

# Joint Strategic Needs Assessment 2010

*...a basic summary*



## Understanding Health & Wellbeing in Bristol

This basic summary of the 2010 JSNA Update gives an introduction to what the JSNA is and how it's used, plus provides an overview of what are the key issues in the 2010 JSNA Report and what this means for Bristol.

### Background

In 2008 Bristol produced the JSNA Baseline Report, which provided a lot of information on the key health and wellbeing issues for the Bristol population, and how these might change over time.

This was further developed with the 2009 JSNA Update, and the Data Atlas, which is an internet tool that maps data at a local level (eg by ward).

The 2010 JSNA Update gives a strategic overview, including planning tools for people making decisions about what services to provide now and in the future.

### Where is the full JSNA?

- All JSNA Reports are at: [www.bristol.gov.uk/JSNA](http://www.bristol.gov.uk/JSNA)
- The 2010 JSNA Update is published in May 2011
- The JSNA Data Atlas showing data by electoral wards and Neighbourhood Partnership areas is at <http://profiles.bristol.gov.uk> (JSNA is Section 5)

## Contents

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Introduction

What is a Joint Strategic Needs Assessment and why is it important?

What is in the 2010 JSNA?

What are the priority areas?

How does Bristol compare and what does the national situation mean?

How will the 2010 JSNA influence changes?

Version S4

## **What is the Joint Strategic Needs Assessment and why is it important?**

The Joint Strategic Needs Assessment (JSNA) is about understanding the present and future health and wellbeing needs of people in Bristol. It sets out the priority areas to be considered when the city council and the local NHS plan, arrange and purchase health and care services.

The JSNA is produced by the city council (children and adult services) and NHS Bristol, with other partners such as LINK (the Local Involvement Network) and the voluntary & community sector. It is about improving local people's life experience, health and care.

It provides information about the health and wellbeing needs in Bristol, and is mainly for people who plan, fund and monitor public services. The JSNA acts as a marker to assist with scrutiny and accountability. It is also important for other organisations, such as the voluntary and community sector, to help inform their future development.

But the JSNA is a 2-way discussion, and needs input from other partners to reflect the views of patients, service users and those who know what their local community needs. This basic summary is intended for this wider audience, as requested through Bristol LINK.

## **What is in the 2010 JSNA?**

The JSNA has information about the city and its population, such as:

- how long people live
- how many people are obese
- numbers of disabled people and children
- levels of poverty in different parts of Bristol

It sets out some of the wider challenges facing the city. These include things like the tough economic situation and climate change.

The health of local people is compared against people from other big cities, and against the whole of England. The key findings about Bristol's health needs and priorities for the future are described.

The JSNA also advises how health and care services should be developed and purchased locally. This is called a "commissioning model". The model is about helping organisations take difficult decisions in a time when there is less money for public services. It helps with decisions about which approaches and services work best and how money should be invested.

## What are the priority areas?

- **Responding to a growing and ageing population** – including increased numbers of children from Black and Minority Ethnic Groups and more people living longer, but not in all parts of the city.
- **Inequality in life expectancy** - a 9-year difference between some areas of Bristol – shows a link between other things like deprivation.
- **Children's needs** – levels of obesity; disabled children – 7.5% of the city's children have a disability or chronic condition; evidence that early support for deprived children reduces the chances of mental health problems in later life, but that many families do not use available support services.
- **Older people and carers needs** – as more people live longer and more of them are obese there are forecast increases in dementia, heart disease, cancers and diabetes which will put pressure on health, care and housing provision. The number of people aged over 65 living with dementia is forecast to rise by 13% by 2020.
- **Preventable hospital admissions** are high and rising – especially among the younger and older population groups.
- An estimated 40,000 people in Bristol are **unpaid carers** and this is also an ageing group. This will affect carers' continued ability to care and how services support them.
- **Minority groups experience** higher instances of some illnesses, but are less likely to use services. Health Services need to be improved for minority groups.
- **Increasing healthy lifestyles and improving housing.** There are close links between poor housing and poor health.
- Further **reducing crimes** like burglary and robbery.
- **Changing drug treatment systems** so more drug users are helped to stay off drugs.
- **Better planning** – design a healthy city with green space and less congestion & pollution to improve people's health & wellbeing.
- **Reducing how much we rely on petrol and oil for energy.** Include in our health planning changing our energy use, our transport, food production and ways we provide care. Often these changes are better for people's health too, as well as better for the environment.

## **How does Bristol compare to other cities, and what does the national situation mean for Bristol?**

Compared to similar big cities Bristol is doing better on many things like reducing smoking in pregnancy, eating more healthily and in cutting carbon emissions. It is doing less well in some things like adult binge drinking and hip fractures in the over 65s. Improvements here will be better for people and lead to reduced costs and pressure on services.

Changes due to the national situation mean the City Council and NHS Bristol both need to make efficiency savings, and are being re-structured. Public services will change and become smaller. There will be an increase in devolved decision-making and an expectation that people become more involved and active in their own communities.

Over the next three to five years Bristol will need to:

- Concentrate on priority areas for improving health and wellbeing
- Deliver cost effective services and better manage demand
- Support people to make healthier lifestyle choices
- Ensure local people help shape and develop services
- Plan changes for the future – invest for longer-term efficiencies

## **How will the 2010 JSNA Update influence changes?**

The JSNA has a commissioning model to help with decisions about changing and improving services in tough economic times - promoted as a way of working for all service planners in the city. It supports decisions to achieve benefits for local people now and in the future, and provides a way for patient & service user groups to identify unmet need and influence change.

Sections of the JSNA also set out the need to continue addressing inequalities. This brings social and economic benefits to all and results in improved health and wellbeing. Positive work to reduce inequality has already taken place in Bristol. It needs to be continued, especially in key areas like securing a “positive start in life” for all children in the city.

The JSNA sets out the need to reduce the impact of the recession on local people, particularly vulnerable people. It also explains the need for our services to be able to respond to public health emergencies.

We will also do this by continuing to fill the gaps in our knowledge. The JSNA is a continuing process to expand the information and analysis on which we can base decisions that improve health, wellbeing and quality of life for all people – especially those most disadvantaged – in Bristol.