

Why? A whole system approach to improving health and wellbeing requires a broad understanding of the assets and needs of the population, now and in the future

What



Tier 1: Self-serve resources – making a core dataset available for users' own purposes.

For example, online data observatories, internal/external dashboards, Fingertips, Public Health Outcomes Framework, SHAPE Atlas, Global Burden of Disease tool.

Tier 2: Scene setting – providing high level overviews and contextual narrative.

For example, broad demographic details of current and projected population characteristics, health outcomes and inequalities, and wider social determinants such as deprivation, economic activity, and the lived environment.

Tier 3: Summaries & profiles – offering detailed pictures of specific topics, geographies, or services.

For example, Primary Care Network profiles, Local Care Network profiles, health protection briefings, topic factsheets.

Tier 4: Deep dives – focused and in depth, bringing together evidence and expert input with bespoke quantitative and qualitative analyses. For example Health Needs Assessments, Annual Director of Public Health Report, Health Inequalities Audits.

How

- JSNAs are produced **in partnership** across the health and care system
- JSNAs are **process driven** and **continuous**
- JSNAs must be fit for purpose, producing **actionable insights** to inform planning and commissioning

Who

- Local authorities and integrated care boards have equal and joint duties to prepare JSNAs through the health and wellbeing board
- Public health teams coordinate the JSNA process, leading the production of some updates, and sharing expertise and materials to support the production of others