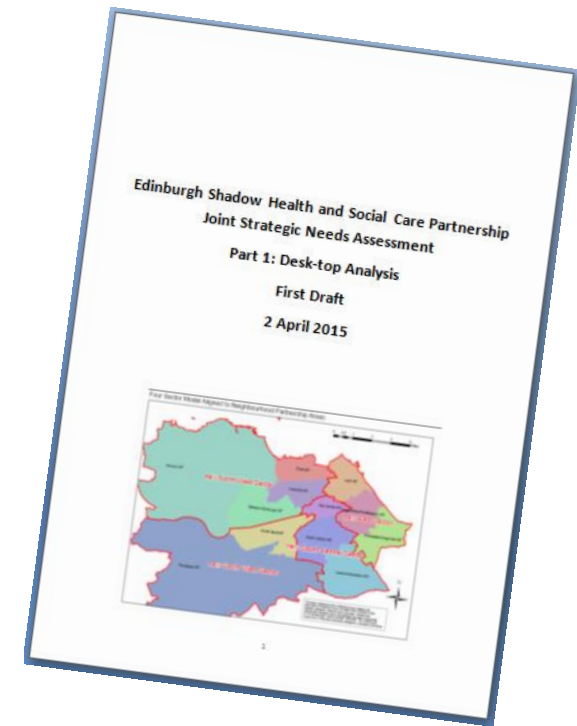


# Edinburgh Shadow Strategic Planning Group



## Joint Strategic Needs Assessment workshop

Friday 1<sup>st</sup> of May 2015



Working together for a caring,  
healthier, safer Edinburgh

# Agenda

9.00 Introduction and context

9.20 Initial reactions to JSNA

9.30 JSNA Group Activity 1: *Edinburgh Profile and Care Groups Profile*

11.15 **Break**

11.30 JSNA Group Activity 2: *Resource use and Pressures*

12.45 Next steps

- Your task and support required
- Focus of next meeting

13.00 *Finish*

# Purpose of today's session

To provide members of the Strategic Planning Group for Edinburgh with an opportunity to discuss the contents of the Draft Joint Strategic Needs Assessment with those who have been involved in developing the content of the document; in order to help them identify:

- *the shifts we need to make*
- *the key priorities/wicked issues that need to be addressed by the Integrated Joint Board*

To provide the Joint Strategic Needs Assessment Sub group with the benefit of stakeholder experience, knowledge and insight in relation to:

- *what is missing from the assessment?*
- *whether it sounds right*
- *what is it telling us?*



# Introduction and context

Wendy Dale

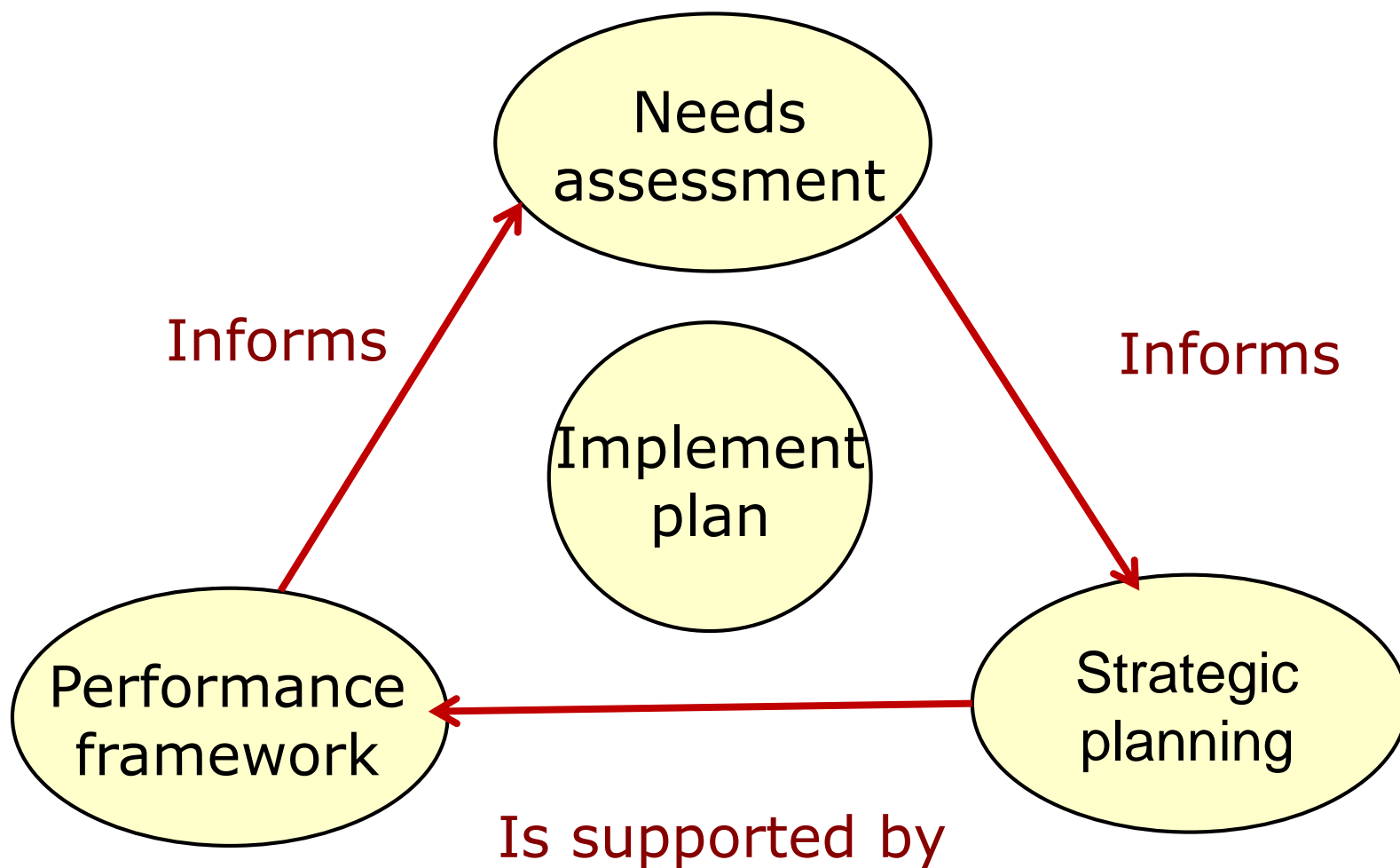
Strategic Commissioning Manager

Health and Social Care



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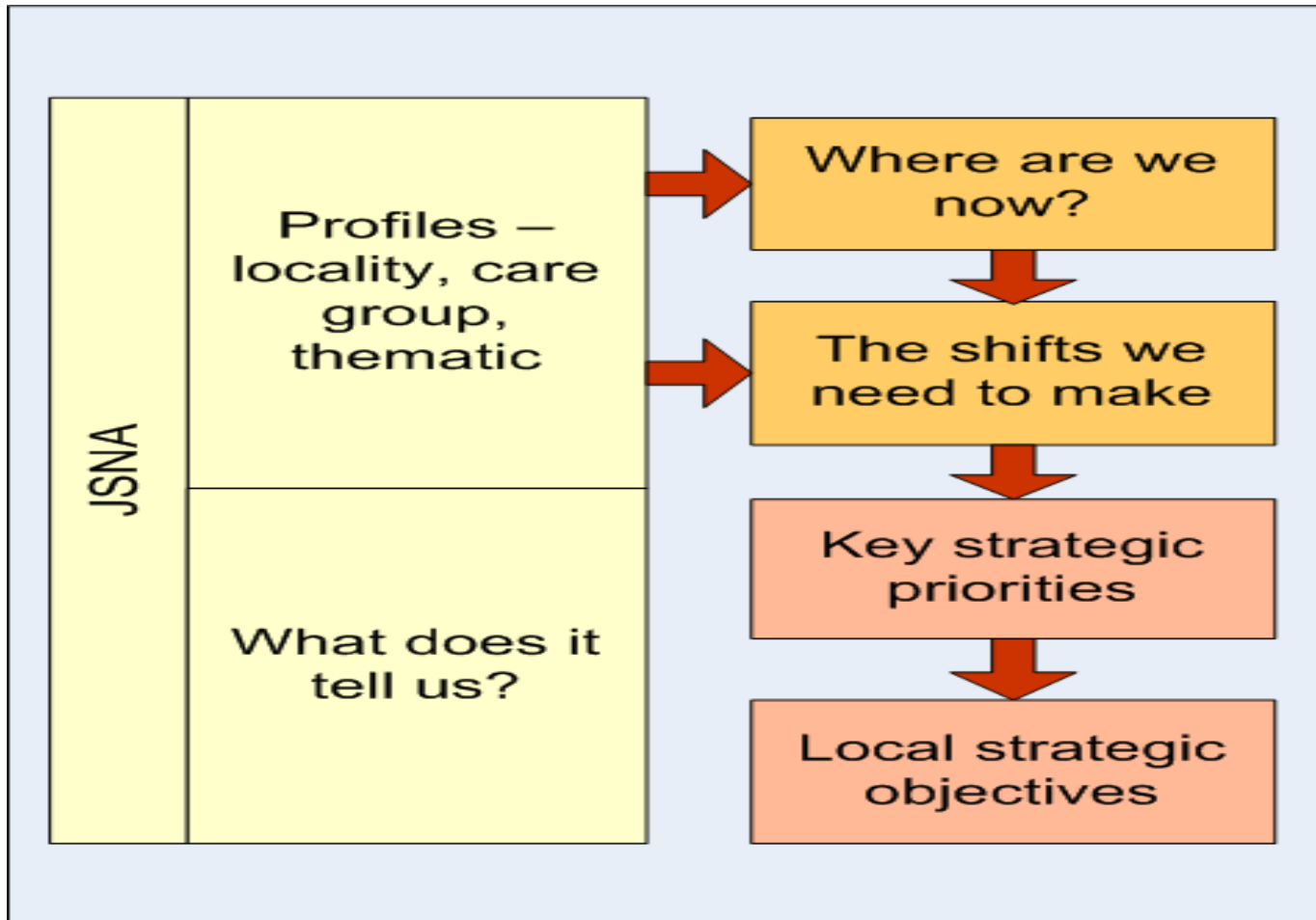
# JSNA and the planning cycle



# The JSNA ...

- Uses intelligence and analysis to determine:
  - current and future need
  - what's working, what's not working, how things could work better
  - major health inequalities and what can be done about them
  - unmet needs
- Provide an evidence base for decision making and commissioning

# We need to use the JSNA to identify



# Where are we now?

## Phase 1

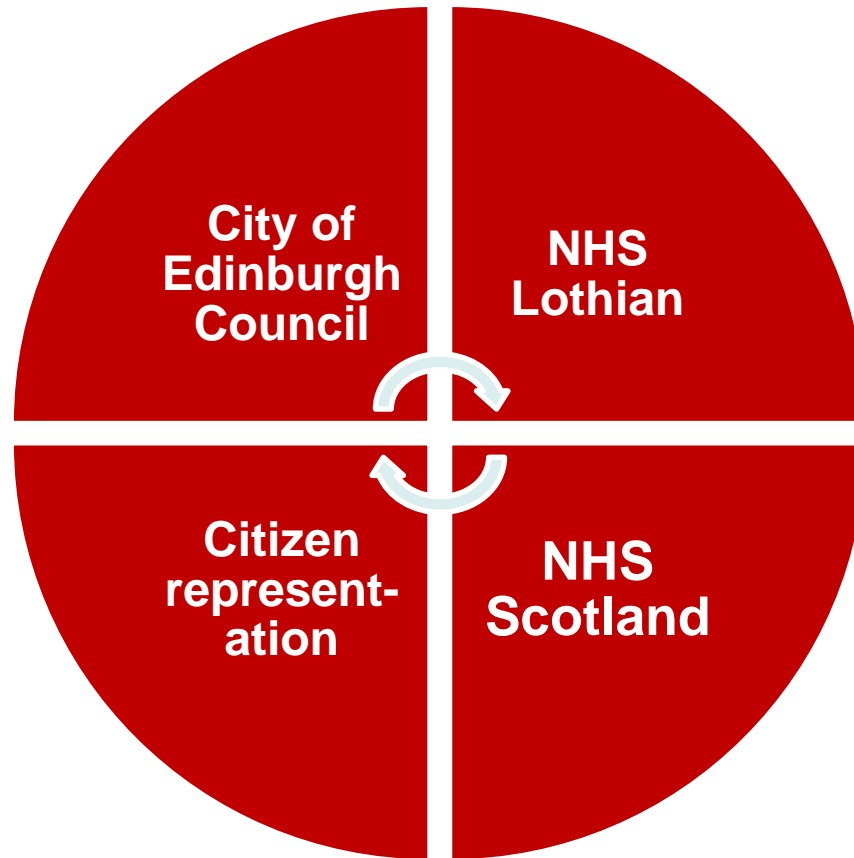
- Desktop review of data

## Phase 2

- Stakeholder knowledge and insight



# Who has been involved



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# How is it different?

Much of the information is not new but:

- It hasn't necessarily been brought together before
- It hasn't been jointly analysed before
- We haven't used it as the basis for widespread consultation before

# This is a work in progress

- Some of the gaps we have identified already and are working to address ...
  - Primary care
  - People with long term conditions
  - Sexual health
  - Equalities – LGBT, BME communities

# First impressions

Now that you have read the first draft of the JSNA:

- **What surprised you?**
- **What interested you?**
- **Is it what you expected?**



# Ground Rules

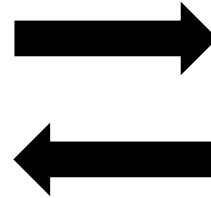
## How do we want to work together?

1. Everyone gets the opportunity to speak
2. Constructive comments to get the plan better
3. Keep it high level (fridge flipchart)

***We want you to  
get the most out  
of it***

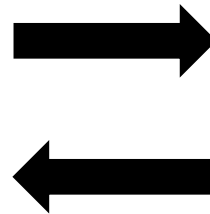


# JSNA – Group Activity



Time:  
09.30-  
11.15

Break: 11.15-11.30



Time:  
11.30-  
12.45

# Groups

## Group 1: Room TBC

- Anna Herriman
- Beverley Marshall
- Fanchea Kelly
- Gordon Scott
- Graeme Henderson
- Henry Coyle
- Ricky Henderson
- Sandra Blake

## Group 2: Room TBC

- Angus McCann
- Christine Farquhar
- Ella Simpson
- George Walker
- Ian Stewart
- Marna Green
- Michele Mulvaney
- Rene Rigby

# JSNA – Group Activity



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# Edinburgh Profile

- Welcome & Introductions
- Fridge Flipchart
- Session Structure



# Edinburgh Profile – JSNA Sub group representatives

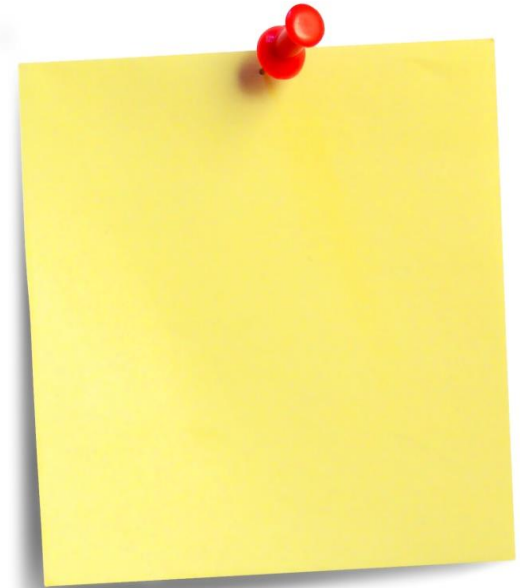
- Chris Adams – Business Intelligence (CEC)
- Duncan Sage – Information Analyst (NHSL)
- **Eleanor Cunningham** – Health and Social Care (CEC)
- Gillian Donohoe – Housing (CEC)
- Martin Higgins – Public Health (NHS Lothian)

# Some key findings – locality overview

- There are disparities in life expectancy, life chances and health and wellbeing – *between* and *within* localities
- **Poverty** within the city – 21% of children were living in low income households in 2013; Edinburgh is fifth highest in Scotland for the proportion of low income households
- **Deprivation is linked with poorer health**, but 50% of people experiencing poor health do not live in areas with high levels of deprivation
- **People are more likely to need support if:** they have disabilities, they are from a minority group or are aged 85 or more

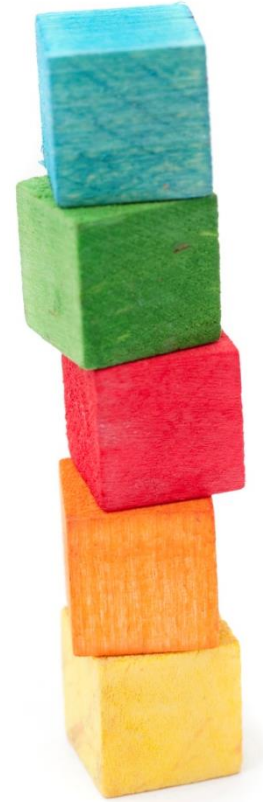
# What we want to know

1. What is missing?  
*(red post-it notes)*
2. What is it telling us?  
*(yellow post-it notes)*
3. Does it reflect your  
experience?  
*(green post-it notes)*



# Care Group Profiles

- Welcome & Introductions
- Fridge Flipchart
- Session Structure



# Care group profiles - contributors

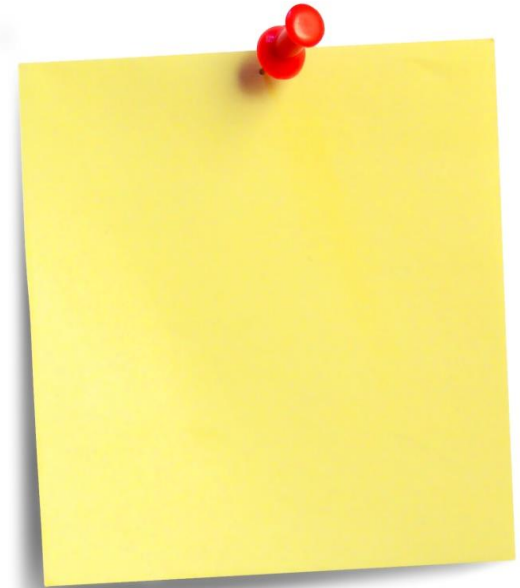
- Caroline Clark – Older People
- Rona Laskowski and Helen Morgan – Disabilities
- Jacqui Robertson – Carers
- John Armstrong and **Linda Irvine** – Mental Health
- Nick Smith – Substance Misuse
- Pauline McKinnon – Substance Misuse
- Peter McLoughlin – Palliative Care

# Some key findings – care group profiles

- Demand will increase in future across all care groups through population growth alone
- Future priorities already identified include:
  - Shifting the balance of investment, including in preventative services
  - More collaborative working (across all sectors)
  - Having a sufficient workforce (size and skill)
  - Move to locality working
  - Increasing personalised approaches

# What we want to know

1. What is missing?  
*(red post-it notes)*
2. What is it telling us?  
*(yellow post-it notes)*
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experience?  
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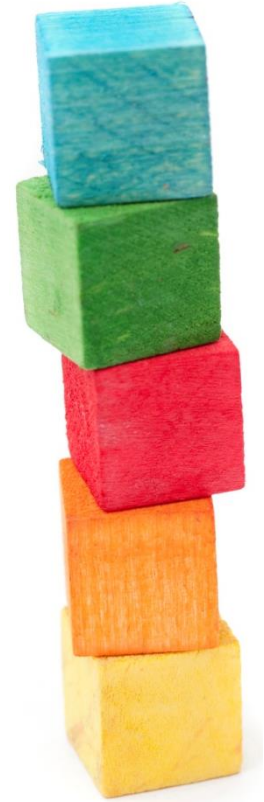
# Break



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# Resource use

- Welcome & Introductions
- Fridge Flipchart
- Session Structure



# Resource use- contributors

- Eleanor Cunningham – Health and Social Care Research and Information (CEC)
- **Martin Higgins** – Public Health (NHSL)

# Some key findings – resource use patterns

- A small proportion of people (2.4%) account for a half of the total health care costs
  - 25% of NHS and social care expenditure in 2012-13 was on inpatient care
  - 75% of acute inpatient care is on unplanned admissions
  - most people with long term conditions are in the lowest risk category, which accounts for a large proportion of the total cost
    - scope, through early interventions for people with long term conditions, to reduce this total cost?
- Just under 10% of the population accounts for 50% of all social care costs
  - Population size, old age and deprivation are key drivers of the need for social care
  - Among adults, spend per head increases with age – spend for people aged 85+ was on average 6 times the average for the total population

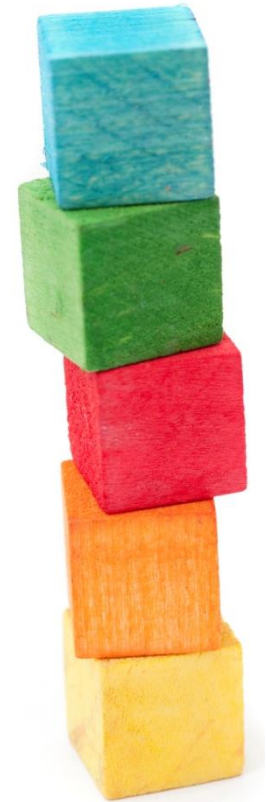
# What we want to know

1. What is missing?  
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experience?  
*(green post-it notes)*



# Resource pressures

- Welcome & Introductions
- Fridge Flipchart
- Session Structure



# Resource pressures – JSNA Sub group representatives

- Duncan Sage – Information Analyst (NHSL)
- **Philip Brown** - Health and Social Care Research and Information (CEC)

# Some key findings – resource pressures and unmet needs

- Delayed discharge
- Unscheduled care
- Domiciliary care
- Staffing – now and in future



# What we want to know

1. What is missing?  
*(red post-it notes)*
2. What is it telling us?  
*(yellow post-it notes)*
3. Does it reflect your  
experience?  
*(green post-it notes)*



# Next steps

- Use the draft Part 1 of the JSNA as a basis for gaining stakeholder insight to develop Part 2
- Use the draft Part 1 of the JSNA to:
  - understand the shifts we need to make
  - identify key priorities
  - Inform local objectives



# Your task

- Share and discuss the JSNA with others
- Find out what they think
- Feedback

What **support** do you think you need from us?



# Next meeting

**Date:** 14<sup>th</sup> of May 2015

**Location:** Waverley Gate



# Planning the next meeting

- Suggestions:
  - pickup on outstanding issues from last meeting (18/3/15)
  - further discussion of the JSNA
  - identify priority areas for development
  - develop future work plan