



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title:	Adults with multiple long-term conditions JSNA (Joint Strategic Needs Assessment)	
Date of Meeting:	23 July 2019	
Report of:	Kate Gilchrist, Head of Public Health Intelligence Nicola Rosenberg, Consultant in Public Health Dr David Supple, Brighton and Hove CCG	
Contact:	Kate Gilchrist	Tel: 01273 290457
Email:	kate.gilchrist@brighton-hove.gov.uk	
Wards Affected:	All	
FOR GENERAL RELEASE		
Executive Summary		
<p>Joint Strategic Needs Assessments (JSNAs) provide a comprehensive analysis of current and future needs of local people to inform commissioners and providers regarding how they can improve outcomes and reduce inequalities. The Health and Social Care Act 2012 (s196) requires the function of preparing a JSNA and a Joint Health and Wellbeing Strategy (JHWS) to be discharged by the Health and Wellbeing Board (HWB). From April 2013, local authorities and Clinical Commissioning Groups (CCGs) have equal and explicit obligations to prepare a JSNA and a JHWS. The JHWS is required to reflect local population health needs.</p> <p>An in-depth needs assessment of adults with multiple long-term conditions was published in February 2019, as part of the JSNA programme. It provides a comprehensive analysis of current and future needs of local people, and provides the underpinning evidence of the need for integration of health and social care and recommendations for the commissioning and provision of services.</p> <p>This paper provides an overview of the key findings from the needs assessment for noting by the Board and a summary of progress so far. This work fed into the JHWS that was approved by the HWB in March 2019.</p>		
Glossary of Terms		
<p>BHCC - Brighton and Hove City Council CCG - Clinical Commissioning Group</p>		

HWB – Health and Wellbeing Board JSNA – Joint Strategic Needs Assessment JHWS – Joint Health and Wellbeing Strategy MLTCs – Multiple long-term conditions
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1. Decisions, recommendations and any options

1.1 That the Board note the findings and recommendations of the needs assessment to improve the prevention of multiple long-term conditions and the care of those with multiple long-term conditions.

2. Relevant information

2.1 The Health and Social Care Act 2012 (s196) requires the function of preparing a JSNA and a Joint Health and Wellbeing Strategy (JHWS) to be discharged by the HWB. From April 2013, local authorities and CCGs have equal and explicit obligations to prepare a JSNA and a JHWS. The JHWS is required to reflect local population health needs.

2.2 JSNAs ensure relevant strategies, including the Joint Health & Wellbeing Strategy, are based upon high quality evidence. As well as an overarching summary, and the community insight data and mapping resource for the city, within the JSNA programme are in-depth needs assessments, such as the one presented here on adults with multiple long-term conditions. All these resources are available at: <http://www.bhconnected.org.uk/content/local-intelligence>

2.3 An in-depth needs assessment of adults with multiple (2 or more) long-term conditions was published in February 2019. It provides a comprehensive analysis of current and future needs of local people, and provides the underpinning evidence of the need for integration of health and social care and recommendations for the commissioning and provision of services.

2.4 In November 2017 the HWB approved that this needs assessment would be conducted as part of the JSNA programme. The needs assessment steering group was chaired by Dr Katie Stead, Brighton & Hove CCG, Primary Care Clinical lead and was made up of members from Brighton & Sussex University Hospital NHS Trust, Sussex Community NHS Foundation Trust, Sussex Partnership NHS Foundation Trust, Age UK, Healthwatch, Brighton & Hove CCG and Brighton & Hove City Council (BHCC) Health & Adult Social care Directorate.

2.5 The needs assessment included: literature reviews, in-depth analysis of local data from primary, secondary and adult social care; a survey of 160 professionals from across the NHS, social care and community and voluntary sector; a survey of 111 adults with MLTCs and 36 carers; in-depth analysis of GP patient survey data; semi-structured interviews with 19 health and social care professionals across the system and 8 community and voluntary sector representatives and collation of information on key services supporting adults with MLTCs.

2.6 Key findings from the report include:

- There are over 51,000 adults with two or more physical or mental health conditions in Brighton and Hove
- 82% of emergency hospital admissions are adults with MLTCs.
- Although prevalence of MLTCs is age related there are more adults with 2 or more long-term conditions under 65 years (28,000) than over 65 (23,500)
- Obesity, substance misuse and being a current or ex-smoker are all significant risk factors for having MLTCs
- Prevalence of MLTCs is higher in the most deprived areas and there is an 8 fold difference in age groups 45-49 for those with more than 5 long-term conditions, between those in the least and most deprived areas
- Having a mental health condition increases as the number of physical health conditions increases and those under 65 are more likely to have a mental health condition than not
- Health and care professionals and people with MLTCs consider links between mental and physical health services to be the greatest challenge they face
- Emergency admissions costs for adults with 2 or more conditions are higher than for those considered moderate or severely frail

2.7 The needs assessment's recommendations fall within the following 6 themes, detailed within the executive summary

1. Scale up primary, secondary and tertiary prevention
2. Integrate mental and physical health
3. Focus on adults with multiple long-term conditions
4. Target specific conditions (dementia, end of life, bariatric care and learning disabilities), settings (housebound and care homes) and deprived areas
5. Improve integration and care coordination
6. Improve data and information sharing and systems

2.8 The report has been presented to the CCG's Commissioning Operations Meeting (4th Dec 2018), Brighton and Hove health and care integration event (5th Feb 2019), CCG's Governing Body (26th Feb 2019), Sussex Community NHS Foundation Trust Area Management Team (14th March 2019), Steering Group for an integration pilot happening in four GP practices within Hove (Primary care cluster 6) in addition to various CCG and BHCC management team meetings. This report has been welcomed and progress has been made to respond to the recommendations, including:

- Informing the CCG 19/20 business plan and MLTCs is one of the CCG's main priorities for this year.
- Informing the BHCC Health and Adult Social Care Directorate plan 19/20
- streamlining referral pathways for supporting the prevention of MLTCs e.g. to the BHCC Healthy Lifestyles team and the Ageing Well service (led by Impact Initiatives and commissioned by Public Health)
- developing a service to strengthen coordination and delivery of primary care services within care homes.
- piloting multi-disciplinary working between primary, secondary and community care in the NHS, adult social care, housing and community and voluntary sector, within primary care cluster 6.

- initial phase of the establishment of the Sussex Integrated Dataset to enable better use of data and information to improve commissioning and service planning for improved prevention and patient care.
- Informing the future design of social prescribing in the city.

2.9 This needs assessment has fed into the development of the JHWS, informing actions required to improve healthy life expectancy, the approach to Living, Ageing and Dying well as well as informing the CCG's response to the NHS long-term plan.

3. Important considerations and implications

Legal:

- 3.1 The Health and Social Care Act 2012 (s196) requires the function of preparing a JSNA to be discharged by the Health and Wellbeing Board. Specifically, from April 2013, local authorities and Clinical Commissioning Groups have equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) which provides a comprehensive analysis of current and future needs of local people to inform commissioning of services that will improve outcomes and reduce inequalities

Lawyer consulted: Nicole Mouton

Date: 8/5/2019

Finance:

- 3.2 The resources required to support the production of the JSNA are funded from the general public health programme budget and are reflected within the service and financial plans for public health. The JSNA provides the needs assessment for the city which will help inform any future commissioning and delivery plans. The recommendations set out in the report have implications for commissioning and resource commitments for health and care services.

Finance Officer consulted: David Ellis

Date: 8/5/19

Equalities:

- 3.3 The needs assessment considers the specific needs of groups with protected characteristics. The JSNA is a key data source to inform action to improve outcomes in all groups and meet the public sector equality duty (including by informing Equality Impact Assessments as required).

Equalities Officer consulted: Anna Spragg

Date: 7/5/19

- 3.4 **Sustainability:**

The needs assessment highlights key areas where action can be taken to strengthen prevention, self-care and health and care services, to make better use of resources including medicines.

Supporting documents and information

Appendix1: Adults with multiple long-term conditions needs assessment executive summary below.



Appendix 2: Adults with multiple long-term conditions needs assessment Full report available at

<http://www.bhconnected.org.uk/sites/bhconnected/files/B%26H%20MLTCs%20JSNA%202018%20full%20report%20FINAL.pdf>

