Tees JSNA

Topic Guide

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JSNA way of working

Contents

Topic Guide purpose

This guide is for Tees JSNA Topic Leads and to help with completion of the online JSNA template.

Themes and topics

The Tees JSNA structure has five themes:

- People;
- Vulnerable groups;
- Wider determinants;
- Behaviour/lifestyle; and
- Illness & death.

Each theme contains a number of topics (Figure 1). Each topic is structured in a similar format with some introductory text, an 'accordion' of 10 sections and key contact details (Figure 2). This replaces the original 'four box' format used in JSNAs from 2008 to 2010. The extended format provides space for additional information and greater flexibility.

Topic content

Each topic should contain sufficient detail equivalent to about six to eight pages in an A4 Word document, including any graphs and charts. If previous needs assessment work is available then the JSNA should make use of the main findings and refer to the detailed assessment with inclusion of a hyperlink if it is available or standard reference if not.

Topic Leads will need to work with partners to complete the content of sections. These are likely to include people you work with, but may also involve others. The role and responsibilities of the Topic Lead are described in detail on page 7.

JSNA and the Marmot principles

The Tees JSNA will embed the Marmot principles that have emerged from the work published in the last 2 years by Professor Sir Michael Marmot. The six Marmot principles should be considered when completing a topic. They will be more pertinent to some topics than others. The six principles are:

A. Give every child the best start in life
B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
C. Create fair employment and good work for all
D. Ensure a healthy standard of living for all
E. Create and develop healthy and sustainable places and communities
F. Strengthen the role and impact of ill health prevention.

Figure 1. Tees JSNA Theme Structure

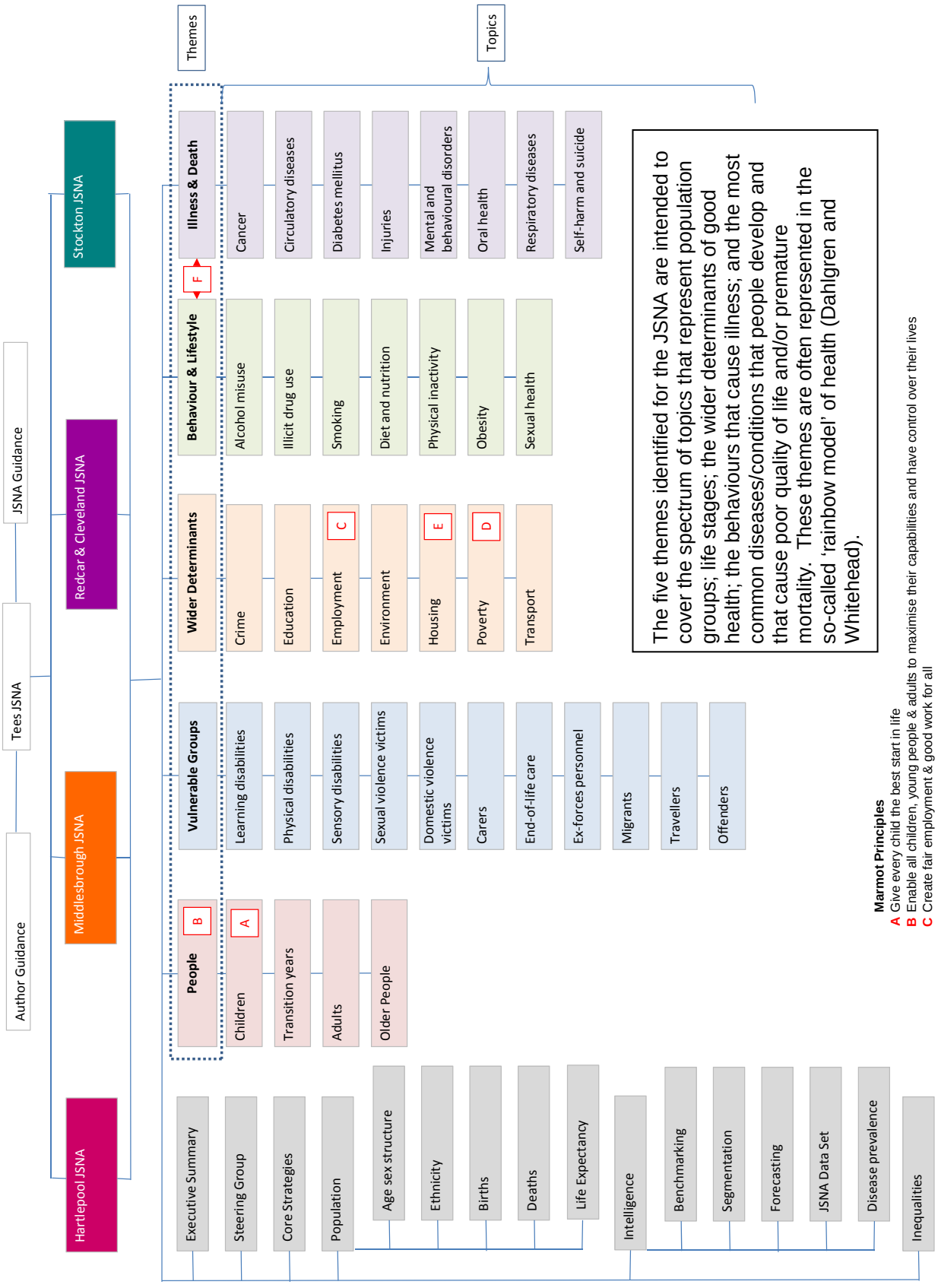
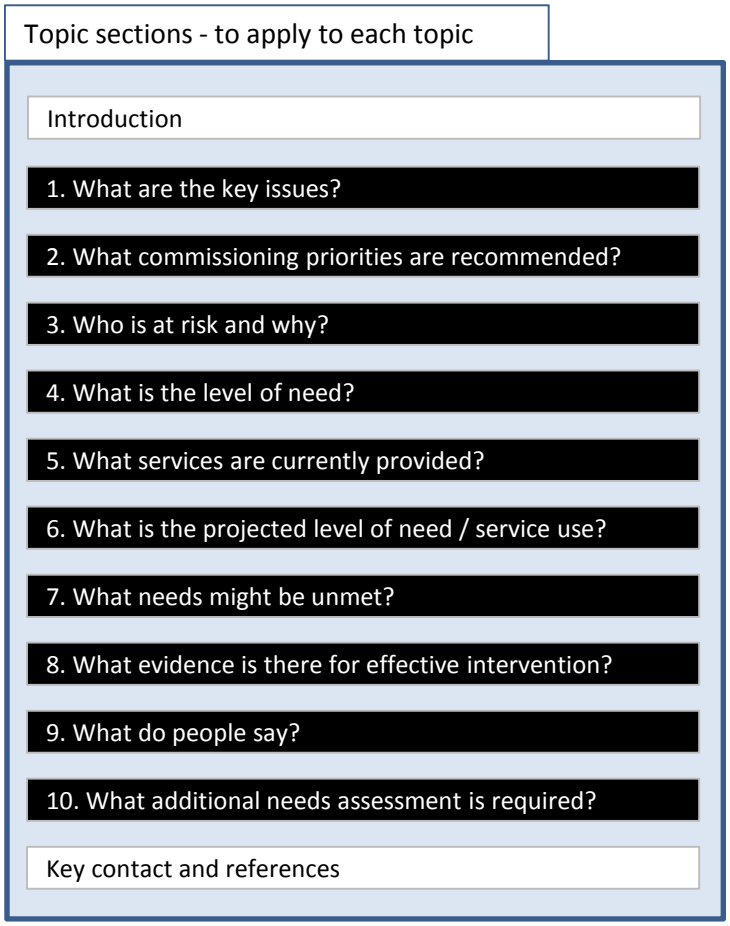


Figure 2. Tees JSNA Topic Structure



Each topic in the JSNA is composed of ten sections, plus an introduction and contact information. Detailed guidance on appropriate content for each of the sections is provided on the following pages.

The 10-box format has been employed to ensure a consistent approach between topics and within themes but not every box may be suitable for every topic. Given the breadth of JSNA topics it may be that there are some sections that are not applicable or that can only be completed later when evidence is available. For example, no work may have been carried out to gather service user views. In such circumstances it is better to insert a comment *"not known"* or *"not applicable"* rather than leave a section blank.

Topics may be combined where appropriate (for example, diet & nutrition, obesity and physical activity). Where this occurs, any 'blank' template that results from such combination should refer to the (new) topic where the content is covered.

Developing and updating content of the JSNA from 2011 onwards

Developing new content

1. During the transition process (July 2011 to June 2012) the development of content for each topic can begin by Topic Leads at any time.
2. The end (publication) date of approved topic content will be agreed by the Director of Public Health in consultation with colleagues. A schedule of publication dates for topics will be published.
3. The designated Topic Lead will have responsibility for completing the content of the topic section. For a few topics, the content may be completed by the Topic Lead alone but in most cases the content will require contributions from others. The inclusion of others in the process is the responsibility of the Topic Lead.
4. Two topic sections will be completed to a large extent by Intelligence Staff (in the NHS and/or local authorities and/or elsewhere as appropriate). Such staff will liaise with Topic Leads to agree what content will be provided/included. The sections are:
    - Section 3 – Who is at risk and why?
    - Section 4 – What is the level of need in the population?
5. Because there are so many topics to develop (and some starting from no previous content at all), material for sections 3 and 4 will not be available for each topic at the same time. This should not delay development of topic content for other sections in the topic.
6. Where Topic Leads are unsure or uncertain about the latest evidence for the effectiveness of services or interventions (Section 8) then this should be discussed with appropriate topic 'experts' wherever located or with local librarians and intelligence colleagues.
7. Once the draft content is completed and submitted online to the author 'holding area', this will be edited for consistency and approved for publication by the local Director of Public Health or nominated delegate. Before the topic is published on the website, Topic Leads may be asked to make revisions other than those made by the editor.
8. The content publication (last revision) date will be indicated on the website for each topic.

Updating and revising future content

1. Once the topic content is complete, arrangements for updating and revising content will be agreed with Topic Leads. Because the electronic format will provide flexibility to update topics with new material at any time (not just annually), this means that updates can occur opportunistically (for example, as new local data or national guidance is produced).

2. In addition to opportunistic updates, the appropriate frequency of systematic update (regular review) of the topic will be agreed at a later date.

Role and responsibilities of the JSNA Topic Lead

The Topic Lead is the person who has final responsibility for completing the content for the topic and submitting the version using the online system for approval prior to publication on the JSNA website.

The Topic Lead will have discretion about the means by which the process is undertaken as this will vary depending on such things as:

- the complexity of the subject;
- the breadth and depth of issues that need to be covered; and
- the concentration or dispersal of local knowledge and expertise.

The Topic Lead should be familiar with the Topic Guide and the details that are required for completion of the ten boxes for each topic.

At the very least, the Topic Lead should involve the Intelligence Lead and the Commissioning Lead (where appropriate) in the process.

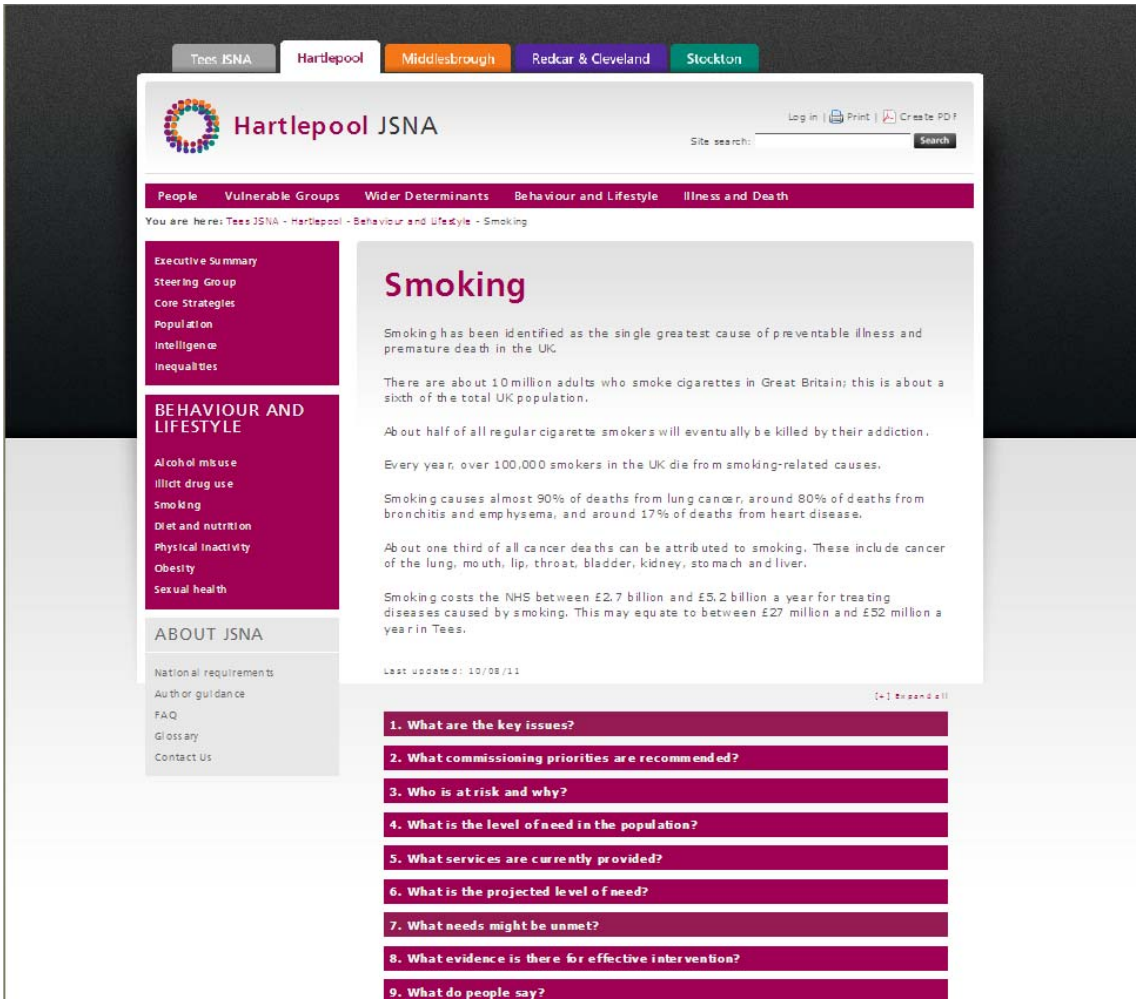
The checklist below might help with some of the basic requirements for the process.

A checklist of potential actions for Topic Leads

	Issue	Current status *(and actions required)*
1	Have I obtained and reviewed the JSNA Topic Guide?	
2	What is the planned date of submission of content? *see calendar of planned completion dates*	
3	Who is the Intelligence Lead for this topic? *see list of leads*	
4	Who is/are the Commissioning Lead(s) for this topic? *see list of leads*	
5	Are there other people who need to be included by me?	
6	Do voluntary sector organisations need to be involved?	
7	Who are the other Topic Leads in each locality? *see list of leads*	
8	Are the other Locality Leads for this topic meeting jointly? *see calendar of proposed meetings*	
9	Have I reviewed this topic's content in the 2010 JSNA?	
10	Are there any good JSNA examples for this topic?	
11	Are any 'best practice' resources available for this topic?	
12	Do I have the most up to date local/national data? *discuss with your Intelligence Lead(s)*	
13	Do I have login details/password to submit to the website? *contact Leon Green*	
14	Where can I get training or advice to use the website? *contact Leon Green*	
15	Have the people involved in this topic seen the final draft?	

Contact details for **Leon Green**: **Tel**: (01642) 666735 **Email**: leon.green@northteespct.nhs.uk

Introduction
What is the purpose of this section? This appears first on each topic page. It is not part of the 'accordion' structure but is visible when users first navigate to the topic page. It should be used to provide brief background on why the topic is important. It can also be used to highlight links with other topic areas within the JSNA (e.g. diabetes and obesity; education and children).



1. What are the key issues?

What is the purpose of this section?

This section summarises much of what is included in other sections in a succinct way.

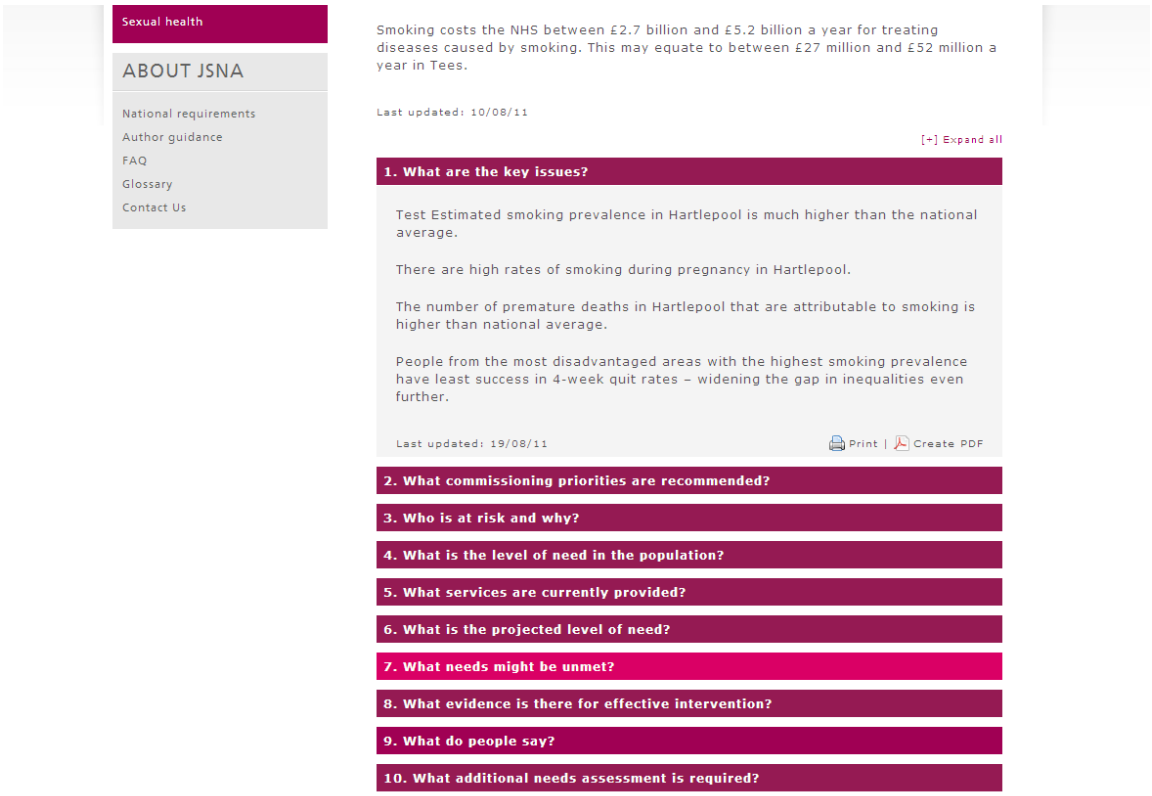
It may include comments on incidence, prevalence, current provision and / or any gaps in provision.

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?
2. Is current provision satisfying needs?
3. Are population needs likely to be met in the future?
4. If there are many concerns, which are the most important to address?

Do:	**Don't**:
• Limit this to a few sentences and / or bullet points. • Include the main points that are relevant to the topic.	• Include anything that isn't described elsewhere in the topic section. • Put commissioning recommendations here. They go in section 2.



2. What commissioning priorities are recommended?

What is the purpose of this section?

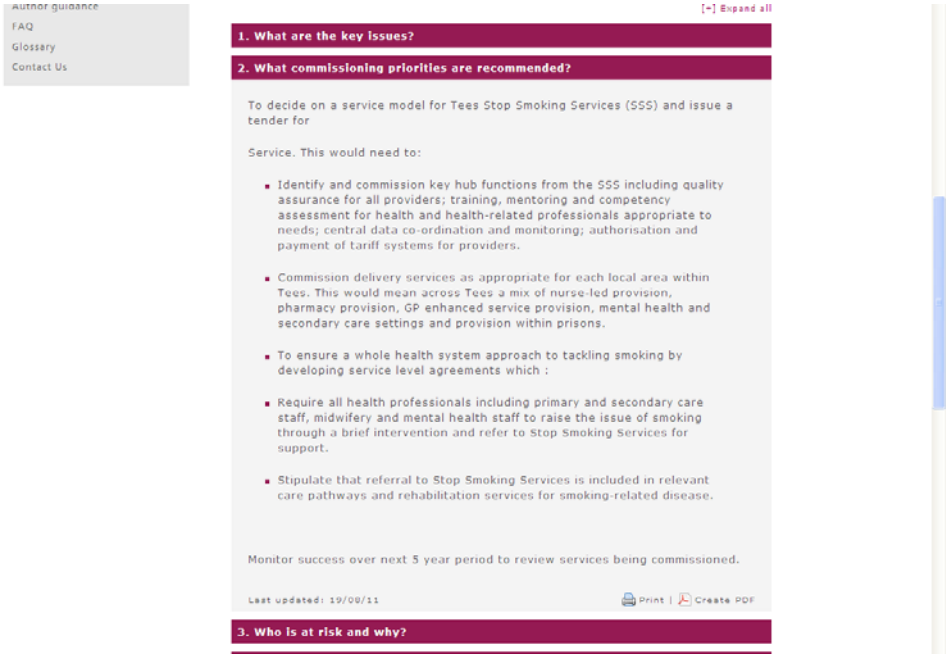
This is where to put recommendations for commissioners in relation to gaps in service provision and to propose measures to address unmet need.

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:	**Don't:**
• 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.	• Include short-term business planning priorities. • Include long lists of operational activities. • Include financial details.



3. Who is at risk and why?

What is the purpose of this section?

This section should provide contextual information of 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 epidemiological 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 social gradient in risk 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 4.

Do:	**Don't:**
• 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.	• Include local data; it should go in Section 4. • Refer to every study or source on the issue. • Include material that is not supported by research evidence.

4. What is the level of need in the population?

What is the purpose of this section?

This section describes the local dimensions of indicative risk identified in Section 3 by providing quantitative measures where possible. Typical information will include incidence and prevalence estimates as well as service activity data to reflect expressed 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. Data 'spine charts' have been developed in local JSNA documents and should be extended in coverage. 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 Tees Public Health website for disease-specific topics.

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)
    - 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:	**Don't:**
• Include numbers and rates where possible. • Make comparisons with England (or NE) and appropriate 'benchmark' areas or groups. • Make data displays easy to comprehend. • Indicate where levels of need are unknown.	• 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.

5. What services are currently provided?

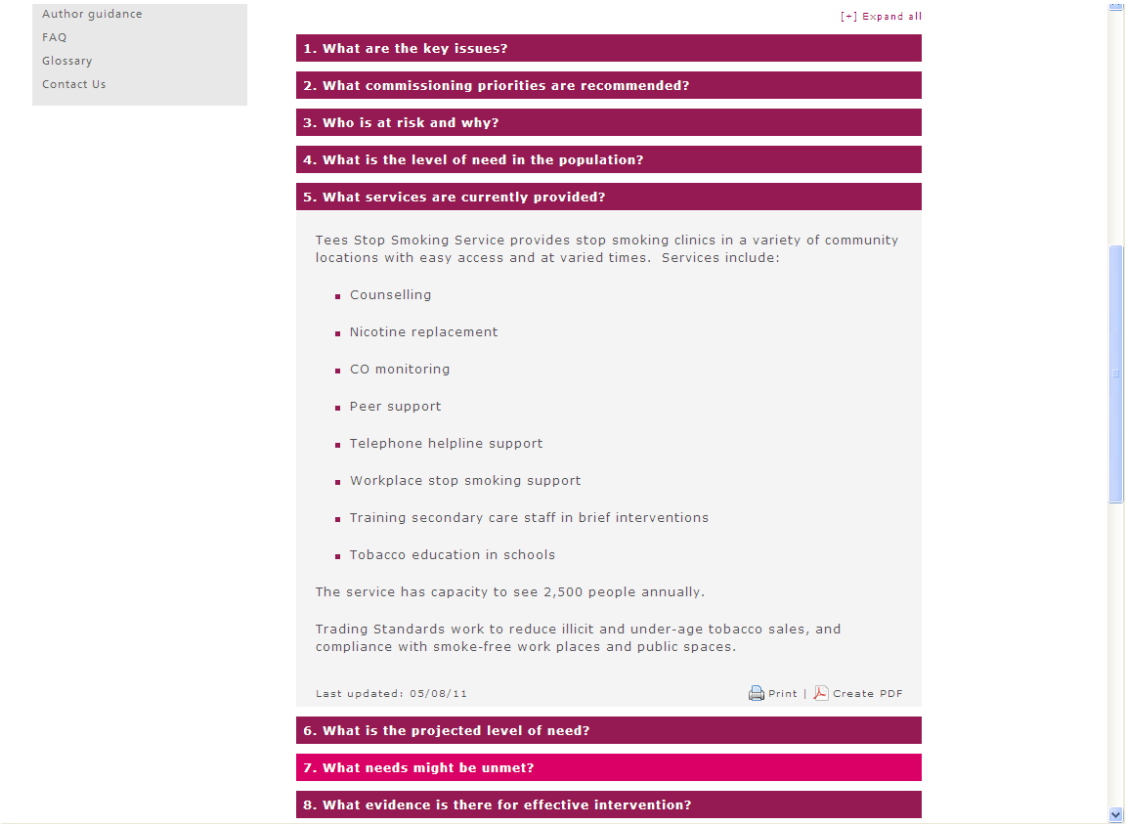
What is the purpose of this section?

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

What questions might help to provide appropriate and relevant content?

1. What services are provided by whom?
2. Where are services currently being provided?
3. What is the capacity of existing services?
4. Are there any trends in service use?
5. Are there any pressures on these services?

Do:	**Don't**:
• Try to summarise all services in order of size (cost and/or throughput). • Make use of existing service / provider directories.	• Describe gaps in service provision. These are covered in section 7. • Be vague with descriptions (such as 'community care').



6. What is the projected level of need?

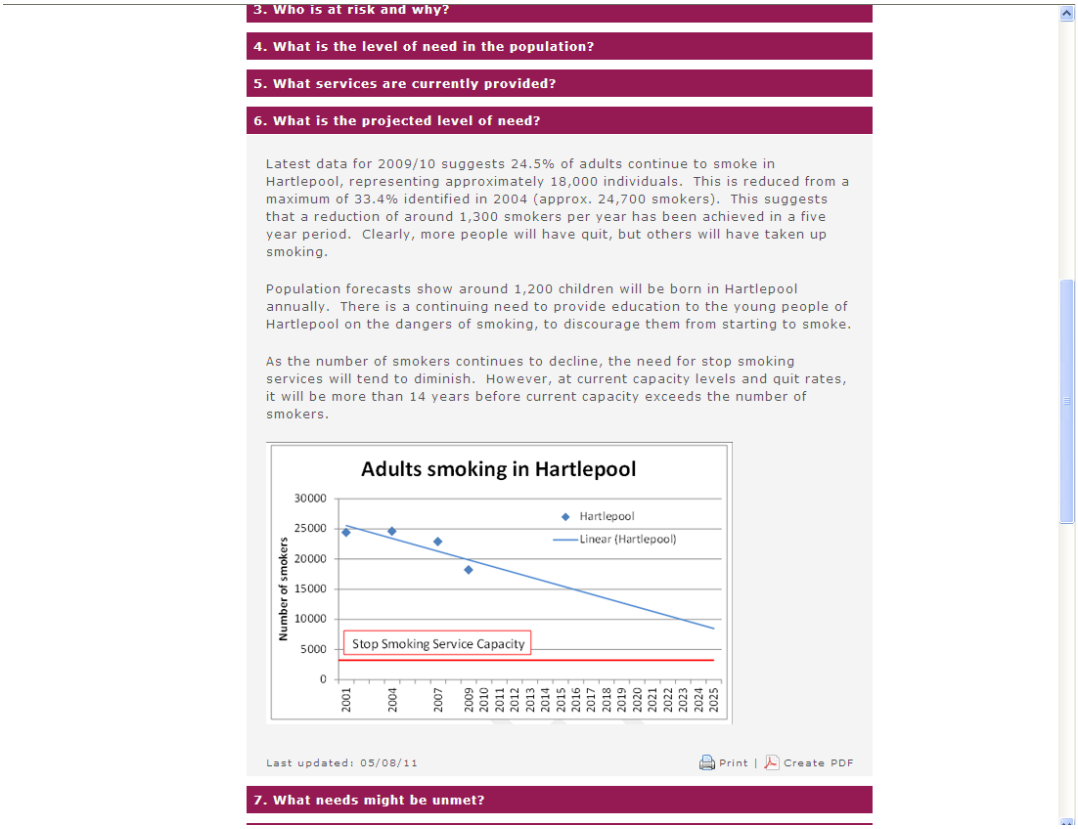
What is the purpose of this section?

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.

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:	**Don't:**
• Include national and local projections, where available. • Include error estimates for projections (such as +/- 10%) where these are available.	• 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.



7. What needs might be unmet?

What is the purpose of this section?

There are various types of need:

- **Normative need**: what experts define as need based on some standard
- **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 co-ordinated.

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-group; there could be time gaps or gaps in pathways.

Using the level of need identified in section 4 and the projected level of need in section 6, it is possible to form a view of the current and future burden of need. These needs can then be compared with current services in section 5 to identify unmet needs and potential gaps in services.

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:	**Don't:**
• List all gaps that are identified. • 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.	• Rely only on demand / service use as a measure of need. • Give personal opinion on priorities. • Assume that budget increases to improve services will always address gaps in care.

8. What evidence is there for effective intervention?

What is the purpose of this section?

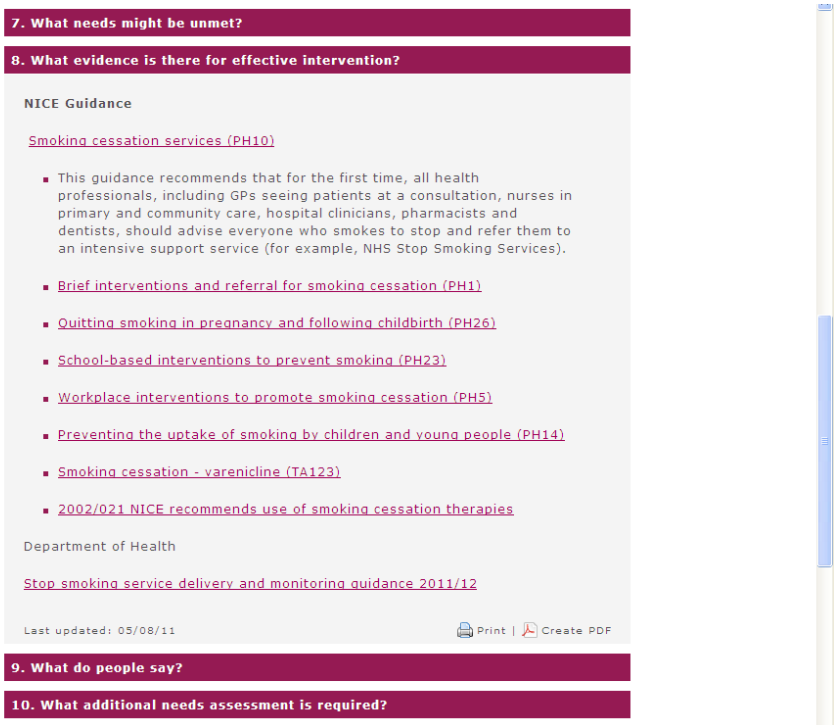
This section is where sources that provide information on effective interventions are listed. These may come from national sources (e.g. Government departments, Office for National Statistics, NICE, NHS Evidence) or from local sources.

The Centre for Translational Research in Public Health (known as 'Fuse') is a collaboration formed by the five universities in the North East. The aim is to ensure that the results of academic research are put into practice.

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 JSNA 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:	**Don't**:
• Include "keynote" or "benchmark" reviews. • Check a range of evidence. • Make use of library services. • Keep up-to-date.	• Rely on personal opinion. • Include evidence that is not supported by academic research and peer review.



9. What do people say?

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 obtained from surveys, feedback meetings and focus groups, and also from summaries of service feedback on comment cards, letters and phone calls.

What questions might help to provide appropriate and relevant content?

1. What are the main findings from any surveys?
2. Are there common themes emerging from user feedback, complaints or comments?
3. Are community groups voicing opinion?
4. Are there sufficient means of obtaining views?
5. Do the same complaints recur and, if so, how are these addressed?

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:	**Don't:**
• 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.	• 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.

10. What additional needs assessment is required?

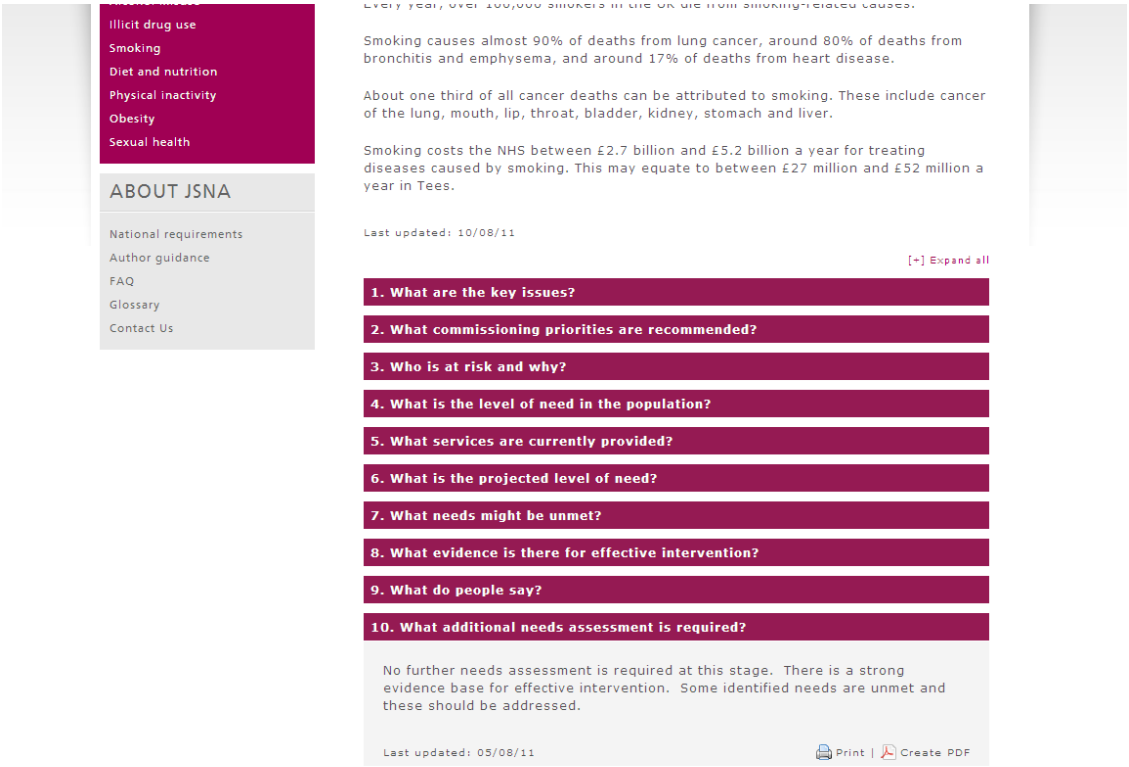
What is the purpose of this section?

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:	**Don't:**
• 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.	• Suggest unnecessary needs assessment. • Include vague or non-specific references to future actions (such as 'a survey will be done').



Key contacts and references

This section sits below the ‘accordion’ of 10 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:

References

References should include topic-specific strategies and plans.

Any cross-cutting strategies should be listed in the ‘Key Strategies’ section of the website (Figure 1).

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. Other references with dates (most recent listed first).

Please advise your local Director of Public Health or Assistant Director of Health Improvement if you think that there are any relevant documents which aren’t listed there.