

# Manchester's Joint Strategic Needs Assessment

## Guidance Notes for Topic Leads

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### Background

The Joint Strategic Needs Assessment (JSNA) is a compendium of evidence of the health needs of Manchester's population for use by anyone working with adults and older people. The JSNA is not a traditional needs assessment. It is a practical and useable resource that gives policy makers and providers of services in the city easy access to the evidence base for strategic decision making, planning, designing and, commissioning services and writing funding bids.

The city has a statutory duty to produce and maintain the JSNA, and health and social care commissioners are obliged to have "due regard" to the JSNA in exercising their functions. Having an effective Adults' and Older People's JSNA underpins the effectiveness of local strategies, services and programmes for addressing poor health and care outcomes.

Manchester's first JSNA was published in 2008, and has continued to be refreshed since that time. Since 2012 the JSNA has been web-based and in 2014/15 the content was restructured around the life course areas (children and young people, adults and older people). All of the JSNA material is available online at [www.manchester.gov.uk/jsna](http://www.manchester.gov.uk/jsna).

Work to develop the JSNA is undertaken in partnership with Health and Wellbeing Board member organisations (Manchester City Council, Manchester Clinical Commissioning Group, acute and mental health trusts, Macc and Healthwatch) as well as with voluntary and community sector organisations and other non-statutory partners.

### The Role of Topic Lead

The role of topic lead is to:

- identify the partners who need to be involved in the work (convening a 'reference group' if required);
- scope and agree the content of the topic report with partners;
- request, research and collate the best available evidence and information;
- ensure that the views and lived experiences of Manchester residents are fully reflected and that the JSNA illustrates assets as well as needs;
- agree the content of the topic report with partners; and
- finalise the topic report including any amendments required by the Quality Assurance panel.

Support for topic leads includes:

- a topic report template describing the sorts of information that should be included (attached);

- support from the Public Health Knowledge and Intelligence Team with identifying and researching relevant evidence and information, data formatting and presentation;
- feedback and guidance from the JSNA Delivery Group on the first draft of the draft topic report; and
- feedback and guidance from the Quality Assurance panel on the final draft of the topic report.

## **General points**

Topic leads are advised to:

- write concisely and capture the overall picture of the topic in Manchester so that the JSNA resource is easy to use.
- signpost to other information sources (the JSNA is a high level strategic overview of health needs and does not need to include all of the evidence about every topic)
- use Plain English (we want the JSNA to be as accessible as possible and used as a source of information by commissioners, voluntary and community sector organisations and other partners, so each chapter has to be clear and concise)
- use Arial font (size 12)
- avoid the use of overtly technical vocabulary – and where acronyms need to be used spell out the full definition where it first appears
- use hyperlinks to other sources of information (e.g. NICE guidance) or downloads (of more comprehensive strategies)
- provide URLs for key services or partner organisations, as the general public do visit the JSNA web pages, and are often trying to find more general information on health services
- ensure that data is in line with what is available from published sources, including the Compendium of Health Statistics for Manchester, Public Health England's Fingertips tools and other sources. Links to some of the key sources of data are available on the JSNA website
- provide the most recent year end information available that is able to be shared with the public – quarter end information requires updating too frequently for such a large resource of data and information
- limit the number of tables, graphs and charts. A template for graphs and charts will be produced by the Public Health Knowledge and Intelligence Team to ensure that there is continuity of style across the whole of the JSNA.
- provide references for all sources of data and quotes within each section (i.e. publication, author, date, web link)

**MANCHESTER JOINT STRATEGIC NEEDS ASSESSMENT  
ADULTS AND OLDER PEOPLE**

**TOPIC:**

**WHY IS THIS TOPIC IMPORTANT?**

- Introduction to and brief explanation of the topic
- What does the national picture look like?
- What are the key risk factors?
- Why is this topic an issue? eg. poor outcomes, negative impacts on the individual and / or on the population?
- How does the topic link to Manchester's Joint Health and Wellbeing Strategy and/or the Locality Plan for health and social care?

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**THE MANCHESTER PICTURE**

**The Manchester picture: data**

- What is the scale of the issue or condition across Manchester?
- How has the data has changed over time - are we improving or not? (Include the most recent 3-5 years' worth of data where possible)
- Inequalities within the city – which groups are particularly affected? (Consider ethnicity, age, disability, gender, sexual orientation and disadvantaged groups including homeless people, offenders, refugees and asylum seekers and carers)
- What patterns can be seen in different parts of the city (e.g. North, Central and South Manchester)?
- How does the city compare with national / GM / statistical neighbours?

**The Manchester picture: lived experience**

- What is the experience of residents living with this condition or health issue?
- How does this condition affect people as they move through life from younger adults to older people?
- What is the relationship between this condition and mental health and wellbeing?
- What have residents told us about their experience (e.g. through consultation and engagement, surveys)?

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### **WHAT WOULD WE LIKE TO ACHIEVE?**

- What do people in Manchester need to be able to live their lives with this condition?
- What local and national outcomes and / or improvements are we currently working towards?
- What evidence exists of effective interventions or behaviour change?
- What objectives (if any) have already been identified in local strategies and business plans?

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### **WHAT DO WE NEED TO DO TO ACHIEVE THIS?**

- What is the strategic approach, objectives and actions to achieving the factors identified above?
- What are the implications and opportunities arising from health and social care integration?
- What are our current commissioning intentions?
- Is there any NICE guidance in relation to this topic and what does it recommend?

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### **WHAT ARE WE CURRENTLY DOING?**

- Asset-based approaches (including Age-friendly Manchester)
- Partnerships, programmes and projects
- Current services including commissioned services

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### **OPPORTUNITIES FOR ACTION**

- What opportunities exist to enable partners to better address this condition/issue (e.g. health and social care integration)?
- What should local partners be doing (individually and collectively) to take advantage of these opportunities?
- What can external partners (e.g. GM Combined Authority, Public Health England, NHS England etc.) do to help us achieve our local ambitions?

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<b>REFERENCES AND LINKS</b>
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| <ul style="list-style-type: none"><li>• Cite full references to key documents and guidance</li><li>• Data links (e.g. national Health Profiles, State of the City)</li><li>• N.B. academic style references should be included within each section</li></ul> |
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<b>OTHER RELATED JSNA TOPICS</b>
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| <ul style="list-style-type: none"><li>• Cross reference to other relevant topics in the JSNA</li></ul> |
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<b>Completed by:</b>
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<b>Date:</b>
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