Herefordshire Council

Title: Herefordshire's Joint Strategic Needs Assessment and Neighbourhood Profiles

Meeting: **Health, Care and Wellbeing Scrutiny Committee**

Meeting date: **27 July 2026**

Report by: **Zoe Clifford, Director of Public Health**

Classification

Open

Report purpose

To provide the committee with:

a. an overview of Herefordshire's Joint Strategic Needs Assessment (JSNA)
b. a summary of the purpose and development of neighbourhood health profiles as part of the JSNA
c. a sample neighbourhood full neighbourhood profile and
d. summary neighbourhood profiles for the four primary care network neighbourhood areas.

Background

1. The committee has identified neighbourhood health strategy as a priority for its works programme. Neighbourhood health is a focus for the One Herefordshire Partnership as it develops its plans as one of the 43 pathfinder partnerships developing its plans as part of the National Neighbourhood Health Implementation Programme.

2. The committee intends to scrutinise this work later in the year. As development of the neighbourhood profiles is an important component of this programme, the committee has asked to review the work to develop the profiles. This will inform its scrutiny of the implementation programme in December 2026.

Meeting objectives

3. To review work to develop neighbourhood profiles as part of the joint strategic needs assessment framework for Herefordshire, supporting the work to implement the objectives of the National Neighbourhood Health Implementation Programme.

Report information

What is a Joint Strategic Needs Assessment?

4. The Joint Strategic Needs Assessment (JSNA) provides a structured approach to understanding the current and future health and wellbeing needs of Herefordshire's population. Rather than being a single report, it is a comprehensive and continually evolving body of evidence that helps the council, NHS partners, the Health and Wellbeing Board (HWBB), and other organisations identify priorities, target resources and improve outcomes for residents.

5. The JSNA is a statutory requirement for every Health and Wellbeing Board, although there is no nationally prescribed format. The JSNA should be "*a continuous process of assessment of the current and future health and social care needs of the local community that can be influenced by the council, NHS and local partners*."

6. Importantly, the JSNA is not solely concerned with health services or medical conditions. It takes a broad view of health and wellbeing, recognising that outcomes are influenced by a wide range of social, economic and environmental factors. Wider determinants such as employment, housing, education, income, environment and social circumstances are as important to population health as healthcare services and individual behaviours. See figure 1 below which illustrates the range of factors that determine health.

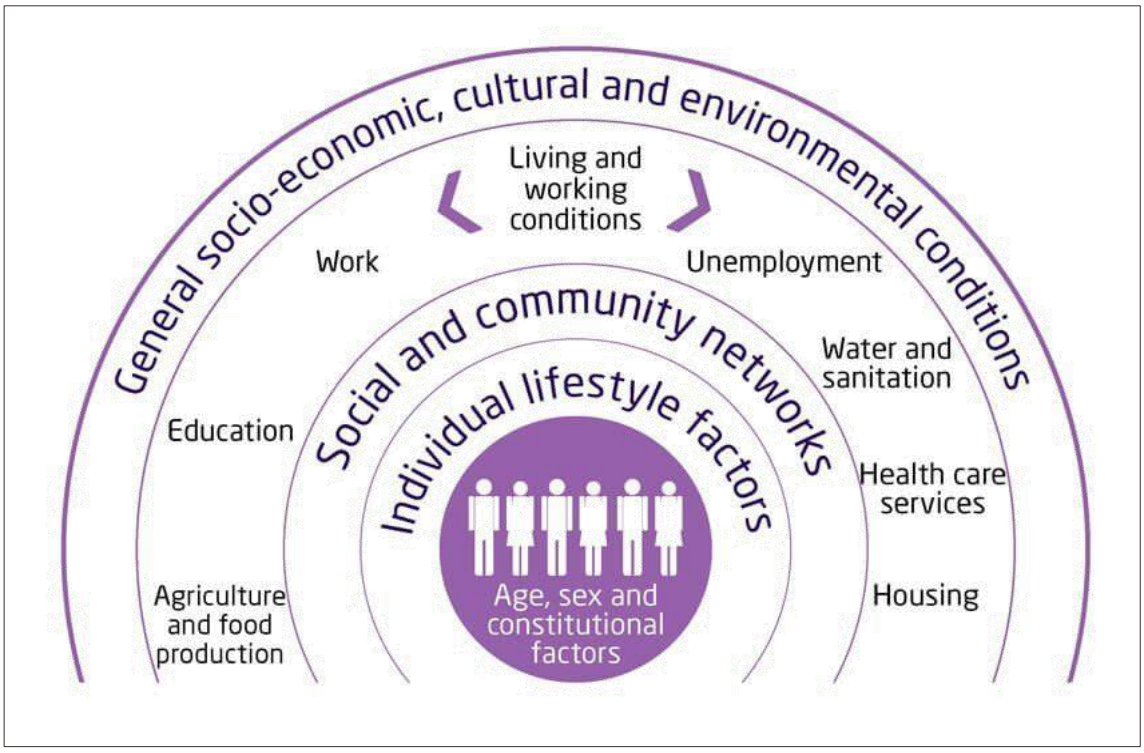

Figure 1: the determinants of health

7. The JSNA provides an evidence base that supports decision-making across the whole council, not just within health and social care. It enables organisations to understand needs, identify inequalities, anticipate future demand and direct resources where they can have the greatest impact

8. An effective JSNA should not be viewed as a static document. Instead, it should be a live process of data collection, analysis and intelligence gathering that drives change and informs strategic decision-making. As such, Herefordshire Council's JSNA is structured in a way that supports this ongoing process.

9. To facilitate this ongoing process, Herefordshire's JSNA is not a single publication. Instead, it is best understood as a portfolio of documents, assessments, monitoring tools and intelligence briefings, all of which contribute to a shared understanding of local need. This approach reflects the fact that no single report could adequately capture the complexity of Herefordshire's population, health outcomes, inequalities and emerging challenges. Different products within the portfolio fulfil different functions, ranging from long-term strategic planning to detailed thematic analysis and routine performance monitoring.

10. The portfolio model also allows the JSNA to remain responsive. New evidence can be incorporated through thematic needs assessments, dashboards and surveillance tools without waiting for a major publication cycle. As a result, the JSNA becomes a continuous programme of work rather than a periodic report.

Component Elements of Herefordshire's JSNA

11. There are three broad components that together make up Herefordshire's JSNA.

12. **Overarching Strategic Documents**
These documents provide the high-level strategic framework. The key output is the **JSNA Summary** Produced every three years, this document provides high-level insights about the county and should inform the strategic priorities of the Health and Wellbeing Board and partner organisations. The most recent summary was published in 2025. Other relevant strategic documents include the **Director of Public Health Annual Report (**An annual assessment that highlights key public health issues and emerging priorities for the county) and the **Health and Wellbeing Strategy (produced every ten years**) **-** the long-term strategy setting out priorities for improving health and wellbeing across Herefordshire.

13. Together, these documents establish strategic priorities and provide direction for partners across the system.

14. **Rolling Programme of Needs Assessments**
Alongside the overarching documents, Herefordshire undertakes thematic assessments focused on specific topics or population groups. Examples include:
    a. special educational needs and disabilities (SEND)
    b. domestic violence and abuse
    c. supported exempt accommodation
    d. sexual health
    e. armed forces community
    f. children and young people
    g. oral health

15. These assessments provide deeper analysis of particular issues and help identify opportunities for intervention and service improvement.

16. **Monitoring and Surveillance Products**
The third component consists of ongoing monitoring tools and intelligence products, including for example:
    a. general practitioner inequalities dashboard
    b. health outcomes dashboards
    c. ward profiles and
    d. quick facts datasets

17. These resources enable continuous monitoring of trends, outcomes and inequalities, ensuring that decision-makers have access to up-to-date evidence.

18. Together, these three elements create a comprehensive evidence system in which strategic documents set direction, needs assessments provide detailed analysis, and monitoring products track change over time.

Neighbourhood health profiles and their purpose

19. The UK government's plan for neighbourhood health is driven by the Neighbourhood Health Framework and the 10 Year Health Plan for England, which aim to shift healthcare out of hospitals and into local communities. The key policies include rolling out a national network of Neighbourhood Health Centres and forming Integrated Neighbourhood Teams to focus on proactive care and illness prevention.

20. The government's neighbourhood health strategy centres on three foundational system shifts:
    a. **Hospital to Community**: Expanding local access to urgent care, mental health services, virtual wards, and rehabilitation.
    b. **Treatment to Prevention:** Proactive, personalized care plans designed to keep people well at home and tackle health inequalities.
    c. **Analogue to Digital:** Upgrading digital infrastructure to identify at-risk populations, coordinate care, and streamline services.

21. The phased rollout includes backing for initial Neighbourhood Health Centres and establishing core governance for Integrated Care Boards (ICBs) and local councils to pool resources and align services locally.

22. To support delivery of these reforms, NHS England has established the National Neighbourhood Health Implementation Programme (NNHIP), which is testing and accelerating neighbourhood health models across the country. As part of the first phase, 43 areas in England have been selected as “pathfinder” sites, providing an opportunity to develop, evaluate and share new approaches to community-based, integrated care.

23. Herefordshire has been selected as one of these 43 pathfinder areas, reflecting the strength of local partnership arrangements and the county’s experience of integrated working through the One Herefordshire Partnership. Pathfinder status provides access to national expertise, coaching, learning networks and implementation support, enabling local partners to shape and influence the future development of neighbourhood health services.

24. Within the programme, Herefordshire is focusing on strengthening coordinated support for residents with the most complex health and care needs, particularly older people, those living with long-term conditions and individuals at greater risk of poor health outcomes. The aim is to improve independence, reduce health inequalities and ensure people can access the right support at the right time within their local communities.

25. The work is being delivered through the One Herefordshire Partnership, whose core membership is:
    a. Herefordshire Council
    b. Herefordshire and Worcestershire Health and Care NHS Trust
    c. Wye Valley NHS Trust
    d. Herefordshire General Practice
    e. St Michael's Hospice
    f. Herefordshire Healthwatch
    g. Herefordshire and Worcestershire Integrated Care Board

    to design and deliver more joined-up neighbourhood health and care services.

26. To support the approach to neighbourhood health, the JSNA Strategic Partnership Group agreed to focus on area-based needs assessment through neighbourhood profiles, rather than undertaking another topic-based programme of work.

Defining our neighbourhoods

27. The Integrated Care System generally defines neighbourhoods in terms of Primary Care Networks (PCNs), serving populations of approximately 30,000–50,000 people. However, Herefordshire recognised that these areas are often too large and diverse to tell a meaningful story just on their own.

28. Local stakeholders therefore agreed to produce four neighbourhood profiles based on the county's four PCN areas:
    a. Hereford City (a combination of the Hereford Medical Group and WBC Primary Care Networks)
    b. East
    c. North and West
    d. South and West

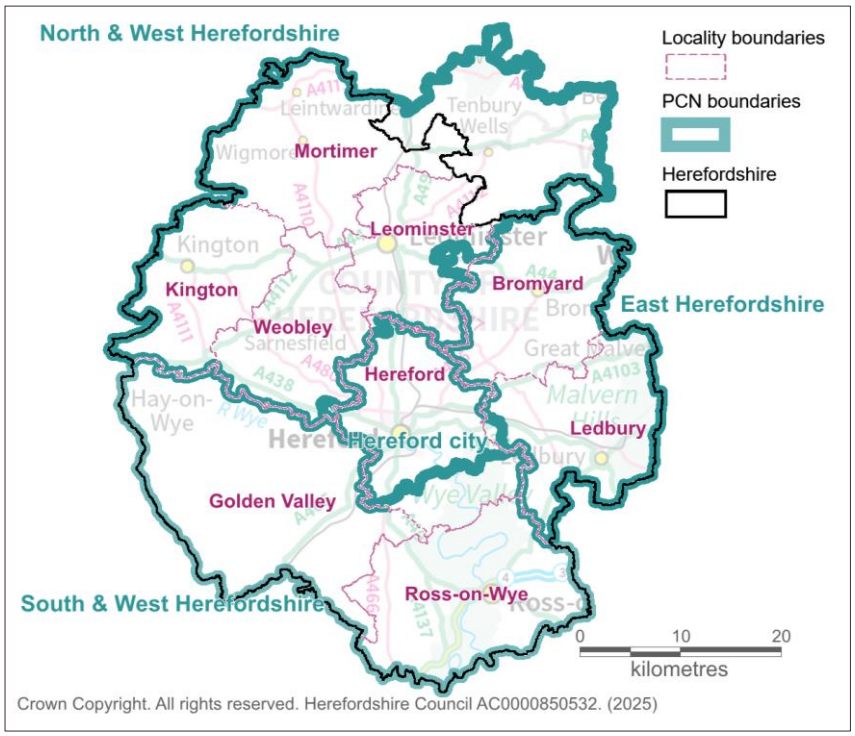

Figure 2: Map of PCN neighbourhoods and localities

29. Within each profile, information is further broken down according to the county's nine established localities, allowing local variation to be understood and preventing important differences from being masked at PCN level.

30. The definition of these four PCN areas recognises that there is a difference between patients who are registered with GPs who make up a Primary Care Network, and the people who live in an area broadly served by these GPs. Data on healthy lifestyles and the prevalence of disease is available for GP patients, but wider socio-demographic data s needed to understand the wider context. This is generally available for the people who live in a particular area.

Neighbourhood Profiles

31. Within the existing JSNA framework, numerous data tools already exist, including population health dashboards, Office for National Statistics resources and Herefordshire area profiles. However, these tools primarily present data and indicators. What they generally do not provide is interpretation.

32. The neighbourhood profiles are intended to fill this gap. Rather than becoming another dashboard, each profile will be a narrative document that:
    a. summarises the key characteristics of an area
    b. highlights significant differences from the county average
    c. identifies major challenges and opportunities
    d. brings together evidence from multiple sources
    e. provides interpretation and strategic insight and
    f. helps readers with little prior knowledge understand the locality.

33. The profiles are not intended to be a new "super-tool" that combines every available dataset, but instead to develop concise, accessible documents that draw together the most important evidence and translate it into clear strategic insights. These profiles will focus on identifying the distinctive characteristics of each neighbourhood, highlighting where local circumstances differ from the county picture, and providing a clear narrative about the issues that matter most for local decision-making. They will bring together data available for the GP-registered population with data about the area and the people who live there.

34. To ensure the profiles are both practical and valuable, the content focuses on readily available data and on topics that offer the greatest insight into prevention, inequality and future service demand. Areas of coverage include:
    a. population demographics
    b. health status
    c. long-term conditions
    d. health service utilisation
    e. social care need
    f. causes of death
    g. lifestyles and
    h. the wider determinants of health such as
        i. education
        ii. employment and
        iii. the environment.

35. The profiles will also examine deprivation and other inequalities, identify significant variations within neighbourhoods and between different population groups, and seek to recognise local community assets. In doing so, the profiles aim to support a better understanding of neighbourhoods and help partners target action where it can have the greatest impact.

36. Appendix 1 provides the full Neighbourhood Profile for The North and West Primary Care Network neighbourhood. Appendices 2-5 provide summary neighbourhood profiles for the four Primary Care Network neighbourhoods.

Consultees

37. The Corporate Performance and Intelligence Service, Herefordshire Council, have produced the neighbourhood profiles appended to this report.

Appendices

38. Appendix 1 – North and West Herefordshire Neighbourhood Primary Care Network Full Profile
Appendix 2 – North and West Herefordshire Primary Care Network Summary Neighbourhood Profile
Appendix 3 – South and West Herefordshire Primary Care Network Summary Neighbourhood Profile
Appendix 4 – East Herefordshire Primary Care Network Summary Neighbourhood Profile
Appendix 5 – Hereford City Primary Care Network Summary Neighbourhood Profile

Background papers and resources

39. The following resources provide background to the policy driving the shift to neighbourhood health profiling:
    a. Department for Health and Social Care *Neighbourhood Health Framework*, March 2026
    b. Department for Health and Social Care *10 Year Health Plan for England* , July 2025
    c. Department for Health and Social Care, *National Neighbourhood Health Implementation Programme*, September 2025