**Joint Public Health Service/Academic meeting 5th December 2012**

Summary of flip chart notes from discussion session

**Workshop question: discuss and where possible identify areas of joint working to benefit challenges identified within JSNAs**

**Group 1**:

Wide brief for JSNAs but the DH supporting guidance is narrow.

JSNAs need to be creative but you can’t legislate for creativity they need to be developed in a way that facilitates this.

Can the JSNA at the local level be used as a means to drive advocacy (such as through linking to neighbourhood planning) or is there a danger it will be simply a large data set.

The JSNA can be a vehicle to bring people together, therefore the role of the JSNA linking the strategic aims to the community. There must be opportunities for communities to contribute.

Language used in both the JSNA and in the new public health systems is important – what is shaping services? Healthcare or wider determinants?

**Group 2**:

A system for capturing research questions that arise during the JSNA process, such as including data collection templates.

There is a need to develop a culture towards more evaluation especially of new initiatives.

A public health research network, similar or equivalent to the clinical research networks (as exists in Wales) would be beneficial for research development. Could a local informal network be initiated?

Would be great if JSNAs were compared nationally to identify common research themes and gaps in evidence – possibly a role of Public Health England?

**Group 3:**

Need for community data sources to be developed

What are the existing resources/assets? Identify starting point.

Remember that needs assessment is a technical exercise and that people need to be listened to – eg importance of community engagement.