

JSNA Chapter Author Guidance & Support 2022

Author(s):	Lucy Hawkin Kristina McCormick
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Audience:	JSNA Authors JSNA Steering Group Owning Groups
Other related projects or documents:	JSNA policy and process JSNA chapter full report template JSNA chapter planning template JSNA chapter timeline and milestones for HWB
Contact Details:	JSNA-NCC@nottscg.gov.uk

This template is designed to support development of both the content and format of a JSNA chapter. It also includes information for further support and guidance.

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Key points:

- **Timescales:** When planning timescales focus on the Health and Wellbeing Board (HWB) you want to present it for approval at and work backwards setting realistic deadlines for the required steps. Sticking to the Board meeting you agreed to is extremely important for managing the HWB work programme so once a chapter is in the work programme for approval it will be expected to be ready for then. For each HWB meeting, there will be a JSNA chapter timeline and milestone dates document to use for planning.
- **Engagement:** It is important when writing the chapter that key local partners with knowledge and insight around the subject area are involved in the process. The owning group may be sufficient depending on the representation but involving wider partners for aspects such as feedback on draft versions, local insight etc may be required. If possible consider setting up a working group who can meet regularly, review progress and importantly support the author. It's important to remember for chapters to be most effective they need to be done in partnership, not isolation.
- **Length:** Each chapter should not exceed **30 pages** (excluding references).
- **Refresh:** If this is an update of the previous JSNA please highlight key changes or progress made since the production of the previous JSNA at the beginning of the 'full JSNA report' section.
- **Formatting:** Please follow the formatting guidance below to ensure consistency across chapters. The chapter will need to be formatted appropriately before going to the HWB for approval.
- **Referencing:** Hyperlink external sources (references, data) but make sure the name and date of the document is provided so should the link expire it could be found through an online search. Make sure you are appropriately referencing data and information used throughout.
- **Asset Focused:** Even though the JSNA is defined as a 'needs assessment' be sure to focus on assets as well as needs.

Top tips:

- ✓ **Guidance:** Do take the time to read this guidance and look at the templates etc before beginning to write the chapter. If it is a refresh, make sure to read the previous version and identify any gaps that need addressing in the refresh.

- ✓ **Look after your wellbeing:** Writing a JSNA can be a challenging process for a variety of reasons including workload, managing expectations, sensitivity of the topic etc. At the beginning, if possible, try to identify what support you feel you may need and seek support throughout from your manager and other appropriate avenues (see template in appendix A)
- ✓ **Data & Searching:** Before you begin requesting data and/or a literature search try to define exactly what questions you want to answer and the JSNA to cover. You can use the JSNA planning template for this. Doing this will really help in refining the questions to ensure your data/research answers those and your chapter stays focused on the key areas.
- ✓ **Stakeholder Engagement:** Engage the owning group and any other stakeholders as early as possible to input into the development of the chapter. This is good practice and can minimise substantial amendments later down the line.
- ✓ **Data Presentation:** Think carefully about what format presents the data in the most effective way for the message you want it to convey e.g. a table or bar chart. Does for example comparing to other areas support your point or divert the attention away from the key message etc. Avoid presenting lots of graphs and tables if not required and the message can instead be conveyed clearly in a sentence.
- ✓ **Writing style:** It might be helpful to see the chapter as a story with a beginning, middle and end and you have to take the reader through that story. Try to be as clear and concise as possible, ensuring it is accessible to those not familiar with the topic.
- ✓ **Word Limit:** If the chapter is over the word limit ask someone else to review it, purely focusing on trying to make it more concise. This can be helpful as we often get attached to our own words and find it difficult to see what we could remove or rewrite!
- ✓ **Coverage:** Ensure you include data, details of services etc from across Nottinghamshire and if there is an area where there is a gap in data or information state this in the knowledge gaps along with the reason why.
- ✓ **Recommendations:** Try to avoid a long list of recommendations that are not realistic within the current system or few very broad recommendations which lack meaning. Focus on those that are key and follow on from what has been highlighted within the chapter.
- ✓ **Referencing:** Save all the references as you use them. Going back trying to find references later will double or triple the amount of time referencing will take!

Full template with embedded guidance follows overleaf...

NOTTINGHAMSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

JSNA TOPIC TITLE

DATE – MONTH & YEAR

Topic information	
Topic owner	e.g. Nottingham & Nottinghamshire (JSNA TOPIC) Strategic Advisory Group
Topic author(s)	
Topic quality reviewed	Date e.g. March 2019
Topic endorsed by	Owning group + date e.g. Nottingham & Nottinghamshire (JSNA TOPIC) Strategic Advisory Group - April 2019
Topic approved by	Pending approval from Health and Wellbeing Board
Replaces version	Year e.g. 2015
Linked JSNA topics	

Executive summary

Introduction

This section should first **define the topic**:

E.g. Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

Set the scene for the topic by **outlining a couple of key points** related to priority, prevalence and impact:

E.g. Cardiovascular disease (CVD) is the single biggest contributor to the life expectancy gap in the City (26% in males, 22% for females), and is CVD is the main cause of death in Nottingham - 36% of the 2533 deaths from all causes in 2004.

Outline if this is a new chapter or a refresh and any other key details for example if appropriate outline why the chapter has been written/refreshed, if it is joint with City etc

E.g. This chapter is a refresh of the 2015 chapter and has been written jointly with Nottingham City Council.

Include here any **inclusion / exclusion criteria** to what is being considered plus links to other relevant parts of the JSNA.

E.g. This needs analysis considers obesity in children only. Adult obesity, physical activity and diet and nutrition are considered separately.

Include any background context around the topic that might be of use to readers

Unmet need and gaps

Unmet need and gaps related to incidence/prevalence and service provision. Provide a few key points from section 8.

Recommendations for consideration

Recommendations related to issues of need and gaps in service provision.

This table should be exactly the same as found in section 10:

	Recommendation	Lead(s)
	Subheading e.g. Prevention	
1		
2		
	Subheading e.g. Service delivery	
3		
4		
Etc		

If there is overlap with the same handful of leads identified for several different recommendations, it is best to present them like this:

Recommendation	Lead(s)		
	Local Authority	Clinical Commissioning Groups	Other partners
Subheading e.g. Prevention			
1.	/		/

N.B This executive summary is what forms the content of the HWB covering report

Full JSNA report

Notable changes from previous JSNA

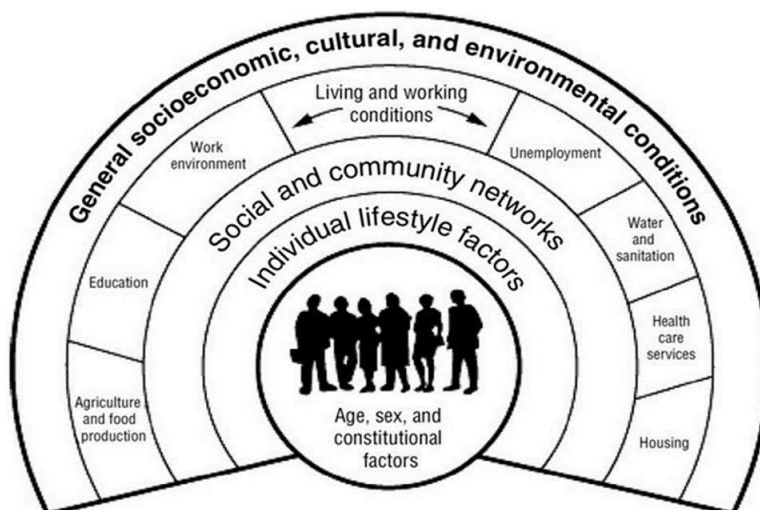
If this is a refresh provide a short summary of the key notable changes since the last JSNA, mainly in terms of how any of the recommendations have been progressed forward. You may wish to put the recommendations into a table (if not in one already) and provide comments on each of these. This can go in the appendix. (*See sexual health and HIV for an example of this*).

If this is a new chapter remove this heading.

What do we know?

1. Who is at risk and why?

Describe in **broad terms who is at risk** (of developing the disease/condition in the case of a health issue) and importantly **what is the impact on health and wellbeing?** Think about the wider determinants of health:



This information may be contained within national policy, strategy, guidance or a literature review may be needed.

Detail should **include why they are at risk**.

This will include:

- **Modifiable risk factors**, i.e. *risks due to socio-economic context and lifestyle*.
- **'Fixed' risk factors**, i.e. *age, gender, ethnicity and family history*.

Some themes to consider focusing on in this section and throughout:

- The eight protected characteristics covered under the Equality Act 2010:
 - Age: A person belonging to a particular age (for example 32-year olds) or range of ages (for example 18 to 30-year olds).
 - Disability: A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
 - Gender reassignment: The process of transitioning from one sex to another (if the person is proposing to undergo, is undergoing, or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex).
 - Pregnancy and maternity: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
 - Race: Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
 - Religion or belief: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
 - Sex: A man or a woman.
 - Sexual orientation: Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Please note the ninth protected characteristic, Marriage & Civil Partnership has been excluded as this relates to employment practice.

- [Adverse Childhood Experiences \(ACE's\)](#)
- Mental health
- Employment
- Housing
- Criminal justice

Don't discuss local data yet.

In the case of vulnerable client group chapters or topics e.g. adults with learning disabilities, please also discuss what they are at increased risk of e.g. adverse health outcomes.

2. Size of the issue locally (The Local Picture)

Local data on **prevalence, incidence or trends of relevance**. It is often helpful to break this down to Districts, Place Based Partnerships (PBPs), Primary Care Networks (PCNs) etc.

Describe any **differences in health status/ need between different groups** in the local population e.g.

- The protected characteristics: ethnicity, religion, age, gender, sexual orientation, disability, pregnancy/maternity & gender reassignment. If data and information is not available state this and address further in the recommendations section. If the characteristic is not relevant also state this.
- People at different stages of the 'life course' (prenatal, pre-school, school, training, employment, retirement)
- Socioeconomic status
- Geographical variation

Some groups to consider focusing on if appropriate:

- | | |
|---|---------------------------------------|
| • Lesbian Gay Bisexual and Transgender (LGBT) | • Armed Forces veterans |
| • Gypsy Roma Travellers | • Refugees, migrants & asylum seekers |
| • Carers | • Prisoners |
| • Children looked after | • Physical or mental disability |
| • Care leavers | • Homeless |

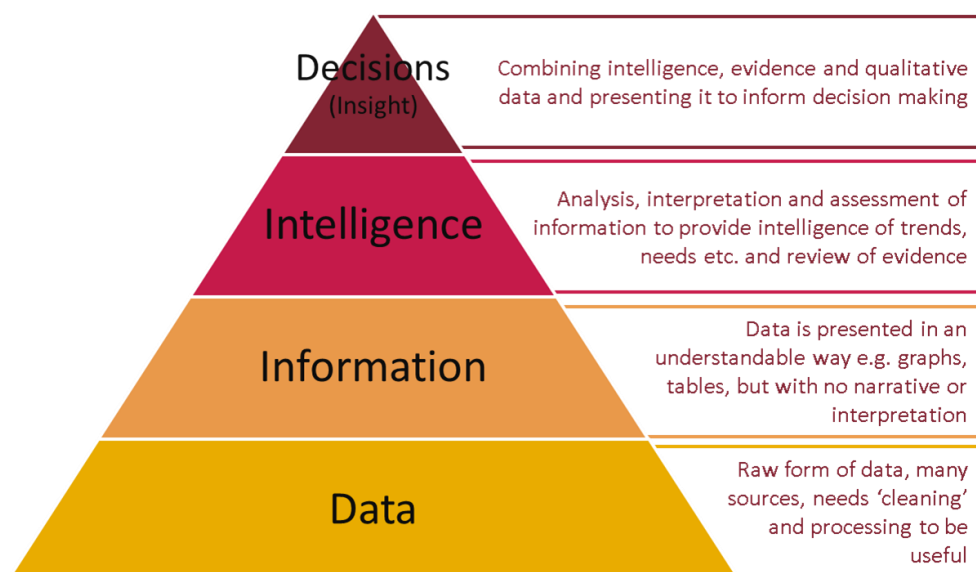
Summarise **findings (headlines) from relevant Equality Impact Assessments** in this section. These may be carried out by commissioners or providers. This may give insight into any inequitable access and uptake of services or groups, across the protected groups.

Benchmarking: comparison of Nottinghamshire to England average as well as other statistical neighbours where possible.

Covid-19: highlight how covid-19 may have impacted on the size of the issue particularly considering health inequalities.

If you can obtain or determine any data around the estimated or known impact specifically on Nottinghamshire include it. For example, the cost implications of stroke on productivity in Nottinghamshire. This may involve using national projections and applying these to our population.

Be sure to highlight any caveats in the data e.g. if rates are estimates of prevalence and remember to tell the 'story' around the data as much as possible to give it meaning and ensure readers take away the correct messages, i.e. progress the data upwards as below:



Public Health England, 2018

3. Targets and performance

State any relevant Public Health Outcomes Framework (**PHOF**), National Service Outcomes Framework (**NHSOF**) and Adult Social Care Outcomes Framework (**ASCOF**) outcomes. Add details of any other local strategy targets which could be used to measure effectiveness and outcomes for this topic.

Details of performance against the above, where available and appropriate. Remember this is a public document and not intended to be a performance management tool, so only include this information if it helps in supporting the overall picture of current and future need.

Benchmarking: comparison of Nottinghamshire to England average as well as other comparable areas of the country where possible.

4. Current activity, service provision and assets

Describe **current commissioned services**, giving numbers of people accessing services if possible and appropriate. A table can be a clear way of outlining services.

Highlight trends in service use.

Alongside including commissioned services **describe other assets available in the community** that address this issue. An asset could be formal or informal resources, including capacity within other organisations or the community that can be used to improve health and wellbeing outcomes and impact on the wider determinants of health, such as the ability of population groups to take greater control of their own health and manage their long-term conditions.

An asset can be considered to be any of the following ([NHS Confederation, 2012](#)):

- the practical skills, capacity and knowledge of local residents
- the networks and connections – known as ‘social capital’ – in a community, including friendships
- the effectiveness of local community and voluntary associations
- the resources of public, private and third sector organisations that are available to support a community
- the physical and economic resources of a place that enhance wellbeing, for example, a library.

Using such assets can be a more 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.

Consider **including Charity and Voluntary Sector (CVS) provision** where possible.

Key points from documents can be included as a summarised list and a hyperlink to the full document can be added into the text if readers want to know more (supporting documents can be held in the Insight library).

5. Local Views

Give **voice to service users’, community and providers** general views around the topic and services/support provided. This is a really important section that can often get overlooked yet can be one of the most valuable at supporting us to effectively meet the needs of our local community:

‘Involving local communities, particularly disadvantaged groups, is central to local and national strategies in England for promoting health and wellbeing and reducing health inequalities (Healthy lives, healthy people: our strategy for public health in England Department of Health; Fair society, healthy lives The Marmot Review).’ ([NICE, 2016](#))

Benefits of community involvement are:

For individuals

- Self-efficacy
- Self-esteem and confidence
- Involvement locally
- Awareness of the determinants of health
- Knowledge of decision making
- Knowledge of partnership working
- Personal empowerment
- Skills and employment opportunities
- Access to decision makers

For communities

- Collective efficacy
- Collective action and empowerment

- Strengthen and create new social networks
- Intergenerational engagement
- Local income
- Understanding of organisational limitations
- Better use of resources
- Collective responsibility
- Better collective health

For organisations

- Partnership working
- Effectiveness in meeting local needs
- Better use of resources
- Meet targets
- Local knowledge
- Collective responsibility in decision making
- Understanding of local people's behaviour
- Tackle inequities

[\(Chadderton et al, 2008\)](#)

Consider what insight gathering work might have already been done internally or by system partners that you can utilise if you don't have the ability to do any specifically for the JSNA. Several different sources of information triangulated will be more beneficial and provide a richer picture. Remember to detail where the information came from. Try to ensure views of all County residents and where possible vulnerable groups are included. Anecdotal and word of mouth feedback should be avoided.

Ensure Healthwatch have been approached to determine if they have any relevant supporting information. This should be done when the PID is written.

Hyperlinks to any full reports will be useful along with a short paragraph giving some summary information about service users views of a service, the level of need in the population, any perceived gaps in services etc.

Documents providing further support around this section can be found in Appendix B.

6. Evidence of what works

Details of the **national and local evidence used to inform knowledge** on this topic, for example this might include NICE guidance or local evaluation.

Key **evidence on effectiveness and cost-effectiveness**.

Highlight any key changes in evidence which may be relevant to service reviews or which could inform de-commissioning.

Highlight views from clinicians or service providers to inform the evidence from a local implementation basis.

Key points from documents can be included as a summarised list and a hyperlink to the full document can be added into the text should readers want to know more.

A literature request may help obtain the content for this section e.g. through systematic reviews or current guidance.

7. What is on the horizon?

This section is important to help ensure we are commissioning for future need, not just current.

Consider projected service use and outcomes up to 3-10 years. Consideration of the effect of population change, incidence and prevalence of public health related issues. Also consider again the broader social, economic, environmental and political context that gives rise to the levels of need described in this chapter, and how this may change over the same timescales, and any resultant effect on health and wellbeing.

Where possible apply a projection model or population projections to current activity.

As well as considering changing need, include any **developments which are likely to have a positive or negative impact** e.g. digitalisation of services, changes in the law, national and local strategies, local initiatives etc.

What does this tell us?

The subsequent sections bring together the evidence presented in sections 1-7 i.e. by now the reader should know: broadly why this topic is relevant, specifically the impact of the issue locally, what needs are currently being met through local services, local views and what we should be doing to address current and future need (evidence of what works).

8. Unmet needs and service gaps

By comparing the overall need within the County to the level of service provision currently in place, local views etc (i.e. previous evidence presented above), this should help in enabling you to highlight here **known needs and known or presumed gaps in provision**. Highlight any over-provision of services which may be relevant to service reviews.

Here it is important to again acknowledge the protected characteristics covered under the Equality Act 2010: Ethnicity, religion, age, gender, sexual orientation, disability (mental and physical), pregnancy/maternity & gender reassignment and what knowledge gaps exist for these groups. If data and information is not available state this and address further in the recommendations section. If the characteristic is not relevant also state this.

9. Knowledge gaps

Note and prioritise **gaps in the information available** in the area covered by the chapter e.g. gaps in data reporting or available data at the level required.

Here it is important to again acknowledge the protected characteristics covered under the Equality Act 2010: Ethnicity, religion, age, gender, sexual orientation, disability (mental and physical), pregnancy/maternity & gender reassignment and what knowledge gaps exist for these groups. If data and information is not available state this and address further in the recommendations section.

Where possible identify clear **tasks to be undertaken to address any of those gaps where possible and improve the quality** of needs analysis in future JSNAs.

What should we do next?

10. Recommendations for consideration

Identify the **areas of need which ideally should be addressed** within the system.

Recommendations here should follow the evidence and narrative presented in previous sections 1-9. **Recommendations should not be presented without prior supporting evidence.**

Try to avoid a really long list of recommendations or very few broad ones which lack meaning. Also consider what is realistic in the current climate. Remember these recommendations are not required actions but should be written with the aim and intention of partners taking them forward to implementation. They should be presented in a table as shown below. It may also be helpful to break them down into subheadings as shown below.

	Recommendation	Lead(s)
	Subheading e.g. Prevention	
1		Insert name of departments, organisations or groups that should lead on implementing each recommendation.
2		
3		
	Subheading e.g. Service delivery	
4		
5		
etc		

If there is overlap with the same handful of leads identified for several different recommendations, it is best to present them like this:

Recommendation	Lead(s)		
	Local Authority	Clinical Commissioning Groups	Other partners
Subheading e.g. Prevention			
1.	/		/

Key contacts

Provide key authors details as follows:

Name

Job Title

xxxx@nottscc.gov.uk

Name

Job Title

xxx@nottscc.gov.uk

References

Add your references below, using the Harvard style. See below for more info. Avoid having references as footnotes to improve readability.

Formatting and referencing guidance

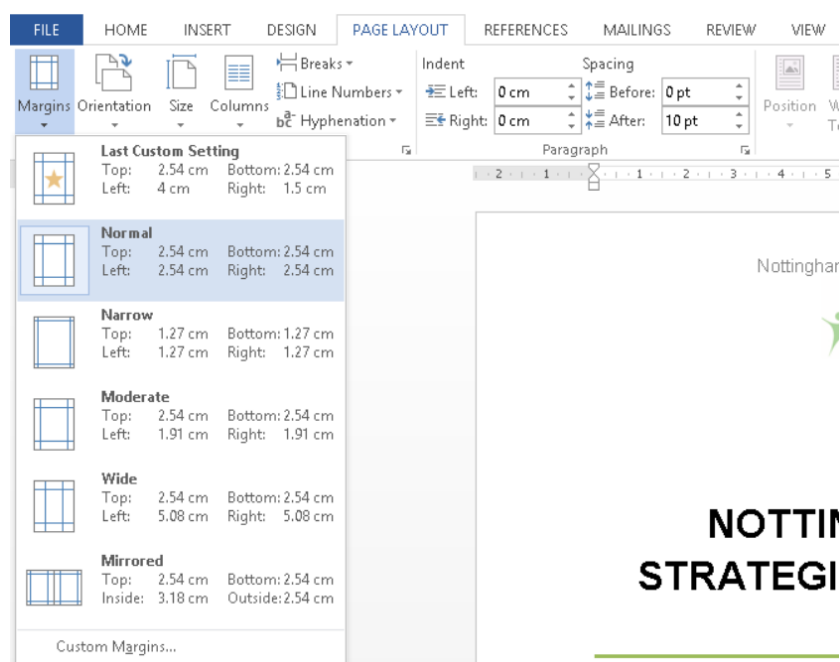
Using the standard template sets out the look and feel for your chapter, but formatting is important to ensure the quality and consistency of the overall JSNA. Please use Arial 11 font, and otherwise follow the formatting in the template which you can find [here](#).

1. Font

Arial size 11

2. Margins

These should be on the 'normal' setting which you can see here:



Alternatively these are the measurements:

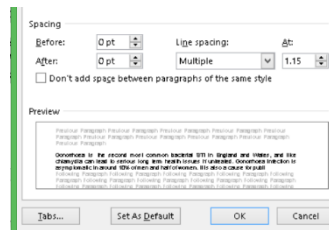


Subheadings to be indented to improve clarity for the reader.

3. Alignment: Align left



4. Line spacing: Multiple at 1.15



5. Page numbering: Bottom right hand side

6. Header:

Nottinghamshire JSNA: Topic Title DRAFT 2019

7. Tables

Please label all tables consecutively with Table 1: , Table 2: etc. and a short description of the contents, in **Arial 11 bold**. State the source for each table underneath in *Arial 10 italicised* as shown here:

Table 1: Location of chlamydia testing and positivity rate

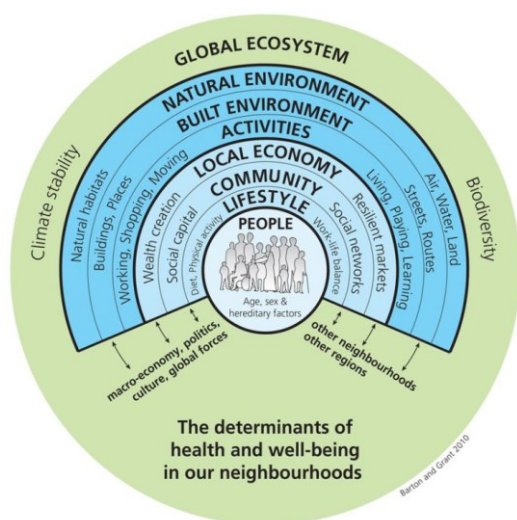
Year	Number of tests	Total number of tests	Positivity rate

Source: GUMCAD

8. Figures

Please label all charts, maps etc. consecutively with Figure 1, Figure 2 etc. and a Short description of the contents, again in **Arial 11 bold**. State the source for each figure underneath in *Arial 10 italicised*.

Figure 1: The wider determinants of health.



Source: Barton and Green (2006)

9. References

We recommend using the Vancouver referencing style. You can find out details of exactly how to reference according to this style here:

www.imperial.ac.uk/media/imperial-college/administration-and-support-services/library/public/Vancouver-Reference-Guide-180821-WEB.pdf

Please list all references at the end of the document rather than within as this improves overall readability i.e. use endnote instead of footnotes if you want to use the reference functions in word.

Number the references in order of appearance throughout the chapter.

In text:

For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled'.¹

STIs are infections that are transferred from person to person predominantly by sexual contact but also through non-sexual means such as via blood or blood products and from mother to child during pregnancy and childbirth²

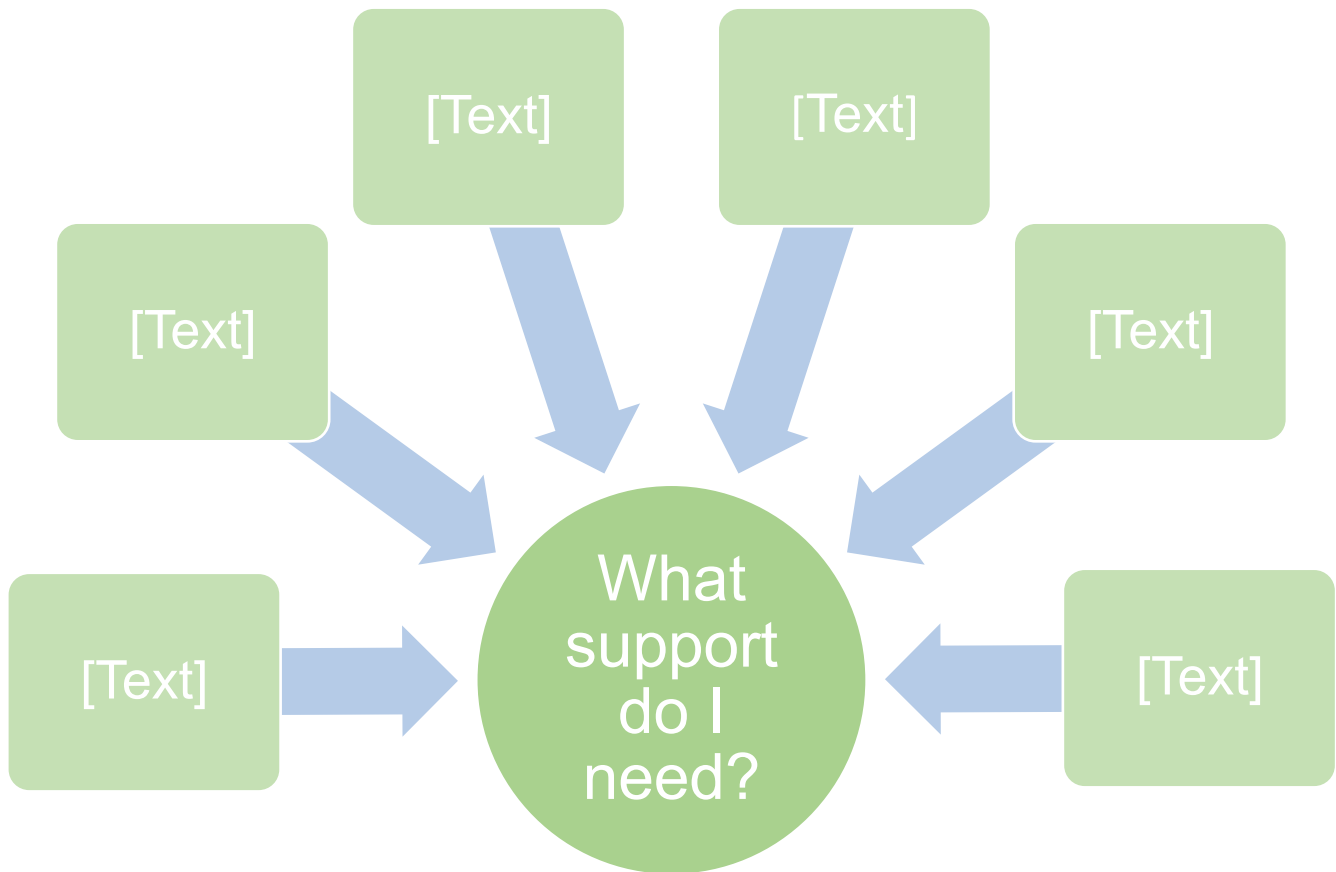
Reference list

¹Department of Health. (2013) *A Framework for Sexual Health Improvement in England*. Available at:
<https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england> [Accessed 16.07.18]

²WHO (2016) Sexual Transmitted Infections. Available at:
[http://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](http://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)) [Accessed 15.11.18].

Please add hyperlinks to your document wherever possible to make it as useful and interactive as possible. Again, please get in touch if you are not sure how to do this. If the full document does not exist on the internet, it can be added to the Insight library and a hyperlink to it can be included in the JSNA report. Contact the JSNA co-ordinator if you wish to have a document added to the Insight library. You will subsequently be provided with the hyperlink.

Appendix A: Template to develop thinking around support required



Consider things such as:

- Protecting time
- Expertise input
- Details of relevant contacts
- Access to community groups
- Support around how to write a JSNA
- Refresh around how to interpret data
- Support from others writing a chapter
- Time to switch off etc

What might help me to obtain this support?

- *E.g. meeting with the JSNA Co-ordinator, setting up a working group, meeting with analysts etc*

Appendix B: Helpful resources

Title	Author	Summary
General guidance		
<u>Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies.</u>	Department of Health and Social Care (2013)	This publication is intended to support health and wellbeing boards and their partners in understanding the duties and powers in relation to JSNA's and JHWSs.
<u>JSNA: A springboard for action.</u>	Local Government Improvement and Development (2011)	This tool sets out the basic requirements for the JSNA process and good practice standards are illustrated for important aspects of design and provide short pen pictures to help demonstrate what is possible.
<u>The joint strategic needs assessment, A vital tool to guide commissioning.</u>	NHS Confederation (2011)	This Briefing sets out the principles behind a good JSNA, provides a step-by-step guide to producing them, and presents examples of JSNA processes and products to date.
<u>Comparing apples with oranges? How to make better use of evidence from the voluntary and community sector to improve health outcomes.</u>	NHS Confederation (2014)	This briefing gives an overview of the knowledge, expertise and insight that voluntary and community sector organisations hold about their local communities, as well as the ways this knowledge can be used to enhance (JSNAs) and commissioning.
<u>Practical steps towards inclusive JSNAs, JHWSs and commissioning for Gypsies, Travellers and Roma, homeless people, sex workers and vulnerable migrants</u>	Department of Health and Social Care (2013)	This will help healthcare staff to use the JSNA and JHWS to include people in disadvantaged areas or vulnerable groups when they are commissioning services.
Capturing community assets & local views		
<u>Developing a rich and vibrant JSNA: Capturing community asset growth within the JSNA – key learning from a trial project.</u>	Local Government Association (2011)	Overview of the work that took place as part of the Asset Based Pilot Process within the Wakefield District.
<u>Asset Based Checklist (ABC) for JSNA Toolkit</u>	<u>Bewsher, H. (2016)</u>	Checklist of aspects that are helpful to consider when incorporating an asset-based approach into a JSNA
<u>New Conversations: LGA guide to engagement</u>	Local Government Association (2017)	Thorough guidance on conducting effective engagement to improve relationships between Local Authorities and communities.

<u>Community engagement: improving health and wellbeing and reducing inequalities.</u>	National Institute for Health and Care Excellence (2014)	This guideline covers community engagement approaches to reduce health inequalities, ensure health and wellbeing initiatives are effective and help local authorities and health bodies meet their statutory obligations.
Data & data presentation		
<u>Review of Graph Comprehension Research: Implications for Instruction.</u>	Shah & Hoeffner (2002)	This research article reviews the cognitive literature on how viewers comprehend graphs and the factors that influence viewers' interpretations.
<u>Local authority interactive tool (LAIT)</u>	Department for Education	The LAIT presents the local authority's rank and position in England. It includes data on children looked after by local authorities, child protection, special educational needs and disability (SEND), pupil attainment, children's health, post-16 circumstances, judgements from Ofsted
Infographics		
<u>The 7 G.R.A.P.H.I.C. Principles of Public Health Infographic Design,</u>	Stones & Gent (2015)	A new set of evidence-based guidelines to help the production & commissioning of health infographics for use with the general public.
Writing Style		
<u>Writing for NICE: a guide to help you write more clearly.</u>	National Institute for Health and Care Excellence (2016)	A useful document to read to help you think about how to write and present information.
Health & Wellbeing Boards		
<u>Practical guide to engaging with Health and Wellbeing Boards</u>	Compact Voice (2015)	This provides an overview of how HWBs work, what they are responsible for, who is involved in their work and practical tips to help you engage with HWBs.

Appendix C: Checklist of web resources for literature search

FINDING THE EVIDENCE CHECKLIST OF RESOURCES

Sources with an OpenAthens account

OpenAthens	Website address	Information
Register for an OpenAthens username and password.	https://openathens.nice.org.uk/ In the Organisation field on the online form, enter Nottingham. Scroll down and select Public Health Staff Nottingham City and Nottinghamshire .	An NHS OpenAthens account provides access to a wide range of high-quality information online. Registering for an account will give access to healthcare databases, e-journals and e-books.

NHS Knowledge and Library Hub	Website address	Information
Funded by Health Education England, the Hub is a digital platform allowing you to search for evidence across multiple sources.	https://library.hee.nhs.uk/resources/nhs-knowledge-and-library-hub Click on ' Start your search ' from the homepage and sign in with your OpenAthens account.	The Hub connects users to high quality knowledge and evidence resources in one place: <ul style="list-style-type: none"> • e-journals and e-books • healthcare databases • clinical decision support resources including NICE Guidelines and BMJ Best Practice • policy and management information and research literature • resources purchased nationally and locally • one-click links to full-text, request a copy, or contact an NHS library

Sources without an OpenAthens account

Name of organisation	Website address	Information
National institute for Clinical Excellence (NICE)	https://www.nice.org.uk/	The NICE website includes: guidance, pathways, quality standards, putting guidance into practice.
Cochrane Library	https://www.cochranelibrary.com/	A collection of six databases that contain different types of high quality, independent evidence to inform healthcare decision making.
Epistemonikos	https://www.epistemonikos.org/	A database of systematic reviews and their included studies relevant for health decision-making.
NIHR Evidence	www.evidence.nihr.ac.uk	National Institute for Health Research (NIHR) presents summaries of findings from health and social care research.
Social Care Online	https://www.scie-socialcareonline.org.uk/	<p>A database of information and research on all aspects of social care and social work.</p> <p>Register to use Advanced Search and get full-text to systematic reviews, journal articles, research briefings, reports & grey literature, where possible.</p>
UKHSA Library & Knowledge Service website	https://ukhsalibrary.koha-ptfs.co.uk/laph	UK Health Security Agency's (UKHSA) Library & Knowledge Service provides online access to journals, books, evidence briefings and

		syntheses, and practice examples.
Centre for Evidence-Based Medicine (CEBM)	https://www.cebm.net/	Oxford University's Centre for Evidence-Based Medicine (CEBM) provides access to evidence summaries and data analyses relating to the coronavirus pandemic.
What Works Network	https://www.gov.uk/guidance/what-works-network	<p>The What Works Network uses evidence to make better decisions to improve public services.</p> <p>Includes access to the What Works Centres – Independent organisations providing evidence in specific policy areas e.g. Older people, Crime, Early Intervention, Wellbeing.</p>
National Grey Literature Collection	https://allcatsrgrey.org.uk/wp/ “Grey literature is any publication created outside recognised academic or commercial outlets and is difficult to classify (e.g. policy documents and organisational reports).”	<p>The National Grey Literature Collection is a catalogue of hard and electronic literature.</p> <p>The collection is funded by Health Education England and delivered by Stockport Foundation NHS Trust.</p>

Government websites

Name of organisation	Website address	Information
Department of Health and Social Care	https://www.gov.uk/government/organisations/department-of-health-and-social-care	The Department of Health and Social Care lead shape and fund Health and Social Care in England.

Local Government Association (LGA)	https://www.local.gov.uk/	The Local Government Association is the national voice of local government, working with councils to support, promote and improve local government.
NHS England	https://www.england.nhs.uk/	NHS England leads the National Health Service in England.
UK Health Security Agency (UKHSA)	https://www.gov.uk/government/organisations/uk-health-security-agency	UKHSA is an executive agency of the Department of Health and Social Care and a distinct organisation with operational autonomy to advise and support government, local authorities and the NHS.

Health and care organisations

Name of organisation	Website address	Information
Centre for Mental Health	https://www.centreformentalhealth.org.uk/	The Centre for Mental Health, an independent UK mental health charity focusing on research, analyses and policy in mental health, wellbeing, inequality and multiple disadvantage.
The Health Foundation	https://www.health.org.uk/	The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.
King's Fund	https://www.kingsfund.org.uk/	The King's Fund is an independent charity working

		to improve health and care in England.
The Nuffield Trust	https://www.nuffieldtrust.org.uk/	The Nuffield Trust is an independent health charity. They aim to improve the quality of healthcare in the UK by providing evidence-based research and policy analysis.

Contact

Mandy Tidswell
Yvonne Finnigan

✉ Mandy.tidswell@nhs.net
Yvonne.finnigan1@nhs.net

Primary Care Knowledge & Evidence
Managers
Library and Knowledge Service, Sherwood
Forest Hospitals NHS Foundation Trust

✉ library.sfht@nhs.net

 <https://lks.sfh-tr.nhs.uk/>

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