

Figure 4.1: JSNA Summary 2012 – issues with the greatest impact on the health & wellbeing of the population of Brighton & Hove

Wider determinants which have the greatest impact on health & wellbeing

	Children & young people	Adults	Older people
Child poverty			
Education			
Employment & unemployment	Youth unemployment	Unemployment & long term unemployment	
Housing			
Fuel poverty			

High impact social issues

	Children & young people	Adults	Older people
Alcohol	Alcohol & substance misuse – children & young people	Alcohol (adults & older people)	
Healthy weight & good nutrition	Healthy weight (children & young people)	Healthy weight (adults & older people)	
	Good nutrition & food poverty		
Domestic & sexual violence			
Emotional health & wellbeing – including mental health	Emotional health & wellbeing (children & young people)	Emotional health & wellbeing (adults & older people) Mental health	
Smoking	Smoking (children & young people)	Smoking (adults & older people)	
Disability	Children & young people with a disability or complex health need	Adults with a physical disability, sensory impairment & adults with a learning disability	

Specific conditions

	Children & young people	Adults	Older people
Cancer & access to cancer screening			
HIV & AIDS			
Musculoskeletal conditions			
Diabetes			
Coronary heart disease			
Flu immunisation			
Dementia			

Impact

What do we mean by impact?

In previous summaries we have simply listed the health & wellbeing issues for the city. For the first time this year we have attempted to measure the relative impact of the issues identified within this summary in a systematic way & present this as an impact matrix.

As JSNAs are about the health, care & public health of the population as well as the wider determinants that influence health & wellbeing, such as housing & education, wider determinants were also included in the process.

In the last section we set out what needs assessment involves, our local approach & how this year's summary has been developed. In brief the sections included were chosen based upon:

- New guidance from the Department of Health
- The Public Health, NHS, & Adult Social Care Outcomes Framework & without a current Children's Service Outcomes Framework guidance from the Department of Health
- Consultation with local statutory sector partners & the community & voluntary sector:
 - In particular, the CVSF conducted a gap analysis of the JSNA summary in January 2012 which has fed into the plans for this summary.
 - In March 2012, we held a seminar for councillors, commissioners, thematic partnership chairs, community & voluntary sector reps & providers on the plans for the JSNA summary & Joint Health & Wellbeing Strategy. Feedback at the event has also informed the structure of this year's summary.

Building on previous years most of the sections have been co-authored by a member of the Public Health team & a relevant lead in Adult Social Care, Children's Services, the Community & Voluntary Sector, or other statutory partners. This does not equate to full co-production of the summary but it is a considerable step forward. We will continue to build on this for future summaries.

How we developed the impact matrix

In developing the matrix we have looked at methods used elsewhere & in particular in areas

which have had shadow Health & Wellbeing Boards for some time.

The measures we have used in this year's matrix include:

- ***Number of people affected***
- ***Impact on life expectancy gap***
- ***Impact on wellbeing (including healthy life expectancy)***
- ***Impact on equalities groups***
- ***Comparison to national***
- ***A specific target not being met***
- ***Direction of trend.***

Impact on equalities groups is included as an element of the grid rather than considering equalities groups as distinct issues. This was done since it was felt that it was not appropriate to rate the needs of different equality groups against each other, & to reflect that as some groups are small in number they would be likely to rate low impact across many of the measures.

The impact on equalities groups measure was on population groups & not geographical inequalities.

We scored each element on a three point scale as indicated in Table 4.1. For some elements we were able to quantify the classification used (for example the number of people affected, or comparison to national), but others were a more subjective assessment.

It is worth noting that there were other measures we would have liked to include, such as cost impact, but the evidence was not available systematically to be included this year. This will be developed over the coming years.

How we completed the matrix

Two impact sessions were held in order to complete the matrix. Those invited included members of the City Needs Assessment Steering Group¹; further representatives from Public Health, Children's Services & Adult Social Care; & Community & Voluntary Sector Health & Wellbeing elected representatives.

¹ The Steering Group membership includes the Community & Voluntary Sector Forum (CVSF), Sussex Police, the two universities, & members from the city council, Clinical Commissioning Group & LINKs

Measure	Low	Medium	High	Comment
Number of people affected	Low Below 1% of population at risk	Medium Between 1%-10%	High 10% or more	Could be of total population/ children & young people/ working age/ older people
Impact on life expectancy gap	Low	Medium	High	Population level
Impact on wellbeing (inc healthy life expectancy)	Low	Medium	High	Medium to long term impact
Impact on equalities groups	Low	Medium	High	Current impact
Comparison	Better	Similar	Worse	To England average (based upon significance where available)
Target	Better	Similar	Worse	Where a specific national/local improvement target/ standard exists
Trend direction	Improving	Stable	Worsening	Medium to long term trend

At the start of the first session the purpose of the sessions was outlined along with guidance on the measures to be used to ensure a shared understanding of how to categorise.

Participants were then split into four groups with between three & five people in each group. Each group had between 14-19 sections to assess. To do this, individuals each took a JSNA section & completed a grid with the evidence as presented in the JSNA. As a group the evidence put forward was then considered for each measure & consensus on the rating was reached.

At the end of the first session each group then considered which issues had the greatest impact of those they had covered.

In the second session, a few remaining sections were completed. However, the main focus of the second session was reconciling & checking consistency of the methods used by each of the four groups. This was done as one group & meant some small changes were made to ratings & the issues with greatest impact.

The high impact issues were assessed as those with three or more measures with a high rating, as although it led to 27 issues, it was clear that many were the same across different parts of the life course & so could be combined.

It must be reflected that whilst those involved had a great deal of expertise & knowledge, this was not a perfect process. Whilst part of the session involved a reconciliation of the methods used, judgements made by one group may have differed by those which would have been made by another.

As this was the first time this had been attempted it was a learning process. An important next step will be to get feedback on these issues through the consultation process and build in wider engagement for the next time this is done.

We do however note that this year the shadow Health & Wellbeing Board will be using this list of issues to identify its initial priorities.

CCG SESSION – TO BE ADDED

The issues ranking most highly: Issues with three or more ratings of high impact were:

Six

- Cancer
- Mental health (adults & older people)

Five

- Alcohol (adults & older people)
- Flu immunisation (older people)

Four

- Healthy weight (adults & older people)
- Good nutrition & food poverty
- Smoking (adults & older people)
- Domestic & sexual violence
- Employment & unemployment
- Housing
- Alcohol & substance misuse (children & young people)
- Physical disability & sensory impairment (adults & older people)
- Musculoskeletal conditions

Three

- Access to cancer screening
- Education
- Fuel poverty
- Emotional health & wellbeing (adults & older people)
- Emotional health & wellbeing (children & young people)
- Child poverty
- Healthy weight (children & young people)
- Disability & complex health needs – children & young people
- Diabetes
- Dementia
- HIV & AIDS
- Coronary heart disease
- Smoking (children & young people)

Grouping the issues

For some of the issues identified there were clear natural groupings, for example health weight in children & young people; in adults & older people; & good nutrition & food poverty.

Once issues were grouped in this way they were categorised into the following:

- High impact social issues
- Wider determinants which have the greatest impact on health & wellbeing in the city &
- Specific conditions

All issues were considered across the life course - Figure 4.1 sets out the key issues & indicates which stages of the life course they were identified as particular issues for in Brighton & Hove.

Where we don't have information on impact

There were elements where we did not have enough evidence upon which to make informed judgements about the impact on the population. The full impact grid, available on BHLIS, highlights where this is the case & the City Needs Assessment Steering Group will be looking at how to best fill some of these gaps. This may not be possible in all cases.

Joint Health & Wellbeing Strategy

From these issues highlighted as having the greatest impact on the city the Health & Wellbeing Board will jointly agree what issues it will prioritise to work on in partnership. The Joint Health & Wellbeing Strategy will set these out along with what the Board will do to address them & what outcomes it intends to achieve. It will not include everything; but focus on the key issues that make the biggest difference by partners working together.

Further information

The full impact grid is available at:
www.bhlis.org/needsAssessments