



# **Implementing the Birmingham Joint Strategic Needs Assessment Framework**

## **Evaluation Report March 2008**

*Joint Strategic Needs Assessment (JSNA) is a process that will identify the current and future health and well being needs of a local population informing the priorities and targets set by Local Area Agreements and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities (Guidance on JSNA: December 2007)*

# CONTENTS

<b>Ref</b>	<b>Section</b>	<b>Page</b>
1	Introduction	3
1.1	Context: Establishing a JSNA	3
1.2	Why Evaluate?	3
2	Summary of Findings	5
2.1	Overview	5
2.2	Evaluating the Assessment of Current Need	5
2.3	Evaluating the Process	5
2.4	Recommendations to the Be Birmingham Executive	5
2.5	Recommendations to the Health & Well Being Partnership	5
2.6	The Way Forward	6
3	Evaluating Current Practice	7
3.1	Overview	7
3.2	Databases	8
3.3	Evidence Bases/Needs Analyses	8
3.4	Strategies	8
3.5	Modelling Tools	8
3.6	Services	9
3.7	Indicators & Targets	9
3.8	Local Intelligence	9
4	Evaluating Process	10
4.1	Recognising the Focus	10
4.2	Lack of Commonality	10
4.3	Focus on the Citizen not the City	11
4.4	Data Issues	11
4.5	Identifying Unmet Need	11
4.6	Improving Communication	12
5	Evaluating the Process – Recommendations	13
5.1	Overview	13
5.2	The JSNA – What are the Questions?	13
5.3	Addressing the Process	13
5.4	The Role of Data	14
5.5	Improving Communication	14
5.6	The Way Forward	14
6	The JSNA & The Organisational Structure	15
6.1	Overview	15
6.2	Organisational Position	15
6.3	The JSNA – Tool or Resource?	15
6.4	JSNA & Indicators	16
7	Conclusions	17
7.1	Way Forward	17
A	Appendices	
	Summary of Web Site Hyperlinks	

## 1. Introduction

### 1.1 Context: Establishing a JSNA

1.1.1 As part of the Local Government and Public Involvement in Health Act of 2007, every top tier Local Authority, together with coterminous PCTs and the local Children & Young Peoples' Trust are required to put in place a common process by which they collect, assess and act upon key information highlighting areas of inadequately met need within their local population. The aim is to assemble data looking both at current and predicted health & well being issues and then translate it into narrative format to identify the "big picture" in terms of health and well being needs and inequalities in the population. The outcome of this work should lead to agreed commissioning priorities between the partner agencies that will be reflected in their commissioning plans, and most particularly, their Local Area Agreement (LAA). This process and information source will be known as the Joint Strategic Needs Assessment (JSNA) for the area.

1.1.2 Guidance on the JSNA, issued in December 2007, emphasised the central role that engagement with local stakeholders should have in the JSNA process.

*"JSNA will be most effective if communities are involved throughout the process, including design, content, use and feedback."*

*"Communities should be involved in all stages of JSNA from planning to delivering and evaluating, rather than being restricted to commenting on final drafts".*

1.1.3 In Birmingham, the JSNA has been taken forward as part of the work of the Local Strategic Partnership ("Be Birmingham"), under the specific responsibility of the Health & Well Being Partnership. In formulating a JSNA for Birmingham, stakeholder engagement was taken forward in two parts: firstly, by establishing what evidence was used in the needs assessment for existing joint planning documents in the six thematic areas of the Local Area Agreement (in effect, engaging with the current planning processes and their sources of information). These six thematic areas are:

- Economic & Enterprise
- Health & Well Being
- Housing
- Children & Young People
- Environment
- Safer

1.1.4 Secondly, the partnership held weekly briefing sessions to communicate the ideas of the JSNA to interested stakeholders and to gather any locally held information.

1.1.5 A full description of the process undertaken to implement the JSNA in Birmingham is outlined in an accompanying document "JSNA Framework Document 2008/09". This Evaluation Report addresses the decision to approach the initial stages of the JSNA implementation through a framework of evaluation.

### 1.2 Why Evaluate?

1.2.1 The results of the work to engage stakeholders in creating a JSNA highlighted the difficulty both professional and non professional partners had in identifying a value for a JSNA. This appeared to be for the following reasons:

- Individuals and their departments had already undertaken work to underpin specific strategies with evidence and needs analysis and could not perceive what the added value would be from this process.
- They also perceived that they had undertaken extensive consultation with interested stakeholders across all sectors, again, negating any gain from the process

In light of this work, they struggled to see a role for the JSNA, except as an exercise in collation.

- 1.2.2 Furthermore, there was another barrier to discussion. Front line staff did not see the relevance of needs assessment work concerning cross cutting issues such as housing, environment etc for their own professional working
- 1.2.3 In addition to this, there was a recurring theme concerning the existing process of assessment. Whilst the work was perceived to be already largely in place, yet there was frustration at the insufficient use of these existing needs assessments and evidence bases The JSNA seemed to promise to provide “more of the same”, when the interesting question was, “*how do we improve our use of what we already have?*”.
- 1.2.4 In response to this feedback, the partners adjusted their approach to implementing the Birmingham JSNA. The essential change was to add an evaluation element to the process. On this basis, the project team not only collected relevant data and established the current position on needs assessment in Birmingham, it also introduced an element of **evaluation** of its existing data collection and processes for joined up working.
- 1.2.5 This Evaluation Report provides the detailed findings from this evaluation and makes recommendations to the Be Birmingham Partnership concerning potential ways to take forward its development of the Birmingham Joint Strategic Needs Assessment.
- 1.2.6 The Evaluation has two parts: firstly, an overview of the range of data, evidence and tools used by each thematic area in establishing need in its own area, using their key strategy documents as a source, supplemented where possible with discussions with key staff. Secondly, the project team reflected upon the comments (explicit) and implications (implicit) of discussions with staff and stakeholders attending the weekly briefing sessions.

## **2. Summary of Findings**

### **2.1 Overview**

2.1.1 This section contains a summary of the findings detailed in sections 3-7.

### **2.2 Evaluating the Assessment of Current Need**

2.2.1 Individual work streams have made significant efforts to engage stakeholders and to use existing data sources to shape local needs analyses. In no area was there any indication that needs assessment had not been addressed. The JSNA process should provide an opportunity to expand these sources to provide a more comprehensive assessment. Areas where benefit might be of particular gain are in accessing existing modelling tools and in undertaking a structured collection and assessment of local intelligence.

### **2.3 Evaluating the Process**

2.3.1 Developing a JSNA for Birmingham has highlighted that considerable effort has been invested in partnership working to date. However, it has also highlighted the need to invest time and attention into improving the process of joined up working. Six recommendations have been identified. Three of the recommendations are to the Be Birmingham Executive and concern the process of managing joint strategic work with the JSNA data as support. The final three recommendations concern the internal management of the JSNA process by the Health & Well Being Partnership.

### **2.4 Recommendations To The Be Birmingham Executive**

- 2.4.1 Recommendation 1 The JSNA process should be iterative, rather than systematic, built upon a cycle of review, reflection and amendment. The JSNA should be underpinned by a few agreed questions in each planning cycle to focus its work.
- 2.4.2 Recommendation 2 Work into establishing a Be Birmingham Engagement Strategy should include work into agreeing a common framework for partnership working, addressing issues of language, common aims and communications issues
- 2.4.3 Recommendation 3 The JSNA process should be accountable to the Health & Well Being Partnership.

### **2.5 Recommendations to the Health & Well Being Partnership**

- 2.5.1 Recommendation 4 Existing data sharing arrangements should be summarised and reviewed so that the Partnership can identify what protocols could be put in place to improve joint working.
- 2.5.2 Recommendation 5 The JSNA requires a strategy concerning how it updates its information, ensuring that this has an acceptable evidence base
- 2.5.3 Recommendation 6 The partners need to make a decision about where the JSNA fits in the planning cycle and how the resource will be shaped and used

## **2.6 The Way Forward**

2.6.1 The JSNA Evaluation is a starting point for future work. Tasks that have yet to be addressed are:

- i) Developing an agreed approach to needs assessment.
- ii) Taking forward work into linking the JSNA into current public & patient engagement
- iii) Widening engagement & communication
- iv) Undertaking a strategic review of the existing needs assessment to support a joined up process fulfilling the vision of a JSNA

### 3. Evaluating Current Practice

#### 3.1 Overview

3.1.1 The text for the JSNA Baseline Profile is divided into the thematic areas used by the Be Birmingham Partnership, namely:

- Economic & Enterprise
- Health & Well Being
- Housing
- Children & Young People
- Environment
- Safer

3.1.2 The evaluation overviews each of these thematic sections. Each section consists of a number of sub-texts on a given subject. The main narrative has been constructed from a review of the main strategy documents provided to the JSNA project team. This narrative has a supporting site giving links into source documents cited in the texts, broken down into a number of categories:

Databases existing databases that inform the needs assessment  
Evidence Bases/Needs Analyses – evidence of any existing needs analyses or examples of pilots or practice  
Strategies existing strategies  
Modelling any modelling tools known to be available  
Services any services known to operate within the area.  
Indicators/Targets indicators and targets for the narrative area  
Local Intelligence softer data from a wider range of local sources, eg third sector organisations, client surveys etc.

3.1.3 In addition, the project team have on occasion identified information not apparently accessed by relevant strategy writers. These are marked with an asterisk in the text.

3.1.4 [Appendix 1](#) provides the summary of these web site hyperlinks. The evaluation looks at this information alongside discussions with stakeholders to identify any issues of importance to developing an effective JSNA.

3.1.5 This information is likely to have a number of limitations, principally because:

- It relies on information made available in the strategies. Partners may not make reference to all sources used in the creation of these strategies, in which case these sources will not have been traced
- The process of searching for new data by the JSNA team is likely to expose further data sources currently unknown to the partners
- Current limitations on sharing data mean that many of the available sources are limited to those in the public domain, as the JSNA team had no preferential access to data available to the partners

3.1.6 In this context, the remaining section provides a broad overview of issues that became apparent in the identification of these data sources. **In all cases, the City Director of Public Health will need to make a professional assessment of the acceptability of the current approach by the individual departments/work streams. The context for such decisions will be that there is potential extra available data (identified following JSNA searches) or potentially more sophisticated academic or philosophical approaches to**

**tackling the current limitation in data (using work streams with similar issues but more advanced working practices as a comparison).**

## **3.2 Databases**

- 3.2.1 It has been difficult to evaluate the current databases, because access to many of them has been difficult in light of data sharing restrictions. Where possible, database managers were asked to respond to a questionnaire to help identify the parameters of the data and also assess its accuracy, reliability and comprehensiveness. The area with the most restricted access was in children & young people's services. As similar confidentiality issues exist for adults and minors data, this disparity needs to be reviewed.
- 3.2.2 In some cases, data sources were limited to the raw activity data for the area concerned, for example, fire related incidents, traffic accidents and environmental infringements. In other cases, there is a fairly sophisticated system with extensive data sources. Information concerning drug & alcohol misuse, and data concerning children & young people, both had needs assessment rationales and processes to draw together available data. The areas with basic raw data provision might benefit from some advice from the City Director of Public Health about how to exploit additional sources.
- 3.2.3 It was noticeable that from sources cited, it was difficult to trace any of the reports or documents provided by external consultants. It is possible that these are held in hard copy in individual departments, but the underlying data they provide is not available for wider use.

## **3.3 Evidence Bases/Needs Analyses**

- 3.3.1 Whilst there are a number of examples given of pilots and practice in other areas, there is less evidence of systematic assessment of their individual effectiveness. For this reason, this section in the JSNA Baseline Profile should at present be titled "current practice/needs analyses", as the site cannot claim to showcase evidenced best practice. This is a significant issue and suggests that the approach of looking systematically for an evidence base is not in place. There is a need to promote evaluation of locally owned pilots and to more rigorously question examples collected from other areas. The exception to this was the Birmingham Health Toolkit which did list examples of evaluated practice.

## **3.4 Strategies**

- 3.4.1 As the JSNA process showed, the partner organisations have undertaken extensive work to identify the needs of their populations and key target groups, with strategies in place, or being developed, in all areas identified. Further engagement needs to take place with the health sector, which was the hardest area to explore within the restricted timescales of the early JSNA work. A check needs to be made where PCTs have independent strategies for the same issue that these are working within the same parameters.

## **3.5 Modelling Tools**

- 3.5.1 Only a limited number of modelling tools were identified. There is a need to identify if any further modelling tools exist and if not, to undertake some predictive work using local information. The age of the available data was a key point for participants in the engagement process and one method of overcoming this problem would be to improve predictions of future need.

### **3.6 Services**

- 3.6.1 Partners have made efforts to streamline information about services into service directories. Whether these records are comprehensive and accurate is likely to be proven through the release of this information to the partner organisations as part of the JSNA process and cannot be commented upon further at this stage.

### **3.7 Indicators & Targets**

- 3.7.1 Unsurprisingly, all areas have existing targets. The new performance indicator set has also been included in the source breakdown, but it is noticeable that there are indicators that do not fit easily into this structure. How the indicators are to be used in needs assessment and in choosing key commissioning priorities is an issue for discussion by the Be Birmingham Partnership. This will include the prioritisation of national indicators, and the development of local indicators, so that a realistic assessment can be made concerning the effectiveness of individual interventions. See section 6.4.

### **3.8 Local Intelligence**

- 3.8.1 This data source includes information held by third sector organisations. Within the existing JSNA review, information from these sources appears to have been included at discussion stage in the formation of the strategies and therefore it was not easy to identify it as individual source documents. The existence of examples of softer data, such as small scale questionnaires and group feedback, were known to exist, as they were identified by third sector agencies during JSNA engagement. However, they have not been collected as part of the JSNA process to date. There is a potentially useful source of local data in collating this work, but to use it successfully will require an overarching structure outlining how it might be cross referenced and a question about how a confidence rating might be assigned to its findings.

## 4. Evaluating Process

### 4.1 Recognising the Focus

- 4.1.1 A significant issue arising from evaluation was the need not only for needs assessment to provide effective supporting evidence to the commissioning function, but more importantly, to recognise the substantial role the partnership process itself takes in ensuring that goals are met. Stakeholders reflected upon the arbitrariness of access to information at present. As one professional said,

*“If you happen to ask the right person at the right time, you will get the right answer”.*

- 4.1.2 The following breakdown of the issues raised by participants focuses on those issues that would appear to impede an effective utilisation of the existing data, and draws attention to specific areas where the translation of this data into workable information could be improved upon. Key themes are:

- Lack of Commonality
- Focusing on the Citizen not the City
- Data Issues
- Identifying Unmet Need
- Improving Communication

### 4.2 Lack of Commonality

- 4.2.1 Discussion with stakeholders raised as a repeated issue the problems different partners experienced in cross agency working. Repeated references were made to issues surrounding the following:

- There was no common language for identifying the goals of joint working. The terms “health”, “well being” and “needs assessment” were not understood by some agencies and understood differently by others. Without a common starting point, the ability to build effective joined up working is immediately compromised.
- Partners struggled to understand each other’s jargon and did not have a ready understanding of the hierarchies within which the other partners operated. In such situations, partners disengaged during meetings apart from the points where their own concerns were being addressed.
- The long meetings culture, particularly of the NHS, caused difficulties to some agencies.
- Timescales and focal points differed between agencies; for example, an agency looking at a 20 year time span, for a population wider than Birmingham, will struggle to engage a partner with short term targets for a smaller population group.
- The concept of commissioning has different drivers for different agencies. Health commissioners and the local authority strive to focus on predictions of need; however, local authority commissioning must also respond to demand driven commissioning led by the introduction of person held budgets. It must further respect the independent agendas of the commercial sector of the city, which underpins its economic success. In addition, a third sector organisation pointed to the fact that it too commissions services, in a certain level of isolation, applying directly for lottery funding focused on its experience of its target population’s needs. In this context, it becomes difficult to establish what will count as needs and therefore in what direction the JSNA should be focused.

### **4.3 Focus on the Citizen not the City**

- 4.3.1 Data review highlighted the difficulty of extracting information about the citizen and not the city from current strategic plans, and upon identifying needs and not just issues dictated by service parameters. Current plans can be focused upon the product (e.g. economic success, housing, or the environment) and not the person. This may just highlight the legitimate differences of focus between the agencies, but in terms of improving the health & well being of the people of Birmingham, it leads to confusion when the question is put to professionals about their role in improving lives. For health professionals in particular, there was confusion about how the agendas of the council had any impact on their clinical roles.
- 4.3.2 The issue of planning for complex need was raised during stakeholder discussions. A number of participants spoke of the problems for those with multiple problems which mean they cross a number of agencies and care pathways. One third sector respondent pointed out that this was essentially a description of an ordinary person – agencies must avoid boxing individuals into symptoms and outcomes. The focus on the person and not the issue should aid such discussions.

### **4.4 Data Issues**

- 4.4.1 A fundamental problem in identifying the data sources upon which a JSNA could be constructed was the reluctance to share information that was encountered by the JSNA project team. There appear to be limited effective data sharing protocols in place between the partners and if these exist, staff remain cautious about even communicating what type of data they hold, let alone any detail about the database.
- 4.4.2 A frequent complaint concerned the age of the data that is currently available, particularly data reliant on the 2001 census. Participants would be looking for the JSNA to highlight where active research is underway, to identify more recent data that may have been missed, or make reliable projections using older data.
- 4.4.3 Data was preferred broken down to at least ward level, but more usefully to neighbourhoods or super out put areas.
- 4.4.4 A particular issue was raised concerning the need to provide improved layering of information concerning the different concerns of first and second generation ethnic minority groups in the City. This was felt to be crucial in tailoring health promotion information to these population groups.

### **4.5 Identifying Unmet Need**

- 4.5.1 Participants pointed to a significant unmet need amongst people who were reluctant to ask for help – eg through issues arising from aging, or late onset of disability. The pursuit of data should look to information about use of the private sector, an individual's contact with voluntary organisations, particularly those living in isolation, and the numbers of individuals requesting support or information, as this could be seen as a marker of unmet need. However, respect must be given to the right of individuals to remain independent or refuse support.

## **4.6 Improving Communication**

- 4.6.1 There was a need to improve the communication techniques used to disseminate existing information. Participants were uncertain how to engage certain populations, particularly those living in poverty. All partners would benefit from a generic section within the JSNA database or elsewhere within the Partnership that addresses, or provides links to information, concerning how to reach people affected by multiple issues of deprivation – eg no telephone, reliance on public transport, possible poor literacy
- 4.6.2 This underlines the role for the JSNA in facilitating the translation of the database into a useful tool for a wide range of stakeholders and the central need to maintain an effective process of communication. The process of implementing a JSNA highlighted the need for a systematic and concerted policy of ongoing engagement with all potential data holders and not just commissioners. There is no incentive for data holders and stakeholders to engage in the long term unless the process has a recognisable purpose in their own work. The JSNA can provide a voice to stakeholders in commissioning decision making, but in practice, the JSNA will need to maintain a high profile if it wants its data to be routinely updated and expanded through a network of engaged stakeholders.

## 5. Evaluating the Process – Recommendations

### 5.1 Overview

- 5.1.1 The engagement process and its evaluation raised a number of issues that are of importance to the effective working of health & well being agenda, both of the Health & Well Being Partnership and of the Be Birmingham Partnership. This section makes recommendations for how these issues might be addressed.

### 5.2 The JSNA – What are the Questions?

- 5.2.1 The evaluation has pointed to a need to address process as well as data collection in order to establish an effective JSNA. Whether this evaluation forms part of the work of the JSNA team is a matter for discussion by the Be Birmingham Partnership – see section 6. However, the work of the JSNA clearly needs a context within which to collect information and focus its attention. The Birmingham JSNA Framework document recognises in setting its philosophical approach that the JSNA cannot be viewed simply as a source of objective factual data, as the approach taken in its construction will shape its outcomes. What information is collected, how it is interpreted, what weighting is placed on its implications and how it is prioritised will fundamentally shape the Birmingham JSNA usage and recommendations.
- 5.2.2 Therefore [Recommendation 1](#) is that the partners identify a process for taking forward the JSNA that adopts an annual cycle of reflection and agenda setting. This places the emphasis on a process that is iterative in approach rather than systematic. It should establish a manageable number of questions that will drive the JSNA work in any given year. Without some such structure, the JSNA is unlikely to collect sufficient detail or have sufficient focus, to meet commissioners' expectations. The outcome of each year's work would be a matter for discussion and adjustment.
- 5.2.3 Such a process will need to address questions concerning the flexibility between partners to participate in initiatives where the gains are seen within another sector. This will include the need not only for good will between partners, but the transfer of funds between partners recognising long term gains by this approach.
- 5.2.4 The phasing of these questions will be fundamentally important to the success in taking forward the shared agenda. "Health & well being" proved to be confusing terms for some agencies. A more accessible term was found to be "improving peoples' lives"

### 5.3 Addressing the Process

- 5.3.1 In order for the JSNA data collection process and the database itself to be of effective use to the partners, attention needs to be paid to the overall process of supporting partnership working. The Be Birmingham Partnership is currently in the process of establishing an Engagement Strategy. [Recommendation 2](#) is that this strategy should consider ways in which the Partnership can establish a common approach and maximise the effectiveness of the outcomes, taking into account the issues identified in section 4.2.
- 5.3.2 The work to reach an agreed start point might benefit from use of case profiles as a tool for discussion. Choosing a common profile – e.g. "unemployed first generation Pakistani man living in Erdington, aged 51 years" – could support the different agencies adding to and building up a multi-layered description that expresses to other agencies their local concerns. It might also be used to

highlight issues for each organisation to take away into their own commissioning processes that will support planning that has a wider public service dimension than the immediate concerns of the individual agency.

- 5.3.3 As part of the management process, [Recommendation 3](#) is that the JSNA continue to be the responsibility of the Health & Well Being Partnership – see section 6.2 for more details.

#### **5.4 The Role of Data**

- 5.4.1 [Recommendation 4](#) - An overview of the current data protocols and data sharing arrangements for the organisations needs to be either put in place, or if this already exists, it needs to be more widely shared and understood. Where the current protocols inhibit shared working, work should be undertaken to see how such impediments might be overcome.
- 5.4.2 [Recommendation 5](#) - As part of its work to identify the underpinning questions for each cycle of the JSNA, the Partnership will need to establish an Updating Strategy, to establish how it continues to update its data. The process also would benefit from considering how this might affect its communications process (see section 5.5 below).

#### **5.5 Improving Communication**

- 5.5.1 The Partnership should provide some communication tools or advice to support commissioners in reaching their target populations, or provide links into places where this support already exists. This should include information concerning effective communication methods with population groups experiencing deprivation and highlighting issues of concern to these groups, eg reliance on public transport, potential literacy problems, fewer telephones etc.
- 5.5.2 The Partnership needs to recognise the level to which the JSNA information needs to infiltrate the culture of an organisation. The work, for example, of an estates or supplies department, has as an important role in supporting the agendas of crime and environment as those of health commissioning. It should also recognise the two way process of engagement that the JSNA will need to foster with stakeholders in order to obtain new data and update the information it holds. There might be some benefit from one of the Information Team posts having some communications experience. The baseline profile runs the risk of stagnating without ready networks of information. It also runs the risk of having an informed database, but little ongoing interaction with commissioners once the Local Area Agreement is completed. The Partnership could consider creative approaches to maintaining interaction (eg newsletters, campaigns) to keep the information relevant, updated and accessible.

#### **5.6 The Way Forward**

- 5.6.1 This section contains a number of recommendations for the way forward. These will be taken to the appropriate partnership groups to be taken forward, that is: the Be Birmingham Executive (recommendations 1-3) to review process issues, and to the Health & Well Being Partnership (recommendations 4-6) for the implications for the management of the JSNA.

## **6. The JSNA & the Organisational Structure**

### **6.1 Overview**

- 6.1.1 In December 2007 the Birmingham Health & Well Being Partnership appointed a Project Steering Group to take forward the work of the JSNA – see accompanying document “The JSNA Framework Document” for more details. Two project team workers operated under the direction of South Birmingham PCT Director of Public Health in advance of the appointment of a City Director of Public Health to take forward this work. The latter post will take responsibility for the JSNA in Birmingham.
- 6.1.2 [Recommendation 6](#) -The JSNA needs to find a place in the overall structure of the Be Birmingham Partnership that allows it to effectively support the Strategic Partnership agenda and to ensure the various Birmingham commissioners, across all agencies, have a continuous awareness and input to the JSNA information base.

### **6.2 Organisational Position**

- 6.2.1 From April 2008 the JSNA team will consist of 2.00 wte Band 6 Information posts working under the direction of the City Director of Public Health. The latter post will be based at Birmingham City Council and exist in addition to the PCT Directors of Public Health. A significant part of this individual’s role will be the overview of the JSNA. The two supporting posts will be attached to the shared Public Health Information Team for the PCTs, soon to be relocated to the offices of the Birmingham Health & Well Being Partnership.
- 6.2.2 Recommendation 4 is that the JSNA work should be accountable to the Birmingham Health & Well Being Partnership (H&WBP). At present the JSNA has its own Project Steering Group, but in the longer term the issues raised in this Evaluation need to be integrated into the main stream work of the H&WB Partnership. If preferred, overseeing the process issues and recommendations in this report may instead be allocated to the H&WBP, with the JSNA being limited to offering database support and intelligence concerning the effectiveness of the engagement process. Representation from the H&WBP at Be Birmingham work streams should include advocacy for the use of JSNA data sources, or be supplemented by membership from the JSNA information team where such data is critical to the development of the work stream’s needs analysis.
- 6.2.3 In addition, there would be benefits from linking the local JSNA into at least a regional network, with some national exchange of information. A significant amount of the potential benefit of the JSNA data relies on issues such as predictive modelling, best practice examples and larger data sources that are common to a wider population. The local agenda should ensure it is accessing such data in as efficient a way as possible. This may mean sharing information collection.

### **6.3 JSNA – Tool or Resource?**

- 6.3.1 The development of the JSNA initially could be taken in two directions. It could operate as a database tool for use by work streams, regularly updated, but essentially static. Alternatively, it could be developed as an active information resource. The attachment of the JSNA information team to the Public Health Information Team could support such an approach. The question must be answered whether the JSNA will be a tool or a resource, that is:

- Will the JSNA simply hunt for existing data, or will it commission data to fill acknowledged gaps? The latter approach would help address concerns at using outdated data.
- Will the JSNA be open to requests from commissioners for specific data interrogation, in addition to the narratives and hyperlinks provided on the web site?

#### **6.4 JSNA & Indicators**

6.4.1 Measuring the effectiveness of commissioning decisions should be supported by the development of effective indicators showing changes to health & well being in the population. The JSNA process should be linked into work reviewing performance indicators, giving it the following roles:

- To assess the outcomes highlighted in the national indicator set and within the “vital signs” and establish whether improvements are in fact being achieved. In future years, changes to performance against the indicators should form part of the ongoing assessment to identify effective interventions to improve health & well being
- To help identify local indicators that will allow partner organisations to explore issues they believe have a significant effect on population well being

6.4.2 There remains the issue of what action the Partnership would take if assessment of the national indicators showed that it was counter productive to the achievement of health & well being. This might form part of a national debate as such information became available from a number of JSNA reviews nationwide.

## 7. Conclusions

### 7.1 Way Forward

7.1.1 The work undertaken in recent months has laid a foundation for the development of an effective Joint Strategic Needs Assessment for Birmingham. The partner organisations have recognised the need to create a framework for this work and to evaluate the effectiveness of its work to date. Six recommendations have been made from this initial work. However, it is clear this is only the beginning of the necessary work, which will be led by the City Director of Public Health. Future work will need to include the following issues:

I. Developing an agreed approach to needs assessment.

At present, different needs assessment approaches exist for different work streams. The partners need to consider the appropriateness of this approach and if required, adopt a common strategy to undertaking needs assessment, establishing such issues as common confidence ratings.

II. Take forward work into linking the JSNA into public & patient engagement

The partner agencies have a number of engagement processes within their individual organisations to engage with the public and clients/patients. The JSNA needs to link these processes into its data sources so that this information is available for needs assessment. The Be Birmingham Partnership is already approaching this work through its “Be Heard” initiative, which will collate existing responses. In addition, the JSNA needs to provide information about existing ongoing engagement processes.

III. Widening engagement & communication

The JSNA Guidance stresses the need for engagement with stakeholders across the public service, third sector and private services, to gather information for needs assessment. This work needs to continue, with particular emphasis in the short term on reaching the FHS independent contractors.

IV. Undertake a strategic review of the existing needs assessment to support a joined up process fulfilling the vision of a JSNA

The work undertaken to date has amalgamated the existing needs assessments and looked to ways in which this work can improve its joint working practices. The task still remains to draw together this work to identify issues of need that cross cut existing partnerships and take joint strategic needs assessment to a new level.

## Health & Wellbeing: Drug & Alcohol Misuse

### Evidence Base & Needs Assessment

- [Alcohol Misuse Interventions: Guidance on developing a local programme of improvement \(2005\)](#)
- [Changing Habits: The commissioning and management of community drug treatment services for adults \(2002\)](#)
- [COSMIC: Comorbidity of substance misuse and mental illness collaborative study \(2002\)](#)
- [Drug Misuse: Reducing the local impact \(2004\)](#)
- [Home office findings #261: Alcohol-related crime and disorder \(2003\)](#)
- [Joseph Rowntree Foundation: Underage 'Risky' Drinking \(2005\)](#)
- [National Treatment Association: Review of the effectiveness of treatment for alcohol problems \(2006\)](#)
- [The Information Centre: Drug use, smoking and drinking among young people in England \(2005\)](#)
- [Turning Point: Bottling It Up \(2006\)](#)
- [Alcohol Needs Assessment Research Project \(ANARP\): The national alcohol needs assessment for England. \(2004\)](#)
- [Health Development Agency: Prevention and Reduction of Alcohol Abuse, 2002](#)
- [Health Development Agency: Alcohol Misuse Interventions, 2005](#)

### Strategies

- [Adult drug treatment plan \(2007/8\)](#)
- [Alcohol Harm Reduction Strategy \(2004\)](#)
- [Reduce the harm caused by Alcohol and Drugs: PSA Service Agreement 25 \(2007\)](#)
- [Safe, sensible, social: National Alcohol Strategy \(2007\)](#)
- [National Treatment Agency: Models of Care Update \(2006\)](#)
- [National Treatment Agency: Models of Care \(2002\)](#)
- [Models of care for alcohol users: MOCAM \(2006\)](#)

### Local Intelligence

- [West Midlands Regional Lifestyle Survey \(2005\)](#)
- [North West Public Health Observatory: Alcohol Profiles for England \(2007\)](#)

### Services

- Birmingham DAT: Drug Services Treatment Directory (List of approximately 80 different drug services in Birmingham)
  - Treatment Services
  - Criminal Justice Services
  - Supported Services
  - Structured Day Care Services
  - Out Reach & Homeless Services
  - Self Help Groups
  - Carers and Concerned Other Services
  - Alcohol Services
- Birmingham Outreach Directory (Alphabetical list of Birmingham drug services)

### Targets

- NOMS Performance & Targets (2007)

# Health & Wellbeing: Teenage Pregnancy

## Evidence Base & Needs Assessment

- [Alcohol Concern: Alcohol and Teenage Pregnancy, 2002](#)
- [Connexions: Connexions and Teenage Pregnancy, 2003](#)
- [Department for Education and Skills: Next Steps Guidance, 2006](#)
- [Health Development Agency: Teenage Pregnancy: and sexual health interventions, 2004](#)
- [Health Development Agency: Teenage Pregnancy: an overview of the research evidence, 2004](#)
- [Health Development Agency: Teenage Pregnancy: A review of reviews, 2003](#)
- [Health Development Agency: Teenage Pregnancy: An update on the key characteristics of effective intervention, 2001](#)
- [Health Development Agency: Teenage Pregnancy and Health Scrutiny, 2005](#)
- [Sex Education Forum: Secondary Schools and Sexual Health Services, Forging the Links, 2003](#)
- Department of Health: *Diverse Communities, Identity and Teenage Pregnancy*, 2002
- Renewal.net: *Teenage Pregnancy Overview*
- Renewal.net: *Tackling Teenage Pregnancy Lincoln Case Study*
- Renewal.net: *Better Sex and Relationships Education*
- Department for Education and Skills: *Guidance on the Education of Teenage Parents*
- Department for Education and Skills: *Guidance on Sex and Relationships Education*, 2000

## Strategies

- [Department of Health: The National Strategy for Sexual Health and HIV, 2001](#)
- [Department of Health: Effective Sexual Health Promotion, 2003](#)
- [Department for Education and Skills: Teenage Pregnancy: Accelerating progress to 2010, 2006](#)

## Local Intelligence

- [WMPHO: West Midlands Health Issues: Teenage Pregnancy](#)

## Services

- [Care To Learn](#)
- Here for You
- HoB Antenatal support for young parents under 25
- Young Birmingham – pregnancy services

## Health & Wellbeing: Long-Term Conditions

### Strategies

- [Department of Health: \*National service framework for older people\*, 2001](#)
- [Department of Health: \*National service framework for Diabetes\*, 2001](#)
- [Department of Health: \*National service framework for CHD\*, 2000](#)
- [Department of Health: \*Improving Chronic Disease Management\*, 2004](#)
- [Department of Health: \*Supporting People with Long Term Conditions\*, 2005](#)
- [Social Exclusion Unit: \*A Sure Start to Later Life, Ending Inequalities for Older People\*, 2006](#)
- [Department of Work & Pensions: \*Opportunity Age\*, 2005](#)

### Targets

- NI 124: People with long-term conditions supported to be independent and in control of their condition.
- NI 142: Number of vulnerable people who are supported to maintain independent living

## Health & Wellbeing: Falls Prevention

### Evidence Base & Needs Assessment

- [Department of Health: \*How can we help older people not fall again?\* 2003](#)
- [The Chartered Society of Physiotherapists: \*Effectiveness of falls prevention and rehabilitation strategies for older people, implications for physiotherapists\*, 2001](#)

### Strategies

- [Department of Health: \*National Service Framework for Older People \(Standard #6\)\*, 2003](#)
- [Accidental Injury Task Force: \*Preventing Accidental Injury\*, 2002](#)

### Modelling

- [Chang et. al: \*Interventions for the prevention of falls in older adults, systematic review and meta-analysis of randomised clinical trials\* , 2004](#)

## **Health & Wellbeing: Healthy Lifestyles**

### **Evidence Base & Needs Assessment**

- [Department of Health: \*Health Challenge England Factsheets, 2005\*](#)
- [Department of Health: \*National Healthy Schools, a guide for schools, 2005\*](#)
- [Health Education Authority: \*Effectiveness of interventions to promote healthy eating in pregnant women and women of childbearing age, 1998\*](#)
- [Health Education Authority: \*Effectiveness of interventions to promote healthy eating in people from ethnic minority groups, 1998\*](#)
- [Health Education Authority: \*Effectiveness of interventions to promote healthy eating in elderly people living in the community, 1998\*](#)
- [Health Education Authority: \*Effectiveness of interventions to promote healthy eating in preschool children aged 1-5 years, 1998\*](#)
- [Health Education Authority: \*Effectiveness of interventions to promote healthy eating in the general population, 1998\*](#)
- [Health Development Agency : \*Care pathways for the prevention and management of obesity, 2006\*](#)
- [Health Development Agency: \*Promotion of physical activity among adults: evidence into practice briefing, 2006\*](#)
- [Health Development Agency: \*Prevention and Reduction of Alcohol Abuse, 2002\*](#)
- [Health Development Agency: \*Alcohol Misuse Interventions, 2005\*](#)
- Renewal.net: *Exercise for Health Case Study*
- Renewal.net: *Sport, Physical Activity and Renewal Overview*
- Renewal.net: *Prevention and Treatment of Childhood Obesity*
- 

### **Strategies**

- [Department of Health: \*Choosing Health, 2004\*](#)
- [Department of Health: \*Delivering Choosing Health, 2004\*](#)
- [Department of Health: \*Choosing Physical Activity, 2005\*](#)
- [Department of Health: \*Choosing a Better Diet, 2005\*](#)

### **Targets**

- NI 123: 16+ Current Smoking Rate

### **Services**

- “Call To Quit” Service
- Drop-In Stop Smoking Clinics (various locations)
- Young Birmingham stop smoking service
- NHS Smoking Quitline

## Children & Young People

### Evidence Base & Needs Assessment

- Needs Assessment Documents 1-37 [Not Publically Available]
- [www.cochrane.org](http://www.cochrane.org)
- [www.campbellcollaboration.org](http://www.campbellcollaboration.org)
- [www.colorado.edu/cspv/blueprints/index](http://www.colorado.edu/cspv/blueprints/index)
- [www.whatworks.ed.gov](http://www.whatworks.ed.gov)
- [www.promisingpractices.net](http://www.promisingpractices.net)
- [www.preventionaction.org](http://www.preventionaction.org)

### Strategies

- A brighter future for children & young people: *The Birmingham Strategy*, 2007 [Offline]
- [Every Child Matters: Green Paper, 2003](#)
- [Every Child Matters: Change for Children in Social Care, 2004](#)
- [Children's Act, 2004](#)

### Local Intelligence

- [Brighter Futures Magazine](#)

### Modelling

### Services

A comprehensive service guide for children and young people can be found at:

<http://www.ineed2know.org.uk/>

### Targets

- See Birmingham LAA 2008-11: Current Position on Indicators and Targets

## **Enterprise & Economic Prosperity**

### Strategies

- [National Employment Panel: Welfare to Workforce, 2004](#)
- Be Birmingham: *Floor Target Action Plan for Worklessness*, 2005
- [Birmingham Economy: Manufacturing Strategy, 2006\\*](#)
- [Learning & Skills Council: Equality & Diversity Strategy, 2004/7\\*](#)
- [Jobcentre Plus: Business Plan, 2007\\*](#)

### Targets

- PSA 4 Floor targets:
  - Demonstrate progress on increasing the employment rate
  - Increase employment rates of disadvantaged groups (lone parents, ethnic minorities, over 50's, those with the lowest qualifications and those living in the wards with the poorest initial labour market position)
  - Significantly reduce the difference between the employment rates of the disadvantages groups and the overall unemployment rate
- Local target:
  - Help 10,000 into work by 2010
- “New deal for welfare” targets (National):
  - Reduce the numbers on incapacity benefits by 1,000,000
  - Increase the numbers of lone parents in work by 300,000

### Evidence Base & Needs Assessment

- [Learning & Skills Council: Birmingham & Solihull Statement of Need, 2008\\*](#)
- [Department for Work & Pensions: A New Deal for Welfare, 2006](#)
- [Carol Goldstone Associates: Review of the Employer Training Pilot Skills for Life Intervention Programme, 2005\\*](#)
- 625 Group analysis [of identified areas requiring more intensive outreach of support services]

### Modelling

- Birmingham city council local economic forecasting model
- Cambridge econometrics models

### Local Intelligence

- [Birmingham Economy: Ward Profiles](#)
- [Neighbourhood Renewal Unit: Floor Targets Interactive, 2006](#)
- [NOMIS: Labour Market Statistics](#)

### Services

- [Access to Employment Groups](#)
- Activate Training Programme
- [Birmingham Professional DiverCity](#)
- Birmingham Employer Coalition
- Birmingham Enterprise
- [Building Health Employment Hub](#)
- Bullring Jobs Team
- [Business Link](#)
- Construction Employment Alliance
- [Fair Cities](#)
- Fresh Start
- [Jobcentre Plus](#)
  - National & Field Account Managers
  - Local Employer Service Managers
  - Specialist Employment Advisers
  - Disability Employment Advisers
- Learning and Skills Council
- Link Up
- [Public Service Compact](#)
- [Progress2Work](#)
- “Train To Gain”
- [Trellis Refugee Employment Scheme](#)
- [Workwise](#)

# Housing

## Strategies

- [Birmingham City Council: Birmingham 2026 Consultation, 2006](#)
- [Birmingham City Council: Taking Birmingham Forward, Community Strategy, 2005](#)
- [Birmingham City Council: Birmingham Prospectus, 2006](#)
- [West Midlands Regional Assembly: Regional Spatial Strategy, 2008](#)
- [Birmingham City Council: Local Development Framework Core Strategy](#)
- [West Midlands Regional Assembly: Regional Housing Allocation Strategy, 2008](#)
- [West Midlands Regional Assembly: Regional Housing Strategy, 2005](#)
- [Be Birmingham: Climate Change Strategy, 2006](#)
- [Birmingham City Council: Supporting People, 2005](#)
- [Birmingham City Council: Unitary Development Plan, 2005](#)
- [Birmingham City Council: Empty Properties Strategy, 2007](#)
- [Birmingham City Council: Plan for Older People, 2005](#)
- [Birmingham City Council: Private Sector Housing Strategy](#)
- [West Midlands Regional Assembly: Regional Homelessness Strategy, 2005](#)

## Evidence Base & Needs Assessment

- 'Level One' Equality Impact Needs Assessment
- West Midlands Regional Assembly: *Sub-Regional Housing Market Assessment*, 2008
- *Birmingham Strategic Housing Market Assessment*, 2008
- [National Treatment Association: Models of Care for Alcohol Misusers, 2006](#)
- [Home office statistical bulletin, The British crime survey, 2000](#)

## Local Intelligence

- Birmingham Housing Demand Study [Unknown Location]
- Birmingham Tenant Satisfaction Surveys [Unknown Location]

## Services

- [Affordable Warmth Programme](#)
- [Birmingham Support People Service Directory](#)
- "The News Tonight" film project
- [Sunrise Programme](#)

## Targets

- See Birmingham LAA 2008-11: Current Position on Indicators and Targets

# Safer: Crime

## Evidence Base & Needs Assessment

- [ACPO, \*The national intelligence model\*, 2005](#)
- [Birmingham inter-agency domestic violence forum, \*Principals, standards & good practice\*, 2004](#)
- [Home office research study #276, \*Applying findings of Domestic Violence, sexual assault and stalking\*, 2004](#)
- [Home office statistical bulletin, \*The arrestee survey: annual findings\*, 2003-4](#)
- [Home office statistical bulletin, \*The British crime survey\*, 2000](#)
- [Home office statistical bulletin, \*Crime in England and Wales\*, 2006-7](#)
- [Home office, \*Guidance for domestic homicide reviews under the domestic violence, crime and victims act\*, 2004](#)
- [Home office, \*National domestic violence delivery plan\*, 2006](#)
- [West Midlands Policing Authority, \*WMPA Local Policing Plan\*, 2007-08](#)
- [Audit Commission, \*Neighbourhood crime & anti-social behaviour study\*, 2006](#)
- [Home Office, \*Cutting crime\*, 2007](#)

## Strategies

- [BIADVF, \*Pan-Birmingham domestic violence strategy\*, 2006](#)
- [Birmingham Community Safety Partnership, \*Community Safety Strategy\*, 2005](#)

## Local Intelligence

- [MORI, \*Birmingham annual opinion survey\*, 2004](#)
- [BIADVF, \*Consultation on the Birmingham Domestic Violence Strategy 2006-7\*, 2006](#)
- [West Midlands Police Authority, \*Feeling the difference\*, 2008](#)
- [Safer neighbourhood programme, \*Audit report from Nechells\*, 2003](#)
- [Birmingham Community Safety Partnership, \*Making Birmingham Safer: Community Safety Assessment\*, 2006-7](#)

## Modelling

- [Women and equality unit, \*The cost of domestic violence\*, 2004](#)

## Services

- Pan-Birmingham domestic violence safety unit
- Kingstanding youth inclusion project
- Youth offending services
- Victim support services for North, South & Central Birmingham
- Various other seasonally-based services and campaigns (eg. Christmas drink-driving campaign)

## Targets

- PSA Crime Reduction and LPSA Targets:
  - PSA1: *reduce crime by 15%, and more in high crime areas by 2007/08*
  - PSA2: *reassure the public, reduce fear of crime and antisocial behaviour and build confidence in the criminal justice system*
  - PSA3: *bring 1.25 million offences to justice in 2007/8*
  - PSA4: *reduce harm caused by illegal drugs including substantially increasing the number of drug misusing offenders entering treatment through the CJS*
  - PSA6: *increase voluntary and community engagement, especially amongst those at risk of social exclusion*

# Safer: Fire

## Evidence Base & Needs Assessment

- [Building bulletin 100, \*Designing and managing against the risk of fire in schools\*, 2006](#)
- [Communities & local government, \*Respect standards for social housing\*, 2006-8](#)
- [Communities & local government, \*Arson control forum annual report\*, 2006](#)
- [Department for Transport, \*Tomorrow's roads: safer for everyone\*, 2000](#)
- [The Lyons Report, \*National prosperity, local choice and civic engagement\*, 2006](#)
- [Social Exclusion Unit, \*A sure start to later life: ending inequalities for older people\*, 2006](#)

## Strategies

- [Office of the deputy prime minister, \*Fire and Rescue National Framework\*, 2006-8](#)
- [West midlands fire service, \*Corporate strategy 2006-10 and actions 2007-8\*, 2007](#)
- [West midlands fire service, \*Annual service plan 2007-08\*, 2007](#)
- [West midlands regional assembly, \*Regional spatial strategy\*, 2008](#)

## Local Intelligence

- [West midlands fire service, \*Moving forward, always improving: direction of travel\*, 2007](#)
- [Birmingham fire reduction partnership, \*Report 2005-07\*, 2005](#)

## Modelling

- [Birmingham fire reduction partnership, \*Evaluation of selected interventions\*, 2006](#)
- [Office of the deputy prime minister, \*The housing health & safety risk rating system\*, 2006](#)

## Targets

- LPSA2 Targets:
  - Achieve an average of no more than 1112 accidental dwelling fires per annum from a baseline of 1216
  - Achieve an average of no more than 1361 vehicle arson incidents per annum from a baseline of 2048
  - Achieve an average of no more than 353 arson incidents per annum from a baseline of 398

## Services

- Advertising on public transport
- Anti-arson training for young offenders
- Blitz on bonfires
- "Dying 2 Drive" programme
- Fire safety radio advertising campaign
- National FiReControl project
- National Firelink project
- Operation cube-it
- Red hot education station
- Sparx theatre production
- The fire project
- Two fire safety centres in central Birmingham
- West midlands urban search and rescue team (USRT)
- Young firefighters' association

# Environment

## Evidence Base & Needs Assessment

- [Sustainability West Midlands: The Potential Impacts of Climate Change on the West Midlands, 2004](#)
- [Environment Agency: The Potential Impacts of Climate Change on Waste Management, 2003](#)
- [HM Government: Climate Change and Sustainable Energy Act, 2006](#)
- [National Planning Forum: Planning for Climate Change Quickfile, 2005](#)
- [Environment Agency: Strategic Waste Management Information, 2002](#)
- Best Practice: *Birmingham Hippodrome*
- Best Practice: *Bilston Urban Village*
- [Best Practice: Impact Repair Centre Limited](#)
- [Best Practice: Carbon Trust Management Programme for Local Authorities](#)
- [Birmingham City Council: Overview and Scrutiny of Environmental Wardens, 2006\\*](#) [Not in Report]
- [Environment Agency: Planning Policy Guidance Note 25 on Development and Flood Risk, 2001](#)

## Services

- Birmingham Strategic Partnership Environmental Wardens
- [Carbon Trust](#)
- [Company TravelWise](#)
- [Energy Efficiency Commitments](#) [Website under reconstruction]
- [Energy Savings Trust](#)
- [Energy Savings Trust: Travel Consultation Service](#)
- [Environmental Business Opportunity Programme](#)
- [Health Through Warmth](#)
- [National Industrial Symbiosis Programme](#)
- [Project Kingfisher](#)
- School Travel Plans
- [Sustainable Management of Urban Rivers and Floodplains Project](#)
- [Warm Front](#)

## Strategies

- [UK Sustainable Development Strategy: Securing the Future, 2005](#)
- [West Midlands Regional Assembly: West Midlands Spatial Strategy, 2005](#)
- [West Midlands: Local Transport Plan, 2006](#)
- [West Midlands: Regional Energy Strategy, 2004](#)
- [Communities and Local Government: Delivering Sustainable Development, 2005](#)
- [Birmingham City Council: Unitary Development Plan, 2005](#)
- [Birmingham City Council: Municipal Waste Management Strategy, 2006](#)
- [DEFRA: Making Space for Water, 2004](#)
- [DEFRA: Flood and Coastal Erosion Risk Management](#)

## Local Intelligence

- [Best Foot Forward: Domestic Carbon Dioxide Emissions for Selected Cities, 2006](#)

## Targets

- Reduce CO<sub>2</sub> levels by 60% from 1990 baseline by 2026
- Local Area Agreement targets (to be finalised)