



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

AGENDA ITEM 8

| Review of the Bristol JSNA | |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Author, including organisation | Joanna Copping Consultant in Public Health Medicine, Bristol City Council Mark Wakefield Service Manager Performance, Information & Intelligence, Bristol City Council |
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| Report for Discussion and Decision | |

1. Purpose of this Paper

To seek Health and Wellbeing Board endorsement of proposed developments for a more effective Joint Strategic Needs Assessment (JSNA) for Bristol.

2. Executive Summary

These proposals are intended to enhance the Bristol JSNA to be better able to support planning and commissioning processes across Bristol.

These proposals were developed by the joint JSNA Working Group. The principles have been reviewed with the Governing Body of NHS Bristol Clinical Commissioning Group (CCG), and further refined through the Bristol City Council (BCC) leadership teams. The key proposals are to:

- a) Increase joint ownership and partnership involvement in the JSNA process.
- b) Develop new JSNA products including a series of systematic needs assessment chapters. These would incorporate a range of qualitative and quantitative data (including current services, citizen views and the evidence base) to give a more comprehensive picture of health and wellbeing needs, to inform and drive commissioning and enhance joint working around prevention and integration.

- c) Improved web access to JSNA products (data and reports) utilising developments such as the Bristol is Open website.

3. Context

JSNAs analyse current and future health needs of the population in order to develop local evidence based priorities for commissioning, to improve the public's health and reduce inequalities. Bristol City Council (BCC) and the Clinical Commissioning Group (CCG) have equal and joint duties to prepare the JSNA through the Health and Wellbeing Board.

The JSNA Working Group (joint BCC and CCG) has recently reviewed the current JSNA alongside statutory and best practice guidance, and noted that whilst Bristol JSNA provides a useful overarching data profile and a valuable data resource, it is not organised in such a way that it can be used to drive commissioning across the whole local authority and CCG or fully shape the understanding and approaches of other city organisations. The group has therefore developed these proposals to strengthen the Bristol JSNA process.

4. Main body of the report

Please see Appendix A: "Review of the Bristol JSNA" Main report

5. Key risks and Opportunities

This paper is primarily building upon the existing JSNA to develop a joint JSNA tool that drives forward commissioning plans and supports planning. The main body of the report highlights that there are many opportunities to:

- Strengthen ownership of the JSNA – including ensuring director level membership at the JSNA Steering Group from all relevant areas.
- Enhance partnership involvement – to ensure more input around citizen views and joining up all intelligence sources more effectively.
- Develop new JSNA products, including JSNA chapters that add clear recommendations for commissioners.
- Improve access to JSNA products – including better web and IT tools and through promoting the JSNA.

However, there are also risks, including:

- Resource for delivering enhanced JSNA is closely linked to the Public Health redesign, which will take several months to complete, so capacity is limited until the new structure is in place. We will develop a prioritisation process to deliver a programme of chapters.
- Unless the JSNA programme development aligns with commissioning and re-procurement plans (for BCC and CCG), the JSNA may not have the influence proposed. The strengthened ownership of the JSNA with senior commissioners and service planners will address this.
- Needs identified through the JSNA process will be limited by budget and/or market capacity to deliver services. We will ensure chapter

recommendations are robust but not prescriptive and reflect potential for innovative solutions.

- Website development plans are not yet confirmed as being able to meet all the JSNA proposals for an intelligence hub. We are actively engaged in the planning of the new website proposals.

6. Implications

Most additional resource required to support the JSNA chapters is intended to be delivered through creative deployment of existing resources. The Bristol City Council (BCC) Public Health redesign already in process will provide the expertise required for the development of chapters, but will require the support, and ownership of such chapters by joint Council and CCG groups. Further capacity to co-ordinate an enhanced JSNA will be provided through the BCC Performance, Information and Intelligence service.

There will be a need to develop stronger links with partner organisations such as Healthwatch and academic colleagues through Bristol Health Partners.

The Council is already developing a new website, and the BCC Performance, Information and Intelligence service is exploring a new set of web capabilities in conjunction with this. Further development may be needed to deliver the required functionality.

There are no legal implications arising from these proposed changes (although delivery of a JSNA is a statutory duty, there is no statutory template or format).

7. Conclusions

The proposals aim to ensure a more joint, robust and systematic approach to assessing the current and future health and wellbeing needs of the Bristol population. The aim is to support the development of City-wide strategies and to drive the effective, efficient and transparent commissioning of services, whilst supporting integration and prevention. In order for the potential of the Bristol JSNA to be fully realised as a tool to improve health and reduce inequalities, there is a need for clear and joint ownership across a range of partners, and a commitment to champion this new approach.

8. Recommendations

It is recommended that the HWB:

- 1) Endorse the direction of travel for developing a more effective JSNA.
- 2) Provide a steer on how to encourage greater engagement and ownership of the JSNA process and outputs, to drive future commissioning.
- 3) Endorse proposals on how existing resources can be creatively deployed to deliver these changes.

9. Appendices

- Appendix A – JSNA Main Report: ‘Review of the Bristol JSNA’
- Appendix B – JSNA chapter topics list (draft)
- Appendix C - JSNA chapter template (draft)

Appendix A: Review of the Bristol Joint Strategic Needs Assessment

1) What is the JSNA?

The JSNA is the comprehensive strategic assessment of the current and future health and wellbeing needs of the local community, undertaken jointly by the local authority, NHS and partners. It is a live process, as well as a range of products.

2) What is the purpose of the JSNA?

The core aim of the JSNA is to develop evidence based commissioning priorities to determine what actions the local authority, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing¹. Robust needs assessment is the cornerstone of effective decision making and promotes the efficient use of limited public resources.

The Joint Health and Wellbeing Strategy (JHWS) is the local overarching strategy for meeting those needs identified in the JSNA.

3) Who is responsible for developing and using the JSNA?

The duty to undertake a JSNA was introduced in 2007 under The Local Government and Public Involvement Health Act. Local authorities and the local NHS (previously Primary Care Trusts) were legally obliged to collaborate in the production of a JSNA in recognition that strategic planning for health and wellbeing was best done in partnership, and based on evidence. The Health and Social Care Act 2012 transferred the responsibility to health and wellbeing boards and now local authorities and CCGs have equal and joint responsibility to prepare the JSNA through the health and wellbeing board. The JSNA is one of the 3 main statutory responsibilities of the board.

The NHS and local authority plans for commissioning services are expected to be informed by the JSNA. CCGs must involve the Health and Wellbeing Board in their commissioning plans and this includes consulting the board on whether the plans take proper account of the JSNA and Joint Health and Wellbeing Strategy.

More recently, the Care Act 2014 Guidance² highlighted the importance of the JSNA in identifying the needs of the local population and carers as well as supporting integration of services to promote wellbeing, prevent or delay needs and improve quality of care.

¹Statutory Guidance on JSNAs and Joint Health & Wellbeing Strategies, 2013 – see above

² Care Act 2014. See sections 15.9–15.11:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

4) What should the JSNA look like?

There is no statutory template or format for the JSNA and no mandatory data which must be included. However the 2013 statutory guidance on JSNAs and JHWS makes a number of recommendations: ¹

- a) **A range of qualitative and quantitative information** should be considered including information on demographics, wider determinants of health, assets (such as community networks and skills), service outcomes and local views from the community.
- b) **Local partners** including HealthWatch and the voluntary sector are expected to contribute to the JSNA through their understanding of local needs as well as taking action to deliver the priorities identified through the JSNA.
- c) **Equality** considerations should be integrated into the JSNA process
- d) JSNA outputs must be **published and be accessible**, to ensure that decision making by the HWB is transparent to their community.

The JSNA best practice toolkit³ from the Local Government Group contains a number of good practice standards for local areas to consider:

- The JSNA is the authoritative strategic process for all health and wellbeing decision making.
- The JSNA is widely accessible with intelligence presented in a range of formats and products to a variety of audiences.
- There is an open and iterative process of priority setting accountable to all partners.
- The JSNA processes include stakeholder engagement, review and evaluation, and training on use of products.
- There is dedicated time and resources to analyse and produce the JSNA and to manage the whole process as a core programme of work across the local authority and NHS.
- JSNA form and function is explicitly commissioned by the Health and Wellbeing Board following detailed and informed negotiations with partners. There is a clear statement of aspiration for JSNA impact against which progress can be managed and clear evaluation processes are established.

5) What does the Bristol JSNA look like?

The Bristol JSNA 'products' currently consist of:

- a) **A series of JSNA reports**

www.bristol.gov.uk/jsna

³ JSNA: A Springboard for Action 2011: www.local.gov.uk/c/document_library/get_file?uuid=812b6160-a890-481a-8c57-5cb962bc04f3

These reports are predominantly data-focused annual updates. Comprehensive JSNA reports were issued in 2008 and 2012 and the 2012 JSNA was the base for the Bristol Health and Wellbeing Strategy. Subsequent annual reports have been summary updates and also occasional data profile reports on specific topics, such as life expectancy, population changes and child health.

b) An online data tool

<http://ias.bristol.gov.uk/>

The JSNA includes a web-based tool (Bristol JSNA Atlas) hosted by the Council which enables people to access the data underlying JSNA reports. It provides local data on a range of indicators to be displayed usually by ward in map or table format. It is possible to export the maps and charts into reports, or extract the data for further analysis.

Data is manually inputted by the BCC Performance, Information and Intelligence Service (PI&I) based on datasets produced by various intelligence teams within the Council and the Commissioning Support Unit (CSU).

JSNA data has also been included in a pilot website Bristol Open Data⁴ which is aiming to public access to a wide range of Bristol data (beyond the council).

c) Neighbourhood partnership profiles

www.bristol.gov.uk/page/council-and-democracy/neighbourhood-partnership-statistical-profiles

These 14 local Neighbourhood Partnership statistical profiles present ward-level data, compared to the Bristol average on a wide range of indicators including health, population demographics, education, benefits etc.

6) Governance of the Bristol JSNA

The JSNA is a statutory responsibility of the Health and Wellbeing Board (HWB), and governance is a joint responsibility of Bristol City Council and Bristol Clinical Commissioning Group. Existing arrangements are:

a) JSNA Steering Group

The JSNA Steering Group has direct responsibility for the delivery of the JSNA work plan and the key outputs on behalf of the Health and Wellbeing Board. It is the formal group responsible for implementation, oversight and development of the JSNA process.

⁴ <https://opendata.bristol.gov.uk/>

Core membership is:

- BCC – Director of Public Health (Chair)
- BCC - Service Director for Commissioning - People
- BCC - Service Director Strategy, Policy and Communications
- Bristol CCG – CCG Board Member
- Bristol CCG - Programme Director for Community, Partnerships & PPI

Additional membership includes:

- BCC – Service Manager Health Strategy
- BCC – Service Manager Performance, Information & Intelligence
- BCC / Bristol CCG - Service Manager Joint Commissioning Children
- BCC - Bristol JSNA / Strategic Intelligence & Consultation Co-ordinator (joint funded post)

b) JSNA Working Group

Since January 2015, the steering group has evolved temporarily into a more informal working group, to review the current JSNA and propose developments for the future. This interim group is comprised of deputies for the core steering group members plus co-opted members, primarily BCC Service Managers and CCG Heads of Service.

c) JSNA Steering Group Sub Groups

Previously there were 2 sub-groups under the JSNA Steering Group:

- The **JSNA Advisory Group** was comprised of a range of stakeholders, including commissioners, HealthWatch, the Voluntary and Community Sector (VCS) and General Practice representatives. The purpose was to support the JSNA process by linking in additional information and adding interpretation, acting as JSNA champions in their service areas.
- The **JSNA Operational Group** was comprised of data and intelligence leads who contributed to the JSNA data.

7) What does the JSNA look like in other areas?

There is no set format for the JSNA, and thus considerable variation exists between areas. A number of Health and Wellbeing Boards have taken the approach of 'chapters' of topic-based needs assessments (such as diabetes, housing, carers or

suicide) to inform commissioning around specific⁵ areas of health and wellbeing, as well as providing online easy access to health and wellbeing data.

JSNA chapters, where used, are usually based around a systematic needs assessment approach and include detailed analysis of data on demographics, prevalence, morbidity and mortality as well as providing information on current services (and in some cases community assets), the evidence and cost effectiveness of services and views of local service users and stakeholders. This qualitative and quantitative data is used to determine gaps in current services and evidence based and cost effective recommendations for commissioners.

8) What are the gaps for the Bristol JSNA?

The JSNA working group used the best practice guidance and the 2013 statutory guidance to review the Bristol JSNA and have highlighted a number of gaps in the Bristol JSNA:

a) The JSNA does not give a comprehensive picture of health and wellbeing

The JSNA reports currently provide a useful quantitative overview of health and wellbeing data and are used by commissioners and providers to support the planning of services and the writing of reports and bids. However, the JSNA does not currently include analysis of current services, community assets, the evidence base around what works, or local citizen views and thus does not give a fully comprehensive assessment of health in order to identify gaps and recommendations to drive commissioning.

b) The accessibility and usability of the JSNA is limited

JSNA reports and data are available on the Bristol City Council website but this does not currently have the functionality needed to build an interactive JSNA to enable people to fully self-serve. Whilst data is usually available by geography and deprivation, it is not currently broken down by all protected characteristics (such as sex and ethnicity). Locating documents and data has proved difficult for some audiences.

c) Structural reorganisations have impacted on capacity and leadership

As a result of reorganisations of the public sector, the capacity, governance and processes for developing the JSNA have been affected. The JSNA Co-ordinator post has always been part of Bristol City Council, jointly funded by the local NHS. Currently this role is funded by Bristol CCG and the City Council, partly through the ring-fenced public health grant. Following the Council restructure in 2014, the JSNA Co-ordinator post has become the Strategic Intelligence, JSNA and Consultation Co-ordinator within the Performance, Information and Intelligence Service. This has provided opportunities to rationalise data and information processes and to better integrate the

⁵ JSNA Springboard to Action 2011: www.local.gov.uk/c/document_library/get_file?uuid=812b6160-a890-481a-8c57-5cb962bc04f3

JSNA as a City Council intelligence function, but has limited the capacity to co-ordinate further developments of the JSNA.

Since 2007, the Bristol JSNA Steering Group has been chaired by the Director of Public Health. However, due to the significant changes in leadership in the last 2 years, until very recently there has been limited capacity to steer and develop the JSNA.

d) Scope for wider partnership involvement has been limited

In recent years, there has been limited engagement with wider partners such as HealthWatch and the VCS. Although the JSNA is often referenced by organisations, the nature of the very broad, predominantly data driven profiles have not provided scope for meaningful input by other agencies around local intelligence on needs, gaps and quality of services.

9) Proposals for an enhanced JSNA for Bristol

Considerable scope exists to ensure the JSNA improves knowledge and understanding of health and wellbeing in Bristol to guide efficiencies in service provision, whilst supporting integration and prevention.

a) Strengthen ownership of the JSNA

In order for the JSNA to be the authoritative strategic process for health and wellbeing decision making in Bristol, it needs to be driven by senior leaders within the Health and Wellbeing Board, which has overarching responsibility for the JSNA.

There is also a need to develop joint ownership of the JSNA process with senior commissioners and service planners to ensure it can effectively influence planning and commissioning and enhance integration. A clear evaluation processes for JSNA impact needs to be established and managed, to clarify the expectation that commissioners will use the JSNA process.

b) Enhance partnership involvement

Health is determined by a number of determinants, including genetics, lifestyle, social, environmental and economic factors. The challenge of persistent inequalities therefore cannot be addressed by the NHS or local authority alone. A single, comprehensive and objective picture of needs and assets and priorities is essential for influencing strategy and planning across the Council, the CCG, wider statutory partners, the VCS and other agencies in order for decision makers to identify what the most important investments are and co-ordinate joint actions effectively. This will require a co-production approach between public health, commissioners and service planners, and performance and information teams across partners.

There is also a need to strengthen academic and research links to develop the evidence based focus of the JSNA and ensure that relevant research findings are adopted. Involving academics in the development of JSNA chapters would provide a

research perspective and additional knowledge and expertise around the chapter topic.

The JSNA governance arrangements would need to be amended to reflect this wider partnership approach.

c) Develop new JSNA products:

- **JSNA chapters**

A significant change to current JSNA products is proposed, including the development of a chapters approach of a series of systematic and comprehensive topic based needs assessments. These would include analysis of current services, the evidence base, and local views to identify a clearer picture of current and future needs. These chapters would make recommendations for commissioners and partners including those actions needed to support prevention and where relevant, closer integration of health, social care and wider services. A list of possible chapters is contained in appendix B.

The development of such chapters would need to be standardised through the development of a template (see appendix C). They would need to be owned by joint groups across the local authority, NHS and other partners with a remit for commissioning to ensure findings are fully connected to decision making, and would require a process of quality assurance and evaluation to be developed. The production of these chapters would need to be prioritised in order to be manageable.

Although the production of more detailed needs assessment chapters will support the understanding of need and commissioning in those specific areas, there will still be a need to prioritise across all areas of health and wellbeing, and overarching JSNA summary reports will still be required.

- **Additional JSNA products**

A number of other JSNA products could be developed and made accessible through the JSNA website. In addition there are a number of pre-existing tools and documents which could be branded and accessible under the JSNA banner to support the understanding of health needs across Bristol, such as:

- a) Community profiles: ward, neighbourhoods, localities, schools, GP Practice Profile
- b) Public Health England: Health Profile for Bristol
- c) Outcomes Frameworks (Public Health, Adult Social Care and NHS) showing Bristol's performance in relation to local and national comparators
- d) Locally produced detailed needs assessments eg Bristol's Children and Young People Emotional and Mental Health Needs 2015
- e) The Bristol Pharmaceutical Needs Assessment

- f) Public Health England data profiles for Bristol on range of topics eg child health, mental health and wellbeing, alcohol, end of life care, cardiovascular disease.
- g) GP Quality Outcomes Framework (QoF) data
- h) Evidence briefings – Bristol Public Health already produce weekly digests of policy, news, analysis and research on a broad range of health and social care topics.

d) Improve access to JSNA products

In order to improve access to JSNA data, an accessible web-based data portal for health and wellbeing and other data is required.

The City Council is actively developing an open data platform with the explicit brief to ensure data is more easily accessible. The platform will enable much more flexibility on the part of the user in using more granular data than ever before. This will make bespoke data display much easier for the user to self-serve. This approach delivers the requirement to be more responsive and move away from a static view of a predetermined cut of the data.

In addition to self-serving data, there would be a need to improve online access to JSNA reports such as the new chapter reports on specific topics, and other JSNA products, which may require further work on a dedicated JSNA website solution.

10) Resources to deliver this enhanced Bristol JSNA

In order to further these proposals for an enhanced JSNA adequate skilled resource is needed:

- a) JSNA co-ordination:** Dedicated support, jointly funded by the local authority and CCG is needed to oversee the whole JSNA process and administration, the tools and guidance to support the development of chapters, overarching summary reports, data access, improving usage, quality assurance, evaluation and training. The proposed redesign of Public Health provides opportunity to refocus capacity to support co-ordination of the enhanced JSNA process, and will require additional support from the Council's Performance, Information and Intelligence service in Business Change.
- b) Health needs assessment skills:** In order to develop a new JSNA based on chapters, there is a need for staff skilled in the technique of needs assessment (including data analysis, equity audits and critical appraisal of evidence). Rather than being developed by individuals in isolation, it is proposed that existing joint groups with responsibility for specific areas of commissioning or delivery, are given ownership for these needs assessments to ensure they have the potential to fully influence planning. The JSNA Working Group is currently identifying these groups. It is anticipated that much of the capacity to undertake this health needs assessment work (which is a core skill set of the specialist public health workforce), will be delivered through the proposed redesign of Public Health Bristol, although it

will take several months before the team is fully recruited to. It is proposed that these health needs assessment skills could also be broadened out to other teams within the Council and CCG where appropriate, through training and supervision from the JSNA co-ordinator, public health consultants and other public health staff.

- c) Capturing views of citizens/service users and stakeholders:** Resource to gather the views and perceptions of service users and local communities and mapping the local assets is required. This is a key role for Healthwatch, working in conjunction with the VCS, Council community development and community health development staff, the Council Consultations Team and the CCG's Public and Patient Involvement, Equalities and Communications Group. Including HealthWatch on the JSNA steering group will support this area of development.
- d) Improving focus on the evidence base and research:** There is an opportunity to further capitalise on the good relationships that already exist with the universities and the Bristol Health Partners' Health Integration Teams to harness academic input into the JSNA process.
- e) Intelligence function:** Expertise in developing high quality and relevant local intelligence around health, social care and wider determinants is required. Currently this sits in a number of places including Public Health and Performance Information and Intelligence (in Business Change). These teams will be required to work closely together, as part of the journey to integrate public health fully within the Council, to ensure efficiency, broadening of skills and understanding of health, social care and demographic data and consistent approach and processes. In addition these teams will need to strengthen links with the NHS Commissioning Support Unit and wider partners to ensure all relevant data is incorporated within the JSNA.
- f) Website development:** The Council is already developing a new website with more modern interfaces and capabilities to support more self-service access to both services and information. For the JSNA it has the potential to utilise the Open Data Bristol platform described above, but also to bring together the very diverse set of information products that exist on the BCC website. A new set of web capabilities would mean a modern view of how these products should fit together to meet a range of strategic intelligence and decision making tools could be hosted on the new website.

11) Conclusions

These proposals aim to ensure a more joint, robust and systematic approach to assessing the current and future health and wellbeing needs of the Bristol population in order to support the development of City-wide strategies and to drive the effective, efficient and transparent commissioning of services. In order for the potential of the Bristol JSNA to be fully realised as a tool to improve health and

reduce inequalities, there is a need for clear and joint ownership across a range of partners, and a commitment to champion this new approach.

Bristol JSNA chapter topics – long list (draft)

| Section | JSNA Chapter |
|---------------------------|-------------------------------------|
| JSNA Summary | Annual JSNA summary |
| Overview chapters | Demographics |
| | Children and young people |
| | Older People |
| | Inequalities |
| | |
| Wider determinants | Housing |
| | Education |
| | Parenting |
| | Employment |
| | Crime |
| | Poverty |
| | Built environment, spatial planning |
| | Transport |
| | Good Food and Nutrition |
| | Food poverty |
| | Air pollution |
| | Domestic and sexual abuse |
| | FGM |
| | Sustainable health (healthcare) |
| | Social isolation |
| | Seasonal mortality |
| | |
| Social care | Social care adults |
| | Social care children |
| | Older people - “frail elderly” |
| | Carers |
| | Safeguarding – adults / children |
| | |
| Healthy Lifestyles | Alcohol |
| | Drugs / Substance Misuse |
| | Smoking / Tobacco control |
| | Obesity (adults, children) |
| | Breastfeeding |
| | Physical activity |
| | Mental wellbeing |
| | Sexual health |
| | Dental health |
| | Teenage pregnancy |
| | Immunisation |
| | Screening (Cancers, DM, AAA) |
| | Unintentional injuries |
| | |
| Major diseases | Heart disease |
| | Stroke |
| | Diabetes |

| | |
|------------------------|-----------------------------------------------------|
| | Liver disease |
| | Renal disease |
| | Asthma |
| | COPD |
| | Cancers (lung, breast, bowel, prostate) |
| | HIV |
| | Dementia |
| | Mental illness adults and emotional health children |
| | Physical health of people with mental illness |
| | Suicide and self-harm |
| | Maternal health |
| | Infant mortality |
| | Epilepsy |
| | Neurological conditions |
| | Communicable diseases |
| | Musculoskeletal disorders |
| | |
| Specific groups | Migrant health |
| | Homeless health |
| | Gypsies and travellers |
| | Offenders |
| | Sex workers |
| | Fuel poverty |
| | Autism |
| | Learning disability |
| | Physical and sensory disability |
| | Disabled Children |
| | BME |
| | Women's health |
| | Men's health |
| | Lesbian, Gay, Bisexual, Transgender |
| | Students |
| | School health |
| | End of life |
| | |
| Misc | Urgent care |
| | Integration |
| | Localities |

APPENDIX C

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| Bristol JSNA Draft Template |
| Executive summary |
| Why is this area important? <i>Impact on years of life lost/healthy life expectancy</i> <i>Contribution to inequalities</i> <i>Impact on social and health care (including urgent care)</i> <i>Opportunities for prevention and self-care</i> <i>PHOF, SCOF and NHSOF indicators and how we perform</i> <i>National, local priority</i> |
| Who is at risk and why? |
| What is the level of need In the local population, and differences between groups (ethnicity/age/gender/sexual orientation, life-course stage, deprivation, geography etc) |
| What services /assets do we have to meet and prevent this need? |
| What do users/carers think? |
| What works- what is the evidence base? NICE and local evidence including prevention |
| What is the cost effectiveness/return on investment (where available)? |
| What are the projected needs for the future? |
| What are the unmet needs? Key issues and gaps |
| Recommendations for consideration by commissioners? |
| Key contacts |
| References |