



# Title of report: Joint Strategic Needs Assessment (JSNA) Summary 2024

**Meeting: Health and Wellbeing Board**

**Meeting date: Monday 9 June 2025**

**Report by: Director of Public Health, Intelligence Unit Team Leader**

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

(All Wards)

## **Purpose**

The board is asked to note formally the publication of the 2024 Joint Strategic Needs Assessment (JSNA) Summary, which collates the latest strategic level understanding of the health and wellbeing needs of Herefordshire's population. It also aims to ensure the JSNA is used to inform the strategic planning and commissioning of relevant services pertinent to addressing the building blocks of good health and wellbeing by the council, NHS and other stakeholders.

## **Recommendation(s)**

**That:**

- a) The board notes formally the publication of the 2024 JSNA Summary (Appendix 1) as the shared understanding of the overall health and wellbeing needs of Herefordshire;
- b) The board agrees to consider the findings of the JSNA in the development of their priorities and future health and wellbeing strategies;
- c) Board members agree to facilitate the effectiveness of the JSNA by ensuring the JSNA Summary is used within their organisations and other system networks, and
- d) Board members agree to engage with the JSNA Strategic Partnership Group to develop a joint intelligence forward plan.

## Alternative options

1. There are no alternative options. Herefordshire Council and the Integrated Care Board have a joint statutory responsibility to produce a JSNA on behalf of the Health and Wellbeing Board.

## Key considerations

2. It is a statutory requirement for a JSNA to be produced on behalf of the Health and Wellbeing Board. The JSNA provides an evidence base to inform the priorities of the board, and service planning and commissioning decisions of stakeholders. Local areas are free to choose the JSNA approach and outputs which best meet their local circumstances.
3. The goal of the JSNAs is to identify health and social care needs in Herefordshire that can be met or be influenced by the local authority in collaboration with the NHS and other partners. This will include addressing the wider factors (social determinants) that affect health outcomes, as well as by addressing health and social care needs directly.
4. Herefordshire's JSNA is formed of three parts:
  - a. a range of overarching strategic documents, including the three-year JSNA Summary, the ten-year Health and Wellbeing Strategy, the Integrated Care Strategy and the annual Director of Public Health reports.
  - b. topic-specific needs assessments to provide the detail needed for service-level commissioning decisions, and
  - c. monitoring and surveillance information to inform ongoing operational decisions.
5. The three-yearly summary provides an overview of the latest understanding of the overall health outcomes of Herefordshire's population and the factors that affect them. It is designed to be a shared resource for all stakeholders, providing high level insights and signposting to more detailed work as envisaged by our partners.
6. The 2024 Summary starts with the context of current and future demographics, before looking at the conditions that people live with and what they die from, and the extent of the lifestyle risks that affect both. It then covers aspects specific to different stages of life: children and young people, adults and ageing well.
7. Some of the main messages from the 2024 JSNA Summary are described in the following paragraphs (numbered 8 to 20)
8. Overall health outcomes are good compared to England: Herefordshire was either similar to or significantly better than the national value on 90% of indicators on the Public Health Outcomes Framework (PHOF) as of November 2024. Areas for improvement included coverage of some national vaccination and screening programmes.
9. Herefordshire's rurality and demographics are two fundamental factors which influence most aspects of life and providing services in the county. 190,000 residents are scattered over a relatively large rural area (2,180 square kilometres) largely reliant on a network of B and C roads. The average age of the population was 48 according to the 2021 Census, compared to 40 nationally, and to 44 in 2011.
10. The population structure has been getting older for many years: 26% of residents were over 65 in 2023, compared to 19% in 2001. This has been mainly driven by the natural ageing of the post war 'baby boom' generation and will continue with those born in the 1960s.
11. The number of people aged 65+ and 85+ increased by 21% between 2013 and 2023, compared to a 3% growth in the total population. If recent demographic trends were to continue (not taking account of any future house building targets), total population growth

would be another 3% by 2041: around 600 people a year. The natural ageing of the existing population structure means that there will continue to be a disproportionate increase in the number of older people.

12. Healthy life expectancy has not kept up with improvements in overall life expectancy in recent decades either nationally or locally, meaning that people are spending more years of lives in (self-defined) poor health: with 2021-23 estimates suggesting 20 years for females and 16 for males in Herefordshire.
13. The biggest risk factors for poor health are high blood pressure, smoking and being overweight. There are currently substantial numbers of people in these categories: 35,700 GP patients with diagnosed hypertension (18%), 15,700 adult smokers (10%) and two-thirds of adults being overweight.
14. The risk of poor health and living with long-term conditions increases with age, so even if overall prevalence were to remain the same, the ageing of the population structure could mean 3,000 more patients living with one of the Integrated Care System priority long-term conditions by 2031 (diabetes, heart failure, asthma and chronic obstructive pulmonary disease - COPD).
15. Mental wellbeing is an important protective factor for good health. In 2023, almost 60% of Herefordshire adults had “good” mental wellbeing, but 25% had high anxiety levels. Resilience is critical to being able to cope with life’s difficulties, but only 24% of primary and 13% of older pupils had a high resilience score (based on answers to what they do if something goes wrong or if they don’t succeed).
16. Cancer and circulatory disease are the two biggest causes of death, accounting for half of the 2,400 deaths in 2023. Increasing proportions are recorded as due to conditions normally associated with old age, for example dementia, Alzheimer’s, Parkinsons and frailty. One fifth of Herefordshire deaths between 2001 and 2023 were classified as avoidable – either through effective treatment or prevention. Males account for two-thirds of preventable deaths.
17. The Health Foundation liken “building a healthy society to constructing a sturdy building: to succeed, we need all the right building blocks in place. When we don’t have what we need to heat our homes or buy healthy food, for example, and are constantly worrying about making ends meet, it can lead to chronic stress, poor health and lives being cut short.” Models of health outcomes suggest that collectively, socio-economic and environmental factors are equally as important in determining health outcomes as health behaviours and clinical care.
18. Considering the strengths and challenges in relation to the wider determinants of health in Herefordshire (see p. 58 of Appendix 1):
  - a. The county is rich in nature with good access to green space, communities are strong and resilient, and generally safe places to live
  - b. On the other hand, its geography presents barriers to providing and accessing services, and to economic growth. With a higher proportion of large, old homes than nationally, the nature of the housing stock means that many are difficult and expensive to heat. Excess cold is the biggest housing-related risk to health.
  - c. Herefordshire also faces many of the same challenges as other areas in terms of healthy behaviours and financial security and is affected by the same drivers as nationally in terms of economic activity and education. For example, although below national rates, unemployment remains higher than before the pandemic and cost of living crisis. In the 2021 census, more 16- to 64-year-olds weren’t working due to ill-health or disability (4,900) than because they couldn’t find a job (3,500).
  - d. Furthermore, the structure of the local economy is very different, for example higher employment in manufacturing and agriculture. This impacts on earnings and the types of jobs available to local people. In 2023, average weekly earnings were £540, compared

to £620 in England. This is the main driver of the long-standing issue of housing affordability, with average house prices almost 10 times higher than average earnings.

19. Inequalities in health outcomes for different groups of people are highlighted throughout the 2024 JSNA Summary.
  - e. The ultimate inequality is in life expectancy. Females born in the most deprived areas of Herefordshire can expect to live 4.0 years fewer than those in the least deprived; males 5.4 years. They are also more likely to be living with a long-term condition or in bad health.
  - f. Lifestyle risk factors such as smoking and excess weight are more common amongst people living in the most deprived areas, and protective factors such as good mental wellbeing, good work and digital inclusion are less common.
20. The JSNA Summary also includes summaries of detailed work on the following topics undertaken since 2021:
  - a Children with special educational needs and disabilities (SEND)
  - b Mental health
  - c Smoking
  - d Substance misuse
  - e Sexual health
  - f Domestic abuse
  - g Unpaid carers
  - h Armed Forces personnel and veterans
  - i Falls prevention
21. The 2024 JSNA Summary has been published on the [Understanding Herefordshire website](#), and a programme of presentations to key groups or meetings is underway (see appendix 2). Board members are invited to identify any further strategic opportunities to share the findings and are asked to disseminate the report and messages through their own organisational channels.
22. A JSNA Strategic Partnership was established in 2024, to deliver an improved JSNA process and outputs following a review in 2023. It includes officers in strategic roles from partner organisations. The group's priority for 2025 is to identify and agree our approach to keeping the JSNA up to date and implementing the actions identified. By engaging with this group, Health and Wellbeing Board member organisations can help ensure that Herefordshire's JSNA is as effective and up to date as possible.

## Community impact

23. The JSNA provides an overview of the main 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.
24. The constitutions of Herefordshire Council, Herefordshire and Worcestershire Integrated Care Board and the NHS all include commitments to transparency, accountability and principles of

good corporate governance. Being clear about the reasons for decisions is an important element of these shared principles and the JSNA contains this underpinning evidence.

25. 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.
26. One of the main purposes of the JSNA process is to highlight inequalities between different groups of people, and this includes children and young people with experience of the care system where information is available. Doing so will enable other services to understand the inequalities and work to address them.

## **Environmental impact**

27. As well as health outcomes directly, the JSNA is about understanding the wider determinants of health and wellbeing: the building blocks to good health. This includes the environment in which people live.
28. The 2024 JSNA Summary includes information on environmental measures such as access to green space, climate change, sustainability and transport. The intention is to provide partners with a holistic view of wider health and wellbeing needs, to inform joint strategic decisions.

## **Equality duty**

29. The Public Sector Equality Duty which came into force on 5 April 2011 requires the Council to consider how it can positively contribute to the advancement of equality, good relations and demonstrate that it is paying 'due regard' in our decision making in the design of policies and in the delivery of services.
30. One of the purposes of the JSNA is to highlight existing inequalities across various sections of the community, to inform the commissioning of services that are equitable and accessible for all residents with the aim of reducing health inequalities.
31. The JSNA includes information about numbers of people in Herefordshire with protected characteristics, which provides a benchmark to which services can compare their customers. For example, according to the 2021 Census:
  - 16,600 residents (9%) identified as being of an ethnic background other than 'white British'.
  - 34,800 residents (19%) had a long term condition which would qualify as being disabled under the Equality Act 2010.
32. As described above (paragraph 18), the 2024 summary highlights the poorer health outcomes and higher likelihood of risk factors experienced by people living in the most deprived areas of Herefordshire.
33. It also identifies health inequalities between the sexes, with males having a shorter life expectancy and being more likely to die prematurely (before the age of 75) than females, particularly due to cancer and cardiovascular disease (CVD). Males are also three times more likely than females to die by suicide.

## **Resource implications**

34. The recommendations have no direct financial implications, but the JSNA process is intended to play a significant role in guiding the allocation of resources by all partners in their strategic priority setting and commissioning plans.

## Legal implications

35. Producing a JSNA is a legal requirement of the Public Involvement in Health Act 2007.
36. The Health and Wellbeing Board has a statutory function to prepare a health and social care Joint Strategic Needs Assessment for the county.
37. 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. Statutory Guidance indicates that although there is not prescribed period for this to be reassessed, however Health and Wellbeing Boards need to assure themselves that their priorities are up to date to inform commissioning plans.
38. 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

39. 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.
40. 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.
41. Lack of partner engagement or data sharing may impact the completeness and timeliness of the JSNA. This can be mitigated by ongoing collaboration through the Health and Wellbeing Board and formalised data-sharing arrangements will support a comprehensive and regularly updated JSNA.
42. The risks associated with the publication and use of the JSNA Summary 2024 have been identified and are being managed in line with the council's Risk Management Strategy. Ongoing oversight through the Health and Wellbeing Board ensures appropriate governance, monitoring, and escalation to maintain a reliable evidence base for strategic planning and resource allocation.

## Consultees

43. One Herefordshire Partnership members were consulted on the structure of the 2024 JSNA Summary before the content was written, to ensure that it reflected their needs as users of the insights.
44. Advice was sought from commissioners and service leads throughout the process of drafting the summary, and interpretation was checked with relevant leads for individual topics.
45. A complete draft was shared with the above stakeholders before publication, and amendments made accordingly.

## Appendices

Appendix 1 Herefordshire Joint Strategic Needs Assessment Summary 2024

Appendix 2 JSNA Summary 2024 presentation for Health and Wellbeing Board, June 2025 (to follow)

## Background papers

None identified.