

## RUTLAND HEALTH AND WELLBEING BOARD

12/07/2022

### UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

#### Report of the Director of Public Health

Strategic Aim:	Vibrant communities Protecting the vulnerable	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Samantha Harvey: Portfolio Holder for Health, Wellbeing and Adult Care	
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Ward Councillors	N/A	

#### DECISION RECOMMENDATIONS

That the Committee:

1. Note and comment on the suggested approach to the JSNA development.
2. Suggest priority areas for the JSNA.
3. Note the latest Census 2021 timescale update and that data releases will be useful for elements of the chapters.
4. Note the supporting analytical work which has been progressed on the Pharmaceutical Needs Assessment, Health Inequalities and End of Life.

#### 1. PURPOSE OF THE REPORT

- 1.1 This brief proposal outlines the proposed approach to the development of the Rutland Joint Strategic Needs Assessment (JSNA), to be undertaken on a rolling basis from 2022 to 2026, and suggestions on a range of evidence and topics to be included.

#### 2. BACKGROUND

- 2.1 The Joint Strategic Needs Assessment (JSNA) is a process which assesses the current and future health and wellbeing needs of the population and underpins local planning for health and care services, in particular the development of the Joint Health and Wellbeing Strategy. It involves working with local partners to ensure a broad approach to issues affecting health, including key social and economic determinants of health, where appropriate.

- 2.2 Since 2013, the statutory responsibility for the development of the JSNA lies with the local Health and Wellbeing Board. The latest JSNA for Rutland was completed in 2018. Analytical resources have been prioritised towards the Covid-19 emergency response effort during 2020/21 and 2021/22 and hence it has not been possible to look in detail at the full JSNA refresh during that time. It is now possible, following the pandemic, to begin to assess the data, including looking to assess Covid-19 impact, across a range of topics.
- 2.3 In recent years JSNAs, in a range of areas, are being developed as on-going active evidence sources presented visually on-line, mostly as dashboards, but with summaries of key points, allowing for more accessible and frequent updates of key information, including assessment of health, social or economic trends as they occur.
- 2.4 The proposal is to develop such an approach with dashboards for the key information for Rutland on a regularly refreshed basis, with more in-depth reports and summaries of key topic areas for the Board, as required.
- 2.5 Topics suggested by the recent Rutland Joint Health and Wellbeing Strategy (JHWS) priorities are summarised below. These are given for discussion and consultation rather than a comprehensive list for approval.

### **3. KEY TOPICS OF THE JSNA FOR CONSIDERATION**

- 3.1 Preparing for Population Growth – most recent population estimates (Census 2021), population projections and forecasts, as well as other data on demographic and socio-economic trends will provide a baseline for future planning of health and care services for Rutland. Enhanced by data on projected growth in housing and infrastructure. Links to JHWS Priority 5 (Preparing for our growing and changing population)
- 3.2 Best Start for Life - Health of Children and Young People - to include insights into first 1001 days of life, data on wider determinants of health and lifestyle factors relevant to those under the age of 18, their oral health, educational attainment and health and social services. Children in need. Links to JHWS Priority 1 (Best start for life).
- 3.3 Staying Healthy and Independent - will focus on healthy lifestyles and wider determinants of health, health improvement through screening and health checks, community development, oral health, preventive health services, pharmaceutical services, support for carers. Links to JHWS Priority 2 (Saying healthy and independent: prevention).
- 3.3 Healthy Ageing – will assess epidemiology of such conditions in Rutland, their impact on population and individual health, impact of mental health problems, prevention of frailty, dementia and other conditions affecting individuals in older age. Insights into local services, their integration, gaps in existing services and carer support. Links to JHWS Priority 3 (Healthy ageing and living well with ill health)

- 3.4 Equitable Access to Services - would look at access to the current services in Rutland as well as opportunities for improvement for primary and secondary health care, community services, oral health, pharmaceutical services. Cross-boundary issues to be described. Links to JHWS Priority 4 (Equitable access to services). N.B. Some of this work is already being reviewed as part of the health inequalities JSNA chapter that is already underway.
- 3.6 End of Life - will look at access to care, its coordination, and factors increasing wellbeing at this stage of life. Other insights to include where people die, most common causes of death and trends in premature mortality. Links to JHWS Priority 6 (Dying well) N.B. End of Life JSNA chapter is already underway.
- 3.7 Mental Health – would address mental health outcomes and care services across all population groups and potential for prevention of mental ill-health.
- 3.8 COVID-19 recovery – would aim to provide any available insight into the wider impacts of the pandemic on Rutland's population. Mental health and COVID-19 recovery are cross-cutting themes in the Joint Health and Wellbeing Strategy (Priority 7)

#### **4. DATA SOURCES AND TIMESCALES**

- 4.1 Census 2021 first results will be available on 28/06/22 and will include rounded population estimates by age and sex only. More detailed analysis, including data on protected populations, demography and migration, is expected later in the autumn to winter of 2022. The Board can be updated at its meeting in October 2022 on what Census data has been released and an update on the latest timescales for census data release and production of the full demographic chapter.
- 4.2 Other available public health data resources.
- 4.3 Analysis from other on-going projects will inform the JSNA and reports to the Board. These include:
- Pharmaceutical Needs Assessment (PNA)
  - Health Inequalities in Rutland
  - Oral Health Needs Assessment
  - End of Life Care
  - LLR Military and Veteran population

#### **5. CONSULTATION**

A range of stakeholders in the health and care system are being consulted over the development of the JSNA, particularly through Health and Wellbeing Boards and the Integrated Care System Data Cell, which coordinates the local intelligence priorities.

#### **6. ALTERNATIVE OPTIONS**

The production of a JSNA is a statutory requirement. However, there are alternative options over the overall scale, size, structure and timing of production of different elements of the document.

## **7. FINANCIAL IMPLICATIONS**

There is a small business intelligence team in place to support all analytical work for both Leicestershire and Rutland Public Health and work must be prioritised and phased to ensure it can be completed within limited budgets as well as to accommodate latest updates to key underpinning data sets. Any requirements over the existing team capacity may have resource implications. The BI Team will however be working in tandem with staff resources in the wider Public Health Department to ensure that the Boards key intelligence and JSNA needs are met as effectively as possible.

## **8. LEGAL AND GOVERNANCE CONSIDERATIONS**

- 8.1 The JSNA is a statutory document and must meet the requirements for production of such documents. It needs to be approved by the Health and Wellbeing Board.

## **9. DATA PROTECTION IMPLICATIONS**

- 9.1 Each section of the JSNA will draw on analysis of a range of data which will be collated and handled in accordance with the necessary data protection rules and regulations.

## **10. EQUALITY IMPACT ASSESSMENT**

- 10.1 Each section of the JSNA will wherever possible seek to look at the health equalities issues and implications applying within that theme/topic area. A separate JSNA chapter is currently being completed to provide a wider view on the health inequalities across Rutland.

## **11. COMMUNITY SAFETY IMPLICATIONS**

- 11.1 A number of elements of the JSNA may assess and touch on issues related to community safety. These will be highlighted to the Community Safety Partnership as needed.

## **12. HEALTH AND WELLBEING IMPLICATIONS**

- 12.1 The core purpose of the document is to assess health and wellbeing related needs across Rutland to inform the Health and Wellbeing Strategy, service plans and commissioning.

## **13. ORGANISATIONAL IMPLICATIONS**

- 13.1 Environmental Implications

13.1.1 Not specifically but issues like air quality, green space and a healthy environment will be relevant within the JSNA in terms of the wider determinants of health elements.

**13.2 Human Resource Implications**

13.2.1 Only relevant if extra capacity is required to complete the work.

**13.3 Procurement Implications**

13.3.1 As above, extra capacity may require a procurement exercise for consultancy support.

**14. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

14.1 The Boards views are sought on the JSNA structure, contents and priority order so that planning and resourcing work can commence to ensure delivery of a new and updated JSNA for Rutland. The Health and Wellbeing Board is recommended to:

1. Note and comment on the suggested approach to the JSNA development
2. Suggest priority areas for the JSNA
3. Note the latest Census 2021 timescale update and that data releases will be useful for elements of the chapters
4. Note the supporting analytical work which has been progressed on the Pharmaceutical Needs Assessment, Health Inequalities and End of Life.

**15. BACKGROUND PAPERS**

No additional background papers

**16. APPENDICES**

No appendices to the report

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