

Title:	Joint Strategic Needs Assessment (JSNA) Summary and Joint Health and Wellbeing Strategy (JHWS).
Author(s):	Tom Scanlon, Head of Public Health, Brighton & Hove City Council & NHS Brighton & Hove Alistair Hill, Consultant in Public Health, NHS Brighton & Hove
Purpose/Key Messages:	The JSNA provide a coherent evidence base for planning and delivery of health and social care services across the city
Significance to BHSP	As above
What is BHSP being asked to do?	To comment and note the upcoming public consultation
Next steps and report back mechanism	Further reports will be received following public consultation

1. Purpose of Paper

The aim is to update the Strategic Partnership on progress in producing the JSNA and JHWS in 2012-13. Members are also asked to note that the draft JSNA Summary will go out for public consultation during July 2012 focussing on how the JSNA can be further developed.

2. Background

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 (JHWS). From April 2013 this duty will be discharged through the Health and Wellbeing Board. For this year the lead officers for these duties are the three Directors of Children's Services, Adult Social Care and Public Health.

The JSNA summary aims to provide a strategic high level overview of the current and future health and wellbeing needs of the local

population. It also identifies the highest impact health and wellbeing issues for the city.

The aim of the JHWS is to jointly agree the greatest issues for the local community based on evidence in the JSNA; what can be done to address them; and what outcomes are intended to be achieved. The strategy will not cover all aspects of health and wellbeing but will focus on the key local issues where stronger partnership working is expected to improve local outcomes.

On 30 May 2012 the shadow Health and Wellbeing Board will meet for the first time. In relation to JSNA and JHWS members will have been asked to:

- Support the draft JSNA Summary to go out to Public Consultation (the final version will then be brought to the Board for consideration in September).
- Note that from April 2013 it will become responsible for the JSNA.
- Note the high impact health and wellbeing issues identified within the JSNA and use these to inform the development of the Joint Health and Wellbeing Strategy.
- Agree the outline structure of the Joint Health and Wellbeing Strategy;
- Agree the top priorities for inclusion in the Joint Health and Wellbeing Strategy and which will be led by the Health and Wellbeing Board;
- Recommend to officers areas (led from elsewhere) where further Health and Wellbeing Board monitoring input might add value (e.g. housing)
- Agree that a further report should be brought to the Shadow Health and Wellbeing Board in September 2012 setting out detailed plans for improving outcomes in each of the draft priority areas.

3. Joint Strategic Needs Assessment Summary 2012

Draft national guidance signals an enhanced role for JSNAs to support effective commissioning for health, care and public health as well as influencing the wider determinants that influence health and wellbeing, such as housing and 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 JHWS. There are three elements to the local needs assessment resources available:

- Each year, a **JSNA summary**, giving an high level overview of Brighton and Hove's population, and its health and wellbeing

needs is published. It is intended to inform the development of strategic planning and 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 and young people. Needs assessments are publically available and include recommendations to inform commissioning.
- **BHLIS** (www.bhlis.org) is the Strategic Partnership data and information resource for those living and working in Brighton and Hove. It provides local data on the population of the city which underpins needs assessments across the city.

Since August 2009, a **city needs assessment steering group** has overseen the programme of needs assessments. Membership includes the City Council, Clinical Commissioning Group, Community and Voluntary Sector Forum (CVSF), LINKs, Sussex Police and the two universities. The steering group will become a subgroup of the Health and Wellbeing Board in relation to JSNA from April 2013.

The 2011 summary was a 56 page document. The 2012 refresh is 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 and a lead in Adult Social Care, Children's Services, the Community and Voluntary Sector, or other statutory partners. The structure was informed by the NHS, Public Health and Social Care outcomes frameworks and the forthcoming Child Health Outcomes Strategy; The Marmot report, which advocated adopting a "life course approach"; and consultation as described below.

The structure of the 2012 summary is given in Table 1.

Consultation has been conducted to inform the structure and contents. The CVSF conducted a gap analysis of the JSNA summary in January 2012 and changes were made to the proposed structure as a result. 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, local Councillors, the Clinical Commissioning Group, NHS Sussex, strategic partnerships, health providers and the community and voluntary sector.

The current working draft of the JSNA summary is viewable at: <http://www.bhlis.org/jsna2012>.

This will be subject to amendment. A formal draft for public consultation will be published in July 2012.

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

Previous summaries have simply summarised the health and wellbeing issues for the city. This year's JSNA has attempted to measure the relative impact of the issues identified within this summary in a systematic way. Results are shown in Figure 1, giving the issues with greatest impact on the health and wellbeing of Brighton and Hove's population. These are being used in the development of the Joint Health and Wellbeing Strategy.

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. Joint Health & Wellbeing Strategy

The principles underpinning the JHWS (adapted from draft national guidance) are as follows:

1. It should be strategic and must take into account the current and future health and social care needs of the entire population
2. Prioritise the issues requiring greatest attention, whilst avoiding trying to take action on everything at once. They will not be a long list of everything that might be done; they will focus on the key issues that make the biggest difference
3. Focus on things that can be done together
4. Identify how local assets can be used to meet identified needs
5. Key to understanding local inequalities and the factors that influence them

At the first shadow Health and Wellbeing Board on 30 May members will be asked to identify priorities from the high impact issues for the JHWS for 2013-14, particularly those where stronger local partnership working would be expected to improve outcomes.

5. Proposed structure for the JHWS

The main audience for the JHWS is the local community, the City Council including members and commissioners, the CCG, the NHS Commissioning Board and the Director of Public Health.

The JHWS should be a short document, using plain English with a clear structure based on the life course: i.e. children, young people, working age adults, older people.

The strategy will include a brief section describing the needs of the city from the JSNA and the prioritisation process to identify the priority outcomes. More detail will be provided elsewhere or in an appendix.

The strategy will include a section on inequalities. Understanding local inequalities is one of the key principles underpinning the JSNA and JHWS. There are two critical outcome measures for the overarching vision for the Public Health Outcomes Framework:

1. Increased healthy life expectancy
2. Reduced differences in life expectancy and healthy life expectancy between communities.

Regarding inequalities it is recommended that the JHWS uses the framework from the 2010 Marmot Review into health inequalities in England, "Fair Society, Healthy Lives". This review has provided an evidence-based strategy to address the broader determinants of health and reduce inequalities.

Considering how to address inequalities leads to the wider determinants of health such as education, employment, housing and child poverty. These were identified as stand-alone high impact areas in the JSNA, but are also clearly linked to the high impact social issues and specific conditions. Locally there are other partnerships which consider these broader areas. The relationship between the Health and Wellbeing Board and the other partnerships will become clearer over time as the Health and Wellbeing Board is likely to identify areas where improved health and wellbeing outcomes could result from greater joined up working between the health and social care agencies and other partnerships.

The JHWS will outline the main actions in the short, medium and long term to deliver the key priority outcomes identified by the shadow Health and Wellbeing Board.

The final JHWS and the proposed key actions will then be agreed by the shadow Health and Wellbeing Board in September 2012.

6. Further Community Engagement & Consultation

The draft JSNA Summary will go out for public consultation during July 2012 focussing on how the JSNA can be further developed.

For the JHWS it is recommended that for this first shadow year the consultation on the key outcomes selected by the SHWB is linked with the JSNA consultation.