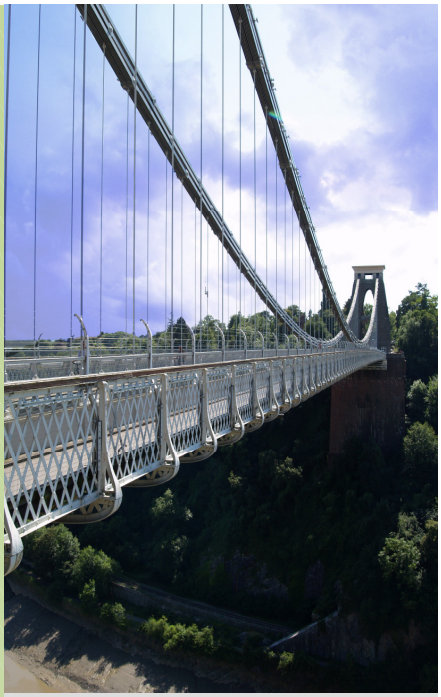
Joint Strategic Needs Assessment

...keeping you informed



Understanding Health & Wellbeing in Bristol

The Joint Strategic Needs Assessment (JSNA) is an ongoing process that will identify the current and future health and wellbeing needs of the local population. This will inform commissioning priorities that will help to improve outcomes and reduce health inequalities across the city.

Bristol's JSNA baseline report for Bristol was published in October 2008. This report showed some of the key health and wellbeing issues present in the current population, and looked into the future to predict how these might change, and what the implications of these changes might be in terms of service planning. The baseline report is available online www.bristol.gov.uk/JSNA

An Update for 2009

This update is the first part of an ongoing process to ensure that the latest evidence of health and wellbeing need is shared widely with people who are involved in the commissioning or provision of services in Bristol. Please refer to the glossary section on page 25 for definitions of terms and names used. Research and evidence referenced within this report can be requested at JSNA@bristol.gov.uk

Contents

Executive Summary

- Since the baseline report, the unemployment rate in the UK has soared to a 10 year high as a result of the recession. Research suggests that during these circumstances, the numbers of people with mental health problems is likely to increase, placing additional demand on services.

- The rapid global spread of H1N1 influenza (swine flu) has placed additional pressure on health and care services. Maintaining business continuity during this period is of the utmost importance for statutory, voluntary and community sector organisations.

- There is a significant life expectancy gap in Bristol, depending on where you live. This gap was reported to be approximately 10 years in the JSNA baseline report. More recent information suggests a reduction in the gap to just less than 9 years, but there is still much work to do to continue this good progress.

- The population continues to rise and projections show this is likely to continue across all age groups. The capacity for services for children, adults and older people to respond to this demographic pressure will need to considered.

- New information also highlights that the ethnic diversity of Bristol continues to grow. The proportion of the population from a Black and Minority Ethnic group is increasing and is particularly apparent at school age. Understanding the accessibility and suitability of services to meet the health and wellbeing needs of specific groups is key.

- Whilst there are still a significant number of information gaps in our JSNA, specific research carried out since the baseline report has informed this update. We now have new knowledge on the health needs of adults with learning disabilities, which can be used to inform service developments.

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How does Bristol compare?

Throughout this publication, there are a number of references made to the Core Cities. This is a working group of the 8 major cities in the UK, outside of London. These are Birmingham, Liverpool, Leeds, Manchester, Newcastle, Nottingham and Sheffield. Whilst this comparison can be useful, many of the cities are not comparable in terms of size and demographic profile. In the future, the JSNA will make further use other areas to benchmark Bristol against, such as the statistical neighbours group, including Reading, Sheffield and Southampton, which are more comparable to Bristol.

The Baseline Report

The baseline report, published in October 2008, highlighted 12 key findings in relation to health and wellbeing need in the city. These have been shown below for those who may not have seen the report to date. They are also a useful reminder for those who are more familiar with the JSNA.

- Bristol's population is increasing and life expectancy is improving, but there is a ten-year difference in life expectancy between the highest and lowest Bristol wards

The latest data suggests that this gap has now reduced to 9 years, a positive sign for work to reduce health inequalities

- As life expectancy improves, the number of children and adults with disabilities, limiting long-term illness and mental health problems is rising and these conditions are more common in deprived areas
- Levels of obesity are increasing in children and adults
- There is a link between healthy lifestyle risk factors (such as poor diet, obesity, smoking, substance misuse and teenage pregnancy) with deprivation, poor education attainment, poor emotional health and community safety
- The number of people with cardiovascular disease, diabetes and some cancers is projected to increase as obesity rates rise, the population ages, despite new treatments and survival rates improving
- The number of people living with dementia will increase by about 33% in the next 20 years due to our ageing population
- There are close links between poor housing and health and housing requirements are changing due to more people with disabilities and limiting long-term illness and smaller household units
- A poor built environment, urban congestion and traffic pollution all impact on physical and mental wellbeing and a key challenge is to work towards a healthier, more sustainable Bristol
- Admissions to hospital are high in the older and younger age groups (e.g. through falls, accidents, urgent management of their condition/disability)
- Almost 40,000 people across the city are providing unpaid care for another person, and many are ageing themselves, and may not be in good health
- Bristol is a multicultural city and some minority groups experience a higher prevalence of specific illnesses but are less likely to access some services or services may also not be appropriate for their specific needs
- There are a number of information gaps, including the health needs of carers, children with learning difficulties, people with physical impairments and developing more accurate projections of future need.

The Context

The JSNA baseline report was published in October 2008 and considered events and situations nationally and locally in determining the key findings of health and wellbeing need in the city. Making sure that this context is kept up-to-date is fundamental to the JSNA process.

The level and complexity of health and wellbeing need is sensitive to a range of circumstances, some external, many unplanned and are therefore outside the control of individuals or public services. Recent examples of this include two global events, the economic recession and the worldwide spread of pandemic flu (swine flu). The impact on health and wellbeing in Bristol is considered in this section.

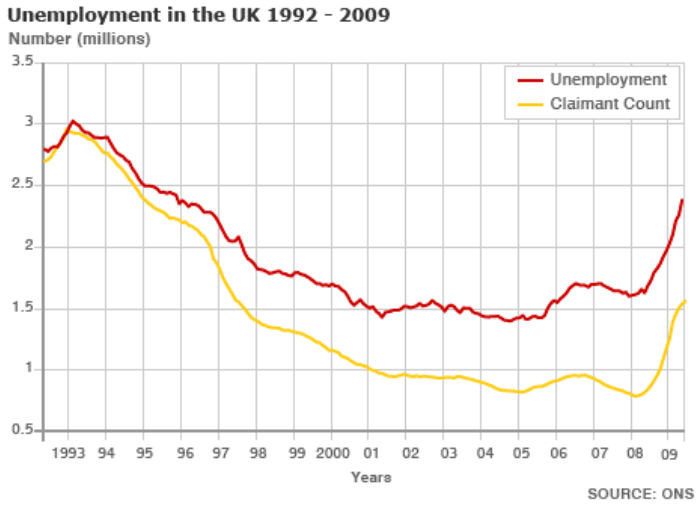
Local health and social care services are also developing over time, and as such, this section highlights some of these key changes taking place.

Recession

The global economy is in a deep recession. In the United Kingdom, the jobless rate is at its highest in over a decade. This is shown in the chart below, sourced from the Office of National Statistics. Evidence suggests that any financial crisis affects poor people the most and recessions tend to increase the distance between rich and poor. This results in:

- Health inequalities rising
- Increases in the use of alcohol and drugs
- Increase in mental health problems
- Increase in unhealthy eating

Mental health problems tend to manifest themselves very quickly. Two of the highest areas of concern are fear of job loss and home repossession. The number of individuals suffering fuel poverty also increases, with a disproportionate increase in families with young children or those with special needs. Of particular concern is the proportion of young people, leaving education, who are unable to find employment, with the jobless rate amongst this age group particularly high. The impact on emotional health and wellbeing is explored further in the following article. http://www.nursingtimes.net/public-health-in-a-recession/1931623.article.



Pandemic Flu

Human illness caused by a new influenza A/H1N1 virus (swine flu) emerged in Mexico in April 2009, and subsequently spread rapidly to over 200 countries. On 11 June 2009 the World Health Organisation declared the outbreak a pandemic (WHO pandemic alert phase 6) in recognition of the fact that the virus was spreading in many parts of the world.

Pandemic flu cases have been reported in the UK since late April 2009. The rate of spread has been variable across the country with areas of London and Birmingham having been most affected. By the end of July, Bristol saw an increasing number of reported cases and had a number of smaller outbreaks relating to educational institutions. It is estimated that the peak weeks of this first wave could occur in late August/early September. A second, larger wave may follow this autumn, when seasonal flu is also present. NHS organisations have been asked to plan for a second wave that could be up to 5 months in duration.

Limited data from early UK cases of pandemic flu suggest highest numbers of cases are among children, particularly the 5-14 age group, and younger adults. The majority of UK cases have experienced mild symptoms and made a full and rapid recovery, though in a small minority of cases the disease has been more severe with a few deaths. Hospitalisation rates have been low, with young children and older people at higher risk. The majority of those requiring hospitalisation have had an underlying health condition. However, these are early data based on small numbers of cases and thus need to be treated with caution.

The response

A 'National Pandemic Flu Service' became operational in mid-July, which allows a web-based, and telephony service for those with symptoms of pandemic flu to be assessed and authorised antiviral medication as appropriate.

Pandemic flu specific vaccine is in development, with the first deliveries expected in late August. Priority groups for the vaccine are being determined nationally, although over the course of a year or so it is anticipated the vaccine will be available to all. Pandemic flu vaccine is in addition to the usual seasonal flu vaccine.

The Implications

The pandemic flu spread has major consequences for all sectors of the economy and preparedness and response across the whole of the public sector is being actively coordinated through the Local Resilience Forum. As Pandemic flu is an exceptional additional demand on health and social care providers it will inevitably put additional pressures on human and financial resources. Business continuity is clearly of the highest importance and planning to ensure this is essential for statutory and voluntary and community sector organisations. This involves regular assessment of the likely impact of the pandemic on the workforce to ensure that services remain high quality. NHS Bristol has been engaged in detailed work with other organisation across Avon for several years to prepare for pandemic flu in line with national guidance.

Children & Young People

Partnership working to improve health outcomes for children and young people has greatly improved, leading to the Office for Standards in Education, Children's Services and Skills' (Ofsted) judgement in 2008 that Bristol's performance on this outcome is 'good'. It was judged as 'adequate' in 2006 and 2007. Progress has been made in terms of:

- The decision to commission a single provider for all child health services with North Bristol NHS trust working in partnership with Barnardos, from April 2009
- Improving access to care through, for example, the new team of 12 Primary Mental Health specialists across the city. Waiting times for contact with CAMHS have been reduced

continued overleaf

Children & Young People continued

Lord Laming's recent review of child protection arrangements in England emphasised the complex and demanding nature of this area of work. It highlighted the necessity of recruiting, retaining and supporting social workers and other professionals in their task of working with other key agencies in protecting children.

Bristol has worked to develop strong and responsive services to children in need, including those who are looked after.

Progress includes:

- All 11 externally regulated social care services are currently judged by Ofsted or Commission for Social Care Inspection (now the Care Quality Commission) as good or well above the performance nationally or of statistical neighbours
- A safeguarding review has been completed, bringing an independent external perspective to practice in Bristol
- A wide range of professionals have been trained in the Common Assessment Framework (CAF) - social workers sit on panels at a minimum of one every two weeks and provide advice to panel members on safeguarding issues

Health and Social Care (Adults & Older People)

We've started a programme to radically transform how people's care needs are met in Bristol.

Social care transformation is happening across the country. The national target and expectation is that social care services will be very different by 2012. In Bristol we'll only achieve that transformation by working with other organisations - it's also crucial to involve and respond to service users and carers. We'll need to develop new ways to achieve this as part of our transformation.

The idea of personalisation is at the heart of Putting People First in Bristol. Putting People First is about changing what we do to:

- achieve earlier interventions enabling people to continue living independently and reduce the need for crisis services
- create a common assessment of care needs and more opportunities for self-assessment
- tell people how much money can be spent on their care - their personal budget
- let people choose to directly control and spend their personal budget through an individual budget or direct payment
- increase people's choice and control over how they receive support - more person centred planning, outcome based support plans (previously care plans) and more direct payments
- move social workers away from doing assessments and gate-keeping to provide advocacy and brokerage (supporting people to find the care they need delivered in the way they want)

The Influence

The JSNA brings together, in one place, knowledge on health and wellbeing need across Bristol. There is still a great deal of work to do. The information we hold is not complete and there is no simple way yet to share the vast range of information available to those who need to see it. However, the JSNA has already informed the future direction of health and wellbeing services in Bristol.

Children & Young People Services

The Children and Young people's plan has been reviewed and 'refreshed' for 2009 to ensure that the priorities for action for the Children's Trust are appropriate. A number of key findings from the JSNA have been included in the refresh of the Children and Young People's plan:

- Tackling child poverty – the JSNA identified that 29% of children live in income-deprived households
- Reducing obesity – this is now a Local Area Agreement (LAA) target, raising the profile of this priority
- Increasing breastfeeding rates – the JSNA identified variation in breastfeeding rates across the city, particularly between the deprived and affluent wards, this is also a LAA target
- Reducing alcohol consumption – the JSNA highlighted the comparably high rate of alcohol-related admissions for males under 18 due to alcohol, compared to the other Core Cities

Health & Social Care

- The health needs assessment for adults with learning disabilities (LD) published in November 2008 has provided new and up-to-date evidence for the joint commissioning strategy for adults with LD between NHS Bristol and Health and Social Care (Bristol City Council)
- Summary information relating to the older population in Bristol was taken from the JSNA and shared with the Older People's Partnership Board; this was used as a reality check against the Older People's Quality of Life strategy to ensure that the priorities were appropriate
- The process of bringing together information to inform the JSNA baseline report highlighted significant gaps in our knowledge on the health needs of carers; this has prompted further research on carers' quality of life to help improve support services

NHS Bristol

- The findings of the JSNA heavily informed NHS Bristol's 5-year strategic plan. This is a key document that sets out how NHS Bristol and partners will improve the health of the population
- The JSNA findings influenced the choice of the health outcomes NHS Bristol will focus on through the 'World Class Commissioning' framework. This framework aims to transform the way in which health and care services are commissioned, by delivering a long-term commissioning approach that has a clear focus on delivering improved health outcomes. In particular, those findings on childhood obesity, alcohol consumption, under 18 conception rates and smoking levels were taken into account.

New and Refreshed Data

The JSNA Core Dataset

The JSNA is underpinned by a core dataset, which contains a range of indicators under the headings of:

Bristol Context – e.g. population estimates and change

Determinants of Health – e.g. satisfaction with state of repair of home

Healthy Lifestyles – e.g. the percentage of people obese or overweight

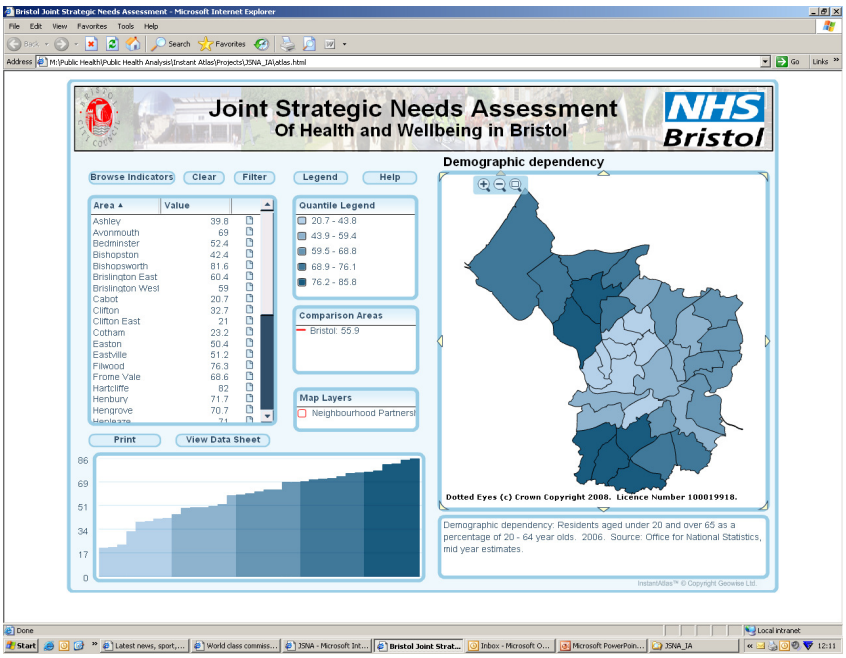
Mortality and Morbidity – e.g. mortality from stroke and cancer

Health and Wellbeing – e.g. hospital admissions for the elderly due to falls

Many of the indicators are updated annually, which will provide the ability to identify trends over time, as they emerge and share any significant changes. The Instant Atlas is currently being developed to display data for a number of consecutive years to show trends over time. This work will be completed later this year.

The core dataset has been refreshed and uploaded into the JSNA Instant Atlas. The Instant Atlas is a web-based, flexible tool that allows you to choose what information to display across a ward map of Bristol. This is particularly useful when comparing different areas of the city and provides an instant picture of a range of health and wellbeing indicators. For those users that are new to instant atlas, there is a short guide available to help guide you through the functionality.

If you would like to do further work with the data, e.g. for drafting a commissioning strategy, Instant Atlas provides the ability to download the data behind the map into a table.



Did you know…

Some trends in the data

The Bristol Context
There has been an increase in over 1,000 children aged 0-4 and 350 elderly residents aged 85 and over when comparing the Office of National Statistics population estimates for 2006 and 2007.

Healthy Lifestyles
The percentage of mother's breast-feeding at 6-8 weeks across Bristol has risen from 46% for children born in 2006, to 56% for those children born in 2008.

Mortality and Morbidity
Planned and unplanned admissions for Bristol residents due to diabetes have risen from 4778 in 2007, to 5309 in 2008, an increase of 11%. This upward trend has been apparent since 2004.

Health & Wellbeing
The number of admissions to hospital related to road traffic accidents for children under 18 has fallen for the 3rd consecutive year to 106 (from 174 in 2005)

New information has been included relating to social care for adults and older people. This relates to referrals by age and ethnicity and shows significant variation in terms of the rate of referrals across Bristol's wards.

Population Change

Estimating the size of the current population is essential in ensuring that Bristol City Council and NHS Bristol, together with our partners, can plan and deliver services appropriately. It is important we understand the diversity across the communities of Bristol in terms of the age profile, ethnic mix, faith groups and lifestyle characteristics present.

Projecting how the population will change underpins the JSNA process. Estimating the future health and wellbeing needs of the population will ensure that services are planned and delivered appropriately.

The following section draws together information from two reports, referenced at the end of this section. Population estimates by age and ward have been uploaded into Instant Atlas, please see page 8.

'The annual school census 2008 showed that 22.5% of pupils are from BME backgrounds, compared to the estimate of 11.9% for the population as a whole'

The latest Office of National Statistics (ONS) population estimate for Bristol stands at 416,400 people. Following a period of fairly stable population, the number of people living in the Bristol Local Authority area is now increasing. If recent trends continue then it is projected that the population may increase by 109,300 people by the year 2026 (+26.6%) although as with any projection, this is subject to change[1].
The primary reasons for the population increase are:

- Increasing numbers of births and declining mortality rates, in fact levels of natural change (births minus deaths) are higher than at any time since 1964
- Increased net international migration into Bristol, in particular the A8 Accession countries joining the EU in 2004/5 has resulted in significant population increases
- However, net internal migration, (internal migration includes migration within UK) has seen more people leaving Bristol to go to other areas than moving into Bristol
- The number of students attending the University of Bristol and the University of the West of England continues to increase
- In the future, natural change - which is influenced by migration, changing age structures, fertility rates and falling mortality rates – is likely to continue to make a significant contribution to population change in Bristol
- International migration is also likely to contribute to population change and increasing population diversity. International net migration is likely to be offset to a degree, however, by the fact that trends in net internal migration will continue with increasing number of people moving out of Bristol than moving in

Estimates of the population by ethnic group are now published by ONS. These are 'experimental statistics' and as such are subject to change as methodologies are improved. Highlights are:

- In 2001, the Black and Minority Ethnic group (BME) proportion of the Bristol population was estimated at 8.2% or 31,900 people
- In 2007, this has risen to 11.9%, an increase of 17,800 people from BME groups (a similar proportion to the England average)
- This is a larger increase than the 8,600 white British, white Irish or white other increase seen during the same period

continued overleaf

[1] Population projections are based on the trends of the previous five years and thus are subject to change. Recent high levels of international migration may not continue and so future population projections for the city may be lower

A recent report commissioned by Children & Young People Services has highlighted that schools are becoming increasingly diverse in terms of the ethnic mix of pupils:

- The annual school census 2008 (PLASC) showed that 22.5% of pupils are from BME backgrounds, compared to the estimate of 11.9% for the population as a whole previously referenced. The highest proportion of BME pupils is mainly in, and around, the inner-city wards
- Black Somali children were the largest BME group at 3.8% (1,749 pupils)
- The report also looked at the ethnicity of children at local authority run nursery schools and classes. The increase in the diversity of the population here is clear, with over a third (36.5%) of children recorded as non-White British. It should be noted that this percentage does not include independent and voluntary sector nursery schools and may over or under estimate the true non-White British percentage
- Within this population, there is likely to be a cohort with learning difficulties, physical or sensory impairments and mental health problems. Therefore, projecting this population forward in terms of the likely group that may require support from health and care services would be beneficial in terms of transitions planning
- Further demographic detail as well as key policy implications likely as a result of this changing profile can be found in the full report from the Institute of Community Cohesion

Sources:

- *Mills, J., Legg, M. and Clarke, D. (2009) 'The population of Bristol, January 2009'*, Bristol City Council.
- *Cantle, T., Kaur, D., Tatam, J., Baksh, N., Range, D., Ali, S. and Hay, A. (2009) 'Pupil population change and community cohesion: impact and policy implications for the education service in Bristol'*, Institute of Community Cohesion.

Watch this space

Children in need information

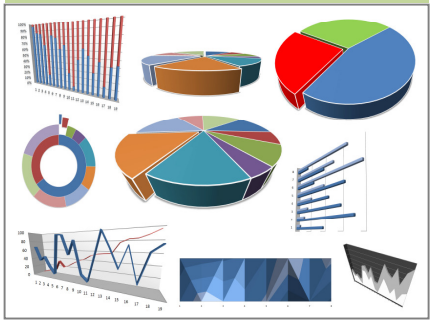
PARIS is the care management system used by professionals working with children in need.

A recent census of children in need data on PARIS found fields relating to the health and wellbeing needs of children were completed regularly, which could provide the numbers with behavioural and emotional health problems, learning difficulties and those with physical or sensory impairments.

This is part of a national data collection and therefore benchmarking between Bristol and other areas will be possible in the future. This information source will feed National Indicator 58 – Emotional and Behavioural health of children in care.

When looking at this information in the context of the JSNA, it is important to acknowledge that the 3,500 children recorded on PARIS cover a wide spectrum of needs, cared for in a variety of ways - from basic equipment and adaptations, through to placements in residential care settings.

Work to validate and improve the quality of this information is in progress. This is an important step before this information is used to inform the JSNA.



The Health Profile for Bristol 2009

The Association of Public Health Observatories produce an annual snapshot of the health of Bristol, measured using a range of indicators, each compared to other areas of the country. This can be used to highlight public health issues that may need addressing in the city. It is however important to acknowledge these indicators are citywide averages and cannot be applied to each ward. The full 2009 report can be accessed at the following link:
http://www.apho.org.uk/resource/view.aspx?RID=71407

A summary of the main issues raised is shown below. The health summary table can be found on the following page, showing those areas where Bristol is currently performing better than or worse than the England average.

- Overall life expectancy for men and women is lower than the England average although recent information suggests the gap between the ward with the highest life expectancy and the ward with the lowest life expectancy has narrowed to nine years
- The early death rate from heart disease and stroke remains higher than the England average but has fallen over the last ten years
- A low proportion of women smoke during pregnancy compared to England as a whole
- The estimated proportion of adults who smoke is similar to the average for England, however the death rate for smoking is higher
- The number of estimated problem drug users (measured as crack and/or opiates) as a crude rate in the 15 to 64 population is higher than the England average
- The estimated binge-drinking rate is similar to the average for England, but alcohol related hospital admissions are high, accounting for over 8,000 hospital stays per annum
- The rate of teenage pregnancy is higher than the England average
- The rate of road injuries and deaths is lower than the England average

Whilst this provides a useful benchmark against England and the South West region, the results should be treated with caution. The regional average would contain many areas that are not comparable to Bristol, e.g. rural areas such as Devon and Cornwall, in addition, Bristol is the largest city in the South West, and therefore some of the health and wellbeing issues vary to our immediate neighbours.

In the next few months, a health profile for Bristol, compared to the statistical neighbours group will be produced and made available via the JSNA website. This will provide more meaningful comparison to those cities that are similar in terms of size and demography. Please see the glossary section for more detail on the Core Cities group.

Health Profile for Bristol 2009

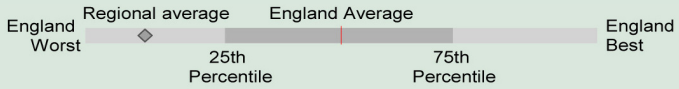
Sourced from the Association of Public Health Observatories

Health summary for Bristol

The chart below shows how people's health in this local authority compares to the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which is shown as a bar. A green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated

* relates to National Indicator Set 2009



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	116469	28.7	19.9	89.2		0.0
	2 Children in poverty *	20119	28.7	22.4	66.5		6.0
	3 Statutory homelessness			2.8	8.9		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths) *	1103	35.6	48.3	26.5		73.3
	5 Violent crime *	11592	28.3	17.6	38.4		4.8
	6 Carbon emissions *	2198	5.4	7.2	15.7		4.6
Children's and young people's health	7 Smoking in pregnancy	696	12.1	14.7	37.8		3.7
	8 Breast feeding initiation *			71.0	32.5		92.2
	9 Physically active children *	35019	90.0	90.0	77.5		100.0
	10 Obese children *	368	10.3	9.6	16.2		3.9
	11 Children's tooth decay (at age 5)	n/a	1.5	1.5	3.2		0.0
	12 Teenage pregnancy (under 18) *	345	51.8	41.2	79.1		15.0
Adults' health and lifestyle	13 Adults who smoke *	n/a	24.8	24.1	40.9		13.7
	14 Binge drinking adults	n/a	17.8	18.0	28.9		9.7
	15 Healthy eating adults	n/a	23.9	26.3	15.8		45.8
	16 Physically active adults	n/a	10.6	10.8	4.4		17.1
	17 Obese adults	n/a	22.5	23.6	31.2		11.9
Disease and poor health	18 Over 65s 'not in good health'	13597	23.8	21.5	32.5		13.5
	19 Incapacity benefits for mental illness *	10520	37.2	27.7	59.4		8.7
	20 Hospital stays for alcohol related harm *	8206	1940.0	1472.5	2615.1		639.9
	21 Drug misuse	7599	26.2	9.8	27.5		1.3
	22 People diagnosed with diabetes	15208	3.7	4.1	6.3		2.6
	23 New cases of tuberculosis	76	18.7	15.0	102.1		0.0
	24 Hip fracture in over-65s	402	514.8	479.8	699.8		219.0
Life expectancy and causes of death	25 Excess winter deaths	230	21.0	17.0	30.3		4.0
	26 Life expectancy - male *	n/a	77.0	77.7	73.2		83.7
	27 Life expectancy - female *	n/a	81.4	81.8	78.1		87.8
	28 Infant deaths	26	4.6	4.9	9.6		1.3
	29 Deaths from smoking	580	222.9	210.2	330.2		134.4
	30 Early deaths: heart disease & stroke *	310	87.7	79.1	130.5		39.6
	31 Early deaths: cancer *	426	121.5	115.5	164.3		75.7
	32 Road injuries and deaths *	181	44.5	54.3	188.3		18.4

Notes (numbers in bold refer to the above indicators)

1 % of people in this area living in 20% most deprived areas of England 2007 **2** % of children living in families receiving means-tested benefits 2007 **3** Crude rate per 1,000 households 2007/08 **4** % at Key Stage 4 2007/08 **5** Recorded violence against the person crimes crude rate per 1,000 population 2007/08 **6** Total end user CO2 emissions per capita (tonnes CO2 per resident) 2006 **7** % of mothers smoking in pregnancy where status is known 2007/08 **8** % of mothers initiating breast feeding where status is known 2007/08 **9** % 5-16 year olds who spent at least 2 hours per week on high quality PE and school sport 2007/08 **10** % of school children in reception year 2007/08 **11** Average number of teeth per child age 5 which were actively decayed, filled or had been extracted 2005/06 **12** Under-18 conception rate per 1,000 females (crude rate) 2005-2007 **13** %. Modelled estimate from Health Survey for England 2003-2005 **14** %. Modelled estimate from Health Survey for England 2003-2005 **15** %. Modelled estimate from Health Survey for England 2003-2005 **16** % aged 16+ 2007/08 **17** %. Modelled estimate from Health Survey for England 2003 -2005 **18** % who self-assessed general health as 'not good' (directly age and sex standardised) 2001 **19** Crude rate per 1,000 working age population 2007 **20** Directly age and sex standardised rate per 100,000 population 2007/08 **21** Crude rate per 1,000 population aged 15-64 2006/07 **22** % of people on GP registers with a recorded diagnosis of diabetes 2007/08 **23** Crude rate per 100,000 population 2004-2006 **24** Directly age-standardised rate for emergency admission 2006/07 **25** Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.04- 31.07.07 **26** At birth, 2005-2007 **27** At birth, 2005-2007 **28** Rate per 1,000 live births 2005-2007 **29** Per 100,000 population age 35+, directly age standardised rate 2005-2007 **30** Directly age standardised rate per 100,000 population under 75 2005-2007 **31** Directly age standardised rate per 100,000 population under 75 2005-2007 **32** Rate per 100,000 population 2005-2007

More information is available in The Indicator Guide: www.healthprofiles.info For information on your area contact your regional PHO: www.apho.org.uk

Please note . . .

Whilst this initial summary provides some interesting information, it should not be misinterpreted. Health and wellbeing need will be present across all household groups and types, in different ways and at different levels, given the diversity of the population.

The potential benefits of using MOSAIC data in the context of the JSNA will be to examine differences within Bristol, particularly testing the correlation between high demand on health and care services and lifestyle characteristics exhibited by communities across the city. Further analysis will be undertaken and communicated shortly.

Lifestyle Characteristics - MOSAIC

Our knowledge on lifestyle characteristics across the city has traditionally relied on survey results, such as the Quality of Life survey. The choices individuals and households make in terms of their lifestyle have a direct impact on health and wellbeing.

Bristol City Council (BCC) has recently procured a tool called MOSAIC, which brings together over 400 data sources including health, education, employment and deprivation. It combines this with other sources of information such as consumer spending patterns to paint a rich picture of our population in terms of demographics, socio-economic factors and lifestyles.

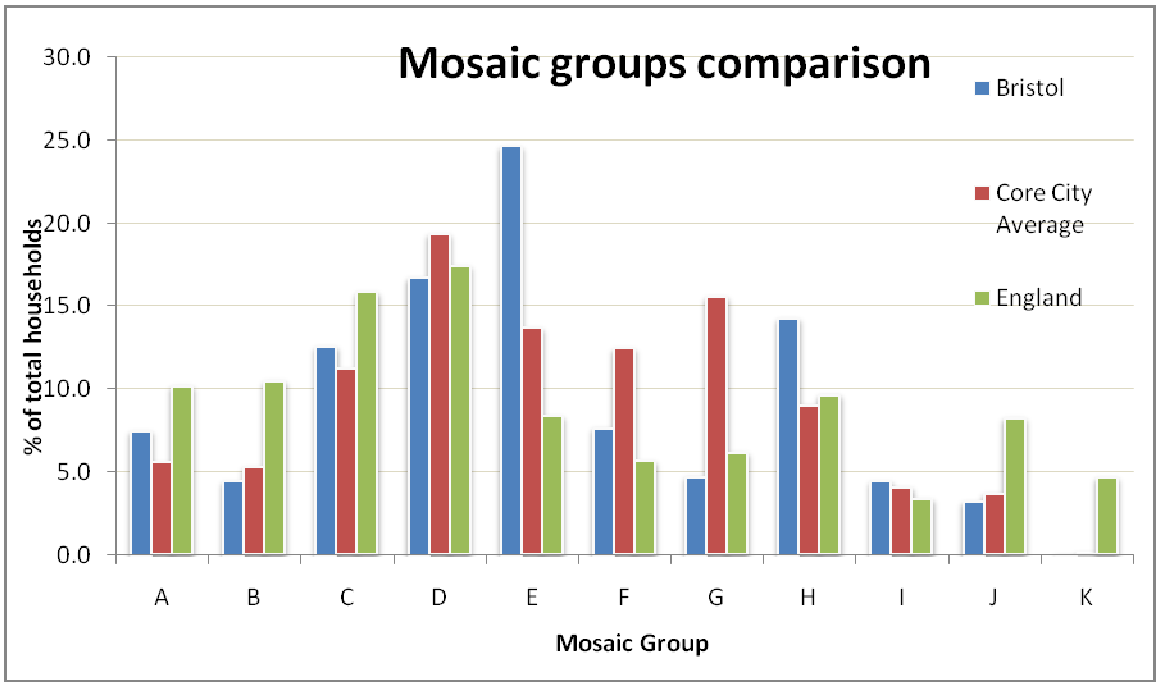
MOSAIC works by grouping postcodes or households into one of 11 high level groups that summarise the common characteristics, which are associated with the area in question. It goes into further detail by defining 61 types, under the groups that can be used for more detailed work.

Although MOSAIC data is relatively new to BCC, initial analysis has been carried out to look at which groups and types are most common in Bristol, and how this profile compares to the average of the Core Cities. This is summarised in the following tables.

The profile of Bristol against the MOSAIC household groups has been show below. The titles of these groups give a brief summary of the key characteristics, although a great deal more information about each group is available. Please contact JSNA@bristol.gov.uk for more information.

Household Groups in Bristol *Source: MOSAIC, Experian, 2008 release*		House holds	% of City	Core Cities %
A	Career professionals living in sought after locations	13,095	7.5	5.6
B	Younger families living in newer homes	7,777	4.4	5.3
C	Older families living in suburbia	22,051	12.6	11.2
D	Close-knit, inner city and manufacturing town communities	29,367	16.7	19.4
E	Educated, young, single people living in areas of transient populations	43,286	24.6	13.7
F	People living in social housing with uncertain employment in deprived areas	13,424	7.6	12.4
G	Low income families living in estate based social housing	8,272	4.7	15.6
H	Upwardly mobile families living in homes bought from social landlords	25,035	14.2	9.0
I	Older people living in social housing with high care needs	7,769	4.4	4.0
J	Independent older people with relatively active lifestyles	5,613	3.2	3.7

The Mosaic group profile for Bristol has been compared to the Core Cities average and the England average in the chart below:



The above groups can be further broken down into 61 household types. The 8 most common types of household, as classified by MOSAIC, are shown in the following table. Alongside each type, the key features of these households, as interpreted from the datasets, have been summarised.

Top 8 Household Types in Bristol *Source: MOSAIC, Experian, 2008 release*		House holds	% of City	Core Cities %
E31	Well-educated singles and childless couples colonising inner areas of provincial cities. Key features are young professionals, well educated, often in public sector employment, with a good diet and active lifestyle.	18,574	10.6	3.8
D21	Mixed communities of urban residents living in well built early 20th century housing. Key features are young adults, married or co-habiting, with a high proportion of people in admin and technical jobs, with comparatively active lifestyles.	11,579	6.6	3.1
C18	Middle aged, middle-income owner-occupiers living on very large developments of 1930s semi-detached housing. Key features include families with children, middle income, suburban semi-detached housing, with reasonable diet and social responsibility.	11,520	6.6	3.9
H46	Residents in 1930's and 1950's council estates, now mostly owner-occupiers (exercised the right to buy). Key features include married couples, children, manual skills, fairly prosperous, moderate exercise and reasonable diet.	9,392	5.3	2.8
H47	Families with young children who live on recently built council estates in planned communities. Key features include large families, co-habiting and single parents, some overcrowding, poor qualifications, outgoings often exceed income, poor diet and a comparatively high proportion of smokers.	9,096	5.2	2.3
E33	Older neighbourhoods, increasingly taken over by short-term student renters due to proximity to universities. Key features include singles, mature students and postgraduates, low incomes, active lifestyles with heavy / medium drinking levels.	7,324	4.2	3.9
E29	Economically successful singles, many living in privately rented inner city flats. Key features include 20 something singles, high-pressure jobs, high salaries, gym membership and good diet / health.	7,038	4.0	2.0
D23	Owners of older, comfortable houses, often in ex-mining areas who work in manufacturing and assembly plants. Key features include family focus, modest incomes, large terraces and semi-detached properties, drinking alcohol and smoking and television is regularly watched.	6,639	3.8	3.7

Local Voice – Place Survey

The Place Survey is a new consultation that all Local Authorities are required to carry out biennially. Some of the results of the survey feed directly into the National Indicator Set for Local Authority partnerships. The Place Survey has been developed as part of a new focus on improving outcomes for local people and places – rather than on processes, institutions and inputs.

A questionnaire asking for local residents' views on a variety of topics ranging from local transport, neighbourhood cohesion, and help from health and social care services was sent out to a random sample of people from across the city.

The results for Bristol have been analysed against the Core Cities group to allow for a comparison to other major cities in England. This analysis generally describes a positive picture for Bristol for those indicators relating, directly or indirectly, to health and wellbeing. The highlights include:

- Bristol ranks 1st out of the 8 Core Cities for the percentage of respondents who agree that people from different backgrounds get on well together
- Bristol ranks 1st for the percentage of people who say their health is good or very good
- Bristol ranks 1st for the percentage of people who provided unpaid help to groups. This may be range from befriending, to charity work, shopping or giving advice.
- Bristol's percentage of people who think that the older population in the city get the help and support they need to live independently at home for as long as they want to is lower than the England average and the lowest of Core Cities.

Note: (L) denotes those questions where a low percentage is a better result

2008 Place Survey Question *Source: 2008 Place Survey*	Bristol	Bristol Rank	Core Cities Avg	Eng Avg
% who agree that their local area is a place where people from different backgrounds get on well together	75.9	1	73	76.4
% who feel they belong to their immediate neighbourhood	62.6	1	53.1	58.7
% who are satisfied with their local area as a place to live	78.6	2	74.6	79.7
% who have given unpaid help at least once per month over the last 12 months	24.1	1	20	23.2
% who think that anti-social behaviour is a problem in their local area (L)	23.6	4	27	20
% who agree that in their local area parents take enough responsibility for the behaviour of their children	32.1	1	26.9	29.6
% who think there is a problem with people not treating each other with respect and consideration in their local area (L)	33.4	3	37.7	31.2
% who think that drunk and rowdy behaviour is a problem in their local area (L)	37.5	7	33.2	29
% who think that drug use or drug dealing is a problem in their local area (L)	36.8	4	37.8	30.5
% who say their health is good or very good	80.8	1	73.4	75.8
% aged 65 and over who are satisfied with both home and neighbourhood	80.7	4	79.1	83.9
% who think that older people in their local area get the help and support they need to continue to live at home for as long as they want to	26.2	8	28.7	30
% who would say that they have been treated with respect and consideration by their local public services in the last year	69	5	69.2	72.4

Local Voice - Quality of life survey

The percentage of respondents who feel their health has been good / fairly good in the last 12 months

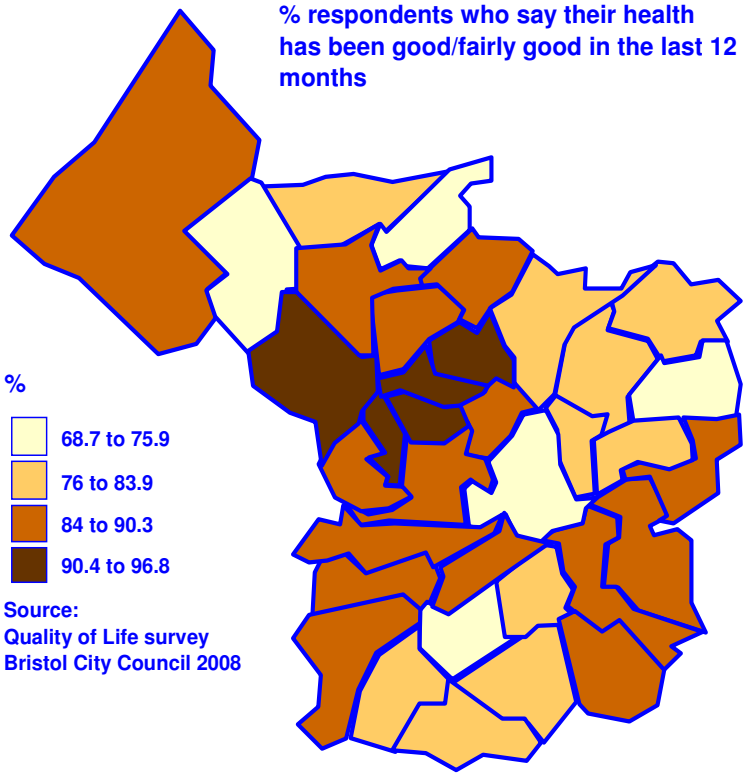
This question is a key National Indicator (NI 119) and is also measured through the place survey detailed in the section above, where Bristol reports the highest percentage of any Core City.

The variation seen across the city is strongly related to areas of deprivation, with significantly fewer residents experiencing good health (76%) in Neighbourhood Renewal Areas, compared to Bristol as a whole (84%).

In terms of equalities groups, older people (78%) and disabled people (42%) had a lower proportion of respondents reporting good health than Bristol as a whole.

There are two trends that may be cause for concern in relation to this indicator:

- The percentage of men reporting good health has fallen from 87% in 2007, to 83% in 2008
- No ward in Bristol has seen a significant upward trend in this indicator when comparing 2008, to 2005. Hillfields and Kingsweston have seen a slight fall



continued overleaf

The background

The annual Quality of Life survey gives residents in Bristol a chance to give their views on a wide range of topics including the environment, housing and questions relating to health and perceptions of services available in the city. In 2008, approximately 24,000 questionnaires were sent and 6,000 residents responded. The distribution of the survey was much higher in Neighbourhood Renewal Areas (NRA) and amongst those areas with a high BME population. This was to attempt to provide reliable results from those communities who traditionally may be low respondents to this type of survey.

The results of the Quality of Life survey were used extensively in the 'local voice' sections of the JSNA baseline report. The results form an integral part of the core dataset detailed in this update.

Source:
www.**bristol**.gov.uk/**qualityoflife**

Healthy Eating

Healthy eating varies significantly across the communities within Bristol, both geographically and between equalities groups.

A recent analysis of relevant indicators from the Quality of Life survey found a strong correlation between healthy eating, access to shops selling fruit and vegetables, deprivation and levels of obesity.

When looking at the survey results by equalities groups, the following key points were evident:

Gender – Men generally eat less fruit and vegetables compared to women and significantly more men indicated that they were overweight

Disabled People – Access to fruit and vegetable shops was worse for disabled people with significantly more disabled people indicating they were overweight or obese

Older People – Generally older people ate a higher proportion of fruit and vegetables in their diet compared to the general population

BME Groups – The consumption of fruit and vegetables and the proportion of residents overweight and obese were similar to the city as a whole

Source*: MacMahon, S. (2009) 'Healthy eating in Bristol – equalities and spatial assessment'*, Bristol City Council.

A summary of the key trends in relation to other indicators relating to health and wellbeing is shown below. This shows that fewer residents appear to be smoking and consumption of fruit and vegetables on a daily basis is on the increase. However, obesity levels appear to be rising and the proportion participating in regular exercise is falling. This may explain some of the results shown in the perception of health results on the previous page.

It is important to look at the percentages, not just the trends. For example, the percentage of carers who feel well supported by social services and other organisations is increasing year on year, however, only a third feel well supported (34%).

For further information please access the core dataset via Instant Atlas (see page 8) where you can analyse the survey results by ward, and year and equalities groups. The full Quality of Life survey 2008 summary report also contains further analysis. The full report can be obtained here www.**bristol**.gov.uk/**qualityoflife**

KEY: ☺ **= Positive trend** 😐 **= No significant change** ☹ **= Negative trend**

Quality of Life Indicator (2008 Result)	Trend 2005 – 2007	Trend 2005 - 2008
84% residents who feel in good health	😐	☹
27% households with a smoker	☺	☺
33% residents taking moderate physical exercise	☹	☹
52% fruit and vegetable consumption	☺	☺
51% residents overweight and obese	😐	☹
91% access to shops selling fresh fruit and vegetables	😐	😐
30% residents with limiting long term illness and disability	😐	😐
34% unpaid carers said they are well supported by social services / other organisations	☺	☺
81% resident satisfaction with the state of repair of their homes	😐	😐
58% feeling of belonging to your neighbourhood	😐	😐
91% residents fairly or very happy	😐	😐
76% satisfied with health services	😐	☺
43% satisfied with social services	😐	😐

Source*: Quality of Life in Bristol 2008, Sustainable City Group, May 2009.*

New Research and Evidence

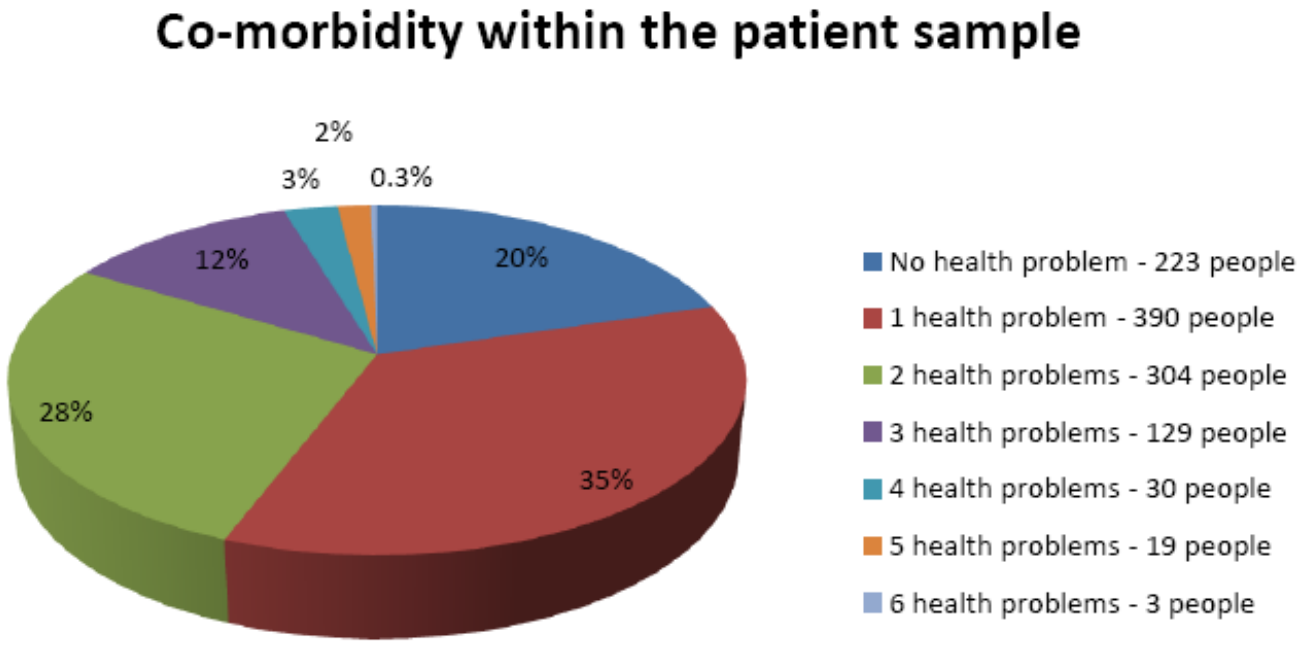
The Health Needs of Adults with Learning Disabilities

The baseline JSNA report highlighted a lack of knowledge on the health needs of adults with learning disabilities (LD). This made planning services for people with LD challenging. In response to this, a piece of research was conducted using a sample of over 1000 patients with LD aged 16 and over, across 28 GP practices across Bristol.

Within this large, community-based sample of adults with LD, there was evidence of a high level of health need, both in terms of prevention, assessment and management. It also found that almost 1 in 25 of those sampled had not had an appointment with their primary care provider for at least 3 years.

'A high proportion of the sample had serious health conditions, for example epilepsy, asthma and type 2 diabetes. Mental ill-health and behavioural difficulties that could seriously affect quality of life were common'

- 60% of the sample were obese or overweight with more than 3 out of 4 of the patients with Down Syndrome recorded as overweight or obese
- Asthma was common amongst the 16-24 year olds, double the rate in the same age group in the general population
- The prevalence of type 2 diabetes was significantly high
- One third of patients aged 35-44 were recorded as having a mental health problem in addition to their learning disability
- People with asthma, mental ill-health or behavioral problems had very high rates of smoking



Source: *Gale, L., Russ, L. and Naqvi, H. (2008) 'The health of adults with learning difficulties in Bristol',* Bristol Public Health department. The full report can be obtained by contacting JSNA@bristol.gov.uk.

Autistic Spectrum Disorder

The Avon branch of the National Autistic Society has recently conducted a survey to improve the understanding of the health and wellbeing needs of adults with Autism. Whilst there were only 27 forms returned (32% response rate), most of these were completed by the adult together with their parent or carer. Almost half of the respondents were resident in the Bristol area. A summary of the findings is shown below.

Background information:

The majority of respondents were male (5:1 ratio to females) and most of those who responded received a diagnosis for Autism, with nearly all of these diagnosed during childhood. Respondents generally lived with their family. Only 5 of the respondents were in employment

'No support in employment so had to leave after 2 years as becoming depressed and anxious' (questionnaire respondent)

Comments and concerns

- Diagnosis - particularly focusing on improved diagnosis, with clearer funding and referral routes required for adults with Autism
- Transitions planning - There were concerns raised about the transitions process for those respondents currently of school age
- Employment – A large number of comments focused on employment. Concerns varied from difficulties in finding suitable employment, concerns over equal opportunities and in filling out application forms. There were a number of comments suggesting that support during employment was key, e.g. through advocacy services
- Housing – Some felt that more assistance was needed to find suitable independent living accommodation.
- Daily Skills – Increased support to help with cooking, washing, cleaning, payment of bills were common responses, with many feeling that a greater level of support would be required with these daily skills to move to or maintain independent living. It was felt that a resource centre offering information and advice would be useful
- Advice – Many respondents felt that information and advice was not readily available or comprehensible relating to benefit entitlement

The over-arching concern was a lack of awareness of Autism, leading to problems with social interaction. These results, although based on a small sample, suggest further training may be required for professionals ranging from housing officers to employers, offering more appropriate support. It also suggests that earlier preventative support from health services would be beneficial. In addition, families and parents indicated they need their views to be considered, particularly regarding fears for the future when parents are no longer able to act as carers.

Source: Elliot, D. (2009) *'Results of a questionnaire sent to all members',* National Autistic Society - Avon Branch. The full report can be obtained by contacting JSNA@bristol.gov.uk.

Sight Impairment

Since the publication of the JSNA baseline report, new evidence has emerged that suggests significant increases in the population who are blind and partially sighted.

NATIONAL

The Royal National Institute of Blind People (RNIB) recently commissioned a piece of research to examine the current and future prevalence and cost of sight loss in the UK. The main findings were:

- There are approximately 1.8 million people with partial sight or blindness in the UK adult population in 2008. The data relating to children aged 0 – 17 is limited and variable in terms of accuracy (This has been added to the JSNA knowledge gaps list)
- In the full report, this is broken down by increases in the numbers with age-related macular degeneration (AMD), cataract, diabetic retinopathy and glaucoma
- The cost to the UK economy was approximately £6.5 billion in 2008, through direct costs to health and social care services and indirect costs such as informal care costs and work force losses
- The research predicts that by 2050 the number of people with partial sight or blindness will double to nearly 4 million people

LOCAL

Whilst the Local Authority hold details of those registered blind or partially sighted, it is suspected that this significantly undercounts those with sight loss. There are a variety of possible reasons for this, e.g. the stigma attached to being on a 'register', there is not a single trigger or referral system that signposts the population to the register.

However, there are other sources of data that may support the growth cited in the national research:

- The number of outpatient appointments at United Bristol Healthcare NHS Trust – Bristol Eye Hospital in 2005/06 was 70,655, this has risen to 77,402 in 2007/08, a 9.5% increase
- The number of admissions into the Bristol Eye Hospital was 10,198 in 2005/06, rising to 10,515 in 2007/08
- The number of outpatient appointments at the eye clinic at Tyndall's Park Children's Centre in 2005/06 was 267, rising to 287 in 2007/08

Note: Longer-term trends locally need to be examined to validate these recent increases.

continued overleaf

New Deafblind guidance

Under updated legislation under the Local Authority Social Services Act, 1970, Local Authorities are asked to take the following action:

- Identify, make contact with and keep a record of Deafblind people in their catchment area
- Ensure that assessments are carried out by a specifically trained person/team, equipped to assess the needs of a Deafblind person - in particular to assess need for one-to-one human contact, assistive technology and rehabilitation
- Ensure services provided to Deafblind people are appropriate, recognising that they may not necessarily be able to benefit from mainstream services or those services aimed primarily at blind people or deaf people who are able to rely on their other senses
- Ensure that Deafblind people are able to access specifically trained one-to-one support workers if they are assessed as requiring one
- Provide information about services in formats and methods that are accessible to Deafblind people
- Ensure that one member of senior management includes, within his/her responsibilities, overall responsibility for Deafblind services

Working with Bristol LINk

The new evidence on sight impairment and Autistic Spectrum Disorder has arisen as a result of working and engaging with the voluntary and community sector via Bristol's Local Involvement Network (LINk). John Langley, chair of Bristol LINk is positive about this partnership:

"Bristol LINk forms the crucial hub which brings together those who provide health and social care within the city, and those who access it.

It is absolutely right, and fitting, that those who access services do not become just stakeholders in Bristol's health and social care of the future, but architects of the kind of service they would like for themselves and their relatives. This is built on the foundations of their own individual experiences.

Fundamental to the success of this is the work of the JSNA, building the very blocks on which those foundations lay."

LINKS TO OTHER FACTORS

Research shows that that smokers face a higher risk of losing their sight compared to non-smokers. Information sourced from 'Age-Related Macular Degeneration and Associated Risk Factors' (AMD Alliance International Campaign, 2005) found that the fear of blindness can be a powerful incentive to stop smoking or to smoke less. Stop smoking programmes may wish to consider sharing this research through their information and advice services.

Emotional wellbeing can often deteriorate rapidly when individuals begin to, or suddenly lose their sight. Recent research from RNIB due to be published in September shows that in the UK, 70% of newly diagnosed blind and partially sighted people wanted someone to talk to about their fears and concerns, but only 19% were offered this opportunity by their eye clinic.

IMPLICATIONS

The projected increase in the partially sighted or blind population will place significant financial and resource pressures on both the statutory sector and providers across the independent and voluntary sector, as well as informal carers. If current trends continue, it is expected that the number of hospital admissions and outpatient attendances would increase, referrals to the Local Authority sensory impairment team would increase and the need for specialist equipment and home adaptations would increase. It also suggests that consideration should be given to this population group when planning future housing developments across the city.

The research suggests that there are 4 key interventions that could bring potential cost effectiveness given the expected rise:

- Prevention of eye injuries
- Increasing the frequency of regular eye tests for older people
- Improving access to integrated low vision and rehabilitation services
- Improving access to eye care services for minority ethnic groups, this is particularly pertinent for Bristol, given the growing BME population. It is suggested that undetected eye disease is more severe in the BME population and the research shows this is rated as a particularly cost-effective intervention.

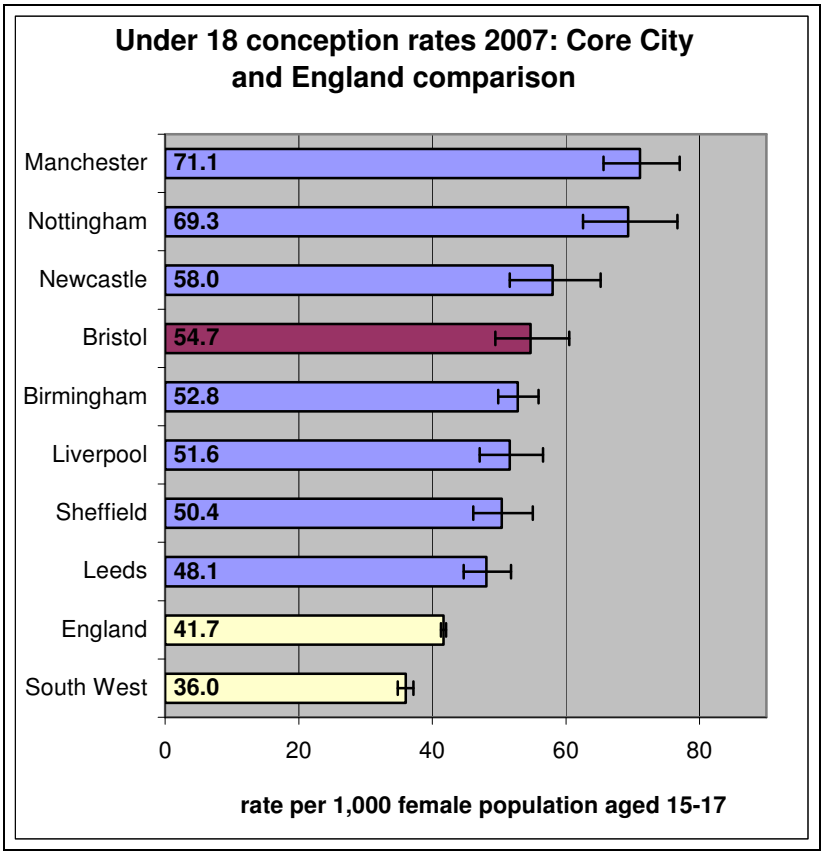
Source: *'Future Sight Loss UK' (2009)'*, Access Economics Pty Ltd and Epivision.

Sexual Health Needs Assessment

A recent sexual health needs assessment report has highlighted a number of key findings relating to trends in contraception, teenage pregnancy and sexually transmitted infections.

TEENAGE PREGNANCY

The latest teenage pregnancy benchmarking shows that Bristol's rate of teenage pregnancy in the female population aged 15 –17 remains higher than the England average, but broadly in line with a number of the Core Cities. Please see the chart below:



TERMINATIONS

Termination rates in Bristol are significantly below the national levels. Although rates have risen over the past 5 years, in 2007, they fell, unlike the national trend where a rise has continued. A contributory factor to the decline is a fall in the number of repeat terminations for those under 25.

continued overleaf

People living with HIV

A recent review was commissioned by Health & Social care to look at the current provision of social work for people living with HIV. Part of this review looked at the latest demographic information available from the Health Protection Agency. The main demographic findings were:

- The rate of HIV in Bristol has increased by 9% since 2006
- Just under two thirds of individuals with HIV were men, however the rate of HIV in women is increasing at a faster rate than men
- The age group with the highest number of people with HIV was 35-44
- The proportion of people living with HIV in Bristol are white men (45%) followed by black African women (25%), however the rate of HIV is highest amongst the Black African community.
- The most common route of infection was sex between men and women
- Just under a quarter of individuals with HIV were not receiving anti-retroviral therapy.

Source: Health Protection Agency, 2007

CONTRACEPTION

There are age, ethnic group and geographical variations in access rates to Brook Clinic and CASH (please refer to the glossary of terms on page 25):

- In particular the young BME population are using these services at a higher rate that the general population
- Access rates are higher in the deprived areas of the city which also have the highest teenage pregnancy rates
- Very few men access CASH or Brook clinic

SEXUALLY TRANSMITTED INFECTIONS (STI)

- Chlamydia remains the most commonly diagnosed STI in the Bristol area, with increases seen in the number of diagnoses over the past 5 years.
- Positive diagnosis of gonorrhoea has declined, consistent with the national trend
- Access rates to the Milne Centre are associated with distance to the clinic
- There has been a significant drop in the number of men who have sex with men accessing the Milne centre in recent years

PRIORITY GROUPS

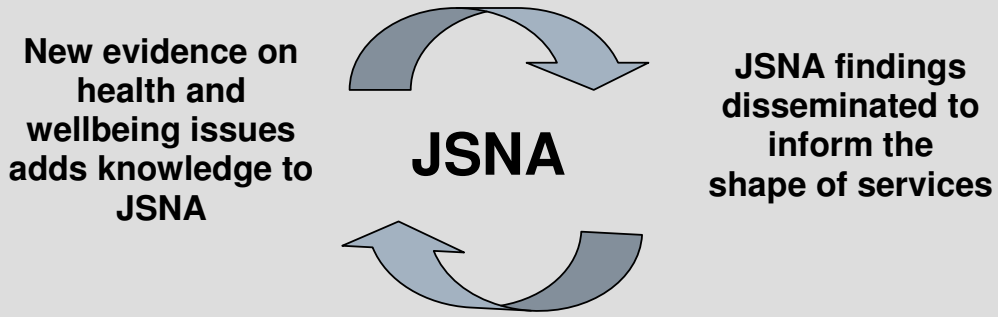
The needs assessment identifies the following high-risk groups as priorities when looking at improving sexual health in Bristol:

- Young People (high chlamydia / termination rates)
- Black and Minority Ethnic Groups (high chlamydia / HIV prevalence)
- Men who have sex with men (high HIV prevalence and rates of syphilis and gonorrhoea)
- Deprived populations (high teenage pregnancy rates)
- Substance misusers (high HIV prevalence)

Source: *Hamilton, S., Macleod, J. (2009) 'Sexual Health in Bristol; High Risk Groups and Access to Services'*, University of Bristol. University of Bristol.

Can you feed into the JSNA?

The JSNA is a two-way dialogue. There is a wealth of knowledge from the voluntary and community sector, professionals such as community development workers, health improvement workers and many more that would paint a rich picture of the health and wellbeing needs across the city. This knowledge, alongside the 'hard' data and 'local voice' through survey results, would provide commissioning and planning managers a comprehensive evidence base for decision-making. If you would like to contribute to the findings of the JSNA, please email JSNA@bristol.gov.uk or contact Matthew Areskog, JSNA Project Manager on 01179 222567.



Gaps in our Knowledge

The JSNA baseline report highlighted a significant number of knowledge gaps concerning the health and wellbeing needs across a number of different groups, communities and age ranges. In order that we can build knowledge as part of the JSNA process, it will be important to ensure that the list below is relevant, accurate and kept up-to-date as far as possible. If you are aware of other gaps in our knowledge, or have information that could be used to fill these gaps, please email JSNA@bristol.gov.uk

- Children & Young People
  - Children with physical disabilities
  - Children with sensory impairments
  - Speech, language and communication needs of children
  - The effects of poverty on children's health and wellbeing
  - Children without a school place
  - Asylum seeking children / refugees
  - Homeless children

- Adults and Older People
  - Projections of adults with physical disabilities
  - Drug misuse in the older population
  - Men's health issues
  - Mental health needs of BME communities

- Cross Cutting
  - The health needs of carers
  - The health needs of travellers
  - Forecasting and projections for vulnerable children who may require services from social care as adults in the future

Where is the Bristol JSNA heading?

The production of the baseline report was the first step for the JSNA in Bristol. NHS Bristol and Bristol City Council have recently agreed a development plan for the JSNA made up of 5 key components:

- **Building Evidence**
  To add to the evidence base continuously, through a regular cycle of filling information gaps and looking ahead to 5 and 10 years time in terms of changing needs and financial pressures.

- **Existing Services**
  To use knowledge on the performance and quality of existing services to identify where there may be gaps in meeting health and wellbeing needs and where inequalities may exist.

- **Communications**
  To ensure that the JSNA remains high profile across the NHS Bristol and Bristol City Council and to ensure that the key findings are regularly communicated in a clear, accessible way internally and to the public.

- **Managing our knowledge**
  To improve the way in which the JSNA partners store data, analyse it effectively and share it across the partnership in a sustainable way. To provide commissioners the intelligence they need to make decisions.

- **High performance**
  To align the JSNA to existing planning cycles so that key findings are used to inform the LAA and decision-making. To ensure that the JSNA in Bristol is built on each year and recognised nationally as best practice.

Glossary of Terms

Term / Abbreviation/ Name	Definition
A8 Accession Countries	The Czech republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia
BCC	Bristol City Council
BME	Black and minority ethnic groups - Mixed, Asian or Asian British, Black or Black Bristish, Chinese or other ethnic group (ONS definition).
Brook Clinic	Commonly known just as Brook - is the only national voluntary sector provider of free and confidential sexual health advice and services specifically for young people under 25.
CASH	Contraception and Sexual Health clinic (now amalgamated with the Pregnancy Advisory Service to form the Bristol Sexual Health Centre).
Commissioning	A continuous cycle of activities that contribute to the securing of services, including assessing the need in the population, specification of services to be delivered, contract negotiations, target setting, monitoring and managing performance.
Core Cities	Bristol is a member of Core Cities, a working group of eight major cities in England, outside of London. These are Birmingham, Liverpool, Leeds, Manchester, Newcastle, Nottingham and Sheffield.
HIV	Human immunodeficiency virus
Individual Budget	A budget allocated to people which includes their Personal Budget, but may also include money from other funding streams, such as Supporting People or Access to Work.
JSNA	Joint Strategic Needs Assessment - an ongoing process of understanding the health and wellbeing need in Bristol, to provide key findings to inform the commissioning of health and care services.
Limiting-long term illness	A self assessment of whether or not a person has a long-term illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age.
Local Area Agreement	Local Area Agreement (LAA) set out the priorities for Bristol agreed between central government and the Local Strategic Partnership including Bristol City Council, NHS Bristol, Police and Fire Services etc.
Milne Centre	Former sexual health clinic in Bristol, before the integrated Bristol Sexual service commenced in July 2008.
National Indicator Set	The National Indicators will be the only means of measuring national priorities that have been agreed by Government. The Local Government White Paper Strong and Prosperous Communities committed to a smaller more focussed set of priorities as well as radically reduce the number of national indicators.
Neighbourhood Renewal Areas	A national initiative through which areas with significant deprivation develop plans to tackle these problems.
Net migration	Inward migration minus outward migration
Non-white	Please see BME
Non-white British	As BME plus White Irish, White Other (includes white eastern European etc)
Obese	Body mass index of over 30
ONS	Office for National Statistics
Overweight	Body mass index 25-30
Prevalence	The proportion of a population who have a health condition, disease or impairment.
QOL	Quality of life (indicator)
Quality of Life Survey	Local postal survey of over 4,500 residents annually