

# Solihull Health and Well Being

## Topic Based Needs Assessments Guidance

The **Joint Strategic Needs Assessment (JSNA)** is how local authorities and Integrated Care Boards assess the current and future health, care and wellbeing needs of the local community leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities. The JSNA is supported by a programme of in-depth topic-based reports examining specific needs of the population and to support the commissioning of services.

**When considering commissioning, one of the first things to do is to conduct a needs assessment.** A needs assessment is a systematic process for determining and addressing the needs of a population or place. It will identify the gaps in knowledge or need and differences between current conditions and desired conditions / “wants”. It can be used to clarify problems and identify appropriate solutions.

Needs assessments should be carried out when launching a project, to help improve policy or program decisions, to inform local strategic decision making and can be used to assist in prioritisation.

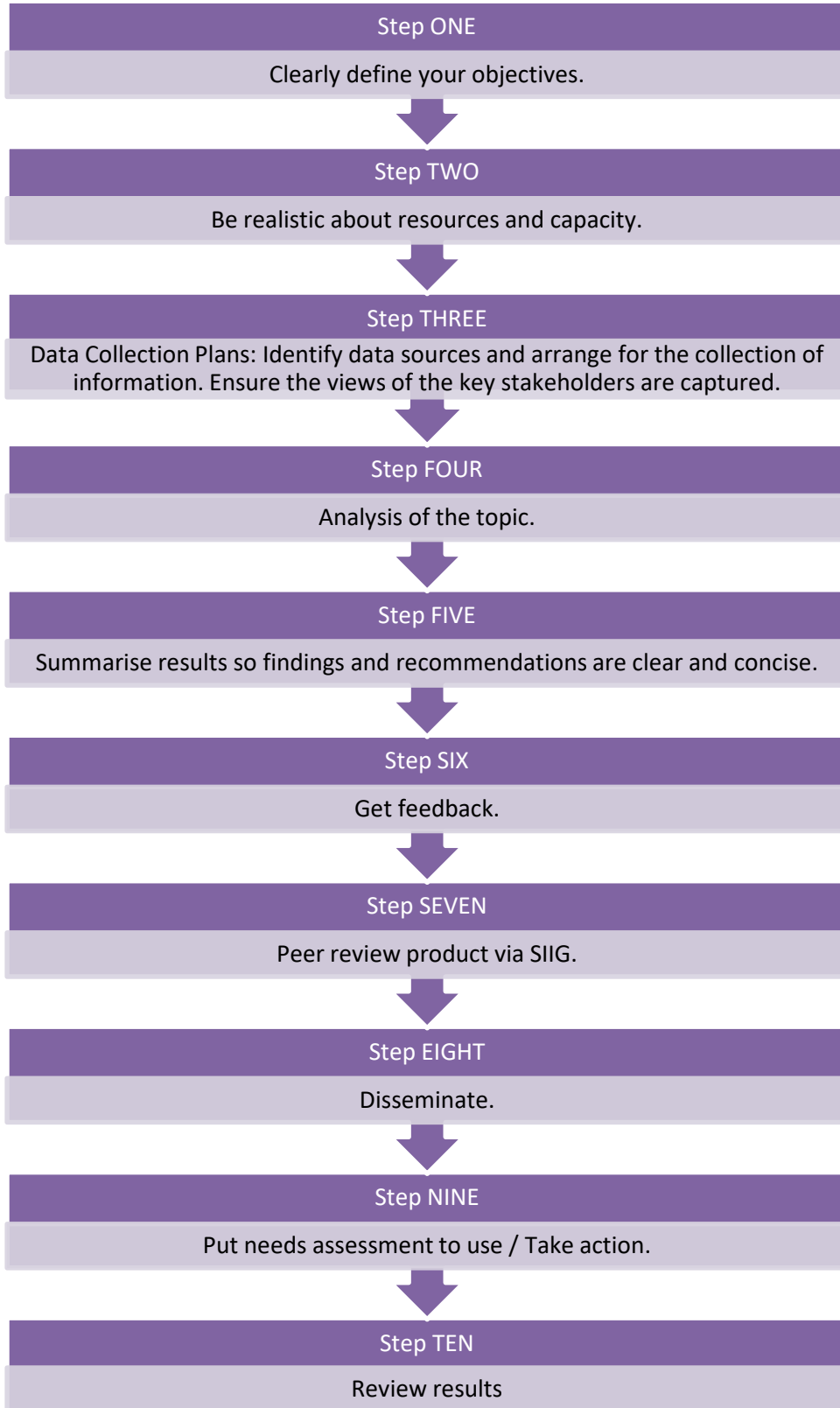
It should be noted that needs assessments require sufficient data and be based on research and analysis of a wide range of internal and external information sources. For a comprehensive assessment it is essential to gain a wide perspective and will not be a product that is the responsibility of the analyst alone but will require the co-operation of department leaders, co-workers and professionals who interact with the topic regularly.

**A schedule of required needs assessments** is maintained by the **Solihull Insight and Intelligence Group (SIIG)** and published on the Solihull Council website when confirmed. Published Topic Based Needs Assessments can be found at [Topic based Needs assessments \(solihull.gov.uk\)](https://www.solihull.gov.uk). In addition to new needs assessments, it is recognised that other agencies may from time to time generate specialist reports that could contribute to the evidence base on health and wellbeing. These should be reported to the SIIG and, if agreed, links will be added to the Solihull JSNA website.

For any help and further information on requesting a needs assessment please contact **Solihull Observatory on 0121 704 6884**.

# Steps required to conduct a Needs Assessment

A needs assessment is a purposeful process and as the requestor of an assessment the following chart provides you with details of the steps required for a needs assessment:



The needs assessment process could be cyclical dependant on results and any outside influences which may impact on the initial results of the assessment.

# Solihull's Needs Assessment Process

## 1. Making a Request

Any requests for a needs assessment should be presented to the SIIG.

A request should be submitted on the application form and outline the reason for the request and the intended outcome, for example a change in service, addressing inequalities etc. It should also detail any resource that can be provided to support the needs assessment.

## 2. Prioritisation

The SIIG will follow a transparent process to prioritise all requests for inclusion in the schedule. Requests will be assigned as high or low priority after assessment against the following criteria:

- Does it support a priority area(s) of the Health and Wellbeing Strategy (HWBS), the local Integrated Care Board<sup>1</sup> (ICB) and other organisation's priorities?
- Is it cross cutting across more than one theme of the HWBS?
- What is the population impact?
- Purpose / intended outcomes of the work.

## 3. Resources

If a request is assessed as high priority and cross cutting, the SIIG will have the capability to co-opt people to join a small multi-disciplinary, multi-organisational group for the piece of work, which will be led by the requestor of the needs assessment. This will include analytical / evidence support, commissioners / experts in the field, member(s) of the SIIG, provider organisations and Healthwatch<sup>2</sup> where they feel it is appropriate.

If a request is assessed as low priority, the SIIG may be able to offer to provide some data / evidence to support the requestor, but they will be advised that the work would not form part of the annual work programme.

## 4. Content of the Needs Assessment

A template can be found at page 6. It illustrates the areas that should be covered in a health and wellbeing needs assessment. Where applicable qualitative information will be included.

## 5. Quality Assurance

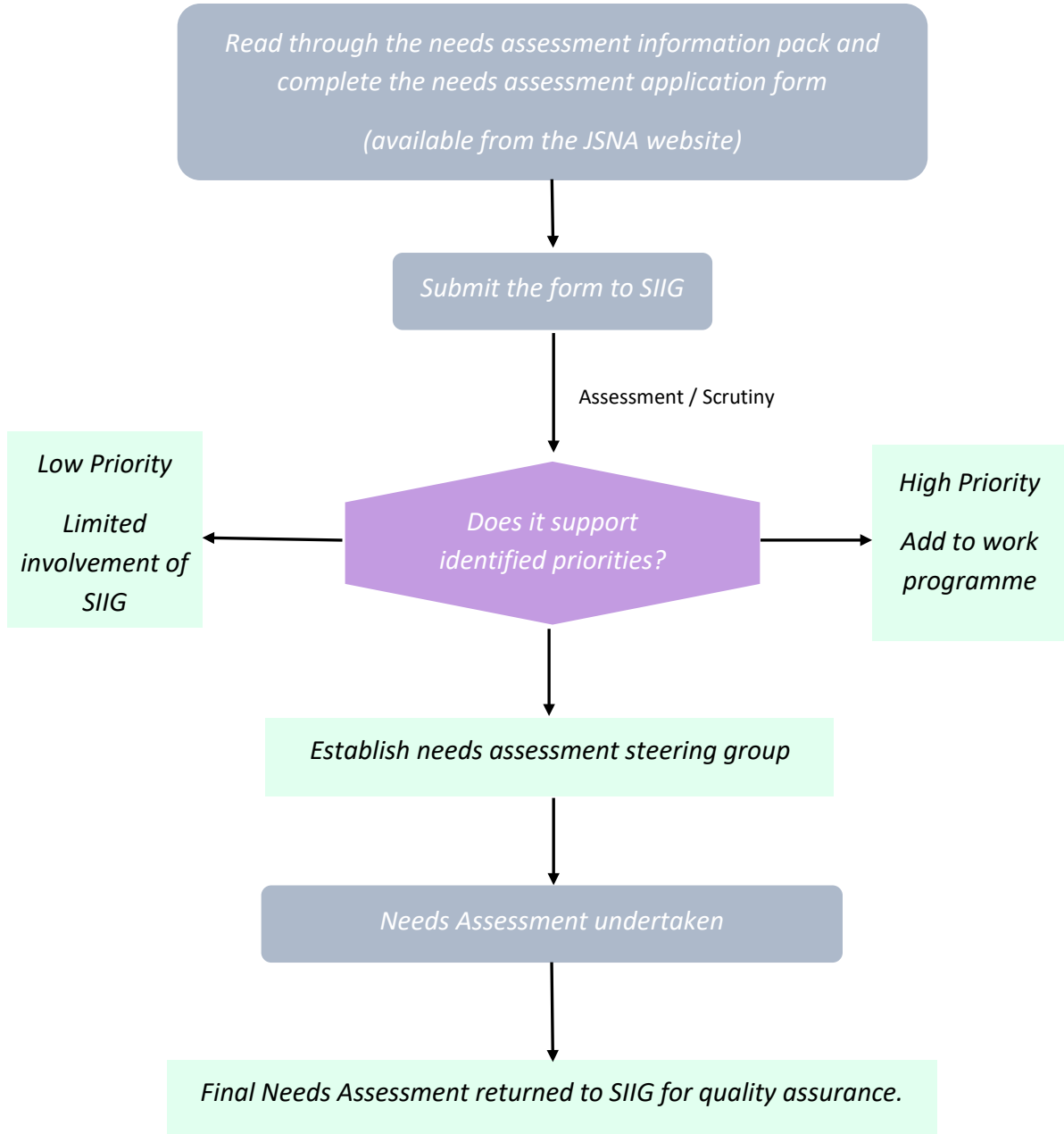
Both the final draft (for comments) and the final needs assessment should come back to the SIIG.

---

<sup>1</sup> Legally established on 1 July 2022, after the abolishment of Clinical Commissioning Groups, following the Health and Care Act 2022 receiving Royal Assent.

<sup>2</sup> [Home | Healthwatch](#)

### Needs Assessment Application Process



# Needs Assessment Principles

The following table provides guidance on when it may be appropriate for teams to:

- a) conduct needs assessments independently with minimal involvement from SIIG,
- b) draw on support from internal colleagues via SIIG,
- c) commission an expert external provider to conduct the needs assessment:

Type of assessment	Factors
<b>Needs assessment conducted independently with minimal input from SIIG</b>	<ul style="list-style-type: none"> <li>• The needs assessment is not linked to a commissioning or business development decision.</li> <li>• It is likely that the impact on the local population will not be far-reaching e.g., the benefits may relate primarily to improved internal processes as opposed to improved health and wellbeing outcomes / reduction in health and wellbeing inequalities.</li> <li>• Topic is not a health, care and wellbeing priority area e.g., it is not listed as a key priority within the Health &amp; Wellbeing Strategy<sup>3</sup> or <b>Integrated Care Systems (ICS) Integrated Care Strategy</b><sup>4</sup>.</li> <li>• Topic does not crosscut more than one priority area within the Health &amp; Wellbeing Strategy or ICS.</li> <li>• The assembled project group have the requisite capacity, knowledge, equipment and expertise to conduct the work independently.</li> </ul>
<b>Needs assessment conducted with support from internal colleagues via SIIG</b>	<ul style="list-style-type: none"> <li>• Topic is a health, care and wellbeing priority area e.g., it is listed as a key priority within the Health &amp; Wellbeing Strategy or ICS Integrated Care Strategy.</li> <li>• Topic crosscuts more than one priority area within the Health &amp; Wellbeing Strategy or ICS Integrated Care Strategy</li> <li>• The needs assessment is linked to a commissioning or business development decision.</li> <li>• The needs assessment has the potential for benefits in terms of improved health and wellbeing outcomes / reduced health inequalities for the local population.</li> <li>• Topic is new and emerging and may have negative implications in future in terms of population health and wellbeing.</li> <li>• The assembled project group feel there are gaps in terms of their capacity/knowledge/equipment/expertise to be able to conduct the work independently.</li> </ul>
<b>External provider commissioned to undertake needs assessment</b>	<ul style="list-style-type: none"> <li>• Subject matter is very specialised.</li> <li>• In-house analysts do not have suitable knowledge and skills to undertake the work.</li> <li>• There is an urgent need for a needs assessment and in-house capacity cannot be made available in time.</li> <li>• Assessment will be included in the schedule of assessments and quality assured by SIIG, but internal analysts will not be involved in doing the analytical work.</li> </ul>

<sup>3</sup> [Solihull Health & Wellbeing Strategy 2019-2023](#)

<sup>4</sup> [Birmingham and Solihull Integrated Care System: Our Integrated Care Strategy 2023-2033](#)

## Expected Needs Assessment Content

### 1. OUTLINE

- a. Date and version control
- b. Protective Marking
- c. Authors and contributors
- d. Methodology

### 2. EXECUTIVE SUMMARY

Summary of the key points of the report describing any results, conclusions, or recommendations from the report.

### 3. OVERVIEW

- a. **Definition of topic and legal framework**
- b. **What is the issue and why is it important for Solihull? Include current key challenges / opportunities such as legislation changes / views of key stakeholders.**
- c. **Which population is this needs assessment about?**
- d. **What is the focus of this needs assessment?**
  - i. A specific population group; are services meeting current and future need?  
**OR**
  - ii. A disease or condition; are services meeting current and future need?

### 4. ANALYSIS (*What, Why, When, How, Where and Who*)

Detail of information sources used / references will be included as a footnote.

- a. **Using available literature, data and any other sources, what are the expected numbers, distribution and pattern by person, place and time?**
  - i. **Person**
    - Prevalence - How many people with X?
    - Incidence - How many new people with X?
    - Mortality - How many people die from X (if applicable)?
    - What are the features of the population affected? Are some groups over or underrepresented?
    - Consider equality: age, gender, ethnicity, sexual orientation, faith, disability, deprivation / poverty / socio-economic position, and particular vulnerable groups including adults and children in need of safeguarding.
    - Is there a gap in services in different geographies?
    - Risk factors – are any groups more susceptible?
  - ii. **Place**
    - Where are the people with the issue locally?
    - Is it what is expected from regional and national comparisons?

### iii. Time

- What are the trends – past and future over time?
- Is there anything that could change the need for services in the future e.g., population change, legislation?

### b. Comparison

- How does our picture of services and liability compare nationally, regionally and with statistically similar local authorities?

### c. Key Findings

- Summary of key findings from analysis

### d. Predictions

- Consider the evolution or pattern of the problem.
- How will changes in population influence the topic?

## 5. PROVISION

### a. Service Overview

- i. What are the services available? Include prevention, primary, secondary and tertiary services.
- ii. How do people access them?
- iii. Where are the services?
- iv. How does our picture of services and liability compare nationally, regionally and with counties of similar characteristics?

### b. Using data available from existing services, what are the *observed* numbers by person, place and time?

- i. How many people use the services (observed number with issue with need for service)?
- ii. What are the characteristics of the people who use the services (observed characteristics of people with issue who have a need for services)?
- iii. Are any subgroups not accessing services and why?
- iv. Do any population groups / communities have a differential experience of services?
- v. How does our picture of services and liability compare nationally, regionally, against any prescribed levels and with counties of similar characteristics?

### c. Service user experience

- i. What are the experiences of people (including carers or population groups) of using the services?
- ii. Consider all categories of service user experience:
- iii. Access and waiting
- iv. Safe, high quality, co-ordinated care
- v. Building closer relationships
- vi. Better Information, more choice
- vii. Clean, friendly and comfortable place to be.
- viii. What are the views of non-service users?
- ix. What do service users, carers or population groups think would improve services?
- x. What are the opinions of professionals on services in terms of met and unmet need?

xi. What do professionals think would improve services?

**d. Evidence of Effectiveness**

- i. Is current service provision effective?
- ii. How much do services cost?
- iii. What does the evidence suggest is the most cost-effective way of providing care?
- iv. How will you know when services are right?

**6. INFORMATION GAPS**

- a. What are the gaps in information?
- b. How might they be filled in the future?
- c. Highlight potential new sources of information.

**7. CONCLUSIONS**

- a. What is your *opinion* based on the evidence you have gathered. How well or otherwise do *you* consider services are meeting needs currently?
- b. Are some groups of people getting a raw deal? Compare the expected number and characteristics of those with issue with those observed accessing services to identify potential unmet need.
- c. What risks or constraints are present?

**8. RECOMMENDATIONS**

- a. What changes do you think are needed to get the best value services in place for the people that need them? Consider effectiveness and efficiency, disinvestment as well as investment.
- b. Highlight opportunities.
- c. Consider the impact on the environment, or how services could be developed to support the sustainability agenda.

**9. GLOSSARY**

- a. A glossary of terminology used.

**10. LEARNING**

- a. Limitations.
- b. List of Data Sources – including the cost to obtain data.
- c. Approximate hours taken by each participant.



## Needs Assessment Quality Assurance Checklist

The SIIG member checking the draft needs assessment should consider the following statements to ensure the needs assessment meets the requirements of the request. The checklist will then be sent with the needs assessment to the SIIG for sign off before being published.

As the statements are being considered should there be a “no” answer further explanation should be provided so the SIIG can understand what future work may be required to address those areas.

***Title of Needs Assessment:***

***Date of completion:***

***What is the focus of this Needs Assessment?***

***Commissioning Lead:***

***Project group members:***

<b><i>Statement</i></b>	
Is the needs assessment complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a clear structure? (Intro, body, conclusion)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it clear why this issue is important for Solihull, including the national and political context?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it clear what the focus of this needs assessment is?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have expected numbers, distribution and pattern by person, place and trends over time been considered for each population / condition group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have potential inequalities been considered, including age, Gender, Ethnicity, Sexual Orientation, Faith, Disability, Deprivation/Poverty/Socio-economic position, Geography / rurality, Adults and Children in need of safeguarding and Families / Parents / Children	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have existing services been considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the views of stakeholders been considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has current service provision been compared to best practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient / public opinion on the service been considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this needs assessment been benchmarked against its predecessor, if any?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has evidence of best practice and literature on the most effective ways of providing interventions been analysed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any gaps in the information been explicitly stated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the information gaps relate to the recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the needs assessment have a comprehensive glossary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there clear, actionable recommendations on what needs to change to get the right services available to the people who need them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a date for review been considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No