

Implementing the Birmingham Joint Strategic Needs Assessment Framework

Framework Document 2008/09

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)

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1. Introduction

- 1.1 Local authorities, PCTs and Children & Young Peoples' Trusts have a duty placed upon them by The Local Government and Public Involvement Health Act 2007 to undertake a Joint Strategic Needs Assessment. This document details the Framework within which the Joint Strategic Needs Assessment (JSNA) has been introduced in Birmingham.
- 1.2 This document is intended to act as part of the governance process for this initiative. It outlines the approach taken by the partner agencies to define the context within which the JSNA needs to be developed, the philosophy shaping the work to collect and interpret the data, and how the engagement process impacted on the first stage of development. The document is intended for use in discussions between the partners and as part of any external review.
- 1.3 The challenge is to create a working process/document that is of use both at strategic level and as a working tool taking forward the priorities and consensus between a wide range of stakeholders. The hope is that this Framework will be the first step in achieving this goal.

Sandy Bradbrook
Chief Executive, Heart of Birmingham PCT

Sophia Christie
Chief Executive, Birmingham East & North PCT

Moira Dumma
Chief Executive, South Birmingham PCT

Peter Hay
Director of Adult & Community Services
Birmingham City Council

Tony Howell
Children & Young People's Board

2. Executive Summary

2.1 Overview

2.1.1 The creation of a Joint Strategic Needs Assessment (JSNA) forms part of a wider body of legislation that looks to develop a new approach to providing health and care to the UK population. It sits within a number of driving themes and is expected to act as a supporting tool for these changes. These themes include:

- A greater focus on prevention and early intervention for improved health, independence and wellbeing
- Tackling inequalities and improving access to services
- An emphasis upon the potential benefits to be gained from effective commissioning
- Work to develop integrated and effective performance management
- A recognition that partnership working is at the core of successful planning and provision
- A recognition that such partnership will gain from input from all stakeholders, including service providers and receivers of services

2.1.2 The Birmingham Strategic Partnership (*Be Birmingham*) approached the creation of a JSNA in a spirit of recognition of the substantial amount of local needs assessment work already in place for the population. In effect, it recognised that the framework of a JSNA had been pursued for some years, with cross cutting partnerships, shared use of information and widespread engagement of interested stakeholders underpinning the existing strategies. This work dictated the shape and approach to the JSNA development in line with Department of Health guidance. The key factors were:

- The JSNA initiative would build upon current work, looking to integrate existing information, support current work, integrate existing processes, and empower all stakeholders to access all information and to create a voice for all parties
- Work would begin by pulling together all the existing needs assessment work and would look to identify ways in which this work could be better utilised to improve the health & well being of the population.

2.1.3 This approach was informed by the initial engagement work in establishing a JSNA. Stakeholders felt that much of this work was already in place, and was based on extensive consultation and engagement. The issue that interested stakeholders most was, why existing information was currently not better utilised.

2.1.4 On this basis, initial JSNA work undertook an evaluative approach, to identify:

- What sources were currently used to underpin needs assessment and any issues this might raise
- Issues concerning the process of using current joint strategic assessment work. Stakeholders identified that there were ways in which the processes of partnership working interfered with the potential gains from joint working

2.1.5 This approach aims to recognise that without improvements to the current processes of data collection, knowledge management and partnership working, there will be minimal gains from extending the existing joint strategic needs assessment work.

2.1.6 This work was supported by a Project Steering Group and dedicated Project Manager and Information Support. It included significant work sourcing current databases, reviewing strategic processes and undertaking additional work to engage stakeholders from the public and third sectors to identify what are the underlining process issues.

2.1.7 In advance of 1 April 2008, the aim of the Be Birmingham partnership has been:

- To articulate its existing joint strategic work
- To take this work forward to establish a shared data access site that provides linkages into all the work underpinning its needs assessment work
- To evaluate this work and the processes underpinning it, to ensure that any issues of process and systems are addressed
- To begin filling any gaps in current information and assessment tools

2.1.8 The Partnership is appointing a City Director of Public Health who will have ongoing responsibility for this work. The aim will be to take the policy drivers for the creation of a JSNA and use them to shape existing knowledge management to better support the improvement of health and well being for the population.

3. Policy Framework

3.1 Overview

3.1.1 The Joint Strategic Needs Assessment (JSNA) is a statutory requirement placed upon Local Authority, PCT and Children & Young Peoples' Trust partners 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. Data looking both at current and predicted health & well being issues will be translated into narrative format to identify the "big picture" in terms of health and well being needs and inequalities in the population. 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). Local reflection upon the full role of the JSNA is outlined in section 3.

3.1.2 The Joint Strategic Needs Assessment forms part of a wider body of legislation that looks to develop a new approach to providing health and care to the UK population. It sits within a number of driving themes and is expected to act as a supporting tool for these changes. These themes include:

- A greater focus on prevention and early intervention for improved health, independence and wellbeing
- Tackling inequalities and improving access to services
- An emphasis upon the potential benefits to be gained from effective commissioning
- Work to develop integrated and effective performance management
- A recognition that partnership working is at the core of successful planning and provision
- A recognition that such partnership will gain from input from all stakeholders, including service providers and receivers of services

3.1.3 This section looks at how these themes have influenced the Birmingham development of a JSNA.

3.2 Prevention and Early Intervention

3.2.1 *Our Health, our care, our say* identified the need for Directors of Public Health, Adult Social Services and Children's Services to undertake regular strategic needs assessment of the health and well being status of the population, enabling local services to plan, through Local Area Agreements, both short and medium term objectives. The JSNA will become the essential building block in this process.

3.3 Tackling Inequalities & Improving Access

The existence of inequalities within the population has been a matter of concern in healthcare provision for many years and was underlies the targets set in *The Health of the Nation* and *Our Healthier Nation*. The requirement for a Joint Strategic Needs Assessment places the emphasis on searching out and highlighting local inequalities and the most effective methods of improving access.

3.4 Effective Commissioning

3.4.1 The *Commissioning Framework for Health & Well Being* identifies the future priorities for effective commissioning as:

- A shift towards services that are personal, sensitive to individual need and that maintain independence and dignity

- A strategic reorientation towards promoting health & well being, investing now to reduce future ill health costs
 - A stronger focus on commissioning the services and interventions that will achieve better health, across health services and local government, with everyone working together to promote inclusion and tackle health inequalities
- 3.4.2 The Framework identified eight steps to effective commissioning, including i) understanding the needs of populations and individuals and ii) sharing and using information more effectively. It is an essential role of the Joint Strategic Needs Assessment to identify the health and well being needs of the local population and, through the process of collecting and sharing this information, to improve its effective use.
- 3.4.3 The world class commissioning programme within the NHS, identifies a number of competencies that support effective commissioning. These include; working collaboratively with community partners, engaging with the public and patients, and managing knowledge and assessing current and future needs. This work is fundamentally supported by the development of a JSNA that is built upon engagement and a systematic approach to knowledge management.

3.5 Performance Management

- 3.5.1 Measuring the effectiveness of commissioning decisions should be supported by the development of effective indicators showing changes to health & well being in the population. To foster joint working, these indicators are best shared between partners, or overviewed within a single framework. The new performance framework for local authorities working alone or in partnership contains 198 national priorities for local delivery, of which 51 key indicators have been highlighted for particular focus through Birmingham's Local Area Agreement. In addition *The NHS in England: The Operating Framework for 2008/09* has established a set of "vital signs" against which PCTs will be expected to monitor their performance.
- 3.5.2 One role of the JSNA will be to address the outcomes highlighted in the national indicator set and within the "vital signs". In future years, changes to performance against the indicators will form part of the ongoing assessment to identify effective interventions to improve health & well being. Also, the development of local indicators will allow partner organisations to explore issues they believe have a significant effect on population well being.

3.6 Partnership Working

- 3.6.1 In November 2007 the Government released *Creating Strong, Safe & Prosperous Communities consultation draft*) and *Operational Guidance – Development of the New LAA Framework*. These documents look for a "mature relationship" between central and local government, giving greater discretion for councils to put the governing back into local government. They confirm the importance of the Local Strategic Partnership relationship and the need for clear lines of accountability between the thematic partnerships. They support focus on priorities requiring partnership attention to deliver ambitious step change for the population and to promote preventative approaches.

3.7 Engagement

- 3.7.1 *Strong & Prosperous Communities* emphasises that citizens and communities know what they want from services and what needs to be done where they live. It outlines a vision of responsive services and empowered communities. To meet this vision, commissioning partners needs to engage with stakeholders to develop a common

understanding of health & well being needs and to ensure the community has its role in taking this work forward.

3.8 Policy Framework: Taking Forward the JSNA

3.8.1 Reflecting on these policy issues, the partner organisations highlighted the following issues for developing a JSNA in Birmingham:

- There should be one common information source, both for key demographic data, but also for any modelling to predict future trends. Creating such a data source has communications implications – there will not be a common picture unless everyone recognises the existence of a source database
- The focus of the JSNA is in finding the right preventative actions and it needs to be formatted in such a way that it is a natural early access point in any commissioning discussions, but also that its information prioritises preventative interventions. For example, the JSNA will focus more on data concerning the prevalence and profile of smokers than on data held concerning lung cancer.
- The JSNA will highlight where there is unequal access to health & well being for the Birmingham population. This might be deduced from existing figures, or may involve highlighting the need for data to be collected concerning a particular population profile about which little information is known
- The primary use of the JSNA is to influence commissioning decisions. This fact must remain central to discussions about the format, access and promotion of the data
- The JSNA will need to provide some commentary upon the choice of national and local indicators and integrate the results of indicator measures into its reflection upon what is successful and what is not successful in improving the health & well being of the Birmingham population
- The work of the JSNA will need to be closely integrated into the partnership structures addressing the health & well being agenda. This will support individual agencies' recognition of the JSNA as the common source of data and ensure that any cross cutting issues identified by the JSNA are brought to the attention of all parties. How to best support such cross cutting recognition will be an issue for the JSNA process to explore. The JSNA could also develop a framework for a joint approach to developing strategy, to ensure that the common issues arising from needs assessment are built into the individual organisation's planning.
- The JSNA has to be a comprehensive process of information gathering and exchange. It should be looking to seek out data held in all sectors, beyond the larger partnership organisations. It should provide a place for data of varying robustness to be assessed and compared to data from other sources.

3.8.2 On this basis the JSNA has been taken forward. From this background a philosophy of approach has been developed and the first stage of engagement and data collection has taken place.

4. Birmingham JSNA Philosophy

4.1 Overview

4.1.1 The partner organisations recognise 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. It is therefore important that the partner organisations clearly agreed the philosophy underlying their first approach to this work.

4.2 JSNA Definition & Parameters

4.2.1 The partner agencies began with the baseline definition of a JSNA as “*a tool to identify the health & well being needs and inequalities of a local population to inform more effective and targeted service provision*” (JSNA guidance December 2007). In order to develop a philosophy and way forward, the partner agencies recognised the following parameters to the JSNA work:

- It should largely focus upon demographical, population based information
- It should be focused on the “big picture” – aggregated needs rather than individual needs
- It should be able to identify the needs of whole populations, including people whose needs are not currently being met, who are not benefiting from interventions that have been determined as of benefit
- It should be evidence based – it will identify best practice, innovation & research to inform how needs will best be met
- It should be focused on reaching an unbiased assessment of existing evidence. It is recognised that not all identified need can be met, or if it can be met, leads to sufficient benefit. Choices have to be made in the areas of investigation and the subsequent actions. However, the presentation of the data will aim to be “without agenda” in its evaluation of the issues under consideration.
- It should be systematic in its approach – it is a framework to examine all the factors that impact on the health & well being of local communities and is required to include clearly defined criteria for the selection of high quality and locally relevant information, supplementing a core national dataset
- It should provide an analysis to enable prioritisation across public service sectors and therefore commissioning requirements. Its result should be agreed commissioning priorities that will improve health & well being outcomes and reduce inequalities by partners working together
- It should provide a trusted source of data that will be updated on an agreed cycle, open to scrutiny and available in time to underpin the strategic planning cycle
- It should be forward looking, aiming to provide analyses that project need in the short term (3-5 years) and the medium term (5-10 years)
- It should be accessible; it should exist in the public domain where possible, taking into account data confidentiality. In the longer term it should also be included in the PCT Annual Reports, PCT and Local Authority web sites and the PCT Prospectus.
- It should avoid duplication; access to the technical background data will be built into existing information systems within the commissioning organisations
- It is an ongoing process – information will need to be updated and the outcome of any interventions evaluated for their effectiveness
- It is a community endeavour – recommendations will be based on the collected experience and evaluated assessment of a wide range of stakeholders, including voluntary and third sector parties.

4.2.2 These parameters have been included in the JSNA Evaluation Report, identifying needs and sharing this information

4.3 JSNA Roles

4.3.1 In order to shape the JSNA to fulfil the needs of those who may use it, the partners identified the following stakeholders who may wish to access its work:

- Commissioning organisations, who are required to set their priorities based on a clear, comprehensive and accurate understanding of the needs and expectations of their population, from which to set commissioning priorities. Their decisions will need to be supported by evidence of best practice approaches.
- Provider organisations, whether public, voluntary or private sector, who will want to understand the priorities of its purchasers, in order to focus its own service provision.
- Interested stakeholders, whether voluntary or private sector, who will wish to have a point of access to the commissioning process, to channel subject-specific expertise and best practice evidence into the commissioning process
- Service users who will wish to understand commissioning processes that affect their care and whose needs and expectations will have a role in focusing the existing data into areas of shared commissioner and user concern
- The public, to provide information in a user friendly format to help develop informed local citizens.

4.3.2 To this purpose, it was agreed that the JSNA has the following roles:

- A tool for interested stakeholders to identify how specific issues affect health & well being
- An early point in the planning process, where needs are identified, so that they can be considered by individual health and social commissioners to be translated into the Local Area Agreement and potentially other health & social plans
- A point at which the community can engage with the planning process, highlighting what issues matter to them in improving health & well being
- A voice for stakeholders to facilitate and empower them to express their needs and to provide local ownership to increase the relevance of services, improving their uptake and sustainability
- A process to identify groups that are vulnerable, hard to reach, experiencing exclusion or have complex medical and social needs
- A process to identify priority areas for commissioners to consider
- An enabling process, to help commissioners specify appropriate expressed outcomes and providers to shape services to address needs
- A support to the attainment of world class commissioning
- A facilitator for establishing the way forward to address performance indicators included in the National Indicator Set and the NHS Operating Framework's "Vital Signs"
- A place of reflection and assessment of existing service provision and the way they are used, to highlight their appropriateness for addressing need
- A positive contributor in its own right; the JSNA should improve information sharing, sharing of expertise and community engagement, which in itself should have a positive impact on health & well being

4.4 JSNA Philosophy

4.4.1 On this basis, the partners agree to move forward within the following framework:

- The key concepts underpinning the approach will be supporting current work, integrating existing processes, and empowering all stakeholders to access all information and to create a voice for all parties
- Need will be defined as those needs that, if met, will reduce health needs and health inequalities – ie they are needs that will benefit from input and intervention
- The JSNA will be shaped by widespread consultation, not only in its recommendations, but also concerning how it is constructed, to what design and for what purposes. Therefore this first attempt at a JSNA will be as flexible as possible in its processes and format so that stakeholder views can more easily be built into subsequent models.
- The JSNA will be a resource tool for participating stakeholders; this will include Birmingham City Council and the Birmingham Primary Care Trusts. Each organisation will retain its own authority concerning how far and in what way the information and recommendations included within the JSNA are used by its own organisation.
- The JSNA will be a signpost and link to existing information and services. This approach will be built into its initial design. It will avoid replicating existing databases and strategic planning processes.
- The JSNA will aim to streamline evidence based planning across local authority and NHS services. Much of the evidence based information is likely to be based on national demographics and will be of use across all local authorities, PCTs and wider stakeholders. The aim will be to create links with other JSNA planning processes to minimise overlapping work and to spread and receive knowledge of best practice across the widest possible network.
- The JSNA process of prioritisation can have a number of potential approaches, and it was recognised that the priorities may change in each planning cycle in order to emphasise different approaches. For example:
 - statistical significance versus population aspirations and expectations
 - results for the greatest number versus prioritisation of minority needs
 - morbidity and mortality effects versus improvements in well being

4.5 JSNA Limitations

4.5.1 In order to ensure the JSNA had a manageable remit, certain limitations were placed on its responsibilities in its early stages.

- The JSNA responsibility is to support commissioning strategy and not the provider function at this time. Providers may use the JSNA Database as a source document to help focus its service provision, but this will be an independent exercise for these organisations.
- There was a need to make explicit in the early stages of the process that the JSNA is population level and evidence based driven. Therefore it does not look to identify individual needs or demands. It was recognised that the process of implementing the JSNA must work to eradicate the potential negative effects that might arise if this approach is not clearly communicated, such as:
 - Falsely raised expectations that the JSNA is a lobbying tool. This would result in individual clients or small client groups feeling that their concerns have been overlooked. In fact, their issues form part of the engagement processes of the individual organisations.
 - Commercial lobbying by service providers (private or public sector) to highlight their own services. Such information should be directed to local commissioning and procurement processes.
 - A misdirected focus on individual treatments rather than identifying where need exists and providing evidence based assessment of any existing approaches.

- Collection of significant amounts of information that cannot be statistically analysed or cannot be used as a proxy for such information.

4.6 Philosophy: Taking the JSNA Forward

4.6.1 Consideration of the philosophy underpinning the JSNA led to the definition of a series of questions for which the JSNA might be expected to provide answers. These were:

- what issues affect health & well being (such as levels of crime, levels of education)?
- what evidence exists to support these assumptions?
- by implication, which groups will be most affected by the issues?
- what data is available to pinpoint these key affected groups within Birmingham?
- what evidence there is concerning how these issues may best be addressed or evidence concerning the efficacy of established methods of addressing these issues?
- any expected changes in the key affected groups' numbers or situation in the short and medium term that will require revised plans?
- what services currently exist to address these issues and how they are used by these groups?
- by implication, what outcome measures would best identify that improvements have been achieved?

4.6.2 Assessing how the JSNA answers these questions should support the production of recommendations highlighting priorities to commissioners that would benefit from attention.

4.6.3 The above approach constituted the baseline from which initial work on the JSNA was taken forward. This was then refined as it progressed into engagement with the stakeholders concerned. The outcome of this work is outlined in Section 5.

5. Process of Engagement

5.1 Overview

- 5.1.1 The Department of Health guidance on the JSNA is clear that engagement with local stakeholders is integral to 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”.

- 5.1.2 The following section outlines how the partner agencies took forward the engagement process, and details the background work undertaken within each thematic area to reach the conclusions incorporated in the JSNA.

5.2 Establishing an Engagement Process

- 5.2.1 Initial work to consider the engagement process recognised that the production of the first JSNA has to be integrated into a joint planning and engagement process that already exists across the partner organisations. Whilst it is anticipated that in future years the JSNA will form a starting point in the production, at least, of the Local Area Agreement and preferably, other shared planning processes, it was necessary to recognise the lengthy and comprehensive engagement work already undertaken by the partners.

- 5.2.2 Therefore, 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, to engage with the current planning processes and their sources of information. The six thematic areas are:

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

- 5.2.3 Secondly, through opening out the potential sources of information and to receive feedback from all potential stakeholders concerning their engagement to date and the potential usefulness of the JSNA. To this end, the project team held weekly briefing sessions to communicate the ideas of the JSNA and to gather any locally held information.

5.3 Engaging the Current Planning Processes

- 5.3.1 This work was undertaken through discussions with key Individuals, across all partners, to identify the sources of information they had used and to record their issues and responses to a description of the JSNA function. A key individual was identified as someone who either has, or can provide contact with others who have:

- A good working knowledge about the issue and its evidence base
- A good network of professional contacts
- Knows who is the current target client group for this issue
- Is a member of a strategic group looking at this issue

- Knows what services are being provided at present for this issue
- 5.3.2 This approach identified a substantial network of engagement already in place. This information is detailed in [Appendix 1](#). These provide an overview of the engagement processes undertaken for each of the LAA thematic areas.

5.4 Engaging Stakeholders

- 5.4.1 The Project Team held 9 meetings between late January – mid March 2008. These meetings were open to all agencies and stakeholders and were advertised through the principal partner agencies, a Third Sector assembly event, a LINKs engagement event and a Be Birmingham Summit event. In total 35 people attended from across health, local authority and third sector.
- 5.4.2 Meetings followed an open structure. Group numbers were limited to a maximum of ten people, to help prompt discussion and a focus was placed on the backgrounds of the people present to try to draw out examples concerning how the JSNA might be of value in their work.
- 5.4.3 This process recognised the two way process required for the JSNA; namely, that in order to interest stakeholders enough to provide information, and indeed to continue to update such provision, it needs to appeal in format and purpose to stakeholders other than commissioners. This might particularly be the case where stakeholders do not perceive they hold “data”, such as teachers, youth workers and district nurses, professionals who were highlighted in the JSNA guidance as a target for engagement. Therefore the sessions looked to explore such professionals’ views on the existence of a JSNA.

5.5 Engagement Results

- 5.5.1 It was apparent that both key individuals and those attending briefings had difficulty relating to the concept of 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.

- 5.5.2 Furthermore, there was another barrier to discussion. Front line staff did not see the relevance of needs assessment work into cross cutting issues such as housing, environment etc for their own professional working
- 5.5.3 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?”*.

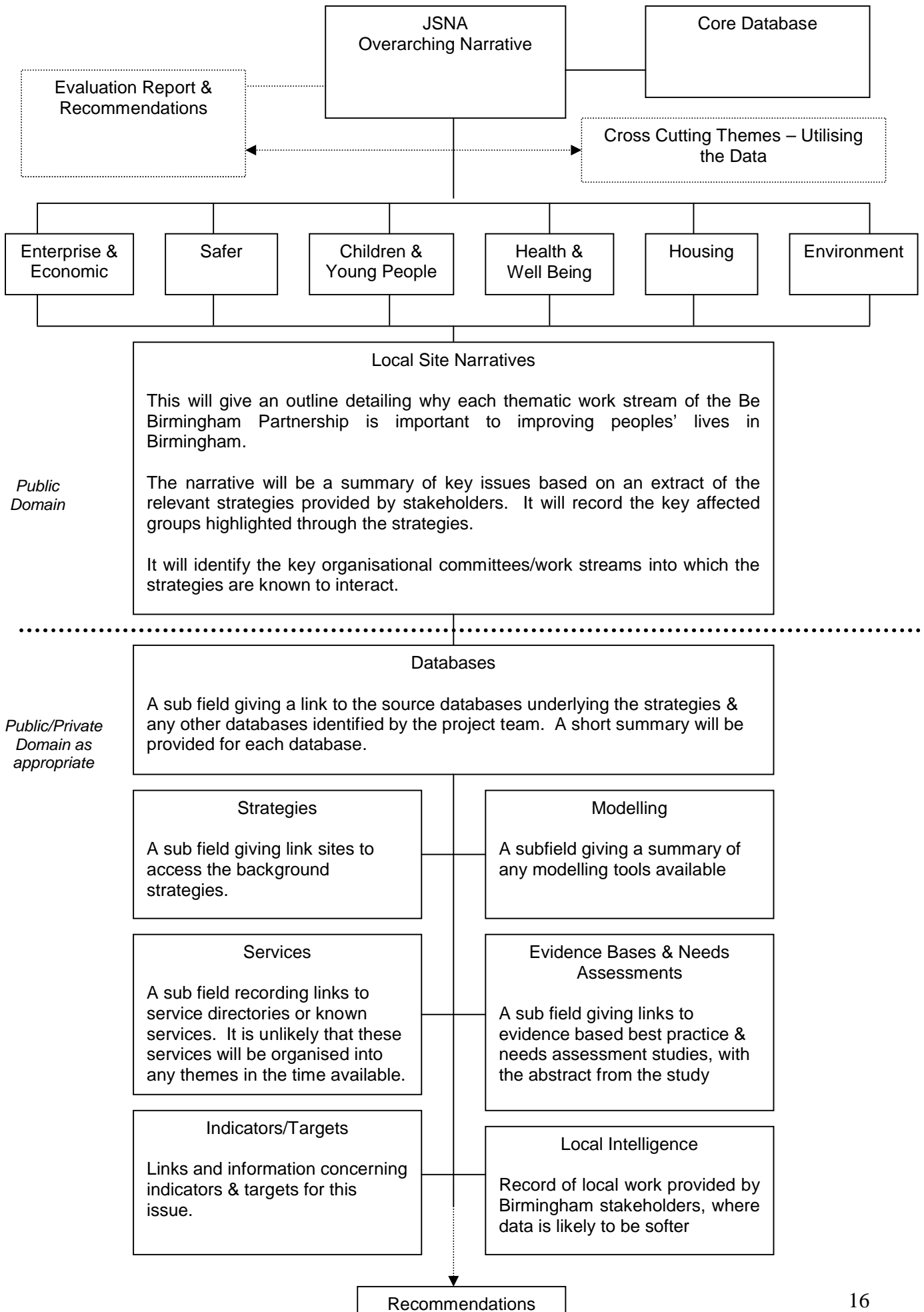
5.6 Engagement: Taking the JSNA Forward

- 5.6.1 In response to this feedback, the partners adjusted their approach to creating a 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. This approach is presented diagrammatically in Diagram 1. An explanation of this approach is given in Section 6.4.

- 5.6.2 It also raised the issue of **communication** as a major feature to making the JSNA a usable product, both initially and in its ability to be updated and searching out new sources of information. Once the baseline data is available, it will require an innovative approach and good communication skills to continue to engage relevant stakeholders and expand the database.
- 5.6.3 Section 6 takes forward the shaping of the JSNA database in light of this initial feedback.

JSNA Framework



6. Information Management

6.1 Overview

- 6.1.1 The work of the JSNA is underpinned by the collection and management of data that has to be transformed into useful information to help tackle health needs and health inequalities. Work is built upon a core dataset and supporting data management to identify the key affected groups within the Birmingham population for further consideration.
- 6.1.2 This section outlines the work into collecting and managing the data, and the information management principles underpinning the process.

6.2 Establishing the Framework

- 6.2.1 It was recognised that information likely to be useful to the JSNA process would be held by a number of organisations. Principally, baseline data would be held by the main partner organisations, the three Birmingham Primary Care Trusts, Birmingham City Council and the Children & Young People's Trust. Beyond this baseline, information would be held by disparate public sector, third sector and commercial organisations and individuals.
- 6.2.2 In evaluating how to take this work forward, issues to be taken into consideration were:
- Within the public sector, there are separate information management policies and limitations to existing data sharing protocols
 - Data confidentiality would need to be protected. This included small data sources that were likely to be available from the third sector and could be more easily attributable to individuals
 - Any database would need to be robust, reliable and comprehensive, or its limitations recognised in any calculations
 - Any database would need to be easily updated as baseline data is renewed
- 6.2.3 A meeting was held between the Information & Communications Lead Individuals within the PCTs, Council and Children's & Young People's Trust. The above issues were discussed and the proposed way forward was agreed as:
- The JSNA database would be based on a linkages approach. By this method, the majority of its data would be provided through directing stakeholders to relevant existing data sites. This approach would support the JSNA philosophy of integration, support and empowerment of existing networks
 - Information management and sharing would abide by the protocols agreed by the originating data holder
- 6.2.4 The Project Team developed a questionnaire for use in assessing data sources, so that these issues would be interrogated during future JSNA reviews. A copy of the questionnaire is provided at [Appendix 2](#). The presentation of data sources through the JSNA web site is based on the assumption that there is full public access to the data sources provided. Any data sources with full or partially protected access will be held by the JSNA Information Team but will not be provided on the web site.

6.3 Core Dataset

6.3.1 The JSNA guidance also details the potential contents of a core dataset that should provide demographic information that is of interest in a number of cross cutting areas. The main groupings are:

- Demographic
- Social & environmental factors
- Lifestyle/risk factors
- Ill health & disability
- Provision of services

6.3.2 [Appendix 3](#) details the available data. Some sources have yet to be developed. From this work the partners have developed a core narrative, providing an overview of the population in a story format that will be available on the JSNA database. The core narrative is available in a separate document entitled “The JSNA Baseline Profile”.

6.4 JSNA Baseline Profile

6.4.1 Details are given below of the structure of the JSNA Baseline Profile and its linkage system to existing data sources. The full text of this profile as at 31 March 2008 is available in a separate document entitled “The JSNA Baseline Profile”.

6.4.2 In line with the philosophy of the JSNA, its database has been constructed as a series of linkages into existing data sources, with an overarching narrative drawing out the key points for needs assessment. This will be uploaded onto the Be Birmingham web site, under the heading:

www.bebirmingham.org.uk/youneeds_jsna.html

6.4.3 Below the core narrative, there will be the six headings of the thematic areas of the Local Area Agreement. Each field will have its own specific overarching narrative, again in the public domain. In order to ensure consistency with existing work, in 2007/08 this narrative will be drawn out of the existing strategies created and engaged upon by the relevant lead commissioners.

6.4.4 The local site narrative will have underpinning it a database consisting of linkage information to existing relevant information. This will be grouped as follows:

Databases baseline information concerning existing databases that will inform the needs assessment, using information collected using the questionnaire in [Appendix 2](#).

Evidence Bases/Needs Analyses – evidence of any existing needs analyses that provide greater detail concerning the target group

Strategies existing strategies where further information can be found concerning the narrative

Modelling links to any modelling tools known to be available

Services details of any services known to operate within the area. In many cases, commissioners have created service directories that are highlighted in the sub field site

Indicators/Targets details of indicators and targets already in existence for the narrative area

Local Intelligence this field will be kept for softer data that is provided from a wider range of local sources, eg third sector organisations, client surveys etc.

- 6.4.5 Confidentiality issues mean that in many cases the evidence underpinning the narrative will not be available for interrogation, as information that can be linked to individuals cannot be shared. Following discussion at engagement events, a proposal has been put forward for the future site to include a confidence rating on the details of the narrative (eg “there is confidence that”, “there is some evidence that”, “there is some suggestion that”). To date, discussions with stakeholders suggest that they will be comfortable with using data in this manner, and accept that access to original data remains restricted.
- 6.4.5 Where information can be made publicly available, hyperlink details will be added to the web site. Each hyperlink will have a short abstract available indicating the contents of the data source attached. See the JSNA Baseline Profile for a full list of the public hyperlinks as at 31 March 2008.

6.5 Transforming Data into Information: Process Evaluation

- 6.5.1 This data approach provides the underpinning work to take forward a systematic joint strategic needs assessment of available information. On this basis, the 2007/08 JSNA reflects the considerable work undertaken to produce the underpinning strategies of the Local Area Agreement. The local narratives reflect the agreed targets areas and have the benefit of incorporating the interpretation of data built upon cross cutting agency discussions.
- 6.5.2 Beyond this point, the role of the JSNA becomes an evaluation of the current position. The Project Team has sought data sources from not only the existing networks, but also from unrelated sources (eg internet searches, source document bibliographies, specialised agency suggestions etc). The JSNA Evaluation Report will overview existing processes for producing local strategies and the data sources it highlights. It will identify where there are gaps in areas such as modelling, needs assessment, best practice evidence, that have not been included in discussions to date.
- 6.5.3 It will also review comments by stakeholders concerning the current effectiveness by which the issue under review (eg housing, environment) has been developed. The Project Team seeks in its discussion with key individuals comments concerning the routes by which strategies are implemented and engaged upon, and any perception of difficulties in translating the strategy into action. The JSNA Evaluation Report will highlight those common themes raised by stakeholders so that the JSNA process can be shaped to help overcome these issues.
- 6.5.4 The JSNA Evaluation Report should provide a helpful baseline for the incoming Director of Public Health to take work forward.

6.6 Information Management: Taking the JSNA Forward

- 6.6.1 The evaluation to date has raised issues surrounding patchy use of existing data and individual agencies difficulty in owning the wider health & well being agenda. This has implications not only for the existence and/or quality of data, but also the processes by which it is shared. In the coming months the JSNA is likely to focus upon:
- Expanding the sources of data to increase the linkages on the web site
 - Consideration of the recommendations of the JSNA Evaluation Report to improve joined up working
 - Taking forward joint strategic needs assessment to the next level through the work of the City Director of Public Health

7. Governance

7.1 Overview

- 7.1.1 The JSNA needs to integrate with existing initiatives and long established pathways. The Framework setting exercise will need to build the ongoing updating of the JSNA into the planning processes of each partner and the Partnership itself. The follow on to this approach is that the JSNA Baseline Profile – the public face of the JSNA – should be structured in such a way as to support the individual users in following the agreed processes of the partnership.
- 7.1.2 In order to take forward its work into creating a JSNA, the Birmingham partners put in place a governance structure to project manage the work. This section outlines this governance structure, and looks ahead to the future possibilities for managing this workload, further details of which are included in the JSNA Evaluation Report.

7.2 Project Structure

- 7.2.1 The requirement for a JSNA was identified by the Be Birmingham Partnership in 2007. A decision was taken to appoint a City Director of Public Health, who will have responsibility for taking forward the JSNA process; in April 2008 this individual was appointed. Detailed guidance was received in December 2007 and relevant work on this issue has proceeded from this date. Birmingham's Local Strategic Partnership ("Be Birmingham") put in place a Project Steering Group, to be responsible to the Birmingham Health & Well Being Partnership Executive. Membership of this Steering Group is detailed in [Appendix 4](#). Membership linked in the three main partner organisations responsible for the development.
- 7.2.2 The Project Steering Group met on four occasions between December 2007 and March 2008.

7.3 Project Resources

- 7.3.1 As the appointment of the City Director of Public Health was delayed, the Steering Group appointed an interim Project Manager and Project Assistant to begin the data collection and manage the engagement process.
- 7.3.2 The project team were based with the Health & Well Being Partnership and received office support from this source.

7.4 Project Outcomes

- 7.4.1 The output from this work was an agreement that the JSNA project would result in the following documents:
- This JSNA Framework document, giving the overview of the process by which the project was pursued
 - The JSNA Baseline Profile, providing in written form the initial content of the JSNA web site. This is supplemented by a specification for the production of a web site tool to structure web site access and the presentation of its information.
 - The establishment of a web site holding the JSNA Baseline Profile. This aims to be on line by May 2008
 - The JSNA Evaluation Report, addressing issues of process raised during the project that will impact on the effectiveness of the implementation

7.5 Project Costs

7.5.1 Project costs included the following items:

- Salary costs of the interim Project Manager and Project Assistant
- Design costs for the web site
- Hospitality and expenses for third sector stakeholders attending engagement sessions as necessary

Expenditure has amounted to approximately £35,000 between December 2007 – March 2008.

7.6 Project Scrutiny

7.6.1 The Project Steering Group has reported to the Health & Well Being Partnership Executive, and the Children & Young People's Board, on a monthly basis between January – March 2008.

7.6.2 The executive summaries of the three reports from this stage of the JSNA work (JSNA Framework; JSNA Baseline Profile and JSNA Evaluation Report) will be taken to the Be Birmingham Executive meeting on 15 April 2008.

7.6.3 The JSNA evaluation will be included in the Health & Well Being Partnership review of its planning cycle, taking place in April 2008.

7.6.4 Following their appointment, the City Director of Public Health will be asked to report to the Be Birmingham Executive concerning the next stage of work.

7.7 Governance: Taking the JSNA Forward

7.7.1 Following the initial project period, the ongoing management of the JSNA needs to be integrated into the wider partnership working. It also needs to ensure that work to date is taken forward to improve joined up commissioning based on proactive analysis of the total JSNA baseline profile.

7.7.2 The JSNA Steering Group has produced an Evaluation Report that includes recommendations for establishing the place for the JSNA in the overall partnership structure of Be Birmingham. The recommendation is that the JSNA team remain accountable to the Birmingham Health & Well Being Partnership, with a regional network interlinking into the other JSNA throughout the West Midlands to maximise effective information collection and sharing. See the JSNA Evaluation Report for more details.

8. Vision for the Future

8.1 Overview

8.1.1 The initial project period for the JSNA ended on 31 March 2008. The Be Birmingham Partnership now has to plan for the way forward and its vision for the JSNA. This work awaits the arrival of the City Director of Public Health. However, this section outlines some of the possibilities for the role of the JSNA that have emerged from engagement.

8.2 Vision: Taking the JSNA Forward

8.2.1 Taking into account discussions to date concerning the potential uses and format for the JSNA, future roles might include:

- Further development of the Partnership understanding of poorly met or unmet need – through improved, shared data analysis and the gathering of best practice and public and user expectations to focus service development
- Provision of a technical knowledge base in a user friendly format for the wider engagement of stakeholders
- Provision of a research support facility, gathering best practice examples and creating an easy access point
- Acting as an early stage in the decision making process for commissioners to develop key strategic commissioning documentation (to be identified as part of the JSNA process)
- Improving commissioning decision making,
 - by sign posting individuals to areas of potential mutual interest (in content or pathway design)
 - by taking an overview of current commissioning strategies within the Partnership and highlighting any gaps or inconsistencies
- Creating effective indicators for the procurement process
- Creating a process for identifying ways of measuring improvements in engagement
- Providing a mechanism for stakeholders to have an impact on commissioning decisions
- Providing marketing information about the Birmingham commissioners
- Supporting the development of informed citizens within the Birmingham population

8.2.2 The Project Steering Group will continue to meet until end June 2008, or a revised date if necessary, to ensure a smooth hand over to the new City Director of Public Health. The Health & Well Being Executive has identified funding for 2.00 wte Project Assistant posts to undertake the data collection and information management on behalf of the partners.

8.2.3 The initial work into establishing a JSNA for Birmingham has provided a stepping stone for future joined up working and focus on the key policy drivers for improving the Birmingham population's health & well being.

Engagement in Thematic Areas

There has been a significant level of engagement, in the creation of individual strategies, and in input to the Local Area Agreement and Community Strategy. This engagement has taken place both through consultation work and ongoing partnership arrangements.

The following provides a selection of the key partnership arrangements and the consultation that has taken place to identify local need. All processes were further considered through the scrutiny process.

Housing

Ongoing partnership is supported by the City Housing Partnership (CHP). The CHP is made of four elements:

- The Board: providing direction and vision and fulfilling a commissioning function
- The Strategy Development Group: the “engine room” of the partnership, developing strategy and policy and informing delivery
- Expert Reference Groups: short life groups providing a reality check on the deliverability of proposals
- The Network, providing an inclusive consultative function for the partnership

The short life Expert Reference Groups (ERGs) provide a sounding board for policy developments. Twelve ERGs were set up to inform the 2008+ Housing Plan and to input to the Local Area Agreement and Sustainable Community Strategy. The groups encompassed 115 individuals from such organisations as housing associations, Government Office West Midlands, Birmingham Health & Well Being Partnership, West Midlands Police, the voluntary sector and private housing companies.

Additional Consultation was undertaken with the CHP Board, the Housing Strategy Service Improvement Group and at the City Council’s Housing and Constituencies Management Conference. The draft Plan was further consulted upon via the City Council’s website and with the City Housing Liaison Board.

Environment

The Birmingham Environmental Partnership (BEP) brings together a wide range of statutory and not for profit organisations, working with 5 Core Priority Groups:

- Climate Change – consists of representatives from Birmingham City Council, Birmingham Sustainable Energy Partnership, Birmingham Strategic Partnership, Business in the Community, Accord Housing Association, Groundwork Birmingham and Solihull, Environment Agency, EAGA Partnership, Hestia Managed Services, Birmingham Chamber of Commerce and Industry, Government Office for the West Midlands, Birmingham Friends of the Earth, Sustainability West Midlands, Birmingham Primary Care Shared Services Agency, Women’s Environment Network and Hyder Consulting Ltd
- Pollution – consists of representatives from Environment Agency, Birmingham City Council and Severn Trent Water
- Cutting Waste – consists of representatives from CSV Environment, Brumcan, Ladywood Furniture Project, Birmingham Friends of the Earth and Birmingham City Council
- Green City – consists of representatives from Birmingham and Black Country Wildlife Trust, BTCV, CSV Environment, Birmingham Open Spaces Forum, Groundwork

- Birmingham and Solihull, Birmingham City Council transportation, parks, sports and events, and constituency teams
- Clean City – consists of representatives from Encams, CSV Environment and Birmingham City Council

In terms of specific consultations, the Waste Management Policy received 240 responses to its questionnaire or other written/recorded methods of consultation. Its consultation methods included:

- An Environment Day open to interested stakeholders & the public
- A Sustainability Forum, open to stakeholders for environmental issues, including non government organisations and community groups
- A telephone survey of residents
- A Household Recycling Centre Survey
- Discussion through the Birmingham Sustainability Partnership
- Web site comments
- Questionnaire to elected members and district officers
- Discussion at the Birmingham Association of Neighbourhood Forums
- Discussion with the Government Office of the West Midlands

The Air Quality strategy was consulted upon with the following agencies:

- DEFRA
- The Environment Agency
- The Highways Agency
- The Health Protection Agency
- Walsall, Dudley, Solihull, Sandwell, Coventry, Wolverhampton MBCs
- Lichfield, Bromsgrove, North Warwickshire District Councils
- CENTRO
- Travel West Midlands
- The Road Haulage Association
- Friends of the Earth

Enterprise & Economy

The Birmingham Economic Development Partnership (BEDP) was established in 1992 as a company limited by guarantee as a vehicle for the coordination of economic development and business support strategies between the City Council, the Chamber of Commerce and then Training & Enterprise Council – now the Learning & Skills Council (LSC). The BEDP company membership now comprises 3 nominees from each partner organisation. It also established in 2005, a bi-annual Birmingham and Solihull Forum, comprising representatives of major businesses, all the major local and regional business organisations and key public and voluntary sector agencies, as a means of consulting and engaging with key interest groups.

The Employment Strategy Group (ESG) is a sub group of the Birmingham Economic Development Partnership. The ESG brings together the heads of public and private agencies in the employment field, including Jobcentre Plus, the Learning & Skills Council, the City Council, the Birmingham Voluntary Service Council, Fair Cities, Business Link and the three private sector employment service providers running the major programmes, such as Employment Zone, that are commissioned nationally by Jobcentre Plus.

Birmingham has a range of structures for engaging with employers, providing opportunities to promote good practice in recruitment – especially on diversity. These include:

- National Field Account Managers, who work with the largest employers in and around Birmingham

- Local Employer Service Managers, who work closely with the LSC, Birmingham City Council and the Chamber of Commerce
- Disability Employment Advisors
- “Fair Cities”, a demand led, employer based approach to encourage employers to recruit from black and minority ethnic communities and to support BME access to jobs.
- The Public Service Compact
- Birmingham Professional DiverCity, a major long term initiative in partnership with the Professional and Business Services lobby group, Birmingham Forward, to promote diversity in recruitment and workforce development.
- Health and Care Skills Task Force, a network of leading players within the health sector and across the private and voluntary sector
- Construction Employment Alliance, which focuses on addressing the demand for skills in construction arising from the large number of building projects across the City
- Birmingham Employer Coalition, part of the National Employer Panel, aiming to increase the diversity of the workforce across Birmingham.

All the main agencies have local interfaces with clients and communities, either directly or through intermediaries in the private, voluntary or community sector. There are a number of area based initiatives in Birmingham for which client engagement is an important aspect of their work on employment. In addition, a large number of community and voluntary organisations are wholly or partly funded to work with specific disadvantaged groups and communities in different parts of the City. The local coordination of this work in Birmingham is through six Access to Employment Groups (AEGs). There is a further non geographical AEG focused on people with disabilities/incapacity benefit claimants. Membership of the AEGs varies by locality. Jobcentre Plus, Birmingham City Council, the Learning & Skills Council, Connexions and Business Link are core members of all Groups. Over fifty voluntary and community organisations participate in one or more AEGs.

Children & Young People

The Children & Young People’s Board is composed of a number of partner organisations, including Birmingham City Council, Birmingham Safeguarding Children Board, the Birmingham Primary Care Trusts, NHS West Midlands, Birmingham & Solihull Connexions, Birmingham & Solihull Learning & Skills Council, West Midlands Police Authority, West Midlands Police Service, and West Midlands Probation Service.

As part of the work on the Children & Young People’s Strategy, needs analysis reports were requested from all partners and agencies, 37 of which have been accepted to date. These reports have been supplemented by the findings of two surveys carried out across the City. The first was with 500 families with children aged 0 – 6. The other was a survey involving nearly 6,000 7 – 18 year olds in schools. In the planning stage, 10,000 copies of a summary of the consultation were made widely available through libraries and other outlets. The City Council’s Forward newspaper also contained details of the consultation, as did the local press. At the same time, a wide range of consultation meetings were undertaken. These included a meeting with voluntary and community sector organisations co-ordinated by b:RAP and B:CEN, and a consultation meeting for representatives of equalities organisations. Prior to this consultation, a discussion document was discussed with partners and other interested bodies at a series of roadshows.

Consultation on the strategy for children & young people included:

- Children & young People
- Parents & Carers
- West Midlands Police
- Local Probation Board
- Youth Offending Team

- NHS West Midlands
- Birmingham East & North Primary Care Trust
- Heart of Birmingham Teaching Primary Care Trust
- South Birmingham Primary Care Trust
- Connexions
- Learning & Skills Council
- Birmingham City Council
- Diocesan authorities
- The Standing Advisory Council on Religious Education (SACRE)
- Voluntary, community and faith organisations
- Local Safeguarding Children's Board
- Schools
- City Council Districts
- Teacher Associations and other trade unions

Safer

The safer agenda is taken forward by the Birmingham Community Safety Partnership (BCSP). The Partnership is formed into three "Federations" which lead strategically in the areas of Crime Reduction, Safer & Cleaner Neighbourhoods, and Safer Futures. Community engagement and empowerment is recognised as a cross cutting function across these areas. Engagement is underpinned by Local Delivery Groups, examples of whose membership are:

- Erdington LDP – representatives from West Midlands Police, Fire Service, BCC Housing & Environmental Departments, Youth Services, Local Residents, Connexions, Outreach, Castle Vale Community HA and Local Services
- Hodge Hill LDP – representatives from Community Advocates, Hodge Hill District Officers, Housing, Local Fleet & Waste Management Services, West Midlands Fire Service, Police, Youth Offending Services and Youth Services
- Selly Oak – representatives from West Midlands Police, Fire Service, Selly Oak Constituency, Youth Services, Regulatory Services, Housing, Youth Offending Services, Guild of Students, Bournbrook Community Safety and Kings Norton New Deal for Communities

For the domestic violence agenda, Birmingham Inter-Agency Domestic Violence Forum Steering Group has representation from a number of agencies, namely:

- West Midlands Police
- Voluntary Sector & Local Forums' Group representatives, for North Birmingham, Ladywood, East Birmingham, Stockland Green, South Birmingham, and the Supporting People Mini Forum
- Asian Women's Domestic Violence Forum
- Birmingham Women's Aid
- Black Women's Network
- Local Authority Group representatives
- Birmingham Women's Advice & Information Centre
- Criminal & Family Justice Group representatives
- Health Forum

It is funded by the GOWM, the Birmingham Community Safety Partnership and Advantage West Midlands.

Engagement initiatives include:

- The Birmingham Civil Orders Partnership, which is a partnership between the City Council, the police and voluntary agencies taking civil action against abusers where criminal action is not possible
- The Criminal Justice Support and Advocacy Project in the SRB6 area, which is a collaboration between the Police and Birmingham Women's Aid and funds one Independent Domestic Violence Advisor and one administrative worker based with the Police
- Victim Support (Central & West) and Victim Support (South) have a part time specialist domestic violence worker

For the fire agenda, the Birmingham Fire Reduction Partnership has a BFRP Strategy Group chaired by the Cabinet Member for Local Services and Community Safety, with representatives of West Midlands Police and several City council departments on the group. It has commissioned a Vehicle Arson Task Group to tackle vehicle arson across the City. It has strong links with the West Midlands Arson Taskforce (WMATF), which is a formal partnership between fire and police services. The BFRP has provided financial support to the WMATF to ensure greater coverage of their initiatives in Birmingham.

West Midlands Fire Service has a number of initiatives to promote stakeholder engagement. These include:

- Homestamp, which is a partnership consortium with members from Birmingham City Council and the private rented housing sector.
- The Birmingham Institute for the Deaf (BID) Project, which has a link officer working closely with the deaf community and the police to raise the profile of deaf awareness and safety
- "Your Choice On The Road", which is an awareness programme about the dangers and consequences of anti-social behaviour when driving. This work involves the Royal Society for the Prevention of Accidents (RoSPA), West Midlands Casualty Reduction Partnership, West Midlands Police and West Midlands Ambulance Service
- Community Advocates. Balsall Heath Forum is working in partnership with Highgate Fire Station for the provision of a Community Advocate and Community Wardens to provide fire safety education, arrange screenings and install smoke alarms to those at most risk from fire

Health

The health & well being agenda is taken forward by the Birmingham Health & Well Being Partnership (BHWBP). Its Executive includes membership from the three Birmingham Primary Care Trusts, Birmingham City Council's Social Care & Health Directorate, and its Housing Directorate. Specific agendas are taken forward through focused networks and local structures, for example:

- The Black Country Cardiac Network consists of a wide variety of team members including nurses, consultants, managers, users and other health care professionals.
- The Greater Midlands Cancer Network includes representatives from acute trusts, PCTs, the Palliative Care Network, Public Health, General Practice, Users, Hospices, Cancer Research Network, and Local Specialist Commissioning Groups. It is supported by a Network Patient and Carer Partnership Group, and Patient & Carer Locality Groups.

In terms of engagement, health information was collected as part of an in depth analysis of health need that was put together in a Health Toolkit for Birmingham during 2007. The toolkit analysed a wide range of available indicators for each Birmingham ward, covering basic

demographics, health, income, employment, education, basic skills, housing and crime & safety. This information was drawn from a variety of sources including the ONS, the West Midlands Public Health Observatory, Birmingham City Council and the Birmingham PCTs. The Be Birmingham Partnership held a consultation event in March 2007 to launch the toolkit, to which constituency members were invited. It also held a themed meeting on health & inequalities which focused on the toolkit.

In terms of the drug misuse agenda, a variety of agencies were approached to gather information about the population of drug users in treatment within the City, including:

- Drug Solutions Birmingham – Shared Care
- Drug Solutions Birmingham – Criminal Justice
- Birmingham Drugline
- Azaadi Community Drug Team (CDT)
- Barker Street CDT
- Mary Street CDT
- Slade Road CDT
- DIPs South, North, East and Heart of Birmingham
- DRR
- The Mother & Baby Team
- The Crack Outreach Team
- The Addictive Behaviours Centre (ABC) outpatient service

A total of 26 people were invited to attend the three expert groups that underpinned the needs analysis – three each from the two main provider agencies, six from a range of other provider services, two service user representatives, data analysts from the police, DIP and the Public Health Observatory, and the remainder as key figures from the commissioning teams and the National Treatment Agency and Government office for the West Midlands. Between 15 – 25 people attended each of the three meetings.

Be Birmingham Partnership

Work in thematic work streams is underpinned by partnership work within the Be Birmingham Local Strategic Partnership itself. The Partnership includes membership from:

- Community and voluntary sector representatives, including the Birmingham Community Empowerment Network, Birmingham Association of Neighbourhood Forums, Birmingham Voluntary Services Council, Council of Faiths and Faith Leaders Group
- Statutory representatives, including Birmingham City Council, Universities and Higher Education, Learning & Skills Council, Health, Police and Job Centre Plus
- Birmingham Chamber of Commerce
- Regional representatives, including Centro, Advantage West Midlands, Birmingham Cultural Consortium, Groundwork, Strategic Housing Partnership, Birmingham Race Action Partnership
- Government Office of the West Midlands (observer)

In taking forward the Community Strategy, the Partnership approached 525 hard to reach groups through distributions, events/meetings, the media, web sites and other mailings. By end March 2008 it had received over 1100 responses.

Data Questionnaire

Name / details of contact:

Title(s) of database / datasets: *(The link database will require a brief description of what is being held by the database / dataset. If no formal title exists, please include a short description of what form of information is being held.)*

Which department holds this database / dataset? Is this exclusively held within this department, or is it replicated elsewhere.

What is the source of the data? *(Who gathers the information, how regularly and where does the data originate?)*

What group of clients is covered by the database?

Can the data be shown at?

Individual Level:	Yes / No
Ward Level:	Yes / No
Super-Output Area:	Yes / No

Can the data be broken down by?

Age:	Yes / No
Ethnicity:	Yes / No
Gender:	Yes / No

If the data can be broken down by age, is this in age bands, and if so, what are these bands?

If the data can be broken down by ethnicity, what are the ethnic groups covered?

Can the data be shared?

- | | |
|--|----------|
| 1. Outside of your department? | Yes / No |
| 2. With other local authority organisations? | Yes / No |
| 3. With the public? | Yes / No |

Are there any known reliability / accuracy issues with the data?

Are there any other known issues / caveats that you would place upon the data?

What routine reports / analyses are formatted from the database / dataset?

Where are these reports published / who receives them?

Are there any potential uses for the data which are currently not being explored?

Are there any other databases / datasets that you might think may be of interest to the JSNA? If so, please provide contact details:

Core Dataset Availability

Information in bold is currently available.

Demographic Data

Population Numbers

- **Population estimates (5 year age bands by gender)**
- **Population predictions (3-5 years ahead)**

Birth rates

- **Current births**
- **5-year birth projections**

Ethnicity

- **Numbers and percentages by age bands**
- *3-5 year ethnic breakdown projection*

Disability

- **Absolute numbers of those living with a limiting long-term illness**

Social & Environmental Data

Deprivation

- **Index of multiple deprivation**
- *Proportion of children living in poverty (NI 116)*

Living arrangements

- **Housing tenures**
- **Overcrowding**
- **Living alone**
- **Central heating**
- *Adults with learning disabilities in settled accommodation (NI 145)*
- *Adults in contact with secondary mental health services in settled accommodation (NI 146)*

Economic Indicators

- **Employment rate (NI 151)**
- **Working age people on out-of-work benefits (NI 152)**
- *Adults with learning disabilities in employment (NI 146)*
- **Working-age people claiming out-of-work benefits in worst performing neighbourhoods (NI 153)**
- *Adults in contact with secondary mental health services in settled accommodation (NI 150)*
- **Average incomes**

Voice

- *Satisfaction of people over 65 with home and neighbourhood*

Environment

- *Rural or urban locations*

Lifestyles & Risk Factors

Smoking

- **Prevalence**
- **Quit rates**
- **Deaths due to smoking**

Eating Habits

- **Modelled / recorded eating behaviour**
- *Breast-feeding at 6-8 weeks (NI 53)*

Physical Activity

- **Modelled physical activity**

Alcohol

- **Alcohol-harm related hospital admission rates (NI 39)**

Sexual Behaviour

- **Under-18 conceptions**
- *Under-16 conceptions*

Obesity

- *Obesity among primary school age children in Reception Year (NI 55)*
- *Obesity among primary school age children in Year 6 (NI 56)*

Hypertension

- **Prevalence**

Miscellaneous

All causes

- **All-age all-cause mortality (NI 120)**
- **Infant mortality**
- **Life expectancy**
- **Main causes of death**
- *Hospital admissions – top 10 causes*
- *Self-reported measure of overall health & wellbeing*
- **Healthy life expectancy at age 65**

Diabetes

- *Modelled v. recorded prevalence*

Circulatory

- **Mortality rate from all circulatory diseases under 75 (NI 121)**
- **CHD Mortality**
- **CHD modelled v. recorded prevalence**
- **Stroke mortality**

Cancer

- **Mortality rate from all cancers under age 75 (NI 122)**
- *Cancer registrations by site*

Respiratory

- **COPD Mortality**
- **COPD modelled v. recorded prevalence**

Infectious diseases

- *KC60 GUM STI data*
- *New diagnoses of HIV/AIDS*
- *Chlamydia in under-25s*
- *Late diagnosis of HIV*

Trauma

- **Hospital admissions for fractured neck of femur**
- *People killed or seriously injured on roads*
- *Children killed or seriously injured on roads (NI 48)*
- *Hospital admissions caused by unintentional and deliberate injuries to children and young people (NI 70)*

Services

- *Physical disability, frailty and sensory impairment*
- *Learning disability*
- *Mental health*
- *Substance misuse*
- *Other vulnerable people*
 - *Number of clients (for all above)*
 - *Number of service users (for all above)*
- *Timeliness of social care assessment (NI 132)*
- *People supported to live independently through social services*
- **Carers receiving needs assessment or review and a specific carer's service, or advice and information (NI 135)**

Preventative health

- *Uptake rates for flu jabs*
- *Uptake rates for MMR jab*

Sexual health services

- *Offer of an appointment at a GUM service within 48 hours*
- *Long acting contraception methods as a percentage of all contraception*
- *Access to NHS funded abortions before 10 weeks gestation*

Voice (for Service Users)

- *The extent to which older people receive the support they need to live independently at home (NI 139)*
- *Self-reported experience of social care users (NI 127)*

Membership of JSNA Project Steering Group

Moira Dumma (Joint Chair) – Chief Executive, South Birmingham PCT

Peter Hay (Joint Chair) – Strategic Director, Social Care & Health, Birmingham City Council

Nicola Benge – Director of Health Improvement, Birmingham East & North PCT

Anna Frankel – Senior Regeneration Manager, Heart of Birmingham Teaching PCT

Chris Palmer – Senior Assistant Director Joint Commissioning, Children and Young People Partnership

Angela Saganowska – Interim Director, Birmingham Health & Wellbeing Partnership

Chris Spencer-Jones – Director of Public Health, South Birmingham PCT

Jon Tomlinson – Assistant Director Policy, Strategy, and Commissioning, Birmingham City Council

Michael Walsh – Housing Department, Birmingham City Council

Julia McKeown – Project Manager, Joint Strategic Needs Assessment

Chris Stephen – Information Officer, Joint Strategic Needs Assessment