Report of the Strategic Director Adult and Community Services to the meeting of the Shadow Health and Wellbeing Board to be held on 18 October 2011.

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Subject:

The development of the Joint Strategic Needs Assessment (JSNA) in the Bradford district

Summary statement:

This report informs the Shadow Health and Wellbeing Board about the Joint Strategic Needs Assessment (JSNA) in Bradford. The paper describes how the JSNA in the Bradford district has developed since its inception, how it is viewed now following a recent review, and how it needs to change going forward to be fit for purpose in the future. The JSNA has to change and develop in the light of the formation of the Health and Wellbeing Board, the Clinical Commissioning Groups, local Healthwatch, the transfer of local public health functions to the local authority, the integration agenda and other key changes in outcome frameworks and commissioning arrangements.

The report recommends that an expanded JSNA Steering Group takes forward the development of the JSNA in the district in two workstreams.

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Portfolio:

Social Care / health

Overview & Scrutiny Area:
Social Care / health

1. SUMMARY

This report informs the Shadow Health and Wellbeing Board about the Joint Strategic Needs Assessment (JSNA) in Bradford. JSNAs were introduced as a requirement from April 2008, and were defined as:

- a process that identifies current and future health and wellbeing needs in the light of existing services, and informs future service planning, taking into account evidence of effectiveness;
- JSNA identifies "the big picture" in terms of the health and wellbeing needs and inequalities of a local population.

This paper describes how the JSNA in the Bradford district has developed since its inception, how it is viewed now following a recent review, and how it needs to change going forward to be fit for purpose in the future. The JSNA has to change and develop in the light of the formation of the Health and Wellbeing Board, the Clinical Commissioning Groups, local Healthwatch, the transfer of local public health functions to the local authority, the integration agenda and other key changes in outcome frameworks and commissioning arrangements.

The report recommends that an expanded JSNA Steering Group takes forward the development of the JSNA in the district in two workstreams.

2. BACKGROUND

2.1 Development of the JSNA in Bradford

The three cycles of the Joint Strategic Needs Assessment have shown positive growth and improvement:

- It is now a broad and comprehensive resource setting out the health and wellbeing needs of the Bradford district in a web based format with an annual printed summary.
- The link to the JSNA website is Bradford JSNA 2010/11 where both the summary report and the complete web based resource are available.
- There has been a shift away from a narrower picture of needs relating to specific diseases, illnesses and disabilities, and has moved beyond a clinical perspective on "health", towards a broader picture of wellbeing.
- This is reflected in the expansion in the JSNA of data and analysis on the wider determinants of health and wellbeing, for example relating to income, work, skills, housing, crime. The JSNA now includes more on social aspects of wellbeing, for example bullying, caring responsibilities for children and adults, the social impacts of disability.
- The JSNA has moved from an annual "product" to a continual process, with new needs analyses being added throughout the year.
- The quality of data has steadily improved, with more ward level information and comparisons, and other analyses that highlight specific areas of inequality.
- The awareness of the JSNA and the range of people who have contributed to it have steadily increased, although there are still groups of people where awareness

remains too low.
- The work is overseen by an interagency JSNA Steering Group, with appropriate membership from both Bradford and Airedale NHS and officers of the Council. The statutory responsibility rests with the Director of Public Health, Director of Adult and Community Services and the Director of Services to Children and Young People.

2.2 Review of the JSNA 2011

The Local Government Improvement and Development Agency (LGID) published "Joint Strategic Needs Assessment: a springboard for action" in April 2011, and this contains 7 quality themes to help Health and Wellbeing Boards in deciding their approach to JSNA. The first of these themes is to take stock, learn from the past and review existing JSNA processes. The Bradford JSNA Steering Group has reviewed our approach locally, and these reflect a number of issues that we share with other districts. In summary our local review suggests that:
- The Bradford JSNA gives a broad and comprehensive picture of the health and wellbeing issues for the district, a wide strategic level analysis of needs.
- It is seen a useful strategic overview, setting in a broader context the work of specific professional groups or services, but struggles to be both strategic and answer the specific detailed questions relating to particular areas of need.
- Awareness and usage of the JSNA is mixed, high amongst commissioners and public health, lower amongst elected members, GPs, the voluntary sector.
- Influence of the JSNA has been limited. It is seen to *reflect* commissioning, not drive it.
- The JSNA is based on quantitative data and needs more qualitative data, more community voice.
- The wider determinants sections are useful and positive, although these need to be fully integrated into the JSNA and there need to be stronger linkages across to other partnership groups focussing on areas like regeneration or the environment.
- At present it sets out all health and wellbeing needs, but does not sufficiently prioritise between them. This limits its ability to shape strategic commissioning decisions.
- There needs to be a greater emphasis on inequalities.
- Known gaps in quality data need to be filled, for example on transitions, people with physical or learning disabilities, the needs of communities of interest, for example Roma people, homeless people, refugees or asylum seekers, LGB people.
- Not all the right stakeholders have been involved sufficiently, for example NHS and social care providers, the voluntary sector, elected members, Bradford District Care Trust.

2.3 The changing context for the JSNA going forward

Looking forward the JSNA needs to change to:
- Meet the requirements of the Shadow Health and Wellbeing Board
- Inform the new Health and Wellbeing Strategy, highlighting priorities and options and providing the intelligence on what to focus on, what to commission, what to de-commission.
- Meet the requirements of the Clinical Commissioning Groups in Bradford
- Respond to the needs of GPs, who may want data relating to their practice populations.

- Lead to stronger partnerships and support the integration of health and social care commissioning and service provision.
- Inform commissioning in a time of shrinking public sector resources.
- Inform the work of the Bradford District Partnership, and other thematic district level partnerships, plans and strategies.
- Be of realistic scope and ambition to reflect the organisational capacity to deliver it.
- Take account of other developments and changes, for example the transfer of public health into the local authority, the formation of the local Healthwatch, the changes of the Bradford District Partnership structure and operation, the development of the Bradford Observatory.

3. OVERVIEW AND SCRUTINY COMMITTEE CONSIDERATION

Not required at this stage

4. OTHER CONSIDERATIONS

4.1 The future development of the JSNA in the Bradford district will be led by the Director of Public Health, Director of Adult and Community Services and the Director of Services to Children and Young People, alongside members of the Health and Wellbeing Board. It will inform the Health and Wellbeing Strategy of the Board. There will be close working with Directors of Commissioning, the Clinical Commissioning Groups and Directors of Finance. The implementation of the work will be co-ordinated through the JSNA Steering Group, which will now need to expand to reflect changes in commissioning arrangements, in particular the increased role of GPs and other primary health professionals. The development plan comprises two connected work streams, set out below.

4.2 Ongoing Refresh and Update

This work stream, led by Greg Fell, Consultant in Public Health, involves the regular updating of the data held by the JSNA, and in particular the online repository of data. The work is divided into sub-work streams based on key health and social care areas, reflecting the design of the JSNA, with named leads for each section. The latest refresh has begun recently and will be completed by the end of the year.

4.3 Reappraisal and Redesign

This work stream, led by Andrew O'Shaughnessy, Consultant in Public Health, working in collaboration with Andrew Jones, Health and Wellbeing Manager in Adult and Community Services, focuses on the ongoing development of the JSNA to reflect the requirements of the Shadow Health and Wellbeing Board and the Clinical Commissioning Groups, incorporating the feedback received through evaluations conducted locally, and participation in regionally led development work. A detailed reappraisal and redesign paper has been taken through the JSNA Steering Group, (attached as an appendix), and is guiding the local process, beginning with a joint piece of work between the Local Authority and the NHS Cluster, looking at the impact of the economic downturn on health and employment.

5. OPTIONS

Option 1 – that the Shadow Health and Wellbeing Board endorses the approach to the development for the JSNA set out in section 4.

Option 2 - that the Shadow Health and Wellbeing Board rejects the approach to development of the JSNA and requires an alternative approach to be developed.

6. FINANCIAL & RESOURCE APPRAISAL

This paper is about the development of the JSNA in Bradford to be fit for purpose in a changed context. The only financial issues relate to staff resources and the capacity to produce the new changed JSNA in the future.

7. RISK MANAGEMENT

No significant risks arising.

8. LEGAL APPRAISAL

No legal issues arising.

9. OTHER IMPLICATIONS

9.1 EQUALITY & DIVERSITY

A core purpose of the JSNA is to inform commissioning decisions to reduce inequalities in health and wellbeing, taking into account equality and diversity issues.

9.2 SUSTAINABILITY IMPLICATIONS

A core purpose of the JSNA is to inform sound commissioning decisions based on robust evidence of needs, and so ensure best use of resources and promote sustainability.

9.3 GREENHOUSE GAS EMISSIONS IMPACTS

None, based on the assumption that the JSNA will continue to be a web-based resource.

9.4 COMMUNITY SAFETY IMPLICATIONS

No community safety implications have been identified.

9.5 HUMAN RIGHTS ACT

No implications under the Human Rights Act have been identified.

9.6 TRADE UNION

No Trade Union implications have been identified.

9.7 WARD IMPLICATIONS

The development of the JSNA will include an increase in data at ward and community

level, which will inform the Health and Wellbeing Strategy for the district and commissioning of services to address inequalities of health and wellbeing. This document in itself does not have immediate ward implications.

10. NOT FOR PUBLICATION DOCUMENTS

None

11. RECOMMENDATIONS

11.1 That the Health and Wellbeing Board notes the progress of the JSNA in the Bradford district to date and the changing context for the future development of the JSNA:

11.2 That option 1 be approved, including the expansion of membership of the JSNA Steering Group, the ongoing refresh and update of data to be completed by the end of 2011, and the longer term reappraisal and redesign workstream to make the JSNA fit for purpose for the Health and Wellbeing Board in the future.

11.3 That the Shadow Health and Wellbeing Board receives a future report on the direction and progress of JSNA development, at a time identified by the Board.

12. APPENDICES

- “Joint Strategic Needs Assessment, Reappraisal and Redesign, Discussion Paper”, Bradford and Airedale NHS, (February 2011).

13. BACKGROUND DOCUMENTS

- “Joint Strategic Needs Assessment: a springboard for action”, Local Government Improvement and Development, (April 2011).
- “Guidance on Joint Strategic Needs Assessment”, the Department of Health, (December 2007).

Appendix 1

"Joint Strategic Needs Assessment, Reappraisal and Redesign, Discussion Paper", Bradford and Airedale NHS, (February 2011).

Bradford and Airedale

Joint Strategic Needs Assessment

Reappraisal and Redesign

Discussion Paper

February 2011

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Introduction

Joint Strategic Needs Assessments were introduced as a requirement in 2007/8 with the following DoH definition:

"Needs assessment is a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities".

"Joint Strategic Needs Assessment describes a process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness"

"Joint Strategic Needs Assessment identifies "the big picture" in terms of the health and wellbeing needs and inequalities of a local population"

Bradford and Airedale is now in the third iteration of its JSNA, however recent changes to government policy, particularly those in the White Paper *Equity and Excellence* and the Public Health White Paper *Healthy Lives Healthy People*, have changed some of the emphasis on JSNAs, in particular:

- The addition of GP Consortia to those responsible for producing the JSNA
- The key role of the JSNA in directing the overseeing role of the new Health and Wellbeing Boards (HWBBs)
- A new requirement for strategic planners and commissioners to "have regard" of the JSNA when making key decisions

In addition, the broader financial climate and the impact of the Comprehensive Spending Review have placed a stronger on Quality, Innovation, Productivity and Prevention (QIPP) workstreams and the need for efficiency savings.

As such a review and reappraisal of the JSNA in Bradford and Airedale is timely as we plan for the transition period leading up to the abolition of PCTs and the transfer of Public Health to the Local Authority.

This paper explores some of the key issues for consideration over the forthcoming period of change, and reflects back on the JSNA Guidance issued by the Department of Health in 2007.

It is envisaged that redesign of the JSNA will ideally take place incrementally over the next 3 years, taking on board the local impact of changes and any new guidance that may emerge from DoH and other national and governmental bodies.

Purpose

The 2007 DoH guidance describes the purpose of JSNA as:

- JSNA is a tool to identify the health and wellbeing needs and inequalities of a local population to inform more effective and targeted service provision. The Local Strategic Partnership will determine the shared targets to meet these needs
- JSNA will provide a framework to examine all the factors that impact on health and wellbeing of local communities, including employment, education, housing, and environmental factors
- JSNA will identify priorities for commissioning. Local partnerships should set out explicitly how they are going to prioritise based on the information contained within the JSNA
- JSNA will identify the existing and future needs of the community
- JSNA will map services and they way they are used
- JSNA will include an analysis that will enable the prioritisation of services and therefore commissioning requirements
- JSNA will lead to stronger partnerships between communities, local government, and the NHS
- JSNA will provide a firm foundation for commissioning that improves health and social care provision
- JSNA will reduce inequalities

Questions

1. Should we reflect on why do we do a JSNA?
    a. Because we have to
    b. Because it facilitates partnership working
    c. Because it informs commissioners
    d. Because it helps us make decisions
    e. Because it makes us more efficient
    f. To inform the Sustainable Communities Strategy
    g. Other

2. Does the current JSNA reflect the purpose set out by DoH in 2007?

Functionality

The 2007 DoH Guidance advises that:

- The published findings of the JSNA will be a concise summary of the main health and wellbeing needs of a community as opposed to a large, technical document
- The JSNA should provide a framework to examine all the factors that impact on health and wellbeing of local communities, including employment, education, housing, and environmental
- Each JSNA will be unique and will reflect local circumstances, leading to more detailed analyses of the issues identified
- JSNAs will use clearly defined criteria to select high quality and locally relevant information that provides a clear picture of their area

Since the White Papers have been published we must now also expect the JSNA to

- Be truly functional for the HWBB
- Be easily accessible and for and have meaning to GPs and other primary care staff
- Provide a means by which it can be seen to have been referred to in order to guide strategic and commissioning decisions

The current JSNA is produced in hard copy summary format with online datasets, needs assessments and other analyses.

Questions

1. Do we need to proactively position the JSNA in the emerging HWBB by engaging with key staff such as elected members?
2. How can we ensure that there is a robust framework for integrating the JSNA in the decision-making process at HWBB?
3. Do our JSNA products, both hard copy and web-based, reflect the initial requirements set out by DoH?
4. Do we need to make special arrangements to collect, collate, present and interpret data to reflect the culture and needs of primary care clinicians and other primary care staff?
5. Are there other formats in which the JSNA could be produced in order to maximise its impact?

Inequalities

Health and Social inequalities underpin the JSNA. They underpin the commissioning policies of NHSBA and BMDC and are the key drivers behind current government policy.

Research shows that members of the public have a limited grasp of what inequalities are and, in particular, what causes them and what can be done to address them [x]. In particular, the structural causes of inequality and their relationship with the broader prosperity of geographic areas are poorly understood.

Questions

1. Should there be more of a consistent inequalities theme running through the JSNA?
2. Do we need to set out in detail, easily understandable, what inequalities really mean in Bradford and Airedale and what causes them – using an information is power paradigm to empower health and social care staff and local people to understand the inequalities that surround them and give some real meaning to how inequalities relate to the JSNA?
3. Should the JSNA begin with a section describing exactly what inequalities are, what causes them, and what is effective in narrowing them, reflecting particularly on the socioeconomic and epidemiological characteristics and history of Bradford and Airedale?

Geography

A key underpinning element of the JSNA, like any epidemiologically based piece of work, is the denominator populations that it covers. Clear and consistent definitions are essential to preserve both robustness of intelligence and of monitoring and evaluation over time. In the future health care and prevention will be provided by separate organisations, potentially with different outcome frameworks, geographical boundaries, cultures and systems for accountability

Depending upon the way in which GP Consortia emerge and how this corresponds with council geographical boundaries, HWBBs may have to find ways of working across local government boundaries and of collaborating with others on a sub national and more local footprint depending on the commissioning and service models for more specialised services. Local Authorities may also need to collaborate together to influence a range of commissioning beyond the geographical boundary.

Issues which will need careful consideration include:

- The risk of greater fragmentation between health and social care if the aspiration for integrated commissioning is not mainstreamed
- The potential loss of coterminosity between existing health and local government boundaries

Consortia will need to have sufficient geographic focus to be able to agree and monitor contracts for locality-based services (such as urgent and emergency care), to have responsibility for commissioning services for people who are not registered with a GP practice, to commission services jointly with local authorities, and to fulfil effectively their duties in areas such as safeguarding of children.

All commissioning should be driven by the JSNA or shared assessments across local authority boundaries, whether these are GP commissioning, council commissioning or joint commissioning

Questions

1. How will the JSNA maintain the robustness, integrity and consistency of datasets in the face of competing denominator population criteria?

Monitoring and Evaluation

The JSNA occupies a key strategic position in Bradford and Airedale and has an overarching function over other needs assessments and strategies across the District. There may be advantages in the ongoing development of the JSNA processes by developing a detailed evaluation framework to assess, in a timely fashion, the degree to which priorities and actions identified in the JSNA are reaching the intended audience and whether the process of developing the JSNA has enhanced and supported joint working.

Questions

1. Should the JSNA be formally evaluated to identify examples of success and areas requiring further development?
2. Could this take the form of an annual SWOT analysis that reflects on the previous JSNA process with a view to the next iteration?
3. Should this be undertaken by the HWBB?
4. Should there be formal governance arrangements for monitoring the JSNA?
5. Should we monitor how the JSNA has been used by different organisations?

Community Engagement and HealthWatch

DoH Guidance says: "We firmly believe that community engagement is an essential element of Joint Strategic Needs Assessment, and that the process will, in itself, have a positive impact on health and wellbeing. Engaging with communities includes understanding whether services have delivered what was expected, and whether service users have had their needs met"

DoH recommends:

- Communities should be involved in all stages of JSNA from planning to delivering and evaluating, rather than being restricted to commenting on final drafts.
- Community engagement can be a resource intensive process and PCTs and local authorities should work together, respecting the time and efforts of local people.
- Many PCTs and local authorities already have wider engagement and consultation strategies in place, and should build on the duties to consult and involve and optimise available listening opportunities such as LINks and Citizens Panels.

The JSNA process currently satisfies these requirements in a proxy fashion by absorbing elements of existing strategies and needs assessments where consultation has taken place in their development. It may be that over forthcoming years a more formal and direct process of engaging with the public is necessary, particularly if HealthWatch are formal members of the HWBB.

Questions

1. Are we satisfied that current processes fulfil the 2007 DoH Guidance
2. If we are to consult more formally should this be:
    a. Directly with the public
    b. Indirectly through consultation with elected members

Data and Intelligence

<u>Access</u>

The White Papers have mandated a separation of Public Health from the NHS structure, with the function sitting in Local Authorities, under the auspices of Public Health England. There is a risk that this may lead to fragmented access to primary care data.

The White Papers also vigorously promote the concept of "any willing provider", and in particular the development of provision by the private sector and by social enterprises. Data sharing with these types of organisation is not well developed and there may be challenges in ensuring timely access to robust data with new providers.

<u>Timeliness</u>

DoH Guidance advises that "the key to updating JSNA is understanding the reliability of available data, including the risks attached to using them. The greater the uncertainty surrounding the data, the more frequently they will need to be re-assessed and a decision made on when to refresh parts, or all, of the JSNA".

As the JSNA develops over coming years, identifying and collecting data may become more complex and widespread as multiple new partners become involved. This may lead to difficulty in maintaining control of datasets which are fed into the JSNA.

Questions

1. Do we need to pro-actively begin working on a data sharing agreement with the emerging GP Consortia?
2. Do we need to investigate issues regarding working collaboratively with the private sector and social enterprises?
3. Should we develop a detailed timetable of publication of data according to source and nature of data, in order to ensure a smooth process of updating both the JSNA and the needs assessments that sit under it?

Evidence

DoH 2007 Guidance advises that:

"The JSNA process will be underpinned by evidence of effectiveness: identifying relevant best practice, innovation and research to inform how needs will best be met"

Following the publication of the White Papers it has been decided that Public Health England will lead a new approach to evidence based on:

- Quality – Timely, reliable, relevant and produced in a scientifically robust and independent way
- Transparency – Driving accountability through availability, accessibility and user friendliness
- Efficiency – Information will be collected once but used many times and new knowledge will be rapidly applied as it becomes available
- An expanded and enhanced role for NICE, being on a firmer statutory footing and extending its remit to include social care, producing Quality Standards for both health and social care

Locally in Bradford, NICE will be piloting an initiative to explore ways of growing understanding and capability of evidence-based practice in Local Authorities

Questions

1. Is there scope for a greater and more systematic use of published evidence in the JSNA?
2. Should the JSNA make specific evidence-based recommendations for each section designed to direct commissioners towards those interventions which should and should not be commissioned, and where and when their provision is appropriate?

New Sections

As policy and evidence develops, there is scope to consider areas of health and social care that have not yet received detailed attention in the JSNA. These could reflect changing epidemiology, new evidence, and broader aspects of the determinants of health and well-being, for example the current recession.

For example

- Economic health of the District
    - Unemployment
    - Labour market
    - Health in locally defined economic areas
- Workplace Health
- Carers
- Assets – mapping community assets and social capital
- Prioritisation

Questions

1. Are there particular topics that the JSNA has yet to cover in depth?
2. If so, which should be considered for inclusion in forthcoming JSNAs?

Prioritisation

The 2007 DoH Guidance makes it clear that the JSNA has a key role to play in prioritisation, stating that:

- The priority-setting process should be made explicit
- The decision-making process should be made explicit
- We should consider if priorities can be identified from the story of the local area
- Prioritisation should be driven by agreed health and wellbeing outcomes
- It should be possible to draw a line from the JSNA to commissioning decisions
- Evidence of effectiveness should be considered

NHSBA has a Prioritisation Framework and operates a number of prioritisation workstreams under the Clinical Priorities Committee. These range from individual commissioning policies to broader strategic advice, applying evidence of both clinical and cost-effectiveness.

Questions

1. Should the JSNA specifically address and advise on prioritisation?
2. Should a transparent framework for prioritisation under the JSNA be developed and made explicit
3. How might the HWBB use this element of the JSNA in scrutinising the commissioning plans of the GP Consortia?

Capacity and Capability

The capacity and capability to deliver large strategic projects of work is an ever present challenge, particularly in times of efficiency savings and reduction of management workforce across health and social care commissioning organisations.

As Public Health moves to the Local Authority, there is the opportunity for greater and closer integration of the teams that have produced the JSNA in the past. Nonetheless, issues remain to be resolved in terms of both structures and processes, and the matter of which staff perform which support duties across all aspects of health and social care intelligence, including GP Consortia.

Given its key role in future strategic development of health and social care, it is essential that the JSNA is adequately resourced at all levels as failure to do so would threaten the function and authority of the HWBB.

Questions

1. Do we need to specify the size, location and skill sets required to deliver a JSNA that will be fit for purpose through the transition period and beyond?
2. Do we need to proactively communicate the importance of maintaining capacity and capability for the JSNA to the evolving GP Consortia and leaders at the Local Authority?
3. Does this represent a corporate risk across both the PCT and the Local Authority?

Related documents

The JSNA sits alongside a number of other key strategic documents and reports in Bradford and Airedale. These currently include, amongst many:

- The Sustainable Communities Strategy (The Big Plan)
- The Report of the Director of Public Health
- The PCT Strategic Plan
- The PCT Pharmacy Needs

In the future, this will include:

- A Joint Health and Wellbeing Strategy (JHWS), which will also be commissioned and delivered under the auspices of the HWBB
- The GP Consortia Commissioning Plans

In respect of key strategies and plans that should be considered alongside the JSNA, the DoH suggests:

- PCT and Local Authority commissioning strategies
- PCT Local Delivery Plans
- Children and Young People's Plans
- PBC commissioning plans
- Local development plans
- Community regeneration strategies
- PCT Pharmaceutical Needs Assessments
- Supporting People strategies
- Housing strategies
- Community safety strategies
- Carers strategies
- Workforce planning strategies

Questions

1. Do we need to maintain a formal list of key partner documents to the JSNA?
2. Do we need to put in place and a systematic, timetabled process for integrating and relating to these documents?

Examples of Good Practice from other areas' JSNAs

As part of this piece of work a review was undertaken of a number of JSNAs produced by other Districts across the country.

A number of examples of innovation, best practice and different approaches were identified, and these are summarised in the table below. Greater detail is available should further work be required to test the applicability of these locally.

District	Notable Sections
Gateshead	Section on Influencing Commissioning Decisions
	Progress To Date section
	Incorporation of existing local needs assessments
	Summary of outputs from community/focus groups
Heywood, Middleton and Rochdale	Phased approach
	Themed JSNAs
	Mosaic Profile
Leicestershire	Separate Public-Facing Report
	Interactive Data Atlas
	District Level Reports
Manchester	"What Should Commissioners Do" sections
	Service Descriptions
	Breakdown of admissions with costs
	Lists of High Impact Changes for NHS and LA
	Explanation of commissioning and processes
Newcastle	Online guide to using JSNA and data sources
Nottingham	Behavioural Factors section
Southampton	Specifying inputs to and outputs from JSNA
	Specifying who makes what decisions
	Bigger profile for Lifestyle Survey
	Commissioning budgets specified
	Accompanying data CD-ROM
	Broken down into "Themes of Work"
	Section on Delivery, Accountability and Partnerships
	Accountability and Responsibility matrix
	Data Compendium Index
Stoke	Excellent patient summary pamphlet