Joint Strategic Needs Assessment

A JSNA is defined as a ‘systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities in health’.

Breaking down the phrase into its constituent parts is useful in defining what it means in practice.

**Joint** - Underlying the approach to JSNA is the principle that population health and wellbeing is shaped by the many social and environmental circumstances which individuals, families and communities experience throughout their lives. Health and wellbeing outcomes result from complex interactions between different factors (family and community environment, educational opportunities, economic and social opportunities, lifestyle choices etc.) which cannot be addressed by any single agency. Improving health and wellbeing outcomes lies beyond the scope of the health services, public health and social care combined. Partnership across government, private and third sectors is, therefore, essential.

**Strategic** - the JSNA should identify those areas of health and wellbeing where there is greatest scope for improvement through joint working. The greatest opportunities for improvement are those issues where there is both need and good evidence that there are interventions which can address them. JSNA is, therefore, the first step in a process which leads to: the agreement of strategic (SMART) objectives; the delivery of these objectives by relevant partners (which may include the government, private and third sectors and community groups) through an implementation plan; and, finally, a mechanism for holding all partners to account for delivery (measured through agreed key performance indicators) and, ultimately, improvement in health and wellbeing outcomes.

**Needs assessment** - a single, agreed picture of needs is essential for joint strategic planning based on the identification of the most important areas for action and investment now and into the future. The needs assessment process should include the following information:

- population – data on population totals, growth, migration, birth, gender, age and ethnicity, current and projected;
- social and place – data on housing quality, environment, employment, educational attainment, benefit uptake, vulnerable groups, crime and disorder and community cohesion;
- lifestyle determinants of health – prevalence of risk factors related to smoking, exercise, diet, obesity, alcohol and drug use;
- epidemiology – morbidity, mortality, life expectancy, long-term conditions, disease prevalence and immunisation uptake rates;
- service access and utilisation – emergency admissions, vulnerable groups accessing care, primary care data, discharge information, screening uptake, transport, children's centres, welfare rights, process and pathway mapping and review of existing services;
• evidence of effectiveness – service-specific good practice guidance and quality standards, health technology assessments, clinical and cost effectiveness evidence reviews and benchmarking of existing services against standards; and,

• community perspectives – qualitative information on user and carer experiences and information from the voluntary sector, service providers, private sector and others as relevant.

It is important to note that a JSNA is not simply a data compendium which brings together, in a document or on a website, a collection of readily available statistics. Data are an important component of JSNA but only as a part of the process and only as a means to an end. The JSNA process must also include analysis to build intelligence, inform priorities and drive change. If the JSNA is worthwhile, it should be possible to demonstrate how its content has led to the development of joint strategic objectives and implementation plans.

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1 Department of Health, Our Health, Our Care, our Say, London (2006)

2 SMART objectives: objectives that are specific, measurable, achievable, relevant and time-bound