

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee/Panel:</b>	Health and Wellbeing Board
<b>Date:</b>	23 February 2017
<b>Title:</b>	Joint Strategic Needs Assessment update
<b>Reference:</b>	8163
<b>Report From:</b>	Director of Public Health

**Contact name:** Sallie Bacon, Director of Public Health

**Tel:** 02380 383329

**Email:** [sallie.bacon@hants.gov.uk](mailto:sallie.bacon@hants.gov.uk)

#### 1. Executive Summary

- 1.1. Under the Health and Social Care Act 2012 local Health and Wellbeing Boards are responsible for producing a Joint Strategic Needs Assessment (JSNA).
- 1.2. The purpose of this paper is to set out the proposed arrangements for updating and developing the Hampshire JSNA over the next five years 2017-2022.
- 1.3. The Board is asked to agree the proposal for a web-based JSNA, the future arrangements for updating and developing the JSNA and the programme of work identified to date.

#### 2. Contextual information

- 2.1. The Local Government and Public Involvement in Health Act (2007) and the Health and Social Care Act (2012) place a responsibility on Local Authorities and the NHS (Clinical Commissioning Groups) through the Health and Wellbeing Board to undertake Joint Strategic Needs Assessment (JSNA).
- 2.2. The JSNA is a **process** that looks at the current and future health and care needs of a local population, including wider social factors that have an impact on health and wellbeing, such as housing and the built environment. The JSNA is used to identify priorities for action and to inform the planning and commissioning (buying) of health, wellbeing and care services in order to improve outcomes and reduce health inequalities.
- 2.3. The JSNA examines **aggregated data** to assess need at the population level rather than identifying need at an individual level. Specifically, JSNA is a **tool** to identify population groups where needs are not being met and who are experiencing poor outcomes or inequalities.
- 2.4. To undertake a joint strategic assessment of need, information from a range of sources needs to be pulled together. This will include routine data, such as mortality and hospital episode statistics, ad hoc local data and information from consultation with individuals, professionals, voluntary and community groups.

### **3. Finance**

- 3.1. Delivery of the JSNA requires resources to develop the output, including a web based resource, and to undertake in-depth needs assessments to provide an understanding of the specific needs of population groups or areas of interest such as carers, social isolation and place. These resources will need to be met by partners, either within existing resources, for instance through the Hampshire Public Health team, or where necessary through a specific commission that is agreed by the members of the Board.

### **4. The JSNA in Hampshire**

- 4.1. Under the Health and Social Care Act local Health and Wellbeing Boards are responsible for producing the JSNA. The Board, therefore, needs to agree the process and timetable for the continued development and updating of the JSNA.
- 4.2. The Hampshire Public Health team have led the delivery of the JSNA. The Hampshire JSNA was developed in 2013 and refreshed in 2015, both Hampshire wide and for each local council area.
- 4.3. In addition, specific in-depth needs assessments have been developed to inform strategic planning and commissioning, for example for sexual health and tobacco control and social isolation, and to aid our understanding of the needs of specific population groups, such as the Nepali community and Hampshire veterans, military families and reservists (See Appendix one).

### **5. Future arrangements for the Hampshire JSNA**

- 5.1. The JSNA is continuous process and as such requires ongoing updating and development.
- 5.2. The frequency with which JSNA content will require updating is dependent on the availability and reliability of data. The greater the uncertainty surrounding the data, the more frequently they will need to be re-assessed and a decision made regarding refreshing that section of the JSNA.
- 5.3. It is important that the JSNA is easily accessible to a wide variety of audiences: health and social care commissioners for planning services; the voluntary and community sector to ensure that community needs and views are represented; service providers to inform development of services and the public so that they can review local health and social care information and plans.
- 5.4. It is recommended that this is achieved through the development of a web based resource structured as five chapters that reflect the themes of the HWB strategy, with an additional demography chapter (see Appendix one).
- 5.5. It is proposed that:
  - The JSNA follows a five year rolling programme to align with new data being published from the next Census in 2021
  - The Hampshire public health team, led by the DPH, will lead delivery of the JSNA. To ensure that the content of the JSNA properly reflects local requirements the team will work with; the four HWBB sub groups, who represent the membership of the HWBB, Council directorates, NHS colleagues and other partners, including District Councils, community and

voluntary groups and citizens. In addition the team will work with all of the partners to identify areas for in-depth analysis that should be considered for inclusion in the work programme

5.6. The programme for in-depth needs assessments that have been identified to date is set out in Appendix one.

## **6. Performance**

6.1. It is proposed to update the Board on the progress of the JSNA biannually.

## **7. Consultation and Equalities**

7.1. Where specific needs assessments are planned and developed these will address evidence for inequalities that will inform future commissioning.

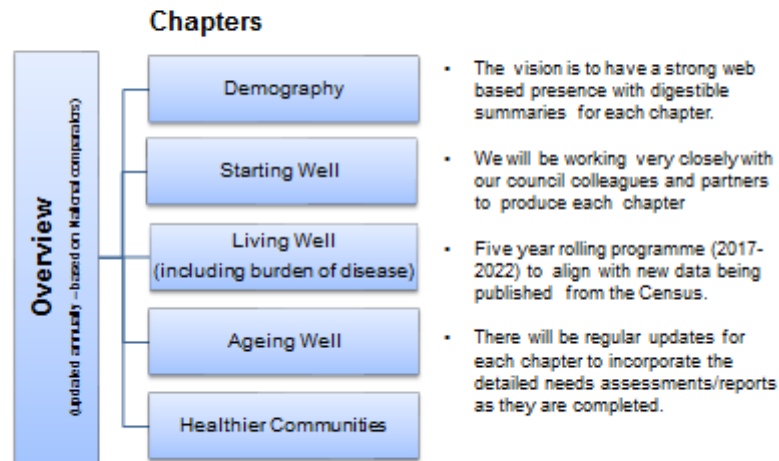
7.2. Where specific needs assessments are planned and developed, engagement with local residents and partners will also be undertaken to test the findings and ensure evidence is robust.

## **8. Recommendations**

8.1. The Board is asked to agree the proposal for a web-based JSNA, the future arrangements for updating and developing the JSNA and the programme of work identified to date.

Appendix 1

## Proposed structure for the JSNA for 2017-2022



### Detailed Needs Analyses for the JSNA 2017-2022

Chapter	Completed 2014-16	In Development 2017/18	Future priorities (timescales to be agreed)
<b>Demography</b>	<ul style="list-style-type: none"> <li>Nepali Needs Assessment</li> <li>Hampshire Veterans, Military Families and Reservists</li> </ul>		
<b>Starting Well</b>	<ul style="list-style-type: none"> <li>Director of Public Health Annual Report 2014 5-19 year olds</li> <li>Emotional wellbeing for children and young people</li> </ul>	<ul style="list-style-type: none"> <li>Vulnerable Children – Specific reports on Children with Special Educational Needs and Disabilities</li> <li>Children affected by Domestic Abuse</li> <li>Statement of Needs for Children with Substance Misuse</li> </ul>	<ul style="list-style-type: none"> <li>Review and update Emotional wellbeing needs assessment for children</li> <li>Rolling programme for Children including Children in care, Neglected children, Unaccompanied Asylum Seekers, Children who have been sexually exploited (including FGM), Children with disabilities</li> </ul>
<b>Living Well</b>	<ul style="list-style-type: none"> <li>Statement of Needs for Domestic Abuse</li> <li>Sexual Health Needs Assessment</li> <li>Hampshire Tobacco Needs Assessment</li> <li>Director of Public Health Report Living Well</li> </ul>	<ul style="list-style-type: none"> <li>Mental Health</li> <li>Mental Wellbeing Tool</li> <li>Insight report on mental wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Lifestyles (Obesity and Physical Activity updates)</li> <li>Musculoskeletal Needs Assessment</li> </ul>
<b>Ageing Well</b>		<ul style="list-style-type: none"> <li>Director of Public Health Annual Report 16/17</li> <li>Statement of Needs for Carers</li> <li>Insight report on the falls prevention programme</li> </ul>	
<b>Healthy Communities</b>	<ul style="list-style-type: none"> <li>Social Isolation and Loneliness</li> </ul>	<ul style="list-style-type: none"> <li>Place based Needs Assessment</li> </ul>	<ul style="list-style-type: none"> <li>Pharmaceutical Needs Assessment – refresh due 2018</li> </ul>

**CORPORATE OR LEGAL INFORMATION:****Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	yes
Corporate Improvement plan link number (if appropriate):	
<b>Maximising well-being:</b>	yes
Corporate Improvement plan link number (if appropriate):	
<b>Enhancing our quality of place:</b>	yes
Corporate Improvement plan link number (if appropriate):	

**Other Significant Links**

<b>Links to previous Member decisions:</b>		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>		
<u>Title</u>		<u>Date</u>
The Local Government and Public Involvement in Health Act (2007)		2007
The Health and Social Care Act 2012		2012

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

#### **Due regard in this context involves having due regard in particular to:**

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. **Equalities Impact Assessment:** Specific EIA will be done for individual Needs Assessment. The JSNA in its entirety will provide the evidence base to support EIAs for Hampshire.

**2. Impact on Crime and Disorder: N/A**

**3. Climate Change: N/A**