

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	JOINT STRATEGIC NEEDS ASSESSMENT UPDATE		
DATE OF DECISION:	20 JUNE 2018		
REPORT OF:	THE DIRECTOR OF PUBLIC HEALTH		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY	
Not applicable	
BRIEF SUMMARY	
This paper provides an update on Southampton's Joint Strategic Needs Assessment and the progress towards the delivery of a Single Assessment of Needs (SNA) for the city. It also includes an update on the latest Health and Wellbeing Strategy Scorecard.	
RECOMMENDATIONS:	
(i)	The Health and Wellbeing Board note the changes to the JSNA and the move towards a Single Needs Assessment.
(ii)	The Health and Wellbeing Board note the updated Health and Wellbeing Strategy Scorecard.
REASONS FOR REPORT RECOMMENDATIONS	
1.	For information only.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None
DETAIL (Including consultation carried out)	
	Background
3.	Under the Health and Social Care Act 2012 local Health and Wellbeing Boards are responsible for producing a Joint Strategic Needs Assessment (JSNA). The JSNA looks at the current and future health and care needs of the local populations to inform and guide the planning and commissioning of health, wellbeing and social care services within a local authority area.
4.	The JSNA supports Health and Wellbeing Boards and other stakeholders to consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.
5.	Southampton City Council and the Southampton Health and Wellbeing Board recognise the importance of evidence based decision making, using evidence and data from a range of sources including outside traditional health

	<p>indicators. We are therefore moving away from the traditional JSNA and producing a Single Needs Assessment which is intended to incorporate the existing framework into an “all purpose” needs assessment. This vision has been previously presented and agreed by the Health & Wellbeing Board.</p>
	<p>Single Needs Assessment</p>
6.	<p>A new website is being developed to host the new Single Needs Assessment, with all content available online. The new website will be hosted at www.data.southampton.gov.uk and will replace the JSNA currently hosted at www.publichealth.southampton.gov.uk</p>
7.	<p>Following feedback from a JSNA user workshop, the SNA website will be structured by topic to improve navigation and to make it more intuitive for users to find what they need. The website will consist of two main levels; from the homepage the user will be presented with 8 topics; <i>population, health (JSNA), economy, community safety, children & young people, place, detailed needs assessments</i> and <i>resources</i>. The second level will explore each of these topics in more depth. Appendix 1 shows the draft structure of the first two levels of the SNA website, although this may be subject to change and adapted over time. Each level will allow the user to navigate seamlessly through the website using similar functionality to that used on the Office of National Statistics (ONS) website.</p>
8.	<p>Following user feedback, the Single Needs Assessment (SNA) will incorporate a variety of ‘core products’, such as:</p> <ul style="list-style-type: none"> • Bitesize web information on needs by topic, with downloads; • Data compendium but signposted to resources elsewhere (e.g. PHE fingertips); • PowerPoint summary slides; • Catalogue of detailed needs assessments – brought together from across SCC and partners; and • City profiles e.g. ward profiles. <p>It is currently hoped that the new website will be developed during the summer of 2018, with new content available to users in the Autumn.</p>
	<p>Strategic Analysis Steering Group (SASG)</p>
9.	<p>A Strategic Analysis Steering Group (SASG) has been formed to give the SNA strategic direction. Its purpose is to:</p> <ul style="list-style-type: none"> • Help set the strategic direction of the SNA and other strategic analysis, ensuring it is fit for purpose and informs evidence based decision making • The JSNA should be produced in partnership; SASG embeds this approach ensuring all partners are engaged and contribute to the process • Provide a forum for partners to influence the analytical work programme • Helps direct finite analytical resource to make the most impact – ensuring the work programme is informed by organisational priorities, the commissioning and strategy cycle and business need • Identify past / ongoing / planned needs assessment work within organisations to feed the SNA; and

	<ul style="list-style-type: none"> Members to champion SNA in their areas to ensure it is use. <p>The steering group is made up of representatives from different areas, such as the CCG, Public Health, Voluntary Sector, Children's and Adult Service, ICU and Strategy and Policy. Their participation and input ensures the analytical work programme is continually informed by a variety of partners and their respective priorities and business need.</p>
	JSNA Scorecard
10.	<p>We know that improvements in health outcomes can take years to achieve at a population level, and that no one action will contribute to improving health across the city. The strategy therefore includes a number of measures from the Public Health Outcomes Framework (PHOF), which will be monitored over the 8 years of the strategy. Appendix 2 provides a scorecard outlining the current position, regional, national and statistical comparators, and recent trends for each measure. Southampton continues to face challenges in relation to health outcomes, but has seen some improvements from the previous years. These include:</p> <ul style="list-style-type: none"> Smoking status at time of delivery has decreased from 14.3% in 2015/16 to 13.8% in 2016/17. Child excess weight in 10-11 year olds has decreased from 36.7% in 2015/16 to 34.9% in 2016/17. The rate of looked after children has decrease in Southampton from 120 per 10,000 in 2015/16 to 108 per 10,000 in 2016/17. Children in low income families (under 16s) has decreased from 23.4% in 2014 to 19.7% in 2015.
11.	<p>However, there are still some areas for improvement, and include:</p> <ul style="list-style-type: none"> Southampton's under 18 years contraception rate has increased from 29.2 per 1000 population in 2015 to 31.7 per 1000 population in 2016. Southampton is the 2nd worst for injuries due to falls in people aged 65+ compared to it ONS comparator areas. Under 75 year's mortality rate for cardiovascular disease (Male) has increased from 124.9 per 100,000 population in 2013/15 to 128 per 100,000 population in 2014/16, and higher than the England average. Child excess weight in 4-5 year olds has increased in Southampton from 22.2% in 2015/16 to 23.3% in 2016/17.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
12.	None
<u>Property/Other</u>	
13.	None
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
14.	None
<u>Other Legal Implications:</u>	
15.	None
RISK MANAGEMENT IMPLICATIONS	

16.	None
POLICY FRAMEWORK IMPLICATIONS	
17.	None

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Draft Single Needs Assessment Website Structure
2.	Health and Wellbeing Strategy Scorecard

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None