

<b>Subject:</b>	<b>Joint Strategic Needs Assessment Update</b>		
<b>Date of Meeting:</b>	<b>20 March 2013</b>		
<b>Report of:</b>	<b>Tom Scanlon, Director of Public Health</b>		
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<b>Ward(s) affected:</b>	<b>All</b>		

### 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). This duty will be discharged by the Health and Wellbeing Board. The purpose of this item is to ask the Shadow **Board to approve the production of the JSNA summary for 2013**. The planned programme of in depth needs assessments for 2013/14 will be brought to the May Board for approval.

#### 2. RECOMMENDATIONS:

- 2.1 That the Shadow Board considers, and agrees, an option for the 2013 JSNA summary (see 3.6). The recommended option of the City Needs Assessment Steering Group is Option 2.
- 2.2 Subject to recommendation 2.1, that the Board approves the suggested plan and timetable for the 2013 JSNA summary.

#### 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.
- 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](http://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.
- 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 City Needs Assessment Steering Group will become a subgroup of the Board in relation to JSNA from April 2013.**
- 3.5 The JSNA summary structure is 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 2012 consultation. For the 2012 refresh we have produced a series of summaries grouped under key outcomes. Building on previous years most of the sections will be 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 options for the 2013 JSNA summary are:
- 3.6.1 Option 1: Do not update the JSNA summary in 2013.** This would save resource in terms of officer time. However, the 2012 consultation highlighted areas for further improvement in the JSNA including:
- Ensure equalities are systematically included in the JSNA and where possible evidence strengthened.
  - Make the JSNA summary more accessible
  - Increasing evidence from the community and voluntary sector to strengthen the JSNA
  - Improving engagement in the JSNA
  - Continue to embed an assets approach within JSNA
  - Increase "Voice" in the JSNA
- With option 1, these would not be considered in 2013.
- 3.6.2 Option 2: Update the summary and strengthen evidence in the areas identified in the action plan, but do not repeat the assessment of high impact health and wellbeing issues conducted in 2012 or hold a formal consultation.** This option would involve a review of the JSNA sections (already underway) and the following activities to strengthen the evidence in the JSNA:
- Sections reviewed and updated
  - Recommendations updated and action from previous year added

- New data from the 2011 Census and the 2012 Health Counts survey incorporated into the summary
- A call for evidence from the community and voluntary sector
- An easy read summary of the JSNA produced
- Equalities gap analysis taken to the City Inclusion Partnership
- Review of assets approach to JSNA in other areas

This option would require officer time for authors and the Public Health team in coordinating, editing and publishing the JSNA.

With this option it is not proposed that the assessment of high impact health and wellbeing issues is conducted in 2013. This was undertaken in 2012 and involved significant resource from officers, the CCG, GPs and the community and voluntary sector to develop. As the first Joint Health and Wellbeing Strategy will be published early in 2013/14 and the population level impact will not change significantly from year to year, it is proposed under this option that the impact assessment be conducted every three to five years.

Under this option it is also not proposed to undertake a formal consultation on the JSNA in 2013. Given the 2012 consultation and the suggested engagement outlined above, it is proposed that another consultation in 2013 would not be a good use of the resources involved and that ongoing engagement during the year is more appropriate.

**3.6.3 Option 3: As option 2 but repeat the impact assessment conducted in 2012 and hold a formal consultation.** This option would require significant resource in terms of officer time. Given the 2012 consultation and the suggested engagement outlined under option 2, it is suggested that another consultation in 2013 would not be a good use of the officer resource involved and that ongoing engagement during the year is more appropriate and more in line with the City Engagement Framework. As the first Joint Health and Wellbeing Strategy will be published early in 2013/14 and the population level impact will not change significantly from year to year, it is recommended that the impact assessment be conducted every three to five years.

**3.7 The recommended option of the City Needs Assessment Steering Group is Option 2.**

#### **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

4.1 The consultation report on the 2012 summary was presented as part of the JSNA item at the September 2012 shadow Board.

4.2 It is proposed that the 2013 summary has no formal consultation period. However, the following activities have been undertaken, or are planned, as part of the ongoing engagement in the JSNA under option 2:

- Gap analysis on equalities evidence within the JSNA to the March City Inclusion Partnership
- Community and Voluntary Sector call for evidence for the JSNA

- HealthWatch role to be agreed once established in April 2013

## 5. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 5.1 The estimated impact on resources is set out in paragraph 3.6. The resources required to develop the summary can be met within the public health budget for 2013/14.

*Finance Officer Consulted: Anne Silley*

*Date: 18/02/13*

### Legal Implications:

- 5.2 The statutory duty imposed upon Local Authorities and Clinical Commissioning Groups to work together to produce a JSNA is set out in the Health and Social Care Act 2012. 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: 21<sup>st</sup> February 2013*

### 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. The summary identifies local inequalities in terms of equalities groups; geography & socioeconomic status. Each report section has inequalities clearly evidenced. In addition, there are sections which bring together the key needs of each group. The inclusion of Census and Health Counts data in 2013 would strengthen the equalities evidence within the JSNA. In addition, a gap analysis on equalities will be taken to the City Inclusion Partnership in March 2013.

### Sustainability Implications:

- 5.4 Sustainability related issues are important determinants of health & wellbeing and these are integrated in the summary. The JSNA will support commissioners to consider sustainability issues. There is a close link between the JSNA and the One Planet Living priorities, and these are informing implementation of this initiative.

### 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 across the city in considering these issues in policy, commissioning & delivering services.

### Corporate / Citywide Implications:

- 5.8 This supports the city's duty for the City Council and CCGs to work in partnership and produce a JSNA.

## **6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

- 6.1 The options are set out in section 3.6 of this Report

## **7. REASONS FOR REPORT RECOMMENDATIONS**

- 7.1 From April it is a statutory duty for Local Authorities and CCGs to produce JSNA. 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.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

None

### **Documents in Members' Rooms**

None

### **Background Documents**

1. Department of Health JSNAs and joint health and wellbeing strategies – draft guidance <http://www.dh.gov.uk/health/2012/07/consultation-jsna/> (Final guidance yet to be published)
2. Current portfolio of needs assessments for the city available publically at [www.bhlis.org/needsassessments](http://www.bhlis.org/needsassessments)
3. The 2012 JSNA Summary is available at [www.bhlis.org/jsna2012](http://www.bhlis.org/jsna2012)

