

County Durham JSNAA



Health Needs Assessment Toolkit

March 2025

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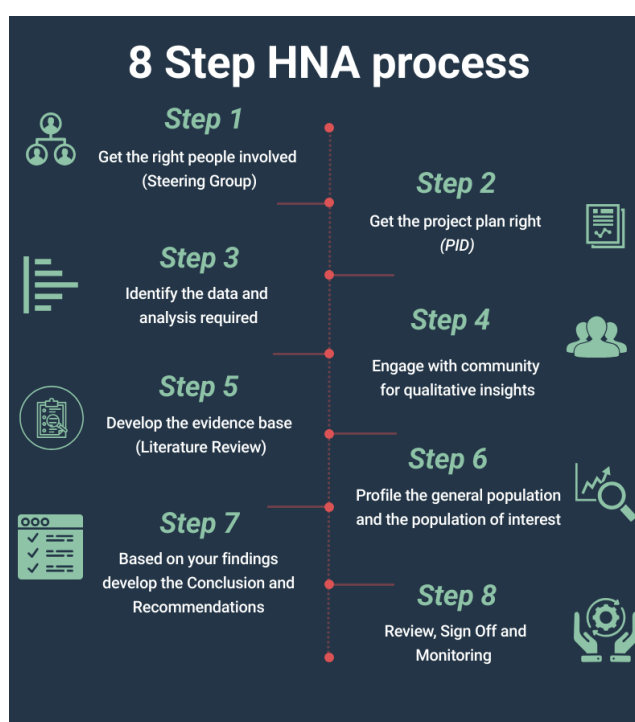
1. Executive summary

This Health Needs Assessment (HNA) Toolkit for County Durham is designed to provide a comprehensive, evidence-based approach to identifying and addressing the health needs of the local population. The toolkit aims to support colleagues and partners in making informed decisions, allocating resources efficiently, and promoting reductions in health inequalities.

Health Needs Assessment (HNA) is a systematic approach to understanding the health needs of a population. It can be used as part of the commissioning process so that the most effective support for those in the greatest need can be planned and delivered. HNAs are closely linked to our [Joint Strategic Need and Asset Assessment in County Durham](#) and also our [Approach to Wellbeing](#). They also rely on close partnership work and innovation and enable the target population to contribute.

This toolkit offers a step-by-step guide to conducting health needs assessments, from [initial planning](#) to implementation, [action planning](#) and monitoring to continuous improvement and accessibility

It provides a [pre-HNA checklist](#) to complete prior to undertaking any further HNA action, determines different types of HNA (Rapid/JSNAA, Intermediate or In-Depth), and provides guidance in the form of an [8 step framework](#) to develop that systematic approach locally, ensuring that HNAs undertaken within County Durham are consistent and of a high standard.



2. What is a Health Needs Assessment (HNA)?

A Health Needs Assessment (HNA) is an essential tool to inform commissioning and service planning. The purpose of HNAs is to understand the health of a specific population, so their needs can be addressed, resources can be used effectively, and their health can improve. HNAs are mainly designed for planning and improving services, they can also be used for tasks like applying for funding or developing plans and policies.

A HNA can be defined as a process of identifying the unmet health and healthcare needs of a population, and what changes are required to meet those unmet needs. A classic definition of HNA is 'a systematic public health process for identifying the unmet health and health care needs of a population, making changes to meet those unmet needs and creating health gain.' (Wright, J. Assessing health needs. In: Oxford Handbook of Public Health Practice, Oxford, 2001 Ed. Pencheon D.).

The aim of a HNA is to aid decision making and to promote action. The result is a set of agreed recommendations that will empower communities, improve health and service planning, address health inequalities and build resilience in our most disadvantaged and vulnerable communities.

We carry out HNAs for a number of reasons, including:

- To identify the needs of a defined population in relation to a specified condition or group of conditions, a population group, or a particular service or intervention.
- To consider the prevalence, incidence and/or distribution of a condition or set of conditions.
- To identify vulnerable groups and those not currently accessing services (the extent of unmet need)
- To map support and service provision (assets) and the effectiveness of those organisations and services in meeting the needs of the targeted population
- To identify gaps between need and current service provision, or areas where current provision should be modified
- To suggest and recommend effective evidence based (**Using What Works**) and cost-effective interventions or services to meet need, and use resources in the most effective and efficient way

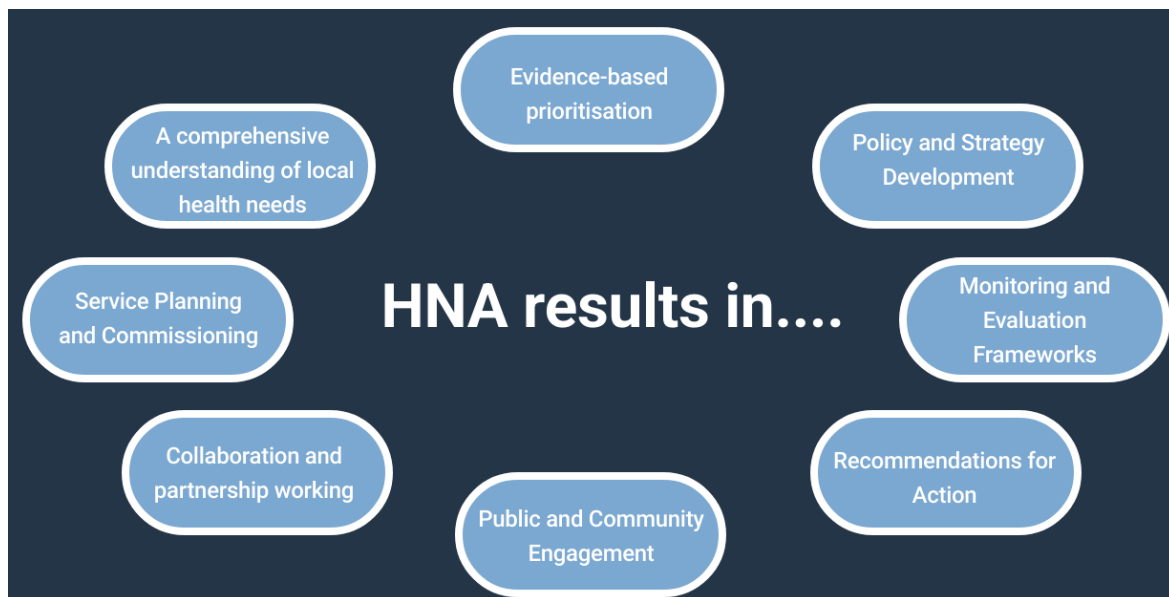
- HNA is a recommended public health tool to provide evidence about a population on which to plan support, services and address health inequalities
- HNA provides an opportunity to engage with specific populations, informed by local conversations and shared decision making, enabling them to contribute to targeted service planning and resource allocation (**Doing With, Not To**).
- HNA provides an opportunity for cross-sectoral partnership working, (**Working Better Together**) and developing creative and effective interventions.

Benefits of carrying out an HNA include:

- Strengthened community involvement in decision making (**Doing With, Not To**).
- Improved team and partnership working (**Working Better Together**)
- Professional development of skills and experience
- Improved communication with other agencies and the public
- Better use of resources.

The key point is that HNAs are tools for change. They can be topic based (eg. Mental Health), population/community based (e.g. GRT), geographically/place based (e.g. Newton Aycliffe) or service based (e.g. Sexual Health).

At its simplest HNA is a structured process used to determine the priorities for improving the health and wellbeing of a population, and plan and deploy resources accordingly. Locally, HNAs are a vital component that feeds into and shapes the broader Joint Strategic Needs and Asset Assessment (JSNAA) process. Successful HNAs require a practical understanding of what is involved, the time and resources necessary to undertake assessments, and sufficient integration of the results into planning and commissioning of local services. They are a tool to help us to implement our Approach to Wellbeing.



A thorough, well planned and executed Health Needs Assessment should result in:

- A comprehensive understanding of local health needs which
 - Identifies key health issues, inequalities, and priority populations.
 - Considers demographic, epidemiological, and social determinants of health.
- Evidence-Based Prioritisation
 - Helps the local authority prioritise resources and interventions based on need and impact.
 - Aligns with public health objectives and national/local strategies.
- Policy and Strategy Development
 - It should inform our Joint Strategic Needs and Assets Assessment (JSNAA) and other Strategic developments or plans.
 - Provides a foundation for commissioning public health services.
- Service Planning and Commissioning
 - Guides decision-making for healthcare services, social care, and community-based interventions.
 - Supports targeted commissioning of services to address gaps and inequalities.
- Collaboration and Partnership Working

- Engages stakeholders, including NHS bodies, Integrated Care Systems (ICSs), voluntary sector, and community groups.
- Ensures multi-agency cooperation for a holistic approach to health improvement.
- Monitoring and Evaluation Frameworks
 - Identification of indicators and outcomes to evaluate change
 - Establishes mechanisms to track progress, measure impact, and adjust interventions.
 - Ensures accountability and continuous improvement in public health services.
- Public and Community Engagement
 - Reflects the needs and views of local residents.
 - Encourages community involvement in shaping health and care services.
- Recommendations for Action
 - Proposes specific, actionable recommendations to improve health outcomes.
 - May include preventive strategies, health promotion initiatives, and targeted support for vulnerable groups.
 - An agreed list of priorities to improve healthcare in a specific area

3. What is our Approach to Wellbeing?

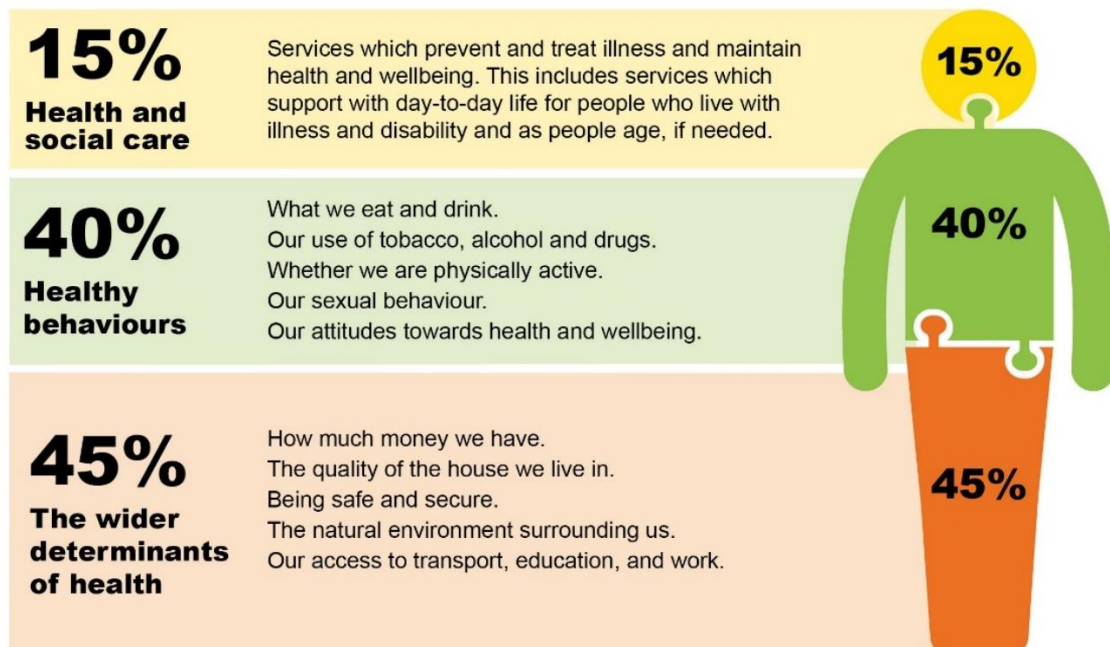
The County Durham Approach to Wellbeing (A2W) is based on the best public health evidence for improving people's wellbeing, through community centred approaches. Our Wellbeing Principles were developed with partners in the Voluntary and Community Sector and across our health and care sector. They have been adopted by the Health and Wellbeing Board and underpin our Public Health Team's Strategic Objectives.

HNAs support 'using what works' through a process that aligns with our Wellbeing Principles. HNAs can help us make sure we are asset focused, that we build community resilience, work better with our partners, share decision making with the people who are affected, and empower communities. Reflecting on your HNA through the lens of the Wellbeing Principles will help to embed these principles in our work.



4. What has the biggest influence on lives being cut short?

Our health and the health of our population is dependent on a complex relationship between our genes, the broader factors of health care, our behaviours and the wider determinants of health. The Director of Public Health Annual Report 2024 and our JSNAA resources on Durham Insight provide insight into what factors make the biggest contribution to lives being cut short and highlights the importance of focusing on preventative interventions, particularly targeting the wider determinants of health



5. Measuring need in HNAs

Need is an important concept in public health. It is used in the planning and management of health services including health improvement, resource allocation, and equity. However, need is a multi-faceted concept with no one universal definition¹.

There are four commonly recognised types of needs in HNAs include:

Normative: Defined by experts, standards, or authoritative sources. Normative needs are not absolute and there may be different standards laid down by different experts. Example: A surgical decision to perform an operation on a patient	Felt: Perceived needs that individuals or communities feel. Felt needs are limited by individual perceptions and knowledge of services. Example: A community might feel they need better access to mental health services based on their experiences.
Expressed: Felt needs that have been acted upon, often reflected by seeking or demanding services. Expressed needs are visible through service usage, waiting lists, or direct requests for services. Example: A high demand for dental services in a community indicates an expressed need for more dental care resources.	Comparative/Relative: Needs identified by comparing the services received by one group of individuals with those received by another comparable group. Example: If two similar communities have different levels of access to healthcare, the less served community may be seen as having a comparative need for better healthcare access.

¹ Health Knowledge. [Concepts of Need and Social Justice](#).

6. Pre-HNA checklist

Prior to starting a HNA it is important to have a clear understanding of the scope of the assessment. The checklist below should be completed first to ensure that the proposed needs assessment is not duplicating anything and ensure that the results of the assessment will be used to inform decisions.

1.	Training	The NHS Learning Hub/e-Learning For Health has some useful (and free) training material on HNA. Register here for your Learning Hub password. The module on Assessing Needs is here . All staff wishing to undertake/participate in HNA should complete this online learning prior to any HNA work.	
2.	Horizon scanning	• Is anyone else is conducting a needs assessment around the same topic? • Has one been completed previously for the same or similar topic? • Is there a recent one available online from another area? • Is there relevant content on Durham Insight? • Is there potential for collaboration on the HNA? i.e. are the needs being considered an issue for other areas – if so, is there potential to join up? This will have implications for the Steering Group for your needs assessment. The PHI team can also assist with these questions.	
3.	Identify Strategic Drivers	• Will the results of the HNA lead to changes in provision/access/outcomes? It's important that HNAs influence commissioning decisions. If this isn't the case then what's the strategic driver for the HNA? • Who is the client and is there a strategic driver for the HNA (such as to inform a new strategy or plan, or as required by Inspection) or is there some analysis that suggests an HNA is needed? Although it might be believed that there is an unmet health need within the population of interest, some initial analysis should be conducted to confirm this is the case before beginning a needs assessment. This may be as simple as benchmarking disease or mortality rates.	
4.	Scale	What scale is the prospective HNA? HNAs can take anywhere between six weeks to eight months potentially, depending upon the scale of the decisions that the results will influence and the methods to be used (see Timescale considerations below). The scale of the HNA should be clearly articulated in the Project Initiation Document (PID) from the outset.	

Timescale considerations

HNAs vary in length and detail based on scope and purpose. The type of HNA chosen should align with the specific scope, objectives, and available resources of the assessment. Rapid/JSNAA assessments largely rely on solely secondary data and are therefore quicker to undertake. Those using primary data take longer, especially when engaging vulnerable or seldom-heard groups.

There are three broad categories based on length and depth:

1. Rapid/JSNAA Length: Short and focused duration. Suited for situations where either time or data is limited, or where quick decisions are needed. Example: A needs assessment around a particular disease using only secondary statistics, or one to support a bid for funding is likely to either be urgent. This may take the form of a JSNAA topic for publication on Durham Insight.	2. Intermediate. Length: Several weeks to a few months. Appropriate when there is some flexibility in timing and resources, or where data is less limited allowing for a balance between thoroughness and speed. Example: A health issue is identified that requires more detailed investigation and bespoke analysis than a Rapid HNA but does not warrant the depth and resources of a full Comprehensive HNA.	3. Comprehensive. Length: Conducted over several months to a year. Suited for large-scale or high-priority issues that require a detailed understanding and long-term planning. Example: A needs assessment which is to inform a plan or strategy, use methods for collecting data from all sections of the relevant population or provide insight in to a vulnerable or under-represented group will require time consuming methods and is therefore likely to take a longer time to complete.
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Locally our standard approach has been to develop a Comprehensive HNA, unless there is some specific rationale that suggests either a Rapid or Intermediate approach is more suitable. If a Rapid HNA is under consideration then it should be developed as JSNAA content rather than a standalone Rapid HNA. The Public Health Intelligence Team can provide further advice in terms of adding it to the JSNAA workplan.

7. The 8 Step Health Needs Assessment process

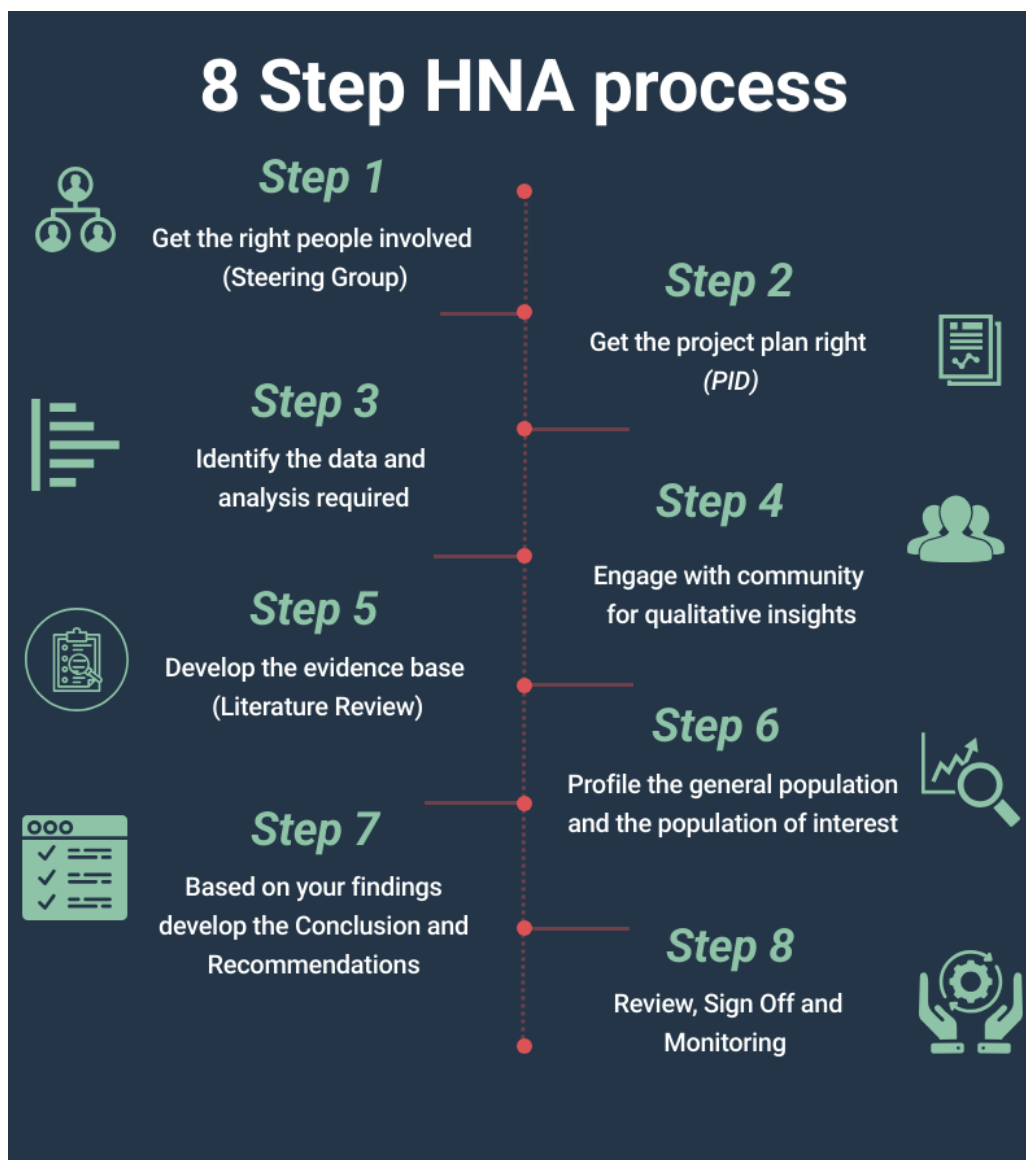
Once the pre-HNA checklist has been completed the following process should be followed, although steps 3 to 6 can be conducted simultaneously.

Prior to starting the health needs assessment, it is important to have a clear understanding of the scope of the assessment. It is important to define the following:

1. aims and objectives for the assessment – defining purpose and intended outcomes
2. a target population to be assessed
3. the data and information required
4. a timeline for the health needs assessment – when, what, how and who. For example, for a health needs assessment of a school population, consider the school calendar for exam and revision periods
5. potential challenges and how to manage them
6. stakeholders who need to be involved, which may involve members of the health visiting team, school nurse team, key partners for example early years, schools, local authorities, voluntary, community and social enterprise (VCSE) sector
7. resources required for example including IT equipment, room or space
8. the strengths, limitations and opportunities of the health needs assessment

Other points to consider include:

- being clear on the intended outcome
- local or national priorities and issues of concern
- expectations of completing a population health needs assessment
- what is achievable within the resources available
- the boundaries and limitations of the health needs assessment



Step 1. Identify a Steering Group (SG)

Health Needs Assessments are a multidisciplinary task. The Strategic Group (SG) is a critical component of the HNA process. It has a central role in guiding the HNA, ensuring that it has a multi-disciplinary approach (**Working Better Together**) and is comprehensive, relevant, and aligned with the needs of the population.

- It is essential that the people who will be expected to implement the recommendations are involved in the steering group. This may be an existing group.
- The SG should also contain either a Public Health Strategic Manager, a Consultant in Public Health or both (to provide PH oversight and assurance and alignment to our A2W approach), Public Health Intelligence (PHI) representation and key stakeholders such as policy

makers, analysts, commissioners, service managers (**Sharing Decision Making and Doing With Not To**) i.e. anyone who can provide their expertise.

- Representation should also be sought from the Data Protection Officer as early as possible in the process to assist with matters relating to data access and sharing across Partners.

Step 2. Develop a Project Initiation Document (PID)

Prior to starting a HNA it is important to have a clear understanding of the scope of the assessment. The PID should be agreed by the Steering Group and should outline the scope, objectives, key aspects of the project plus milestones and timelines (see [Appendix 1](#) for a PID template and previous examples). It serves as the guide for the project and ensures alignment on the purpose and direction. It should be comprehensive but concise. A good PID should summarise the following:

- The aims and objectives – defining purpose, what’s in scope/out of scope, and intended outcomes i.e. What is the issue - why are you doing the needs assessment and what do you want to understand?
- What’s the national and local context?
- What are the strategic drivers of the HNA
- What is the target population to be assessed. Is it defined by geography, illness, social experience (e.g. asylum seekers, homeless people, etc.), health behaviour or setting (e.g. prison or school)?
- A broad view of the data and information required (such as what data is readily available, and what other data sources will be explored) including literature review and potential drivers of future need (**Using What Works**).
- Is there an Asset element that could be incorporated? For example, within a community there might be existing networks or facilities that could be made use of in tackling the need. This should include voluntary and faith sector. Using such assets can be a more cost effective and sustainable method of tackling the needs by developing the ability of communities to provide their own solutions. If data is available on the population in need accessing community assets and any outcomes it should be included. Otherwise, list and describe the assets available.
- A timeline and milestones for the HNA – *When, What, How and Who*.

- Stakeholders who need to be involved from the outset. Early stakeholder engagement is crucial in identifying who will carry out which elements of the assessment and ensuring engagement of all parties (**Working Better Together**).
- Clear ownership of the recommendations should be agreed (ie who will ensure that the recommendations are acted upon, and who will report those actions back to the JSNAA Strategic Group?).
- **Key Point:** Recommendations are for the client of the HNA to own, not Public Health (unless appropriate).

Once agreed by the Steering Group the PID should be presented to the JSNAA IDG, JSNAA SG and the Client for further discussion/agreement (the Client could be the relevant Management Team, Partnership group or Board, external Partner etc).

Step 3. Identify the data

Gather and analyse the data that describes the population of interest (**Using What Works**). This may involve the collection of both quantitative and qualitative data (e.g. local and national statistics, existing evidence about what works and local conversations), which is analysed to provide a detailed profile of need (**Using What Works**).

Likely required data will include:

- The size and demographics of the population of interest and main subgroups
- Are there estimates available in relation to need (synthetic or otherwise)?
- The issues affecting the population of interest? Which groups might have higher levels of risk than the general population?
- Differences in size and type of issues affecting the population
- Current services available and their effectiveness (**Being Asset Focussed**)
- Best available evidence for effective and cost-effective solutions
- Information about what the population of interest and the broader community want
- Information about what organisations are working in health and wellbeing and fields related to the wider determinants of health

- It is also important to consider how future needs might change through for example changes in the population structure, any forecasting or projection of needs/conditions that may have occurred either locally or nationally
- Don't forget about Community Assets! Describe any assets that are currently used or might be of use in tackling this issue (be explicit on which are already used and which might be used). For example, within a community there might be existing networks or facilities that could be made use of in tackling the need. This should include voluntary and faith sector. Using such assets can be a more cost effective and sustainable method of tackling the needs by developing the ability of communities to provide their own solutions. If data is available on the population in need accessing community assets and any outcomes it should be included. Otherwise, list and describe the assets available.

If there is a requirement for data to be shared, either within DCC or from external partners it is important that data protection policies and procedures are consulted and followed. The Data Protection Officer can advise. Care should be taken when presenting small numbers to manage the risk of data disclosure and suppression rules should be applied when required.

Step 4. Engage with the community of interest

Community engagement is a vital aspect of a Health Needs Assessment (**Doing With Not To**). By engaging with the community, an HNA becomes a more holistic, inclusive, and effective tool for improving health outcomes and addressing the needs of the population it serves.

Benefits of effective community engagement can include:

Identification of community health needs Direct perspectives: The community can give first-hand insights into their health challenges, priorities, and unmet needs that might not be captured through secondary data. Example: People living in rural and/or deprived areas might tell us about barriers like lack of transport or cultural reasons that make it difficult to access services.	Capturing diverse experiences Inclusion of marginalised groups: Engaging with wide range of community members helps us take the needs of vulnerable or underrepresented populations (e.g., ethnic minorities, older adults, individuals with disabilities) into account. Example: Understanding why specific groups don't access mental health services can help us target our interventions and reduce health inequalities.
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Enhancing cultural relevance Tailored solutions: Community feedback helps us understand cultural norms, preferences, and behaviours, which means we can tailor our interventions more effectively. Example: Developing culturally appropriate dietary advice to help communities who have specific food practices.	Building trust, collaboration and ownership Strengthening relationships: Involving the community builds trust between health professionals and the people they serve. This can make people more likely to use the services provided. Example: People are more likely to get involved in health programmes they helped shape.
Gaining insight into local context Addressing context-specific issues: Communities can share local knowledge about factors that influence their health, such as environmental, social, or economic conditions. Example: People might highlight how a lack of green spaces makes physical activity difficult in their area.	Informing priority setting Focusing on what matters: Community feedback helps prioritize health issues that are most pressing or impactful from their perspective. Example: Residents in a rural area might emphasize the need for mobile healthcare services rather than new clinics.
Encouraging ownership and empowerment Empowering communities: Involving the community in identifying problems and solutions empowers them to take ownership of health improvement initiatives. Example: A local group co-designing a diabetes prevention program is more likely to advocate for its success and sustainability.	Validating quantitative data Complementing data analysis: Community engagement gives us qualitative insights that validate or challenge what the quantitative data tells us. Example: Survey data might show low vaccination rates, while community discussions could reveal misinformation or mistrust as contributing factors.
Enhancing accountability and transparency Demonstrating inclusion: Involving the community makes the HNA process more transparent and shows that decision-makers value public input. Example: Regular consultations and feedback loops build confidence in the fairness of how decisions are made about resources.	Ensuring feasibility of interventions Practical insights: The community can offer practical advice on what kind of intervention will work best for them. Example: Parents might suggest school-based programs as a practical way to improve children's nutrition.

Key methods of Community Engagement can include:

- Focussed surveys and questionnaires
- Focus groups or community panels
- Public meetings
- Online forums and social media engagement
- Collaboration with community leaders and advocacy groups

The Consultation Officer Group (COG) can support consultation and engagement projects. They provide expert advice and help throughout

the process, ensuring that the council's engagement activities are carried out to the highest standards, in line with statutory guidance. This helps ensure that services make sound decisions which respect people's views and the reputation of the council (see [Appendix 4](#) for further information).

Step 5. Develop the Evidence Base in relation to need (literature review)

Literature reviews are a crucial component of Health Needs Assessments (*Using What Works*). They ensure the process is robust, that recommendations are evidence-based and aligned with best practice, they provide a comprehensive overview of existing research, identify knowledge gaps and helps inform the design and implementation of interventions.

Key features of a comprehensive literature review include:

Establishing a comprehensive evidence base A literature review consolidates existing knowledge on the health issue being assessed, including its prevalence, risk factors, and outcomes. It provides a scientific foundation for understanding the current state of evidence, helping to identify what is already known and where gaps exist.	Identifying effective interventions By exploring the success of interventions in similar contexts, a literature review helps in selecting proven, cost-effective strategies. For example, if addressing obesity, the review might highlight the effectiveness of community weight management programs or policy changes like sugar taxes.
Supporting informed decision-making A literature review ensures that decisions are informed by robust evidence rather than assumptions or anecdotal information. It provides a credible basis for recommendations, improving their acceptability among stakeholders and policymakers	Aligning with policy and guidelines Reviewing national and international policies (e.g., NICE guidelines, Public Health England reports) ensures that the HNA aligns with established health priorities and legal frameworks. This helps integrate the findings into existing public health strategies.
Identifying gaps and guiding further Research The review can reveal areas where data is lacking, guiding primary data collection or stakeholder engagement efforts during the HNA. For instance, if local data on a health issue is unavailable, the literature may point to surrogate markers or national trends.	Highlighting health inequalities A literature review often uncovers disparities in health outcomes among different population groups, such as those based on ethnicity, socioeconomic status, or geography. This supports an equity-focused HNA by ensuring that vulnerable populations are not overlooked.
Ensuring cost-effectiveness By identifying interventions that have worked elsewhere, the review helps avoid the duplication	Setting a contextual framework

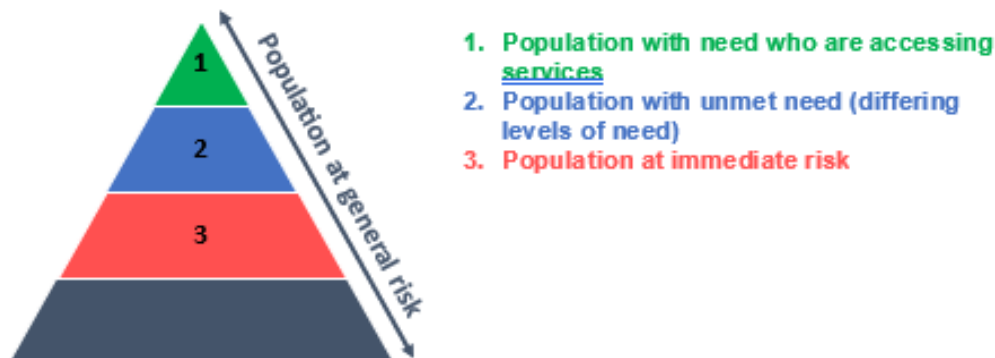
of efforts and reduces the risk of investing in ineffective strategies.	Situates the health issue within a broader social, economic, and cultural context, ensuring that the HNA considers wider determinants of health.
Supporting stakeholder engagement A well-conducted literature review provides evidence that can be shared with stakeholders to justify priorities and foster collaboration.	Monitoring trends and emerging issues A literature review can highlight new developments or emerging health threats, ensuring the HNA remains forward-looking and proactive.

[Appendix 3](#) contains the steps necessary to undertake a Literature Review for a HNA, with some useful on-line resources in addition.

Step 6. Profile the general population and the population of interest

Population profiling is a vital component of any HNA as it directly relates to identifying population health and healthcare needs to inform planning to improve health. This section should be led by/done with the PHI team (for further information relating to population profiling see Appendix 2). The population is defined as the group of people that could possibly have need, i.e. the population at risk. It is broader than the population who are known to have a need or have already accessed a service.

- This population is represented in the triangle below where the overall pyramid represents the general population or the population at risk.



Section 1 represents the population with need who are accessing services (expressed need). For example, this could be people accessing Stop Smoking Services or undergoing cancer treatment.

Section 2 represents the population with unmet need i.e. who require specific health services, interventions, or resources but are not currently receiving them to the extent necessary. This unmet need can arise due to various factors such as:

- Awareness and Education: Lack of awareness or knowledge about available services or the importance of seeking care.
- Service Availability: Insufficient availability of services, including shortages of healthcare providers, facilities, or specific treatments.
- Cultural or Social Factors: Cultural beliefs, stigma, or social norms that discourage individuals from seeking care.
- Financial Constraints: Inability to afford necessary health services or medications.
- Quality of Care: Receiving care that is of suboptimal quality, leading to persistent health issues.
- Access Barriers: Geographic, economic, or logistical barriers that prevent individuals from accessing health services.

Section 3 represents the population at immediate risk and who might benefit from preventative interventions. For example, for heart disease this could include those who are known to have high blood pressure and benefit from statins. For excess winter deaths this could be the population experiencing fuel poverty who would benefit from interventions to provide grants for insulation.

Step 7. Conclusion and Recommendations

It is essential that any recommendations are developed and approved by the Steering Group and with the communities that are the subject of the HNA (**Doing With Not To**). Crucially these recommendations (and the Actions that stem from them) must be owned by the HNA client. For example, in the case of the Youth Justice HNA the recommendations should be owned by the CD Youth Justice Board).

- The conclusion should include an interpretation and summary of all of the analysis carried out as part of the HNA incorporating scope of the issue (e.g. points in the health care pathway or populations where key unmet needs are) and recommendations about meeting those needs identified.
- Recommendations should be limited to an actionable number, developed by the Steering Group and with the population of interest (**Doing With Not To**)
- Recommendations and any Actions stemming from those recommendations should be owned by the HNA client. There should

be a requirement for the client to report on the status of the Recommendations to the JSNAA Strategic Group on an annual basis.

Key steps to ensure that the findings from the assessment are effectively translated into actionable strategies include:

Evidence-based recommendations Use of data: Recommendations should be based on the data and evidence collected during the HNA. This includes quantitative data (e.g., prevalence rates, service usage statistics) and qualitative data (e.g., community consultations, stakeholder interviews). Best practice: Consider best practice and guidelines from credible sources (e.g., World Health Organisation, NICE, national health agencies) to inform recommendations.	Prioritisation of needs Severity and urgency: Prioritise recommendations based on the severity and urgency of the identified health needs. This may involve addressing the most pressing health issues first. Feasibility: Assess the feasibility of implementing recommendations in terms of available resources, time, and political or organisational will.
Engagement Stakeholder involvement: Engage with key stakeholders, including healthcare providers, the community of interest, and policymakers, in the development of recommendations to ensure they are realistic and have buy-in. This should be done through the Consultation and Engagement Team in Corporate Affairs and via COG (Consultation Oversight Group – see Appendix 4). Community Involvement: Ensure that the voices of the affected population are reflected in the recommendations, particularly those from marginalized or vulnerable groups.	SMART recommendations Specific: Clearly define the recommended actions, specifying who should do what. ○ Measurable: Establish criteria for measuring the success of the recommendations. ○ Achievable: Ensure the recommendations are realistic and attainable within the available resources and timeframes, ○ Relevant: Align recommendations with the goals and objectives of the health system or community being assessed. ○ Time-Bound: Set clear timelines for the implementation of recommendations.
Resource Allocation Identify resources: Identify the resources needed to implement each recommendation, including financial, human, and material resources. Sustainable solutions: Propose sustainable solutions that can be maintained over the long term, rather than short-term fixes	Communication and Dissemination Clear Communication: Present recommendations in a clear and accessible manner to ensure they are understood by all stakeholders. Dissemination strategy: Develop a strategy for disseminating the recommendations to ensure they reach all relevant audiences, including policymakers, health providers, and the community.
Policy and System Change Advocacy: Where necessary, include recommendations for policy changes or system-level interventions to address structural issues contributing to unmet health needs. Integration into planning: Ensure that the recommendations are integrated into broader health planning and policy development processes.	

These steps help ensure that the recommendations derived from the HNA are practical, targeted, have the potential to lead to meaningful improvements in the health and well-being of the population and crucially are owned by the HNA client, not Public Health.

Step 8. Review, sign off, action planning, monitoring and continuous improvement

The sign-off process typically involves the following steps and is essential to ensure that the assessment's findings, conclusions, and recommendations are validated, endorsed, and ready for implementation thereby enhancing its credibility and impact.

Draft review (an iterative process) Internal review: The initial draft of the HNA should be reviewed by the core HNA team including relevant service managers. This ensures the accuracy and completeness of the information presented. Stakeholder feedback: Circulate the draft report to key stakeholders involved in the HNA process, such as healthcare providers, community representatives, and policymakers. Their feedback is crucial for ensuring that the report reflects the realities on the ground and addresses the needs identified.	Revisions based on feedback Incorporate feedback: Based on the feedback from stakeholders, revise the HNA report to address any concerns or gaps identified. This may involve refining recommendations, adjusting data interpretations, or clarifying points. Validation of data: Ensure that any revisions don't compromise the integrity of the data/evidence base on which the recommendations are based.
Final draft approval Steering Group: The final draft of the HNA report should be reviewed by the Steering Group. JSNAA IDG and SG: After Steering Group approval the final draft should be reviewed by the JSNAA IDG and then the JSNAA SG. Formal approval: Obtain formal approval from senior leadership (relevant Management Team and/or Board). This often requires a meeting where the final report is presented, and leaders are given the opportunity to ask questions and seek clarifications before endorsing the document.	Board or Committee Approval Board/Committee review: In some cases, the HNA report may need to be presented to the health and wellbeing board, or a similar committee for final approval. This step is especially important when the HNA will inform broader health policies or funding decisions.
Communication of approval Internal: Once the report is signed off, communicate this approval to all relevant internal teams and departments. This ensures	Publication (if applicable) Accessibility: Ensure that the final report is accessible to all relevant audiences, which may involve publishing it online, providing summary documents, or translating it into other languages

that everyone is aware that the report is final and ready for use. External: Inform external stakeholders, including community groups, healthcare providers, and other partners, that the HNA has been approved and is ready for implementation.	if necessary. Accessibility is easier to build in from the beginning of a document rather than trying to force it to be accessible at the end of the process. Accessibility Guidance is available (See Appendix 7). Summary: A summary HNA report should be produced for publication on Durham Insight on the appropriate Landing Page. This summary should cover key finding and recommendations. NB. Full HNA documents cannot be published on DI unless they're fully accessible.
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Action planning, monitoring and continuous improvement are key elements of any HNA process. The HNA should include mechanisms for monitoring and evaluating the effectiveness of the implemented interventions. This helps to ensure that the desired health outcomes are being achieved and allows for adjustments to be made as needed.

Monitoring and evaluation setup: The Steering Group should establish a framework for monitoring the implementation of the recommendations, ensuring that the outcomes of the HNA lead to tangible improvements in health services and outcomes. There should be a clear process for measuring and monitoring how recommendations are being implemented, and with what effect.	Action Plan: Following sign off develop an action plan that outlines the steps needed to implement the recommendations, including roles, responsibilities, and timelines. Identify a senior lead from the Client (Service Management Team/Board) to report progress against the recommendations to JSNAA SG on an annual basis. Ideally this individual will have been part of the HNA Steering Group. The recommendations are for the client/service to own and report back on, not Public Health.
Communication: Continuing to communicate with communities that have participated in the HNA and can help to implement recommendations and hold systems and services to account for acting on them	Evaluation and Continuous Improvement: Learning and reviewing what has or hasn't worked during the HNA process is vital in order to improve future HNAs and their implementation. It ensures that HNAs (and the toolkit itself) remain relevant, effective, and responsive to evolving needs and priorities (see Appendix 6 for further information relating to Continuous Improvement).

8. Other types of needs assessment

There are a number of available tools that can be used to inform decisions relating to the improving the population's health and wellbeing, and reducing inequalities/inequity. These include:

Joint Strategic Needs (and Asset) Assessment: Defined as "a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve the health and wellbeing outcomes and reduce inequalities". Local health and wellbeing boards have a statutory duty to produce a joint strategic needs assessment. In County Durham, we also encourage people to be asset focussed and look at what support/services are already available to help address the health needs.	Health Equity Audit: A process which systematically reviews inequities in the distribution of the causes of ill health, access to effective services, and health outcomes in a defined population. The key question is "is access to or provision of service relative to need?". It ensures that necessary action is incorporated into local plans, services and practice and evaluates the impact of the action on reducing inequity.
Health Impact Assessment: A combination of procedures, methods and tools used to investigate the potential effects of a policy, programme or project on the health of a population, and the distribution of those effects within the population.	Pharmaceutical Needs Assessment: Informs commissioners on the provision of local pharmaceutical services. The assessment is mandatory for all health and wellbeing boards.

It's important to feed the results of all these assessments back into our JSNAA process!

Appendix 1. Project Initiation Document

Getting the Project Initiation Document (PID) right is an essential step in the execution of a successful HNA. PIDs don't need to be 'War and Peace' but should cover the essential elements of rationale, scope and timescales. The blank template below should help to get you started. Also attached is a completed example from the recent Youth Justice HNA

Blank PID template for completion



Current HNA
PID.docx

Previous examples of completed PIDs

Youth Justice HNA PID (2024)

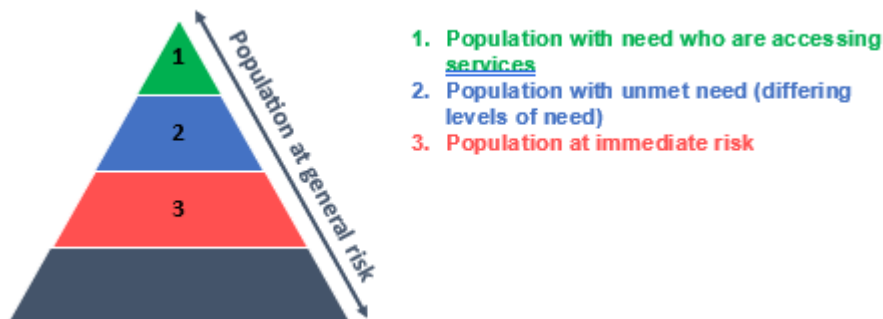
Ageing Well PID (2022)



PID HNA
AgeingWellHWBB.d

Appendix 2. Population profiling

Population health profiling is a crucial component of any HNA, be it a desktop/JSNAA version or a full scale in-depth version.



Example questions to consider include:

1. How many people could be affected?

What is the total number of the population who could be at risk? This refers to the whole triangle above.

Examples

- If the issue is children's urgent care, how many children are there in the population? How does this compare proportionally to England and the NENC area? What's the distribution of that population across the county?
- If the issue is teenage pregnancy, how many teenagers are there in County Durham? How has this changed over time?
- If the issue is older people's mental health, how many older people are there in the county? How does this compare proportionally with other areas? What's the distribution like locally?

2. What is the age and sex structure of the population identified in 1?

- Is the topic influenced by affected by age and sex?
- How does the age and sex distribution of the population compare against other areas? Is it older or younger than the English average? How might this affect comparisons with other areas? Many health problems are more prevalent in older populations but this isn't always the case eg poor mental health

3. What is the distribution of deprivation like locally?

- Is the issue associated with deprivation?
- Is there a rurality element to consider?
- Could deprivation affect access to and outcome of services?

We know that there is a social gradient to many health outcomes, with greater levels of need in the more deprived areas (see also Tudor Hart's Inverse Care Law).

4. What is the ethnicity profile of the population?

We also know that some health issues are more prevalent in particular minority ethnic groups and that some of these groups can be 'seldom heard'. For example, Diabetes and heart disease prevalence is higher in the south Asian community

5. Are there any other population factors that might be relevant for this issue?

- Do population projections signify some significant change over time?
- Are there any other projections relevant to this area?
- Are there other population groups we may want to consider? Eg Economic migrants, GRT, disabilities etc

Appendix 3. Literature Review

Conducting a literature review for a Health Needs Assessment (HNA) involves several key steps. Here's a structured approach to help you get started:

1. Define the research question and objectives:

- Clearly outline the specific health need/population you are assessing.
- Identify the scope and boundaries of your review.

2. Conduct a comprehensive literature search:

- Use databases like PubMed, Google Scholar, and Cochrane Library to find relevant studies.
- Include both qualitative and quantitative research.

3. Evaluate the quality and relevance of the studies:

- Assess the methodology, sample size, and relevance of each study to your HNA.
- Prioritise high-quality studies that directly address your research question.

4. Analyse and synthesize the data:

- Summarize the findings from the literature.
- Identify common themes, gaps, and areas of consensus or disagreement.

5. Write the Literature Review:

- Structure your review with an introduction, body, and conclusion.
- Discuss the implications of your findings for the HNA (e.g. key themes to explore)

6. Present and Disseminate the Literature Review:

- Share your review with stakeholders and incorporate their feedback.
- Use the review to inform the next steps in your HNA process.

If being undertaken locally questions to consider include:

- Is there National Institute for Health and Care Excellence or Care Quality Commission guidance/evidence review for this issue?
- If not consider undertaking an outline literature search of effectiveness reviews and summary about the particular issue, to identify what the key areas of need might be and how these needs have been met in other areas. Support with this will be available from LKIS.
- How has need in relation to this issue been assessed elsewhere or previously?

Example Literature Review taken from 'Young People Who Offend in County Durham HNA (2024)'



Example Literature
Review - Young Peop

Useful resources

There are a number of useful resources which might help when conducting a Literature Review.

E-Learning for Health

[Critically Appraising the evidence base](#)

[Literature Searching](#)

UKHSA/OHID

[Finding the evidence: Research support for public health teams based in Local Authorities](#)

[Support for Local Authority Public Health Teams](#)

Newcastle University

[Structuring a Literature Review](#)

Appendix 4. Consultation and Engagement (via COG)

DCCs Consultation Officer Group can provide expert advice and guidance relating to consulting and engaging with the public. The [Consultation](#) page on the intranet provides useful information across a range of engagement activities and provides contact names.

The Consultation PID below should be completed for any engagement or survey activity and been developed to assist with the development and execution of your engagement project. .

Consultation PID



Consultation PID
doc 2024.docx

Appendix 5. Action Planning

An Action Plan is a crucial tool for monitoring progress against Health Needs Assessment (HNA) recommendations, providing a structured approach to implementing, tracking, and evaluating the effectiveness of interventions aimed at improving public health outcomes.

Example Health Needs Assessment Action Plan from the Adult Carers Health Needs (and Asset) Assessment.



Adult Carers HNAA
Action Plan.docx

Appendix 6. Continuous improvement

Continuous improvement is a crucial aspect of HNA development. It ensures that HNAs (and the toolkit itself) remain relevant, effective, and responsive to evolving needs and priorities.

Feedback on this HNA toolkit is vital to ensure that it meets the needs of those using it.

Please fill in this section with any comments and return to the Public Health Intelligence team.

1. Was the toolkit clear in terms of guiding the HNA process?
2. Are any changes required to the toolkit in terms of the process?
3. Did the process flow as quickly as it should have? If so, what slowed it down? Are there opportunities to improve?
4. Were there any barriers? If yes, what were they?
5. What enabled the process to flow well?
6. What are the limitations of this stage of the process and how could these be overcome in the future?
7. What information was not available that would have been useful for the HNA?

Appendix 7. Accessibility

If your HNA is not accessible then it can't be published on durham.gov.uk or on Durham Insight. Under the Equality Act 2010, you are legally required to make sure your documents meet accessibility standards. Failure to do so will mean your document will not be published.

1. Writing accessible documents

Follow these steps when you write a document. If you have questions look at the [Accessibility](#) pages on the intranet for further information and contacts or contact webadmin@durham.gov.uk.

WebAdmin have also developed a useful guide to making documents accessible on-line



AccessibleWordDocuments.pdf

Some basic principles to consider include:

- Think about format

Doing this will help your document support as many users as possible and can future-proof your information.

Publish in HTML format wherever possible so that your documents use your users' custom browser settings. It can be difficult to make other formats easier to read. For example:

- PDF documents can make your content [harder to find, use and maintain](#)
- do not work well with assistive technologies like screen readers a lot of the time

- Keep the language simple

Use clear and simple language.

Simple language makes your document accessible to people with cognitive impairments and learning disabilities.

Research shows that most users prefer simple language, including specialist audiences. This helps users to understand and process information quickly.

Where you need to use technical terms, abbreviations or acronyms, explain what they mean the first time you use them.

- Keep the document structure simple

Give the document a meaningful title.

Remember, the average reading age in the UK is around 11 years old. Keep sentences and paragraphs short. Aim for around 25 words or less per sentence.