



Title:	Joint Strategic Needs Assessment review and 3 year programme of needs assessments	
Date of Meeting:	18/07/2023	
Report of:	Director of Public Health, Alistair Hill	
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Wards Affected:	All	

#### **FOR GENERAL RELEASE**

##### **Executive Summary**

Since April 2013, local authorities and NHS Clinical Commissioning Groups (now Integrated Care Boards) have had equal and explicit statutory obligations to prepare a Joint Strategic Needs Assessment (JSNA). The JSNA provides a comprehensive analysis of the current and future needs of local people and is used to inform commissioning of services that will improve health outcomes and reduce inequalities. Their outputs are used to help to determine what actions the Council, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. The JSNA informed the development and delivery of our Joint Health and Wellbeing Strategy

This duty is discharged by the Health & Wellbeing Board and overseen by the city-wide Joint Strategic Needs Assessment Steering Group.

In July 2022 the Board agreed that the Steering Group should review the JSNA structure and propose a three year programme of needs assessments.

This paper summarises the review and sets out recommendations for the development of the JSNA for the Board to approve. This paper also proposes a three year programme of needs assessments (2023/24 to 2025/26) for the Board to approve.



## Glossary of terms

- JSNA products refers to the public health intelligence products held on the JSNA website, including in-depth and summary needs assessments, data profiles and summaries, reports and briefings, and the Community Insight data mapping platform.
- JSNA stakeholders refer to users including, the Community and Voluntary Sector (CVS), NHS Sussex, the local authority, the general public, and other partners.
- 'Core20Plus5' populations refers to a focus on the 20% most deprived populations 'PLUS' ICS-determined groups experiencing poorer than average access, experience or outcomes from healthcare and '5' clinical focus areas with the greatest opportunities to narrow the current gap in life expectancy due to health inequalities.

## 1. Decisions, recommendations and any options

- 1.1 That the Board approves the proposed recommendations for JSNA development over the next three years (Section 5.1 and Appendix 3).
- 1.2 That the Board approves the proposed three year JSNA programme of needs assessments for 2023/24 to 2025/26 (Sections 6.4-6.5 and Appendix 5).

## 2. Relevant information

- 2.1 The current JSNA comprises a suite of products and resources held on the BH Connected Local Intelligence website ([LOCAL INTELLIGENCE | BH Connected](#)) including:
  - **Resources and outputs:** Including the JSNA executive summary, data snapshots, survey briefings and Annual Reports of the Director of Public Health
  - **A programme of in-depth needs assessments** on a specific theme or population group, approved by the Health and Wellbeing Board. Due to the resource requirements and partnership working involved, there are usually two in-depth needs assessments per year
  - **Summary needs assessments** which take the form of a range of products including data summaries, updated topic information, Census briefings, data profiles, and signposting to existing resources
  - **Community Insight**, an online resource providing a wide range of data mapped at small area level across the city as well as up to date reports for these areas.
- 2.2 In-depth needs assessments provide a comprehensive analysis for a specific topic of the current and future needs of local people to inform commissioners and providers how they can improve health outcomes and reduce inequalities.

They also ensure that health strategies are based on high quality evidence and are a valuable resource for community and voluntary sector organisations.

- 2.3 Evidence for the needs assessments usually includes: local demographic and service data; evidence from the public, patients, carers, service users and professionals; national research; and best practice. These elements are brought together to identify need, current services, service gaps and under-provision, unmet need, inequalities, and over-provision of services.
- 2.4 The JSNA informs the key Brighton & Hove and Sussex health and wellbeing strategies including:
  - the Brighton & Hove Joint Health and Wellbeing Strategy, published in 2019, which sets out the vision of the Health and Wellbeing Board to improve the health and wellbeing of local people and reduce health inequalities, and
  - the Sussex Health and Care Partnership strategy 'Improving Lives Together', published in 2023, which sets out the ambition across health and care in Sussex over the next five years.
- 2.5 The JSNA is delivered by a partnership led by the Brighton & Hove City Council Public Health Team. The programme is overseen by the City-wide Joint Strategic Needs Assessment Steering Group which includes representatives from the council's Public Health, Adult Social Care, Families, Children and Learning, Housing, Sustainability, Policy, and Communities Equality & Third Sector teams; NHS Sussex; University Hospitals Sussex Foundation Trust; Healthwatch; Community Works; Sussex Police; and the two universities.
- 2.6 Due to the development of new integrated working arrangements including the Sussex Health and Care Partnership and new Place structures (Brighton & Hove) a JSNA review was proposed to ensure it is sustainable and continues to meet the needs of the city and stakeholders.
- 2.7 At its July 2022 meeting the Brighton & Hove Health and Wellbeing Board (HWB) agreed that a review of the JSNA should be undertaken.

### **3.0 The JSNA review**

- 3.1 The aims of the review were:
  - To inform the development of the JSNA structure and products to ensure it meets the needs of stakeholders including the Community and Voluntary Sector (CVS), NHS Sussex, the local authority, the general public, and other partners
  - To explore opportunities to collaborate with East and West Sussex and the possibilities for alignment and 'read across' between the JSNAs
  - To maximise the influence of the JSNA to inform commissioning (including prevention and public health promotion) and delivery of services across Brighton & Hove
  - To raise awareness of the JSNA across stakeholders

- To ensure that stakeholders can contribute to the development of the JSNA
  - To provide recommendations for JSNA development resulting from the review and propose a three year programme of needs assessments and products.
- 3.2 The Steering Group was reconvened (it had not met since early 2020 due to the Covid 19 pandemic), and the Terms of Reference and membership was reviewed and agreed (See Appendix 1). The Steering Group signed off the review plan and met regularly over the review period to provide oversight. A task and finish group was formed to specifically advise on the stakeholder engagement methods.
- 3.3 Stakeholders were engaged through on-line surveys (a stakeholder and a separate public survey) and workshops (in-person and an evening on-line workshops).
- 3.4 Stakeholder feedback, JSNA document review, and a review of other local authorities' JSNA websites, and Steering Group discussion were used to inform the proposed recommendations.

#### **4.0 Stakeholder feedback**

- 4.1 A total number of 116 survey responses were received and 49 people attended the workshops. A summary of stakeholder feedback is provided in Appendix 2.
- 4.2 Half of the survey respondents were current users of the JSNA and were generally positive about the current products including the use of infographics, however wanted more timely updates.
- 4.3 Responders suggested Community Insight mapping tool could be improved with 'how to' videos and better use of benchmarking, user/patient voice and asset mapping.
- 4.4 Those that hadn't used the JSNA before said that "knowing about it" and "awareness of its use and its benefits" would encourage use in the future.
- 4.3 Workshop feedback highlighted the importance of developing the JSNA, including improving the promotion of the JSNA and stakeholder involvement.
- 4.4 Stakeholders tended to support the following revised structure:
- Healthy places (Community assets and the social and environmental building blocks of health)
  - Healthy people (Physical and mental health conditions, learning disability and neurodiversity)
  - Healthy lives (Risk and protective factors for health and wellbeing) with the 'four wells' incorporated across these heading (starting well, living well, ageing well and dying well).

## 5.0 Proposed recommendations for JSNA development

5.1 The proposed recommendations for approval are provided in Appendix 3. In summary, the review findings recommend the following 10 key areas where the JSNA programme can be strengthened:

1. **Joint Strategic Needs Assessment (JSNA) governance:** Ensuring oversight and assurance of the JSNA programme.
2. **Working with East and West Sussex:** exploring opportunities for read across Sussex to support the aims of the ICS and avoid duplication.
3. **Engagement, involvement and co-production:** Developing an inclusive engagement and involvement plan, building on good practice in in depth needs assessments across the JSNA programme, inclusion of intersectional equalities, and ensuring reporting back to communities.
4. **JSNA production:** refine tools, templates and processes.
5. JSNA framework and products: introduce the new framework for the JSNA with life course running throughout. Review of Community Insight.
6. **Website and JSNA webpages:** Redesign and webpages and move to Brighton & Hove City Council website.
7. **Accessibility of the JSNA website and products:** ensuring JSNA content meet accessibility standards, or accessible versions available.
8. **Promotion, communication and maximising use of the JSNA:** Rebrand and rename the JSNA; How to guides and videos and JSNA communication plan.
9. **Explore potential for additional resources to produce the JSNA:** with a focus on qualitative research, coproduction, mixed research methods and community-led research.
10. **JSNA needs assessments prioritisation process:** Development of 3-year work programme agreed by the Health and Wellbeing Board with an annual review and update to the Board.

## 6.0 JSNA programme prioritisation process and proposed 3 year programme (2023/24 - 2025/26)

6.1 Stakeholders were asked to explore the principles to consider when prioritising health and wellbeing topics to review. Feedback resulted in the six principles listed below (See Appendix 2 for more detail):

1. Aligned with local priorities
2. A high level of inequalities
3. A high impact on the population affected
4. A high prevalence/incidence of condition in the local population
5. A substantial gap in evidence that can be filled
6. Optimal timing, e.g., to inform commissioning or strategy and benefit across Sussex and organisations.

6.2 The Steering Group agreed the principles and process to prioritise topics (see Appendix 4).

6.3 The Steering Group agreed the proposed three year programme of needs assessments, including in-depth and summary products, detailed in Appendix 5 for approval by the Board. The topics are summarised in 6.4 and 6.5 below.

#### 6.4 In-depth needs assessments topics, by year:

2023/24:

1. Special Educational Needs and Disabilities (SEND), neurodiversity, and learning disabilities (children and young people aged 0-25)

2024/25:

1. Neurodiversity and learning disabilities (adults aged 18 and over)
2. To be agreed: The steering group received suggestions to explore a range of topics associated with women's health, including menopause, menstrual health, and period poverty, and wider fertility issues including pregnancy, pregnancy loss, and considered bringing these together. However, to avoid duplication and to be meaningful, the scope of this proposal will need to be considered further in line with the wider Sussex Women's Health Strategy work that is underway.

2025/26:

1. Young people transitioning between children's and adults' services (aged 16-25)
2. Pharmaceutical Needs Assessment (a statutory duty of the Health and Wellbeing Board that is published every 3 years)

In addition to the 2023/24 needs assessment highlighted above, the Health Counts survey, a large survey of the health and wellbeing of adults in Brighton & Hove, will take place in spring 2024. This survey is conducted locally approximately every 10 years and is an important resource in describing our local health and wellbeing needs.

#### 6.5 Summary product topics, by year:

**2023/24:** Childhood immunisations; Chronic respiratory disease; Equalities: Population groups facing social and cultural exclusion; Healthy places; Hypertension; Sensory impairments; Sexual health; UK armed forces current and past personnel and their families.

**2024/25 and 2025/26:** Draft topics are listed below; these will be further reviewed by the JSNA Steering Group in 2024 to consider timeliness and alignment with local service need and capacity and brought to the Board for final approval.

**2024/25:** Ageing well; Carers; Globally displaced communities; Sex workers; Healthy lives; Healthy people.

**2025/26:** Asthma (Children and young people); Children in Care and those who are Care Experienced; Diabetes (Children and young people); Epilepsy (Children and young people)

## 7.0 Important considerations and implications

7.1 Legal: The Health and Social Care Act 2012 (s196) requires the function of preparing a JSNA to be discharged by the Health and Wellbeing Board. Specifically, from April 2013, local authorities and Clinical Commissioning Groups (now Integrated Care Boards) have equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) which provides a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities. The Health and Care Act 2022 replaces CCGs with Integrated Care Boards. S26 of the 2022 Act inserts new provisions into the 2012 Act requiring the formation of an integrated care partnership [comprising the Local Authority and Integrated Care Board] and for that partnership to develop and review its own integrated care strategy in light of local needs assessments, including the JSNA.

Lawyer consulted: Sandra O'Brien 23/06/2023

7.2 Finance: The resources required to support the production of the JSNA are funded by public health ring-fenced grant. The JSNA provides a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities. Future commissioning plans and delivery plans have to reflect these needs. Any subsequent reports and plans will need to individually assess their financial implications, the impact on the needs of the city and the intended outcomes.

Finance Officer consulted: Sophie Warburton 23/06/2023

7.3 Equalities: Needs assessments consider specific needs of groups with protected characteristics. The JSNA is a key data source to inform action to improve outcomes in all groups and meet the public sector equality duty (including Equality Impact Assessments).

7.4 Sustainability: No implications: Sustainability related issues are important determinants of health and wellbeing, and these are integrated in the summary. The JSNA will support commissioners to consider sustainability issues.

7.5 Health, social care, children's services and public health: The JSNA summary sets out the key health and wellbeing and inequalities issues for the city and so supports commissioners across the city in considering these issues in policy, commissioning & delivering services.

## Supporting documents and information

Appendix 1: City-wide JSNA Steering Group Terms of Reference

Appendix 2: [JSNA review stakeholder feedback](#)

Appendix 3: Proposed recommendations

Appendix 4: Summary prioritisation process for JSNA programme

Appendix 5: Proposed JSNA 3 year programme of needs assessments



## Appendix 1 City-wide JSNA Steering Group Terms of Reference

### 1. PURPOSE

- 1.1. To meet the current statutory duty of Brighton Hove and Brighton & Hove City Council (BHCC) and NHS Sussex to produce a Joint Strategic Needs Assessment (JSNA) and follow the draft national guidance on JSNA (2012).
- 1.2. To develop and propose a programme of JSNA outputs for the next 3 years.
- 1.3. To provide oversight and assurance of the JSNA programme.

### 2. Responsibilities

- 2.1. To produce and monitor a rolling programme of topic-based needs assessments informed by the priorities of the city, agreed by the Health and Wellbeing Board, ensuring an intersectional, accessibility and race-lens informed approach.
- 2.2. To approve the project initiation plans for topic-based needs assessments to ensure they meet locally agreed quality standards e.g. includes intersectional equalities and public and patient voice evidence, with a targeted focus on under-represented group voice and nuanced and intersectional lived experience/ qualitative insights
- 2.3. To reference protected characteristics and intersectionality in assessing the City-wide JSNA programme.
- 2.4. To assure the quality and accessibility of methodologies, quality standards and technical resources used.
- 2.5. To identify the training needs of commissioners and other partners involved in producing inclusive, accessible, and quality needs assessments.
- 2.6. To ensure the inclusive and accessible dissemination, support, and leadership of the City-wide JSNA programme.
- 2.7. To ensure consistency and congruence across partners and alignment of strategic aims to be reflected in the JSNA.
- 2.8. To provide expertise and feedback on specific perspectives, taking an intentional race-led and intersectional view considering differential layer of impacts, data, and experiences.



### 3. GOVERNANCE

- 3.1. The City-wide JSNA Steering Group will report on JSNA outputs to the Health and Wellbeing Board by means of an annual report.
- 3.2. The Health and Wellbeing Board will be asked to review and approve the JSNA planned rolling programme.
- 3.3. Governance arrangements will be reviewed annually, along with the TOR.

### 4. MEMBERSHIP

- 4.1. The steering group will comprise representatives from the following organisations. **Members will nominate a deputy if unable to attend.**

#### **Brighton & Hove City Council (BHCC)**

- Public Health
- Adult Social Care
- Families, Children and Learning
- Communities and Equalities
- Policy & Partnerships
- Communications
- Housing
- Sustainability – added April 2023

#### **NHS**

- Integrated Care Board Brighton & Hove (Performance and Intelligence; Community and Primary Care)
- Sussex Health and Care Partnership

#### **CVS organisations**

- Healthwatch
- Community Works

#### **Universities**

- Brighton and Sussex Medical School/University of Sussex
- University of Brighton

#### **Other Organisation**

- Sussex Police

### 5. MEETING FREQUENCY AND QUORACY

- 5.1. The steering group will meet approximately every six weeks until the review and 2023 programme planning is complete (approx. Q1 2023/24), and will meet quarterly after that.
- 5.2. The Chair may call additional meetings if deemed necessary.

5.3 Meetings will be quorate if the following are present:

- The Chair, or delegate
- Representation from the public health intelligence team and at least two other representatives from BHCC
- Representation from at least three other partner organisations
- Administrative support

## 6. Attendance

- Members are required to send apologies, and delegate representation if unable to attend meetings.
- If members are unable to attend meetings they should provide a written update for the Steering Group where relevant.
- Apologies for meetings, requests for information and any papers necessary for the Steering Group meetings should be made to the Steering Group administrative support contact.

## 7. Resources

- The Steering group will be administered by BHCC public health team.

**Date agreed: 16/01/2023**

**Date of review: January 2024**

## Appendix 2 JSNA review Stakeholder feedback

Please see link here: [JSNA review stakeholder feedback](#)

## Appendix 3: Proposed recommendations

Table 1: JSNA Review 2023: Proposed recommendations to strengthen the JSNA programme

Nr	Recommendation	Implementation year		
		2023/ 24	2024/ 25	2025/ 26
<b>1</b>	<b>Joint Strategic Needs Assessment (JSNA) governance</b>			
1.1	Ensure our City-wide Joint Strategic Needs Assessment Steering Group (SG) continues to provide oversight and assurance of the JSNA programme and reports to the Health and Wellbeing Board (HWB) annually. Terms of Reference provided in Appendix 1.	x	x	x
1.2	Review the Steering Group Terms of Reference annually and ensure membership includes representation of the JSNA stakeholders.	x	x	x
1.3	Ensure the JSNA programme priorities are reviewed annually by the Steering Group and any proposed changes taken to the Health and Wellbeing Board for approval.	x	x	x
<b>2</b>	<b>Working with East and West Sussex</b>			
2.1	Establish a JSNA relationship across Sussex to identify key areas for collaboration.	x		
2.2	Convene a Sussex JSNA working group to explore opportunities for product alignment and 'read across' of the three local authorities JSNAs.	x	x	x
2.3	Increase opportunities to share work across Sussex, avoid duplication, and support the aims of the ICS and the Shared Delivery Plans.	x	x	x

Nr	Recommendation	Implementation year		
		2023/ 24	2024/ 25	2025/ 26
<b>3</b>	<b>Engagement, involvement and co-production</b>			
3.1	Develop a JSNA Inclusive Engagement and Involvement plan that develops equitable partnerships.	x	x	
3.2	Work in partnership with Healthwatch, Community Works, and Community and Voluntary Sector organisations in to ensure good community stakeholder engagement, and co-production of products.	x	x	x
3.3	Engage with Community Works, Healthwatch, and relevant departments within the local authority (e.g., housing, schools) and NHS on methods to incorporate stakeholders feedback on how best capture evidence of the needs and assets from communities (Appendix 2).	x	x	x
3.4	Steering Group to receive project initiation plans for needs assessments to ensure they meet locally agreed quality standards e.g. includes intersectional equalities and public and patient voice evidence, with a targeted focus on under-represented group voice and nuanced and intersectional lived experience/ qualitative insights.	x	x	x
3.5	Ensure we are “closing the loop” by reporting back what happened as a result of involvement in the development of JSNA products, e.g. on our website.	x	x	x
3.6	Explore further how we engage with the public and how people might use or benefit from using the JSNA.	x	x	
<b>4</b>	<b>JSNA production</b>			
4.1	Strengthen the tools and processes to improve quality assurance, accessibility, equalities and intersectionality considerations at all stages of development and production, e.g. templates for needs assessments, checklists and involvement.	x		

Nr	Recommendation	Implementation year		
		2023/ 24	2024/ 25	2025/ 26
4.2	Pilot JSNA production tools and processes and refine.		X	X
<b>5</b>	<b>JSNA framework and products</b>			
5.1	Refine the agreed framework for the JSNA (e.g. how the JSNA is organised under sections headings on the webpages).	X		
5.2	Incorporate stakeholders' feedback into the JSNA products (Appendix 3).	X	X	X
5.3	Review of Community Insight data and mapping site to ensure it meets user needs, including convening a user group	X	X	
5.4	Explore opportunities for more interactive JSNA products with greater automation of updates.		X	X
<b>6</b>	<b>Website and JSNA webpages</b>			
6.1	Migrate current JSNA website on BHconnected to the Brighton & Hove City Council website.	X		
6.2	Design and implement webpage changes.	X	X	X
<b>7</b>	<b>Accessibility of the JSNA webpages and products</b>			
7.1	Complete the migration of the JSNA pages to the Brighton & Hove City Council website, which meets the required accessibility standards.	X		
7.2	Consider accessibility with any proposed change to JSNA webpages.	X	X	X

Nr	Recommendation	Implementation year		
		2023/ 24	2024/ 25	2025/ 26
7.3	Ensure products developed are fully accessible, or signpost to accessible versions.	x	x	x
7.4	Add a statement on our webpage to explain any 'limited accessibility features'.	x		
7.5	Explore developing/commissioning visuals and products to make them more accessible to different cultures, different levels of ability, and different access requirements to increase engagement.		x	x
<b>8</b>	<b>Promotion, communication and maximising use of the JSNA</b>			
8.1	Rebrand and rename the JSNA to make it more engaging for different audiences to understand.	x		
8.2	Clarify and provide clear explanations on what the JSNA is and the products that form the JSNA, reflecting the range of methods used and how intelligence products can be combined to give a picture of health and social needs and assets.	x		
8.3	Update the webpages with what's new, how to guides and videos.	x	x	x
8.4	Develop a JSNA Communications plan for internal and external stakeholders.	x	x	
8.5	Schedule routine JSNA updates and encourage onward promotion (including the use/benefits) of JSNA webpages and products through external networks, e.g. at stakeholder local events and meetings, features in Heathwatch and Community Works newsletters, and ensure wider sharing via varied networks. Ensure timely internal communication and promotion through directorate business managers and with commissioning colleagues.	x	x	x

Nr	Recommendation	Implementation year		
		2023/ 24	2024/ 25	2025/ 26
<b>9</b>	<b>JSNA resources</b>			
9.1	Deliver the JSNA programme of work and the JSNA review recommendations implementation within current resources over the next 3 years.	x	x	x
9.2	Explore opportunities and funding for qualitative research and additional expertise on approaches and methods to answer specific research questions and effective communication of results, e.g. co-production, using mixed methods (use of qualitative and quantitative information), and community-led research.	x	x	x
<b>10</b>	<b>Prioritisation process for JSNA programme of in-depth needs assessments</b>			
10.1	Share the prioritisation process and JSNA planned programme of work 2023/24 to 2025/26 on the JSNA webpage (Once agreed by the Health and Wellbeing Board).	x		



## Appendix 4: Summary prioritisation process for JSNA programme

The following process was agreed by the City-wide JSNA Steering Group.

1. Stakeholders asked what principles are most important to consider when prioritising the JSNA needs assessment topics over the next 3-year programme (in surveys and workshops)
2. Steering Group agreed the principles and assessment method to prioritise topics (See Table 1: Prioritising JSNA topic areas: Six principles and assessment method, on the next page)
3. Public Health Intelligence Team reviewed local priorities and collated information on topics
4. Stakeholders are given the opportunity feedback if they thoughts a local priority topic was missing
5. The Steering Group agreed the proposed topics for the next 3-year JSNA programme.

Table 1: Prioritising JSNA topic areas: Six principles and assessment method

Nr	Principles	Data provided for assessment of proposed topic areas	Assessment
1	Aligned with local priorities	Topics and populations in current BHCC and NHS strategies and plans: Health & Wellbeing strategy, Our Sussex Population Health Strategy (Adults and Children & Young People) 'Core20Plus5' populations, Brighton and Hove Health and Care Partnership Plan (place based plan), JSNA Executive summary 2021/22	Yes or no.
2	There is a high level of inequalities	A summary of what's known and not known about current inequalities: What has been quantified (e.g., % by sub-groups, including those with shared protective characteristics), are there estimated trends and projections, for example widening gaps. What does qualitative data highlight around inequalities. Where are the gaps in data. Includes equalities considerations.	Yes or no.  Consider Highest importance
3	The issue has a high impact on the population affected	A summary of what's known and not known about current impacts: What is known/not known about the short, medium, and long term consequences on individuals, families, and societies in terms of health and wellbeing and socioeconomic outcomes.	Yes or no.
4	There is a high prevalence/incidence of condition in the local population	A summary of what's known and not known about current prevalence or incidence in B&H: What has been quantified (e.g., total % or other measure, and within age groups, sex, other important groups), include trends and projections.	Yes or no
5	There is a substantial gap in evidence that can be filled	Summarise if there is a substantial gap in evidence that can be filled, or lack of recent evidence synthesis, on the topic or a population group. Include dates of last needs assessments and other synthesis.	Yes or no
6	Optimal timing, e.g., to inform commissioning or strategy and benefit across Sussex and organisations	Outline the timing of relevant commissioning rounds and what's happening across Sussex /other organisations that should be taken into account.	Yes or no

## Appendix 5: Proposed JSNA 3 year programme of needs assessments

There are multiple products and outputs that make up the JSNA, some are very detailed and comprehensive (in-depth), and some are lighter touch (summary needs assessments). The programme and description of needs assessments is as follows:

- The Health Counts 2024 population based survey and Safe and Well at School Survey (SAWSS) (2023 and 2025) analysis and data summaries will provide detailed and rich local evidence for a range of needs assessments over the 3 year programme.
- In-depth needs assessments will take an intersectional and inclusive approach and include sections on protected characteristics, equalities, our Core20plus5 populations, other groups facing social and cultural exclusion, and wider determinants of health, e.g. housing, environment, employment and education.
- Some topic areas, like mental health, have had a recent in-depth needs assessment and so are not included in the current programme. Published needs assessments are available at [JSNA webpage](#)
- The following products are in progress:
  - In-depth needs assessments: Drugs and Alcohol
  - Summary product topics: Healthy Child Programme; Gypsy, Roma and Travellers; and Census briefings
  - The JSNA executive summary is updated regularly.
- The joint approach to needs assessments requires a time commitment from partners, the lead commissioner(s)/specialist(s), and the Public Health Intelligence team. The Public Health Intelligence team has capacity to produce 1 or 2 in-depth needs assessments and 3 to 5 summaries per year, possibly more depending on the scope and data accessibility.
- The Public Health Intelligence team may be able to provide guidance to departments wishing to commission their own needs assessments, which sit outside the agreed programme, via external agencies.
- We will take a developmental approach to needs assessments. Priority sections will be produced and published with additional sections added when survey or other data become available.
- The programme of topics and outputs proposed (Table 1) reflect: Brighton & Hove City Council (BHCC) and NHS priorities, strategies and plans, e.g. Core20Plus5 groups; have been based on evidence against the agreed principles; compiled in discussion with stakeholders and overseen by the City-wide JSNA Steering Group.

- One in-depth needs assessment for 2024/25 and summary products for 2024/25 and 2025/26 are to be confirmed and taken to the Board for approval in 2024.

**Table 1: JSNA proposed 3 year programme of needs assessments: year, topic and type**

Year	Topic	Type
<b>2023/24</b>		
In-depth:		
1	Special Educational Needs and Disabilities (SEND), neurodiversity and learning disabilities (children and young people aged 0-25*)	An in-depth look at needs and assets overseen by a Steering Group that represents key stakeholders. To include: collation of currently available data; new data collection (e.g. qualitative data); views of stakeholders, those with lived experience/patients/service users and the public; service mapping and access to services; evidence reviews on inequalities, needs and assets, effective interventions/models of care, and makes recommendations.
Summary products:		
1	Childhood immunisations	Rapid summary of immunisation uptake trends and links to existing qualitative data, to complement a Health Equity Audit that is also planned 2023/24.
2	Chronic respiratory disease	Signpost to a collection of related data sources that are managed and updated by other organisations.
3	Equalities: Population groups facing social and cultural exclusion	Data profiles will be updated as part of our core programme of work, including on: Ethnicity/Race; Gypsy, Roma and Traveller; Migrant communities; Carers; Students; UK armed forces current and past personnel and their families; Sexual orientation; Gender identity; Gender equality, Religion/faith/belief; Sex workers; Children in Care; Learning disabilities; Physical disabilities and impairment.
4	Healthy places	Iterative data and evidence summary that includes whole system indicator mapping and automated dashboard management. Across the 3 year programme.
5	Hypertension	Signpost to a collection of related data sources that are managed and updated by other organisations.
6	Sensory impairments	Summary update (refresh the current 2016 summary)
7	Sexual health	Rapid summary that can be updated with population and school based survey data when available in 2024/25.

8	UK armed forces current and past personnel and their families	Summary (work split across Sussex) based on national modelling, available data (including in the census) and evidence review.
<b>Year 2024/25</b>	<b>Topic</b>	<b>Type</b>
In-depth:		
1	Neurodiversity and learning disabilities (adults aged 18 and over*)	An in-depth look at needs and assets overseen by a Steering Group that represents key stakeholders. To include: collation of currently available data; new data collection (e.g. qualitative data); views of stakeholders, those with lived experience/patients/service users and the public; service mapping and access to services; evidence reviews on inequalities, needs and assets, effective interventions/models of care, and makes recommendations.
2	<i>To be confirmed.</i> Menstrual health, period poverty and gynaecological conditions Fertility, pregnancy, pregnancy loss and postnatal support. Menopause.	Set of summaries or as the second in-depth needs assessment 2024/25. Title and scope to be refined and further discussed with consideration of the Sussex Women's Health Strategy work that is underway.  To be confirmed.
Summary products:	<i>To be confirmed</i>	
1	Ageing well	Short summary (refresh of 2018). Data from the Health Counts survey is a key source of evidence.
2	Carers	Short summary, data from the Health Counts survey and Safe And Well at School Survey (SAWSS) are key sources of evidence.
4	Globally displaced communities	Summary with focus to be confirmed following consultation, different communities' considerations, recent evidence and data availability (last in-depth needs assessment on international migrants 2018).
5	Sex workers	Engage with stakeholders and consult community groups to explore evidence gaps (Last summary 2016).
6	Healthy People	Iterative data and evidence summary that includes indicator mapping and potentially automated dashboard. Across the 3 year programme.

Year 2025/26	Topic	Type
In-depth:		
1	Pharmaceutical Needs Assessment	Statutory (every 3 years)
2	Young people in transition between services (aged 16-25*)	The scope to be confirmed but to include: Children and young people with long term health conditions (e.g. diabetes, epilepsy, asthma), mental health needs, disability, care leavers.
Summary products:	<i>To be confirmed</i>	
1	Asthma (Children and young people)	Data summary.
2	Children in Care and those who are Care Experienced	Summary. Potential for including in the “Young people in transition between services” in-depth needs assessment. This is under discussion. Primary qualitative data collection is likely required.
3	Diabetes (Children and young people)	Data summary, with potential to including other evidence.
4	Epilepsy (Children and young people)	Data summary.

\* Note that there will be overlap between ages groups across the in-depth needs assessments that reflect the clinical and service provision differences across ages. We will take a life course approach to our needs assessments.