced the Power BI dashboard <20 slide summary for topics and briefings e.g. census
	- Good examples of community profiles, LGBT, Veteran, Carers etc. including evidence of inequalities
		- Purpose is to inform local organisations enabling them to plan services for the future, including informing the Health and Wellbeing Strategy.
		- Very wide range of products
		- Includes attempt at others to "add their data set"
			- cityobservatory@birmingham.gov.uk	- Unclear. No specific mention on website

Worcestershire £32.2 million	- Annual summaries 57 slide deck. - Focussed on areas of most change, draws out key themes nicely, good projections, trends - 10+ Topic sections (to pdf hyperlinks)	- Used to determine what actions local authorities, the NHS, and other partners need to take to meet people's health and social	- Public Health Team write JSNA annual summaries, with others.	- Unclear. No specific mention on website

		care needs and to address the wider determinants that impact on their health and well-being.		
Summary considerations	• Cleaner outputs no matter the format, overcrowding of information blocks comprehension. Clarity is king. • More trends and forward looking narrative • All reports listed with date and current/archived tag to signal what is useable and what is not. • Integrate data with narrative and implications "so what" • Some using Power BI interactive reports, others simple impactful slide decks. Good outputs are universally simple to understand and clean looking. • Added bonus of Power BI is interactivity, but unclear how much of a value add that is to consumers wanting ready-made insights vs analysts doing exploratory analysis to get to those insights. • Examples of community profiles from Birmingham: LGBT, Veteran, Carers etc. including evidence of inequalities. Groups that services are often trying understand better. • Few have integrated NHS data well on their standard website output, JSNA summaries are also NHS data light. • Bring "public voice" together in one place on website	• Defined primary audience e.g. "The JSNA is for everyone but will primarily be used by health and social care commissioners and service providers" • Main achievement of "joint strategic" is in the production of Health and Wellbeing Strategy/ICB Strategies • JSNA programme explicitly orientated towards commissioning and provider cycles • Annual cycle of work programme planning • Joint outcomes framework tracking Health and Wellbeing Strategy progress. • No one has brought LA and NHS data into one place for self-serve/exploration. It's nested within topic specific reports, so that it points toward a "so what" for that topic area. • Some not doing regular summaries at all, some annual, some 3 yearly. • Some have website embedded dashboard monitoring into their JSNA to track progress or give key KPIs publically (North Somerset, although mainly OHID Fingertips).	• Cheshire East have a useful guide on role clarity and balance of analyst and commissioner input • Some have very minimalist websites that clearly take little maintenance • Others taking a display everything approach • Looks to be largely LA business intelligence team driven rather than LA/ICS balance. • Some have dedicated JSNA manager, a role, not necessarily a post.	• Most places have a Health and Wellbeing Board sub group or steering group to direct and decide the most useful JSNA process and outputs. Including a forward plan of information needs 1-5 years ahead • Useful to clearly define, JSNA roles in programme documentation, for example, health and wellbeing board, steering group, JSNA programme lead, analysts, commissioners and other users. • Cheshire East have examples of documents and process for JSNA governance

23/24 Public Health Grant Allocation shown as a proxy for team size and resource. Herefordshire Council Public Health Ring Fenced Grant £9.9 million 2023/24 allocation

Communications plan considerations

Embed simple behavioural insights into the JSNA communications plan and processes to maximise its use. Consider EAST behaviour change principles to guide JSNA content and output considerations (Figure 5).

- Make it easy – defaults, reduce hassle, simplify messages
- Make it attractive – attract attention, images, colour personalisation
- Make it social – show most people use it, networks of advocates/users, make a public commitment with others
- Make it timely – prompt users when information is most likely to be timely, emphasise immediate costs and benefits, identify barriers to use and plan to address them

Seek ongoing feedback, for example, what's most useful and should continue, what's not and could stop?

- Pull factors
    - The simplest way to ensure the JSNA is impactful is to ensure it closely meets the needs of its primary users. If it's useful, it will be sought out.
    - The JSNA needs to be help people do their jobs better
    - The most important stakeholders have co-produced it from outset
    - The outputs and processes are: easy to use, attractive, timely and it's socially expected and normalised to use JSNA information and strategically plan

- Push factors
    - Develop a detailed communications plan, continued & consistent awareness raising by JSNA 'champion', apply branding, utilise range of communications methods e.g. blogs, newsletters, training, press releases, social media, etc.

Figure 4 EAST Behavioural Insights Framework (2014)

Source: Four simple ways to apply behavioural insights (2014)

Local Government Association Toolkit Questions

Quality theme 1: Learn from the past. Review your JSNA and strategic partnerships to date.
- Was it clear what partners wanted from the JSNA process last time? Was a clear vision agreed?
- Did our JSNA impact on commissioning and decision-making? What worked and what didn't?
- What is our local experience of strategic partnership working? How far have we come? (For example since five, ten, or 15 years ago?)

Quality theme 2: Agree the scope and mandate for the JSNA
- To what extent do we want our JSNA to drive all health and wellbeing decisions? What influence and levers will it have to support this?
- To what extent will a health and wellbeing rationale drive all strategies across our locality? (For example, economic, regeneration, housing, etc.)?
- Will the JSNA process drive our strategic collaboration with the non-statutory sector? (For example, business, voluntary sector, housing associations)?

Quality theme 3: Know your audience. Agree the users of your JSNA and what they need from the process
- Who will our JSNA primarily speak to – elected members, commissioners, service providers, the voluntary sector, other non-statutory organisation, the public, or all of these?
- How do the needs of the JSNA differ? Are the needs of decision-makers on the Health and Wellbeing Board similar to the day-to-day needs of commissioners?
- To what extent is our JSNA expected to cater equally to these users? Are some more important than others?

Quality theme 4: Build trust and agree a shared process of strategic priority setting through your JSNA and Joint Health and Wellbeing Strategy
- How ready are we for a debate about shared, priority-setting processes that scrutinise value and redirect money?
- How will we handle the needs-assessment process moving from hard data, through analysis and interpretation, to priority setting?
- How do we bridge the gap between the different needs, perspectives and languages of partners?

Quality theme 5: Match form to function and specify your JSNA products
- What products will best meet our intentions so far for JSNA?
- Is our JSNA there to simply facilitate access to quality data or is it also to provide intelligence and drive priority-setting?
- How responsive will our JSNA be to the needs of audiences as and when they arise?

Quality theme 6: Secure the capacity, skills, data and knowledge needed to deliver your JSNA
- Where is data on health and wellbeing found? What is needed from outside of health, social care, public health and children's services, for example schools, planning, economic regeneration, housing, the voluntary and private sector?
- Are existing JSNA analytical skills sufficient? Who is needed to complement the

existing JSNA skill set?

- What is the capacity of wider partners to participate in the JSNA process? What could be done to encourage and facilitate this?

Quality theme 7: Agree governance and consolidate your vision into a clear specification

- Roles and responsibilities – who will need to do what, and when, to make this work?
- How will actions and priorities be set and recorded?
- How will we know if our JSNA and Joint Health and Wellbeing Strategy are working?
- Who will evaluate and review the process, and when?