

Title of report: Joint strategic needs assessment (JSNA) 2021

Meeting: Health and wellbeing board

Meeting date: Monday 6 December 2021

Report by: Director of Public Health

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To approve the summary of the 2021 Joint Strategic Needs Assessment (JSNA) for Herefordshire.

It is a statutory requirement for a JSNA – a continuous assessment of the current and future health, care and well-being needs of the population – to be produced on behalf of the Health and Wellbeing Board. The JSNA should provide an evidence base to inform the priorities of the board, and service planning and commissioning decisions of stakeholders.

Herefordshire's JSNA is co-ordinated by the council's Intelligence Unit, and takes the form of a live evidence base (the Understanding Herefordshire website) which is supplemented by a holistic summary every three years.

This report seeks approval for the 2021 summary, and aims to ensure the JSNA is used to inform the strategic planning and commissioning of relevant services pertinent to addressing the wider determinants of health and wellbeing by the council, Clinical Commissioning Group (CCG) and other stakeholders.

Recommendation(s)

That:

- a) The Key Findings of the 2021 Joint Strategic Needs Assessment (at appendix 1) be approved;**
- b) The board agrees to consider the findings of the JSNA in the development of their priorities and future health and well-being strategies;**

- c) **the board members agree to facilitate the dissemination and use of the JSNA within their organisations and other system networks.**
- d) **The priorities for theme-based analysis for 2022/23 be agreed as**
- i. **continued assessment of the longer-term impacts of the Covid-19 pandemic on the health and well-being of Herefordshire's people and place**
 - ii. **system-wide understanding of need and demand for mental health services in the county**
 - iii. **research into the drivers of Herefordshire's low economic productivity**
 - iv. **continued strengthening of the evidence base by considering how to:**
 - **bring together partners' insights about vulnerabilities, safeguarding and community safety**
 - **measure the impact of environmental changes on people's well-being locally**
 - **gain a more complete understanding of what poverty and financial insecurity look like in Herefordshire**

Alternative options

1. There are no alternative options. Herefordshire Council and the Clinical Commissioning Group (CCG) have a joint statutory responsibility to produce the JSNA on behalf of the Health and Wellbeing Board.

Key considerations

2. The JSNA is a continuous assessment of the current and future health and well-being needs of the population of Herefordshire, in their widest possible sense. Its core statutory purpose is to inform the priorities of the Health and Well-being Board and the strategic planning and commissioning of services. However, it is also intended to be accessible for all stakeholders in the local area: community groups, businesses, and members of the public.
3. JSNAs should not only provide evidence for decisions about meeting health and social care needs directly, the obligation is to address the issues that affect all aspects of our health and well-being: the 'causes of the causes' of poor outcomes. This includes the place as well as the people that live and work here.
4. The aims of the JSNA are synonymous with the population health management approach which uses data to drive the 'planning and delivery of proactive care to achieve maximum impact' in improving the health of a population. Population health is

the focus of the NHS shift towards integrated care and place-based systems (ICSs), particularly in terms of prevention and reducing inequalities.¹

5. Since approval from the Board in 2018, Herefordshire's JSNA has taken the form of a live evidence base (a range of topic and area-based evidence published on the Understanding Herefordshire website), with a holistic overarching summary every three years. The last overarching summary was produced in 2018, so an update is due in 2021.
6. The JSNA cannot be completed by analysts in isolation. Critical to its success in informing decisions is the input of subject matter experts – the service managers, commissioners and others who can apply meaning and local context to the information, and whose insights can help analysts identify what is really important.
7. The 2021 summary was developed between September and November 2021. Engagement began in May, via a mixture of sessions with established groups and boards (included external stakeholders such as the Business Board and Community Leaders' group), and 1-2-1 conversations with key subject matter experts.
8. Reflecting the change in the way intelligence has been consumed during the pandemic and feedback from stakeholders on what is most immediately useful, the 2021 JSNA Key Findings are presented as a set of slides (at appendix 1). There will also be a supplementary written report containing more of the detail that has contributed to the findings, to be completed by January 2022.
9. The 2021 JSNA summary is structured to emphasise the importance of the wider determinants as risk and protective factors to everyone's health and wellbeing, especially in the context of the climate crisis and the wider impacts of the Covid-19 pandemic. Starting at the macro level of the environment, infrastructure and the economy; then focusing in on community and individual circumstances like getting a good start, financial security and lifestyles – before ending with the health outcomes that are a result of all these factors.
10. Particular emphasis has been given to the 'golden threads' of inequalities and understanding the impacts of the pandemic, especially where it has widened existing inequalities.
11. Therefore evidence that has informed the summary is heavily weighted to the last 20 months, but it is also an opportunity to highlight some important and still relevant pieces of work completed before the pandemic, e.g. the housing stock condition modelling and the rural inequalities DPH report 2019.
12. Two surveys undertaken in 2021 provide much of the basis of our current understanding of life in Herefordshire: the [Talk Community Wellbeing Survey](#) of households (January to March) and the school-based [Children and Young People's Quality of Life Survey](#) (summer term).
13. Across all topics, four common themes emerge:

¹ See [The NHS long-term plan explained](#), King's Fund and [Population Health Management](#), PCC (10 November 2021)

- a. Overall, Herefordshire is still a good place to live, with relatively low levels of poverty and deprivation, and the majority of people are happy:
 - For example, nine out of 10 people are happy with their area as a place to live and think that people get on well together; mental well-being is higher than nationally and skewed towards higher scores.
 - b. Covid-19 has impacted all aspects of life; increasing risks and worry for some, and widening pre-existing, deep-rooted inequalities:
 - For example, some areas of the city and market towns have been amongst the most deprived in England since the Indices of Deprivation were created two decades ago, and people who live in these areas are consistently shown to be more likely to have risk factors that lead to worse outcomes (across a wide range of different measures - from lifestyle choices to less of a sense of community).
 - Already disadvantaged people, wherever they live, have been hardest hit by the wider implications of the pandemic – one manifestation locally is that in general the areas with the highest unemployment rates pre-covid have seen the highest increases in unemployment since March 2020.
 - c. The headline figures mask some important minorities of people, who are at the biggest risk of poor outcomes:
 - For example the 3% of people who struggled to cope financially during 2020, the 4% who had to cut back on food and 5% on heating; the 10% who feel lonely most of the time; the 10% of primary school pupils who are likely to have poor mental health – and especially the estimated 150 people who have multiple complex vulnerabilities
 - d. There are also some significant risks to consider for the future – including the baseline health of many people as well as the environment:
 - Clearly, the impacts of climate change are a real threat hanging over the whole of society. Also the future risks to health posed by lifestyles – the fact that the majority of adults are overweight, for example. And the fact that we don't really know how many families are 'just about managing' and could tip over into poverty in the near future.
14. The JSNA also tries to draw out how interconnected all of the determinants of wellbeing are, and how the cumulative impact of multiple risk factors leads to widening inequalities and ultimately worse health outcomes for our most vulnerable and disadvantaged residents.
 15. Key messages / priority areas can be grouped into three broad categories: place, economic and financial, and people. These are presented on slides 10 to 12 of Appendix 1.

16. The summary also considers gaps in the evidence base, and recommends that priority areas for theme-based JSNA analysis in 2022/23 should be the longer-term impacts of Covid-19, demand for mental health services, and the drivers of economic productivity.
17. Dissemination and communication plans:
 - e. The 2021 JSNA Key Findings and supplementary report will be published on the Understanding Herefordshire website. Subscribers to the website will be notified via a news release;
 - f. Inclusion in bulletins to staff and members, and newsletters such as Talk Community, Spotlight and Herefordshire Now;
 - g. Dissemination to all of the groups who were engaged in the development of the JSNA via presentations to meetings, for example the Business Board, Community Leaders (now Community Partnership);
 - h. Other opportunities as identified by board members and stakeholders to be considered, including the potential for JSNA 'champions' to share the findings with their own networks to maximise the reach.

Community impact

18. The JSNA provides an overview of the key issues affecting Herefordshire's communities. It informs the development of the Health and Wellbeing Strategy and provides evidence to inform the wide range of plans and strategies that seek to improve outcomes for Herefordshire and its population.
19. The NHS constitution, the Herefordshire Clinical Commissioning Group constitution and the council's constitution all contain commitments to transparency, accountability and principles of good corporate governance. Being clear about the reasons for decisions is a key element of these shared principles and the JSNA provides this underpinning data.
20. Health and council commissioners also share a duty to ensure that public resources are used to best effect; a sound evidence base on which resource allocation can be made is essential.
21. One of the main purposes of the JSNA process is to highlight inequalities between different groups of people, and this includes looked after children and care leavers where information is available. Doing so will enable other services to understand the inequalities and work to address them.

Environmental Impact

22. The JSNA is about the wider determinants of health and wellbeing, including the environment in which people live.
23. This year's summary has sought to fill gaps in the evidence base regarding the environment. The structure has also been designed to emphasise the importance of the natural environment for the health and well-being of individuals and society.

24. It includes content related to all of the environmental success measures in the County Plan.
- Impacts of flooding and levels of phosphate pollution in the county's rivers
 - Carbon emissions
 - Air quality
 - Access to green space in Herefordshire
 - Fuel poverty and cold homes
 - Sustainable travel

Equality duty

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
25. One of the purposes of the JSNA is to highlight existing inequalities across various sections of the community and to enable the commissioning of services that are equitable and accessible for all residents.

Resource implications

26. The recommendations have no direct financial implications, but the JSNA findings are intended to play a significant role in guiding the allocation of resources by all partners in their commissioning plans.

Legal implications

27. Producing a JSNA is a legal requirement of the Public Involvement in Health Act 2007.
28. The Health and Wellbeing Board has a statutory function to prepare a health and social care Joint Strategic Needs Assessment for the county.
29. The constitution at paragraph 3.5.24(e) provides that one function of the Health and Wellbeing Board is to prepare a Joint Strategic Needs Assessment for the county
30. Recommendations in the report ensure that the board complies with its legal duties and acts in accordance with the constitution and Terms of Reference for the Board.

Risk management

31. There is a reputational risk to the council if it fails to discharge its public health responsibilities as set out in the Health and Social Care Act 2012.
32. In the absence of a robust JSNA, decisions on the allocation of resources would be based on a weaker evidence foundation, such that these might not be directed towards the areas of highest priority.

Consultees

33. Emerging key messages were tested with members of the Health and Wellbeing Board at a workshop in private on 1 November 2021, and based on feedback minor wording changes were made to clarify the meaning behind the points about lifestyles and access to health services.
34. Also based on feedback during this workshop and Cabinet Briefing on 28 October 2021, plans for the summary output have changed to focus first on the delivery of an impactful slideset of key messages, to be followed by a more detailed report.
35. Requests were also made for the JSNA to include assessment of progress against the Board's priorities. The JSNA presents evidence on the 'causes of the causes' – trends and inequalities in the wider determinants of health and well-being that are a result of complex interactions between different policy decisions. As such, it is not possible to directly attribute changes in outcomes to individual priorities, but the summary includes observations about long-term trends in key indicators, as defined by the Public Health Outcomes Framework and presented on Public Health England's [Fingertips](#) data tool.

Appendices

Appendix 1. 2021 JSNA Key Findings

Background papers

None identified

Report Reviewers Used for appraising this report:

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Governance	Sarah Buffrey	Date 11/11/2021
Finance	Kim Wratten	Date 16/11/2021
Legal	Kate Coughtrie	Date 15/11/2021
Communications	Luenne Featherstone	Date 12/11/2021
Equality Duty	Carol Trachonitis	Date 12/11/2021

Procurement	Mark Cage	Date 12/11/2021
Risk	Kevin Lloyd	Date 17/11/2021

Approved by	Rebecca Howell-Jones & Paul Smith	Date 26/11/2021 / 23/11/2021
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