BCP Council Health and Wellbeing Board



Report subject	Joint Strategic Needs Assessment (JSNA) Update
Meeting date	13 January 2025
Status	Public Report
Executive summary	Each Health and Wellbeing Board must have a process for Joint Strategic Needs Assessment. The Local Government and Public Involvement in Health Act (2007) sets out the role and responsibility of the Health and Wellbeing Board for this work. The current JSNA process is co-ordinated by Public Health Dorset and involves annual strategic narrative updates alongside deep dives into specific topic and cohort areas. As the Public Health Dorset service will be disaggregated into two public health teams on the 1 st April 2025, system discussions will be held to review how this responsibility is best discharged going forwards.
	This paper updates progress towards the development of a Children and Young People's Joint Strategic Needs Assessment, presenting the proposed contents and structure developed through scoping discussions.
Recommendations	It is RECOMMENDED that:
	(a) The progress on the Children and Young People's JSNA is noted.
Reason for recommendations	To update the Board on progress.

Portfolio Holder(s):	Councillor David Brown, Portfolio Holder Health and Wellbeing
Corporate Director	Sam Crowe, Director of Public Health, Public Health Dorset
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Wards	All Wards
Classification	For Update

Background

- 1. Statutory Guidance (2007) set out the need for each Health and Wellbeing Board to prepare Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.
- 2. The responsibility falls on the health and wellbeing board to assess the health and wellbeing needs of their population and publish a Joint Strategic Needs Assessment (JSNA), delivered through the Local Authority and local NHS Commissioning organisation (Integrated Care Board). The JSNA provides an evidence base for health and wellbeing needs and should be updated regularly.
- 3. Joint Strategic Needs Assessments:
 - Are assessments of the current and future health and social care needs of the local community,
 - Should be unique to the local area,
 - Take consideration of the wider factors that impact on their communities' health and wellbeing,
 - Should be suited to local circumstances there is no template / format or mandatory data sets to be included,
 - Consider a range of quantitative and qualitative evidence.
- 4. Our local JSNA process has included an annual strategic narrative for the Council area [presented to the Board on 5th February 2024], and deeper dives into topics each year. The evidence base includes work conducted across ICS research and intelligence functions, Healthwatch Dorset, and national datasets. Reports and a data repository are published on the Joint Strategic Needs Assessment website, currently hosted by Public Health Dorset.
- 5. The current Joint Strategic Needs Assessment process is co-ordinated by Public Health Dorset on behalf of both BCP and Dorset Council's Health and Wellbeing Boards, to meet their statutory duty regarding Joint Strategic Needs Assessment. Earlier this year BCP Council took the decision to end the shared Public Health service agreement by 31st March 2025. As the Public Health Dorset team will be disaggregating into two teams from the 1st April 2025, system discussions will be held as to how this responsibility is best discharged going forward, for each Council's Health and Wellbeing Board.

6. Previous JSNA topics covered include a range of physical health, mental health and wider determinants. The latest deep dive in development is the Children and Young People's Joint Strategic Needs Assessment

Children and young people's Joint Strategic Needs Assessment

- 7. Following requests from the board and partner organisations for the JSNA to consider the health and wellbeing needs of Children and Young People (CYP), a topic deep dive has been developed.
- 8. Scoping sessions were held with several partner organisations and key stakeholders to determine key questions and information needs around the topic. This included a workshop session at the Public Health Children and Young People's Public Health Services Annual Conversation and development work with the BCP SEND Data and Intelligence Group.
- 9. From all scoping conversations held, key questions to be answered by the CYP JSNA were established. These are
 - a. What are the key trends in health and wellbeing?
 - b. Where are the areas of need?
 - c. What are the views of local children, young people and their families?
 - d. What are the positive health trends / local assets to support CYP?
- 10. Stakeholders were also asked about the key issues they would like to see included. The contents of the JSNA CYP Assessment is included in Appendix A.
- 11. The topics are grouped into four headings. The sections related to Thriving Communities, Healthy Lives and Health and Care align to the Integrated Care Partnership Strategy priorities. Each section includes data and insights answering the four questions referenced above. A fourth section is included, focused on horizon scanning to identify key health and wellbeing trends of concern and data questions that could be supported by the Local Authority or ICB research and intelligence functions.
- 12. Each section includes quantitative and qualitative evidence sourced and collated from a range of national and local partners. This includes Healthwatch Dorset, BCP's Consultation and Engagement portal, BCP Research Team reports, NHS Dorset 100 Conversations project, Public Health Dorset Intelligence reports and data from the Dorset Insight and Intelligence Service. It also references BCP Council strategies and relevant system strategies.
- 13. The draft JSNA document is currently being finalised following feedback and review from BCP children's services, BCP Children's Services Improvement Board and the SEND Data and Intelligence Group members, including parent and carer representatives. Some further detail regarding SEND children is being included, and once finalised the CYP JSNA will be published via the Public Health Dorset website by the end of January 2025.

Summary of financial implications

14. Development of the JSNA has no direct financial implications other than staff time. Member organisations of the Health and Wellbeing Board may use the information from the JSNA to inform commissioning.

Summary of legal implications

15. The requirement for the Health and Wellbeing Board to have a process of Joint Strategic Needs Assessment is set out in Local Government and Public Involvement in Health Act 2007.

Summary of human resources implications

16. Development of the JSNA has been co-ordinated through Public Health Dorset, a shared service between BCP and Dorset councils. BCP council has given notice to end the shared service arrangement by 1 April 2025. The Health and Wellbeing board will therefore need to give consideration to their future JSNA process and how the responsibility is best discharged going forwards.

Summary of sustainability impact

17. Joint Strategic Needs Assessment includes consideration of the wider determinants impact on health and wellbeing in the local area.

Summary of public health implications

18. A comprehensive Joint Strategic Needs Assessment process identifies key health and wellbeing issues, to which Public Health services can contribute.

Summary of equality implications

19. A JSNA should consider the impact of health inequalities and cohorts of the population who may experience poor health and wellbeing outcomes.

Summary of risk assessment

20. Having considered the risks associated with this decision using Dorset County Council's risk management methodology, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

Background papers

Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Updated guidance for Health and Wellbeing Boards - November 2022

Appendices

Appendix A – Proposed Children and Young People's JSNA Contents and Structure, and summary.

Appendix A – Proposed CYP JSNA Contents and Structure and summary.

This Joint Strategic Needs Assessment identifies some of the current and future health and wellbeing needs experienced by our children and young people. It has been developed through analysis of local and national data, collation of qualitative information and through discussions with stakeholders. The broadest age definition has been chosen to encompass young people, and support services who work with this age group, including transition to adult services.

CLUL LAR				
Children's Views	Children's Views			Free Generation
Population	Physical Activity	<u>Health Visitir</u> School Nursir		Wellbeing and Al
Geography	Healthy Weight Nutrition	Early Help	- <u>Respon</u>	ding to growing health challenges
Income and Cost of Li	Emotional Healt	h and <u>Social Care</u>		l fitness and
Housing	Wellbeing	SEND		prevention
Education	Smoking, Vaping	<u>cand</u> <u>CAMHS</u> Immunisation	Future	Data Questions
Environment	<u>Alcohol Use</u> Health Conditior	Coveral Health		
	Health Condition	Service Consi		
			nsport nsition points	
			urodivergence	
28% of BCP residents.	The percentage of children eligible for free school meals has been increasing.	BCP has great environmental assets for CYP growing up. However, greenspace access is not emuitable	Generally, CYP in BCP achieve academically. However, some groups do less well such as those elixible for free school meals	
year-olds. This makes up	The percentage of children eligible for free school	environmental assets for CYP growing up. However,	achieve academically. However, some groups do	behaviours of our CYF compare favourably to England. We do see variation – activity levels are lowest Years 3-4, and some are
year-olds. This makes up 28% of BCP residents. 97% of 0–15-year-olds and 91% of 16-24 years	The percentage of children eligible for free school meals has been increasing. There are areas of BCP that have higher rates of children experiencing deprivation	environmental assets for CYP growing up. However, greenspace access is not equitable. CYP rating their health as 'not good' is higher in rented	achieve academically. However, some groups do less well such as those eligible for free school meals. Pupil absence remains high post-pandemic.	behaviours of our CYF compare favourably to

We have seen an increase in SEN pupils with Social, Emotional and Mental Health as their primary need





admission rates by PCN.

delivery have continued to improve.

There may be some needs around communication and fine motor skills in young children



CAMHS

Social Care referrals and

children in need decreased

planning include; smoking and vaping, digital wellbeing, growing mental health challenges, physical fitness and obesity prevention.

