



Joint Bristol LINK and The Care Forum Meeting

Bristol Joint Strategic Needs Assessment (JSNA)

23 January 2012

Presentation: Pat Diskett, Deputy Director for Public Health, NHS Bristol, Claudia McConnell, Service Director for Commissioning in Bristol Children and Young People's Service and Nick Smith, Bristol JSNA Officer

[http://www.thecareforum.org/assets/files/JSNA%202011%20\(VCS%20Event%20-%20Jan%202012\)%20-%20final.pdf](http://www.thecareforum.org/assets/files/JSNA%202011%20(VCS%20Event%20-%20Jan%202012)%20-%20final.pdf)

Required to do nationally. Do jointly with NHS. A needs assessment at a higher level to inform commissioning decisions. A management group that sits behind.

Pat represents NHS.

Claudia represents children and young people's commissioning across the NHS and council.

Nick is JSNA officer.

Pat Diskett:

Wider steering group – LINK engagement with that group.

Several engagement events have taken place that have fed into baseline report and subsequent updates and current dataset.

The JSNA looks at needs now and projected and changing needs into future

Baseline report – 2008

Filled in gaps – 2009

2010 – took different approach. Developed a commissioning model – remind us how health improvement is key if we want a healthy population. Joining up how health improvement activities. Join up with services. Look at future health and wellbeing needs, so commissioners can consider where to prioritise resources and inform difficult decisions.

Had three year cycle. This is a transition year. Have updated some core data sets and added new data sets. Today is an introduction to some of those data sets. At stage of engaging. Need to convert a lot of data into high level intelligence in a way that everyone can understand. Very important to get voluntary and community sector input into that intelligence. Over last three years have had good events that have enriched the JSNA. JSNA will be key because new health and wellbeing enshrined and changing political situation with GPs taking over commissioning. Public health moving into local authority. JSNA will be very important in informing the work of the health and wellbeing board.

Claudia McConnell:

One great thing about the current reforms is the strengthened JSNA.

Health and wellbeing Board has a statutory role to hold commissioners to account. Clinical commissioning groups will have to take account of JSNA to develop joint health and wellbeing strategy. That will say what we need to do for the population. The Health and Wellbeing strategy will list all commissioning intentions and should be driven by JSNA and joint health and wellbeing strategy. Will have to demonstrate plans are being driven by JSNA and health and wellbeing strategy. CYPP is no longer a statutory requirement, but continuing in Bristol. In future will ensure health and wellbeing element of CYPP reflected in new health and wellbeing plan. Similar with child poverty strategy. A lot of funding devolving into schools and clinical commissioning groups. So wants to ensure those commissioners have best information. Children's services joining up with adults. Should help with planning, for example, for disabled children who then become adults. Hopefully will better meet the needs of teenage parents and disabled children, for example. The more sophisticated information we have at a local area level, the more sophisticated and informed commissioners can be with resources. Will be looking at draft data sets. Need hard work and thinking. An example of something JSNA helping us to tease out is the changing population. Helps us target resources. Everyone talks about ageing population. There are more children in Bristol than over 65s. 0-4 growing faster than any other population which has huge implications for provision across the community, for example, children's centre, primary schools.

Nick Smith:

www.bristol.gov.uk/page/jsna-draft-data-sets-2011

Main data sets at present in five appendices. For example, healthy communities looks at wider community. Coloured sections show deprivation. Population growth in central areas is significant, 15-16% in Lawrence Hill. Ethnic diversity is growing. Outlying south and north areas of the city, population growth is static, largely white population. Henleaze and Stoke Bishop – clear concentration of affluence in North West Bristol - in 10% most of the most affluent in the country.

Alcohol attributable hospital admissions. Helps us get a picture of alcohol misuse. Year on year alcohol attributable hospital admission are increasing.

There are growing health and wellbeing inequalities. Estimate of life expectancy - there is a continuing 9 year gap between areas with the most deprivation and areas with the least deprivation. Average difference is 6 to 7 years.

In terms of service utilisation, part of this year is to build data sets for new commissioners coming forward. Appendix 5. In hospital you measure what admissions are for and measure what admissions are rising. Consistent growth – need to work with partners in primary care.

Next steps. Today is a start. Data sets that inform information are an opportunity to see what we're doing. Start of 6 week consultation. Data sets will be on websites. Link will be live in the next day. www.bristol.gov.uk/page/jsna-draft-data-sets-2011

Will update sets in Feb. See how it is evolving. By end of March will have finalised JSNA.

Q: LINK – delighted Claudia is here because someone who has worked with children and young people services. What about NEETs, looked after children and child carers? Are you allocating to make less hidden?

A: Mark Hamilton – number of young carers unknown because hidden and not aware of that status. Different cultural models around what is accepted as care. In Bristol it is estimated 2%

of all young people – for example, 2000 in caring role going on national data. Two services are commissioned to work with young carers, - family work going on in secondary schools - as one problem is getting homework done, ensuring pupils arrive on time.

Claudia. Additional money to support carers. Most make sure young carers are part.

Q Over next two years, legislation is going to be implemented that will affect data sets. In two years time will be a different picture in terms of child poverty and the impact of changes to the welfare system and disability benefits and the knock-on effect on carers.

A In terms of keeping core data sets, Nick has to keep up-to-date also by working in partnership. Will have to do much more work in over arching trends. Some national trends will enable us to get better data for primary care. Equally, some national changes will make it harder to accommodate data.

Q: What projections are you building into strategy?

Pat: This is where JSNA process is helpful. It is a needs analysis based on current need but also involves strategic planners/commissioners to inform future plans for services.

Claudia: Changing benefits. Need to be constantly aware of national changes that will impact locally. Need to ensure data is collected across the council and other partners. As new intelligence comes in need to feed into data sets and inform commissioning.

Q: How will you make JSNA relevant given changes and given GPs will have commissioning authority?

Pat: We have a JSNA steering group. Have a lead GP who sits on the steering group who is bridge between sectors/services. Are going to do a piece of work to change steering group. Partly why we are calling this year a transition year. GPs want to be part and have nominated a colleague and will be encouraged to play an active role.

Q: Encouraged by what is happening in mental health, but still lags behind. A lot more individuals will end up in poverty. So, I think a rosy picture but encouraged by what is going on.

Nick: Trying with JSNA to link in with mental health needs assessment. Linking in with ongoing work with new mental health plans. Points made today show how partnership input is key. Create baseline, but ongoing process to respond to issues that arise.

Q: looking at figures in connections with ethnic minorities. Disease relevant to ethnic groups, for example, osteoporosis, diabetes. Health disparities seem to highlight problems with communicating with GPs. What are commissioners doing about this?

Pat: A lot of work going on in different places. A lot of different needs and diseases are more prevalent in sub groups. Duty of JSNA is to capture headlines. Actually gives an opportunity to be cleverer about targeting services.

Claudia: In children's services population growth is a key issue. Not just 0-4 age but also the numbers with complex needs and the increase in the diverse population and their language needs. The challenge is how can we keep up with the needs, rather than just specific problems.

Q: Seen in summary, you have raised issue of carers. In previous JSNA, you said more work needs to be done, what is the progress?

Nick: Data indicates there are more carers than previous estimates. 40k estimate in Bristol, some said this was shockingly high, but it could be higher and would need to be taken forward with adult health and social care.

Q: Work for St John's ambulance. I know this is a preliminary draft, but nowhere do you mention dementia. How will the JSNA cope with this? Running at 1 million in UK.

Pat: Challenge for JSNA is to help us highlight some issues. Will be more detailed information in data sets. The challenge is what information you pull out into final summary which will be different to the current version available today. Would be surprised if dementia wasn't there.

Q: I am representing a charity and on the board of a housing association. All topics have been topics of presentations to housing authorities. In Bristol you still run a large scale housing stock. Housing associations know their tenants so they are a good source of information to enrich data. Surprised you haven't mentioned housing associations as very much in touch with deprived communities.

Nick: There is a whole section on housing. In terms of doing an exercise on wider implications with tenants it could be a good example of how we could do more partnership.

Claudia: Has been a lot of engagement with housing on the children's remit. Child poverty stream etc for exactly the reasons you have mentioned.

Nick: **Bristol data sets**

I will briefly go through what the data sets look like, so when you look at it, it will make sense.

Introduction. Different geography of different areas. Clinical commissioning groups and children's services based around wards.

1. Population. Covers all sorts of breakdowns including ethnicity and further down looking at different data sets, e.g different languages. Gives opportunity to cut across sets in different way.

2. Social place and wellbeing appendix. Wider determinants of health that will cut across work of voluntary and community sector, including crime and disorder. Index of multiple deprivation. A lot of information is showing in ward maps and intended to give brief overview. Looking at income, education and housing also.

3. Lifestyle and health improvement. Includes impact of lifestyle choices such as exercise and alcohol. Looking at geographical maps and charts. Some coming from quality of life, but want to bring in more soft data.

4. Health and wellbeing

- Life expectation and mortality
 - Disease or condition specific information
 - Disabled people and people with learning difficulties
- and prevalence estimates on people with autistic spectrum disorders. The JSNA does cover so much that there are areas where only limited detail is feasible. It may be that you feel examples are not

comprehensive. Data will need to be augmented.

5. Service utilisation. Includes Secondary and primary care data, as well as Social Care. Will develop further to bring in new data.

Q: Interested that you specifically mentioned autistic spectrum and wondered if you have worked out how to collect data and hope you will work with autism strategy group. Children's information has been fed in quite well, but not so much adults.

Nick: Used prevalence data. Would like to do a more direct study. Agree that we need to get more actual data.

Discussion Groups

Nick: Today is about beginning. More focussed feedback through website will be a way of capturing more detail. My group said about need to bring out more specific information, for example, alcohol admission data and its probable link to issues such as domestic violence. Stories from service users and outcomes based monitoring data.

Rachel: This is the beginning of the process. Thank you for taking time to feed into the JSNA today.

Close

Evaluation:

What was the most significant outcome of the event for you?

- Networking
- Looking at the data sets - application for my work with carers
- That GP data will feed in much more - that's good. Very useful, especially around adult mental health and children and young people services needs, eg ADHD, mental health etc
- Some background insight
- Confidence that things are changing and moving forward

Do you have any suggestions regarding topics/speakers for future meetings?

- JSNA involvement to rising numbers of those with dementia, carers of those and the complex interaction with long term conditions
- Yes - process for commissioning replacing grants from 2013

Are there any other comments you would like to make?

- Today was too wide a brief to really have any impact. Computer issues as always again, you could not see anything from the floor
- Good speakers, well organised event. I had fair access to refreshments and food.

| Content | Average mark (out of 5) |
|-----------------------------------|----------------------------|
| Understanding of subject at start | 2.4 |
| Understanding of subject at end | 3.8 |
| Sessions | |
| Speakers - Pat Diskett | 3.7 |

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|------------------------------|-----|
| Speakers – Claudia McConnell | 3.7 |
| Speakers – Nick Smith | 3.4 |
| Other elements | 3.2 |
| Organisation | |
| Pre-event information | 3.6 |
| Facilitation | 3.9 |
| Organisation on day | 3.8 |
| Venue | |
| Access | 4.0 |
| Refreshments | 3.7 |
| Standard of room | 3.7 |