South Tyneside
Clinical Commissioning Group

South Tyneside Joint Strategic Needs and Assets Assessment

Author Guidance

Version 1.7

Contact Details: Jack Lewis

Senior Public Health Intelligence Analyst

JSNAA@southtyneside.gov.uk

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Purpose of This Guide

Thank you for contributing to South Tyneside's Joint Strategic Needs and Assets Assessment. This guide has been created for authors as a way to standardise the look and feel of our local JSNAA. A consistent layout and structure will enable readers to quickly gather the information they require in order to respond to the needs in South Tyneside. It is therefore important that, as you develop your topic, you follow the template provided.

What is a Joint Strategic Needs Assessment?

A JSNAA is our single local conversation on needs and assets. It should be a key reference point on population intelligence and contain all of the information (or links to information) required to influence and inform change – change that ultimately improves quality of life for people living in South Tyneside.

The JSNAA exists as a virtual resource. It is online at www.southtyneside.gov.uk/jsnaa. You can go directly to a topic, or explore series of topics that are related to each other. Wherever possible, topics are meant to refer readers to the most up–to-date, relevant information – whether in our JSNAA, or in hundreds of resources produced elsewhere.

The JSNAA Process

South Tyneside Council and South Tyneside CCG have agreed with the Health and Wellbeing Board to follow a process of authoring, publishing and reviewing needs assessments for our area. You as an author are now an integral part of that process that starts with the JSNAA Editorial Board.

The JSNAA Editorial Board is composed of senior members from the NHS, Local Authority, and voluntary sector, each of whom have a vested interest in maintaining a thorough, accurate, and usable JSNAA. The Board will oversee the selection of topics and have final approval of all documents before publication. The Editorial Board reports into the Health and Wellbeing Board, and will also provide regular updates directly to South Tyneside Council and South Tyneside CCG.

Topics will each have a Lead. Leads will sit on the Editorial Board and are ultimately responsible for the draft document submitted for publication. It is recognised that many Leads will want to assign one or more Authors to a topic that have either the capacity and/or expertise to generate the required content. Leads may also be authors.

When a draft is completed, the primary Author or Lead should submit their document to JSNAA@southtyneside.gov.uk. It will then be circulated to the Editorial Board for approval. The Editorial Board will review the document according to the process defined in their Terms of Reference which will involve assigning a lead reviewer who is not the topic Lead. Following any amendments and approval, the topic will be published to the JSNAA website. After a topic is assigned, Leads usually have 5 weeks to submit a first draft and, following a 1 week comment period, have 3 weeks to resubmit any amendments for final publication.

One year after initial publication and each subsequent year, topic Leads will be asked to confirm that the version currently published is accurate and up-to-date. A "reviewed on" date will be displayed on each topic page. Significant changes will need approval of the Editorial Board prior to

publication.

Writing Your Topic

Topic Leads and Authors are responsible for sourcing all information that is required to complete the sections in this guide. They should at a minimum involve an intelligence lead/data analyst, and where applicable, any commissioning leads.

The topic sections in the next part of this guide directly reflect those on the JSNAA website. Content will only be published online. You should use the Topic Template for submitting all material.

Content should be written for the web. This means simple language with bullet points and subheadings. A very useful guide can be found here: https://www.gov.uk/guidance/content-design/writing-for-gov-uk.

Not all topics will have content for each section. It is acceptable to put "Does Not Apply" or "Information Not Available" within sections where justified. It is more important that the information that is available is published rather than left unpublished for the sake of completeness. An online JSNAA allows Authors to make amendments as necessary.

The following checklist may help Topic Leads and Authors with the basic requirements of the process.

	Suggested Requirement	Status and Actions Required
1	Have I obtained and reviewed the JSNAA Author Guidance and Topic Template? *Hint: the references section is best populated as you write other sections.*	
2	What is the planned date of submission of content to the Editorial Board?	
3	Who is the Intelligence Lead/ data analyst for this topic? *Public Health Intelligence, Commissioning Support Unit , etc.*	
4	Who is/are the Commissioning Lead(s) for this topic?	
5	Are there other people who need to be included by me?	
6	Do voluntary sector organisations need to be involved?	
7	Have I reviewed this topic's content in previous local JSNAA's if it exists?	
8	Are there any good JSNAA examples for this topic produced elsewhere?	
9	Are any 'best practice' resources available for this topic? *NICE Guidance for example*	
10	Do I have the most up to date local/national data? *To be discussed with your Intelligence Lead*	

Topic Sections

1. Introduction

What is the purpose of this section?

This appears first on each topic page. It should be used to provide a brief background on why the topic is important. It can also be used to highlight links with other topic areas within the JSNAA (e.g. diabetes and obesity; education and children). A full list of topics can be found on the JSNAA website.

2. Key Issues

What is the purpose of this section?

This section concisely summarises much of what is included in other sections. It may include comments on incidence, prevalence, current provision and/or any gaps in provision.

As this may be the only section that is read by people who are scanning topics to gather headline information, it is vital that the message is clear.

What questions might help to provide appropriate and relevant content?

1. Are there any significant differences in incidence or prevalence between groups?
2. Is current provision satisfying needs?
3. How well are assets being used to meet current needs?
4. Are population needs likely to be met in the future?
5. If there are many concerns, which are the most important to address?

Do:

- Limit this to a few sentences and/or bullet points.
- Include the main points that are relevant to the topic.

Don't:

- Include anything in detail that isn't described elsewhere in the topic section.
- Put commissioning recommendations here. They go in section 3.

3. High Level Priorities

What is the purpose of this section?

This is where to put recommendations for commissioners in relation to gaps in service provision. This is also where to put proposed measures to address unmet need. It should be limited to a maximum of five recommendations, which may be a mixture of priorities for the medium term (the next 3-5 years) and the long term (more than 5 years). Providing one or two recommendations only is acceptable.

What questions might help to provide appropriate and relevant content?

1. What are the main needs identified?
2. Are any particular population groups not accessing current services?
3. Are there plans to tackle unmet needs?

4. Have the Marmot principles been considered, if applicable to the topic?
5. Will inequalities be addressed by these recommended actions?

Do:

- List recommendations in priority order where possible.
- Include only high level commissioning priorities for the medium- and long-term.
- Identify which are priorities for 3-5 years and which are for more than 5 years.

Don't:

- Go beyond the scope of this topic.
- Include short-term business planning priorities.
- Include long lists of operational activities.
- Include financial details.

4. Those at Risk

What is the purpose of this section?

This section should provide contextual information on who is at risk from what and why. This information is likely to come from national or regional resources that have reviewed and summarised an extensive range of information. Many of these resources will include strategic documents and academic overviews and will be regarded as 'benchmark' or 'keynote' or 'best evidence' sources.

This section will focus on core issues that take account of fixed risk factors (such as age, gender, ethnicity, family history) and modifiable risk factors (such as behaviour). The wider determinants of health (such as housing and transport and environment) are also considered.

What questions might help to provide appropriate and relevant content?

1. How is this risk (or illness or circumstance) defined?
2. What proportion of the population (prevalence) is affected by this risk or illness?
3. Is population prevalence for this risk stable or likely to change (up or down)?
4. What age groups are most affected?
5. Are men and women equally affected?
6. Are there differences between the various ethnic groups?
7. Is there a difference in risk between deprived and affluent communities and, if so, how large?
8. How does this risk (or illness or circumstance) affect health?

The general (and sometimes theoretical) differences identified within and between sub-groups of the population in this section (such as *'higher in men'*) should be quantified accurately for the local population in Section 5.

Do:

- Include the range of prevalence estimates.
- Include evidence relating to UK experience.
- Use evidence from international research where appropriate.

- State what is still unknown about risk.

Don't:

- Include local data; it should go in Section 5.
- Refer to every study or source on the issue.
- Include material that is not supported by research evidence.

5. Level of Need

What is the purpose of this section?

This section describes the local picture of the risk(s) identified in Section 4 by providing quantitative measures where possible. Typical information will include incidence and prevalence estimates as well as service activity data to reflect actual demand for care.

Data can be presented for single years, for short periods, or for longer time series (to show trends) where possible. This is also the section where comparisons can be made between the local area and elsewhere (in the region or England or other countries). A list of appropriate comparison populations (or so-called 'benchmarks') for each district is available.

The format for data presentation can include tables, graphs and maps that are appropriate to the topic. National spine chart model templates should be adopted wherever possible. Links to nationally available atlases and profiles should be included too. A growing list of these resources is available on the South Tyneside JSNAA website for disease-specific topics. South Tyneside Public Health runs regular seminars on using data and intelligence resources – contact JSNAA@southtyneside.gov.uk for more details.

What questions might help to provide appropriate and relevant content?

1. What is the population incidence (rates and numbers of new cases)?
2. What is the population prevalence (rates and numbers of existing cases)?
3. Is population incidence and prevalence stable or likely to change (up or down)?
4. How does incidence and/or prevalence vary by:
   - age
   - gender
   - ethnicity
   - social class (occupation or deprivation level based on where people live)
   - religion
   - sexuality
   - disability

Not all of these population dimensions can be quantified at a local level because of deficiencies in data collection systems or the potential costs of collation.

Do:

- Link to data sources as often as possible.
- Include numbers and rates where possible.
- Make comparisons with England (or the North East) and appropriate 'benchmark' areas or groups.

- Make data displays easy to understand.
- Caveat small sample sizes.
- Indicate where levels of need are unknown.
- Include references to data sources.

Don't:

- Guess at numbers if there is no evidence.
- Include large data tables.
- Include graphs that display only one or two data items.
- Include irrelevant data just to fill space.

6. Unmet Needs

What is the purpose of this section?

There are various types of need:

- **Normative need**: what experts define as need based on some standard. This is usually related to existing guidance. (ex. Children under 1 require the polio vaccine according to NICE guidance).
- **Felt need**: what people say they want
- **Expressed need**: felt need translated into an action (i.e. demand)
- **Comparative need**: comparing people using a service to those who are not.

If a service is required but is not provided, then there is unmet need. Needs can also be unmet when two or more services are required to meet a need, but are not coordinated.

Service gaps can occur when a service does not meet the need of all people it is intended for. Gaps could be geographical or affect population sub-groups; there could be time gaps or gaps in pathways.

Using the level of need identified in section 5 and the projected level of need in section 7, it is possible to form a view of the current and future burden of need. These needs can then be compared with current assets and services in section 6 to identify unmet needs and potential gaps in provision.

What questions might help to provide appropriate and relevant content?

1. Do current services meet current needs?
2. Are all services in a pathway connected adequately?
3. Are all those who should have access to services able to use them?
4. Will current services be able to meet future needs?
5. Is there a regular review of potential unmet needs or service gaps for this topic?

Examples of unmet need could include:

- waiting lists
- waiting times
- rationing of services
- Inconvenient distances between services

- undiagnosed disease
- untreated disease
- recurring complaints

Do:

- List all gaps that are identified and the sources of information.
- Try to rank needs and gaps in order of importance (however this is defined).
- Discuss gaps with a wide range of partners, patients and carers.

Don't:

- Rely only on demand or service use as a measure of need.
- Give personal opinions on priorities that have not been collected through a structured process.
- Assume that budget increases to improve services will always address gaps in care.

7. Projected Need and Demand

What is the purpose of this section?

This section describes what the likely level of need will be in the medium and long-term. It takes into account population changes and expected rates of disease within the population. This section should only be included if commentary can be well supported with explicit references to projections or an analysis of historical trends. This is also a good place to provide insight into any seasonality effects on need or demand.

What questions might help to provide appropriate and relevant content?

1. Have any projections for future needs been made at all?
2. Are these projections for people who are likely to develop an illness?
3. Are these projections for people who are likely to be exposed to harm?
4. Do projections for service use exist?
5. Do projections for service costs exist?
6. Have projections been made with explicit assumptions?

Do:

- Include national and local projections, where available.
- Include error estimates for projections (such as +/- 10%) where these are available.

Don't:

- Guess future numbers without using robust projection methods.
- Assume that demand for services will always rise.
- Assume that service projections are the same as needs projections.

8. Community Assets and Services

What is the purpose of this section?

This is where to list and describe current assets and services. You may need to define what you are including and excluding in this section. Some assets and services may cover more than one topic in the JSNAA. They need to be identified in both topics, but with a link explicitly stated.

What makes us healthy often lies outside the responsibility of healthcare and formal public health or social care programmes. There are still important roles for local government and the NHS, but in recent years there is recognition that in order to address the wider determinants of health, assets other than the traditional buildings and services we think of have an essential contribution to make. Assets might include individuals, organisations, landscapes, equipment, and any other feature in the area that contributes to health.

What questions might help to provide appropriate and relevant content?

1. What assets exist and what services are provided by whom?
2. How the data you are presenting on assets has been collected – how are you aware of these assets?
3. Where are assets and services currently being provided?
4. What is the capacity of existing assets and services?
5. Are there any trends in asset and service use?
6. Are there any pressures on these assets and services?

Do:

- Try to summarise all services in order of size (cost and/or throughput).
- Make use of existing service / provider directories.

Don't:

- Describe gaps in asset and service provision. These are covered in section 8.
- Be vague with descriptions (such as 'community care').

9. Evidence for Interventions

What is the purpose of this section?

This section is where sources that provide information on effective interventions are listed. These may come from national sources (e.g. Government departments, Office for National Statistics, NICE, NHS Evidence) or from local sources.

What questions might help to provide appropriate and relevant content?

1. Is the core evidence for this topic already identified?
2. Has any new evidence come to light since the last JSNAA was published?
3. Does any new evidence affect what services should be commissioned?
4. Should any services be decommissioned as result of recent research?

Do:

- Include "keynote" or "benchmark" reviews.
- Check a range of evidence.
- Make use of library services.
- Keep up-to-date.

Don't:

- Rely on personal opinion.
- Include evidence that is not supported by academic research and peer review.

10. Views

What is the purpose of this section?

This section is used to summarise the views of service users, carers and the public. It can make use of formal assessment of views, such as those obtained from surveys, feedback meetings and focus groups, or from summaries of service feedback on comment cards, letters and phone calls. It should address felt needs and provide feedback on existing provision of services.

What questions might help to provide appropriate and relevant content?

1. What are the main findings from any surveys?
1. Are there common themes emerging from user feedback, complaints or comments?
2. Are community groups voicing opinion?
3. Are there sufficient means of obtaining views?
4. Do the same complaints recur and, if so, how are these addressed?
5. Views and feedback may be relevant to more than one topic area. If you are aware of such feedback, make sure that you contact the topic lead for that section to pass on the relevant information.

Do:

- Find out what people say they want and need.
- Ensure that views are representative of the population (or state why they are not).
- Summarise results.
- Contrast any opposing views.
- Include dates of surveys and the number of people surveyed.
- Include feedback given to providers.

Don't:

- Fill the section with specific quotes.
- Just say 'consultation has taken place'.
- Rely on national or regional comments to represent local views.
- Include one 'good' comment and one 'bad' comment to portray 'balanced' views if there is no quantitative evidence to support this.

11. Additional Needs Assessment Required

What is the purpose of this section?

This is where gaps in the information available for this topic should be recorded.

What questions might help to provide appropriate and relevant content?

1. Is the level of need comprehensively identified and measured?
2. Is there systematic recording of all services?
3. Does the evidence exist to tell us what we should be doing?
4. Has there been a scientific survey of people's views?
5. Can a needs assessment help to address any deficits in information?

Do:

- Review the content of preceding sections for the topic to derive a complete view.
- Take account of the views of service users, carers and the public.

Don't:

- Suggest unnecessary needs assessment.
- Include vague or non-specific references to future actions (such as 'a survey will be done').

12. Key Contacts

This section allows readers to contact the topic Author or Lead and provides additional links to resources/references not already specified in other sections.

Key contact

The named key contact should be the Topic Lead. This will enable others interested in developing this topic section to have a single point of contact.

The format for contact details should be:

- Key contact: Title, forename and surname
- Job title:
- Email address:
- Telephone number:

13. References

Citations should be used throughout each of the sections to both reference sources of information and point readers towards additional resources they may find useful.

When an author is presenting information that is challenged or likely to be challenged, or reusing material found elsewhere, they should use sequentially numbered citations[1] that refer to a full reference listed in this section. This includes both online and offline content. References should include enough information to allow readers to verify the source of information themselves if it is publicly available and be explicit as possible about the location of that information. No specific referencing style is required, though we strongly encourage the BMJ style found here.

Authors may also use embedded links in certain circumstance. URL's left next to text will be converted into clickable links online. Embedded link are useful for readers when linking to other parts of the JSNAA website, especially in lieu of repeating information that is already covered elsewhere. A reference to the Aging Population might link a reader directly to the Demographics topic in the JSNAA that covers aging populations in depth.

Embedded links can also be used when directing readers towards useful sources of additional information. While these can be placed directly in a section, we ask that they are first placed under the "Additional Resources" subsection below.

This section should also include links to topic-specific strategies and plans. These should be listed in the following order:

1. Local strategies and plans, with dates (most recent listed first).
2. National strategies and plans with dates (most recent listed first).
3. Additional Resources.