

Subject:	Joint Strategic Needs Assessment (JSNA) Summary 2012		
Date of Meeting:	30th May 2012		
Report of:	Kate Gilchrist, Head of Public Health Intelligence Alistair Hill, Consultant in Public Health Paula Black, Head of Performance & Analysis		
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 From April 2013, local authorities and clinical commissioning groups will have equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy. This duty will be discharged by the Health and Wellbeing Board. The purpose of this item is to inform the shadow Health & Wellbeing Board of the JSNA process. It explains how the process provides a greater understanding of the current and future health and wellbeing needs of local residents to inform the Health & Wellbeing Strategy, and strategies of the Clinical Commissioning Group & Brighton & Hove City Council. It also presents the highest impact health and wellbeing issues for the city identified in the 2012 JSNA Summary.

2. RECOMMENDATIONS:

- 2.1 That the Board supports the draft JSNA Summary to go out to Public Consultation) (the final version will then be brought to the Board for consideration in September).
- 2.2 That the Board note that from April 2013 it will become responsible for the JSNA.
- 2.3 That the Board note the high impact health and wellbeing issues identified within the JSNA and use these to inform the development of the Joint Health & Wellbeing Strategy.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The needs assessment process aims to provide a comprehensive analysis of current & future needs of local people to inform commissioning of services that will improve outcomes & reduce inequalities. To do this needs assessments should gather together local data, evidence from service users & professionals, plus a review of research & best practice. Needs assessments bring these elements together to look at unmet needs, inequalities, & provision of services. They also point those who commission or provide services towards how they can improve outcomes for local people.

- 3.2 The Local Government & Public Involvement in Health Act (2007) placed a duty on local authorities & Primary Care Trusts to work in partnership & produce a JSNA. The Health & Social Care Act 2012 states that the responsibility to prepare the JSNA will be exercised by the Health and Wellbeing Board from April 2013.. The guidance signals an enhanced role for JSNAs to support effective commissioning for health, care & public health as well as influencing the wider determinants that influence health & wellbeing, such as housing & education. Interim Department of Health guidance published in December 2011 advised that emerging Health and Wellbeing Boards should proceed with progressing the refreshing of JSNAs and development of a Joint Health and Wellbeing Strategy.
- 3.3 There are three elements to the local needs assessment resources available:
Each year, a **JSNA summary**, giving an high level overview of Brighton & Hove's population, & its health & wellbeing needs is published. It is intended to inform the development of strategic planning & identification of local priorities.
A **rolling programme of comprehensive needs assessments**. Themes may relate to specific issues e.g. adults with Autistic Spectrum Conditions, or population groups e.g. children & young people. Needs assessments are publically available & include recommendations to inform commissioning.
BHLIS (www.bhlis.org) is the Strategic Partnership data & information resource for those living & working in Brighton & Hove. It provides local data on the population of the city which underpins needs assessments across the city.
- 3.4 Since August 2009, a **city needs assessment steering group** has overseen the programme of needs assessments. In 2011 membership includes the Community & Voluntary Sector Forum (CVSF), Sussex Police & the two universities, in addition to the existing members from the city council, Clinical Commissioning Group & LINKs. With the establishment of the Health & Wellbeing Board, the steering group will become a subgroup of the Board in relation to JSNA from April 2013.
- 3.5 The 2011 summary was a 56 page document. For the 2012 refresh we have produced a series of summaries grouped under key outcomes. Building on previous years most of the sections have been co-authored by a member of the Public Health team & a relevant lead in Adult Social Care, Children's Services, the Community & Voluntary Sector, or other statutory partners.
- 3.6 The structure was informed by the NHS, Public Health and Social Care outcomes frameworks & the forthcoming Child Health Outcomes Strategy; The Marmot report, which advocated adopting a "life course approach"; & the consultation described in section 4. The structure of the 2012 summary is given in Table 1.
- 3.7 In previous summaries we have simply listed the health & wellbeing issues for the city. This year we have attempted to measure the relative impact of the issues identified within this summary in a systematic way & present this as an impact matrix. Results are shown in Figure 1, giving the issues with greatest impact on the health and wellbeing of Brighton & Hove's population. These are being used in the development of the Joint Health and Wellbeing Strategy. Further information on how the matrix was drawn up is included in Appendix X.

Table 1: Structure of 2012 JSNA

The population of Brighton and Hove

Population groups: Gender; Ethnicity; Sexual orientation; Pregnancy and maternity; Trans & gender reassignment; Refugees and asylum seekers; Carers; Military veterans; Students

An assessment of impact on health and wellbeing of those in Brighton and Hove

The issues with the greatest impact on the health and wellbeing of the population, in terms of:

- Number of people affected
- Impact on life expectancy gap
- Impact on wellbeing (including healthy life expectancy)
- Impact on equalities groups
- Comparison to national
- A specific target not being met
- Direction of trend.

Life expectancy and healthy life expectancy

The overarching indicators of population health and wellbeing (including health inequalities).

Wider determinants of health

Children, young people and families: Child poverty; Parenting; Children in need, safeguarding, child protection and looked after children; Education

Employment and work: Young people not in education, employment and training; Employment and unemployment; Health in the workplace

Community safety: Young offenders; Crime and disorder (including hate crime)

Sustainable communities and places: Volunteering and the community & voluntary sector; Housing needs; Rough sleepers; Fuel poverty; Active travel; Food and food poverty; Open spaces; Climate change; Air quality; Noise pollution

Wellbeing and community resilience: Happiness and wellbeing; Social connectedness; Community resilience; Community assets

Improving health

Starting well: Antenatal and newborn screening; Maternal and infant health; Childhood immunisation

Developing well (Children and young people): Oral health; Emotional health and wellbeing, and mental health; Physical activity; Healthy weight; Smoking; Substance misuse and alcohol in young people; Sexual health; Under 18 conceptions and teenage parents; Children and young people with disabilities & complex health needs

Living well (adults and older people): Emotional health and wellbeing; Healthy weight; Physical activity; Sexual health; Smoking; Alcohol; Substance misuse; Domestic and sexual violence

Ageing well; Care of older people; Older people's accommodation and support

Prevention of ill health: Cancer screening; Preventable sight loss; Oral health; Suicide

Improving health and promoting independence: Learning disabilities; Physical disabilities and sensory impairments; Adults with autistic spectrum conditions; Diabetes; Cardiovascular diseases; Respiratory disease; Cancer; Mental health; Dual diagnosis (mental health and substance misuse); Dementia; HIV/AIDS; Musculoskeletal conditions

Specific health services: Primary care; Urgent care; Variation in effective healthcare

End of life care

Figure 1: JSNA Summary 2012 – issues with the greatest impact on the health & wellbeing of the population of Brighton & Hove

Wider determinants which have the greatest impact on health & wellbeing

	Children & young people	Adults	Older people
Child poverty			
Education			
Employment & unemployment	Youth unemployment	Unemployment & long term unemployment	
Housing			
Fuel poverty			

High impact social issues

	Children & young people	Adults	Older people
Alcohol	Alcohol & substance misuse – children & young people	Alcohol (adults & older people)	
Healthy weight & good nutrition	Healthy weight (children & young people)	Healthy weight (adults & older people)	
		Good nutrition & food poverty	
Domestic & sexual violence			
Emotional health & wellbeing – including mental health	Emotional health & wellbeing (children & young people)	Emotional health & wellbeing (adults & older people) Mental health	
Smoking	Smoking (children & young people)	Smoking (adults & older people)	
Disability	Children & young people with a disability or complex health need	Adults with a physical disability, sensory impairment & adults with a learning disability	

Specific conditions

	Children & young people	Adults	Older people
Cancer & access to cancer screening			
HIV & AIDS			
Musculoskeletal conditions			
Diabetes			
Coronary heart disease			
Flu immunisation			
Dementia			

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 The CVSF conducted a gap analysis of the JSNA summary in January 2012 and changes were made to the proposed structure as a result.

4.2 An involvement event to inform the JSNA and JHWS development was held on the 1st March, which was attended by over 70 representatives from BHCC, the transitional CCG, NHS Sussex, health providers and the community and voluntary sector.

- 4.3 Two sessions were held in order to complete the impact matrix. Those invited included members of the City Needs Assessment Steering Group; further representatives from Public Health, Children's Services & Adult Social Care; & Community & Voluntary Sector Health & Wellbeing elected representatives.
- 4.4 The draft JSNA Summary, once approved by the Board, will go out for public consultation in July 2012 focussing on how the JSNA can be further developed.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 The JSNA will inform the development of the council and health budget strategies.

Finance Officer Consulted: Anne Silley *Date: 18/05/12*

Legal Implications:

- 5.2 The statutory duty imposed upon Local Authorities and PCT's to produce JSNA is described in the body of this report and this report, describes adherence to that duty. It will be a core function of the Health and Wellbeing Board to approve the JSNA process from April 2013 and is therefore important that the Shadow Board are fully involved in the process.

Lawyer Consulted: Elizabeth Culbert *Date: 18/05/12*

Equalities Implications:

- 5.3 The City Needs Assessment Steering Group, including equalities leads for BHCC & NHS Brighton & Hove, has strengthened the city needs assessment guidance to include equalities strands. Strategies using the evidence in the needs assessment will require an EIA. This year's summary has more systematically identified local inequalities in terms of equalities groups; geography & socio-economic status. Each report section has inequalities clearly evidenced. In addition, there are sections which bring together the key needs of each group.

Sustainability Implications:

- 5.4 Sustainability related issues are important determinants of health & wellbeing and these have been integrated in the summary. The JSNA will support commissioners to consider sustainability issues.

Crime & Disorder Implications:

- 5.5 None

Risk and Opportunity Management Implications:

- 5.6 None

Public Health Implications:

- 5.7 The JSNA summary sets out the key health and wellbeing and inequalities issues for the city and so supports commissioners in considering these issues in policy, commissioning & delivering services.

Corporate / Citywide Implications:

- 5.8 This supports the city's duty, through The Local Government and Public Involvement in Health Act (2007), for the city council and PCT to work in partnership and produce a JSNA.

SUPPORTING DOCUMENTATION

Appendices:

1. Our approach to needs assessment
2. Impact

Documents in Members' Rooms

1. None

Background Documents

1. Department of Health JSNAs and joint health and wellbeing strategies – draft guidance available at <http://healthandcare.dh.gov.uk/files/2012/01/JSNAs-and-joint-health-and-wellbeing-strategies-draft-strats.pdf>
2. Current portfolio of needs assessments for the city available publically at www.bhlis.org/needsAssessments
3. The 2012 JSNA Summary drafts are available at www.bhlis.org/jsna2012