

Health & Wellbeing in Wirral: The Big Picture

Developing Wirral's
Joint Strategic Needs Assessment
and Commissioning for Carers Services



Wirral
NHS Alliance

Wirral GP Commissioning
Consortium

<http://info.wirral.nhs.uk/>

<http://info.wirral.nhs.uk/ourjsna/>

Tricia Parker – Carers and Third Sector
Programme Manager

John Highton - JSNA Programme Manager

Angela Denny – JSNA Senior Analyst

Today's session

JSNA Legislation

- Legislation relating to JSNA
- What is a JSNA?
- Developing Wirral's the JSNA

JSNA and Carers Data

- Population Data
- GP data

Carers and Commissioning

- Key Issues
- Outcomes

Summary

John Highton

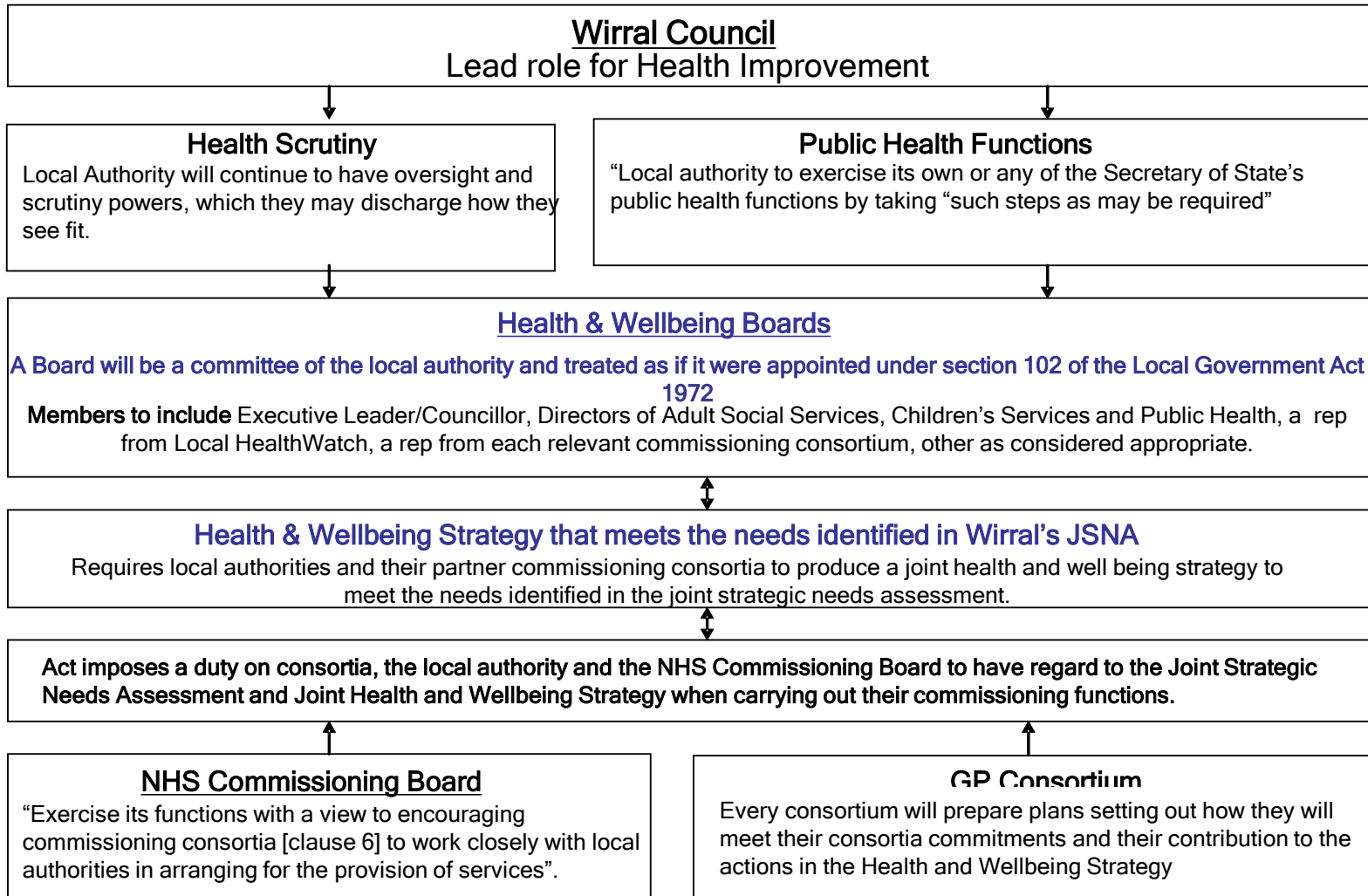
JSNA Background and Legislation

Original policy context

The Local Government and Public Involvement in Health Act (2007)

The duty to undertake JSNA is set out in section 116 and described in the draft statutory guidance 'Creating Strong, Safe and Prosperous Communities'. The duty commenced on the 1 April 08.

JSNA & relationship to Health and Social Care Bill



What is a Joint Strategic Needs Assessment?

- Identify current and future health and wellbeing needs
- Identify the “the big picture”
- Provide the information and evidence
- Have a strong public voice
- Be an iterative data process within a continuous cycle of needs assessment

JSNA supports the commissioning process and how changes can be delivered by presenting a series of key issues and potential priorities for Health & Wellbeing Board (and others)

The H&WB Board will define overarching local priorities and subsequent actions

Wirral JSNA

- Coordinated by NHS Wirral and Wirral Borough Council
- Delivered through strong partnership working, underpinned with dedicated resources and offers a strong base to develop future collaborative work
- Detailed analysis of intelligence and engagement information
- A focus on population groups & key conditions

Wirral JSNA is.....

- A process
 - JSNA should be used by **everyone** planning health, social care and other services for Wirral residents
- An opportunity
 - Endeavours to provide a picture of the populations health & wellbeing needs
- A growing evidence base
 - Informs priority setting
- A resource
 - Iterative data process within a continuous cycle of needs assessment

JSNA Components

JSNA covers:

Dedicated resource

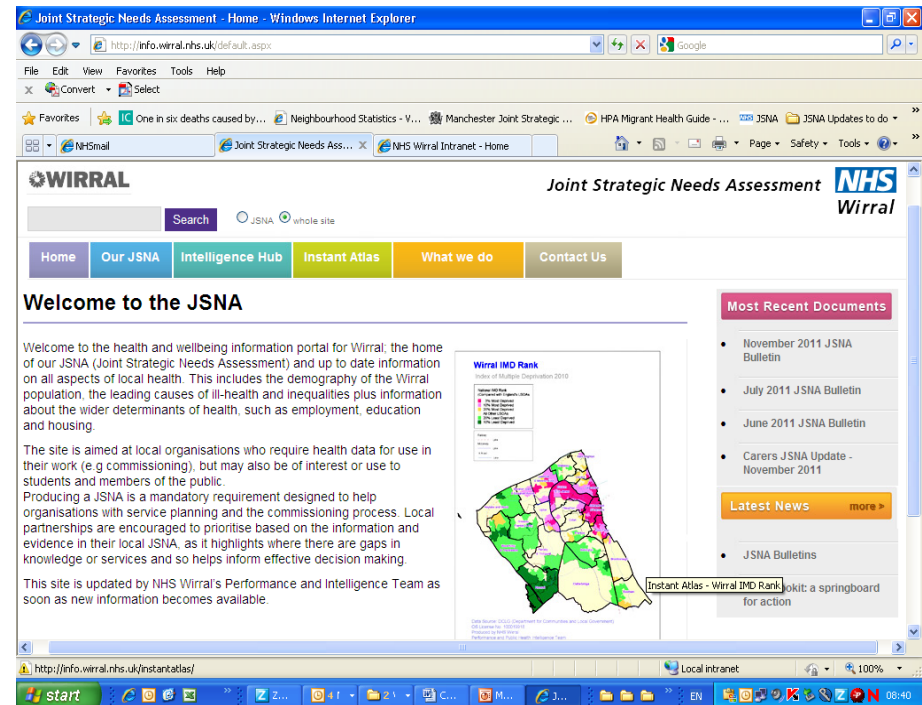
Support from wider intelligence functions

Summary documents of JSNA Chapters

Latest versions of JSNA documents

[Interactive Maps and data via Instant Atlas, to enable users to compare Wirral's performance with the rest of UK](#)

Wide range of other related information



What is said about JSNA

- The array of national and regional comment on JSNA
- Latest guidance (May 2011) [LGID Springboard for Action](#)
- Further guidance from DH on JSNA & JHWBS expected in January 2012
- [North West Transition Alliance](#)
- Local perspectives

Discussion

Why do you think the use JSNA or any evidence is important?

Angela Denny

JSNA and Carers Data

Carers JSNA – Valuing Carers

- 1 In 8 adults are currently carers
- suggests that carers save the economy £119 billion per year
- Carers UK 2011 suggest that just 1% change in the number of carers providing care or the number of hours being provided would cost the state another £1 billion in care costs.
- people providing high levels of care are twice as likely to be permanently sick or disabled

(Valuing Carers 2011. Carers UK)

Wirral Carer Population

- According to latest Census estimates, it is estimated that 37,929 people identify themselves as carers
- An estimated 12% of Wirral population compared to 10% nationally.
- 2001 Census by ONS data identifies 175,000 young carers in the UK

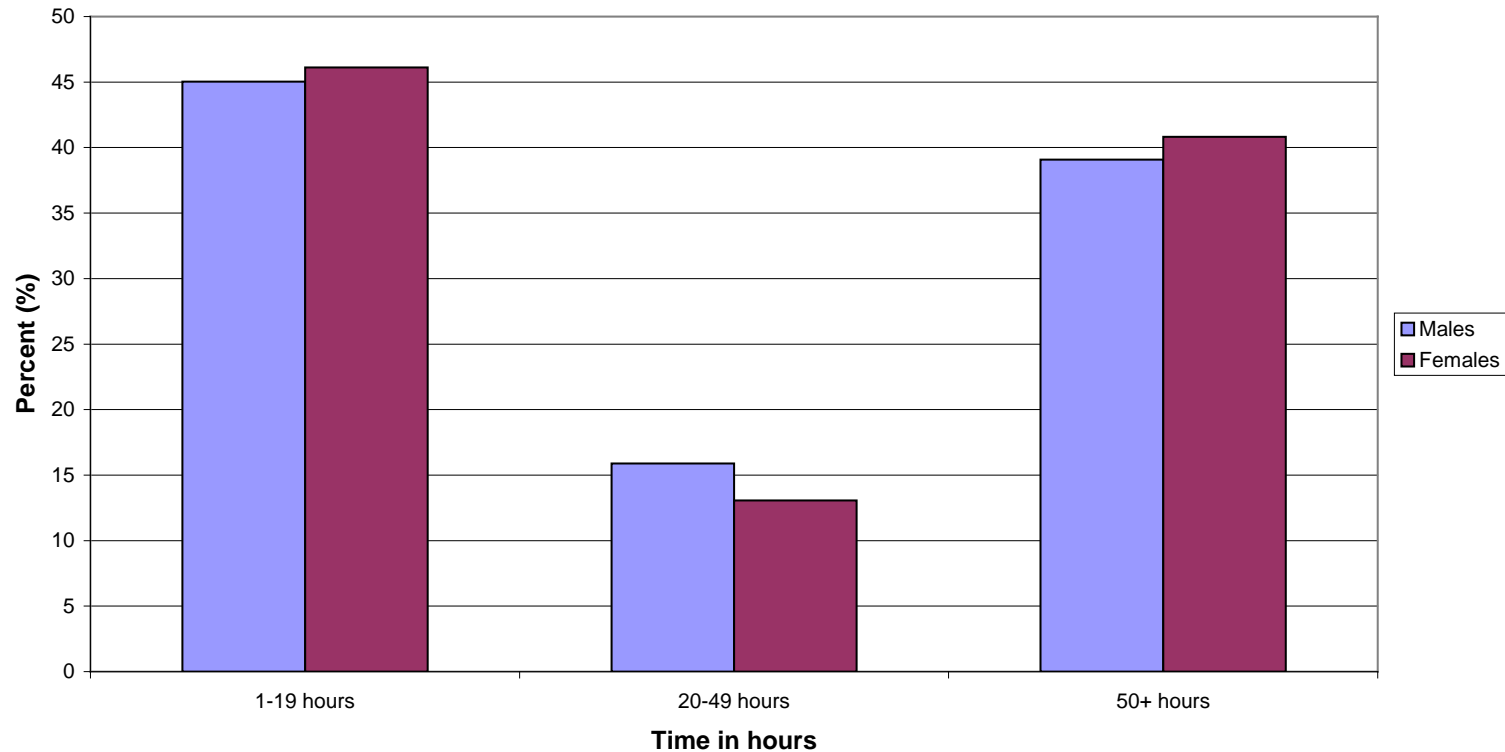
Projected change in Carer prevalence rates and projected costs of replacement care

Figures for England, Wales, Scotland and Northern Ireland and UK	Carers (estimated numbers 2011)	Change in carer no's 2001 - 2011 (%)	Value 2007 (£ms)	Value 2011 (£ms)	Change 2007 - 2011 (£ms)	% Change 2007-11
England	5,346,325	10	70,521.4	96,495.1	25,973.8	37
Wales	369,628	8	5,687.1	7,720.8	2,033.1	36
Northern Ireland	207,373	12	3,118.1	4,389.9	1,271.8	41
Scotland	517,387	8	7,677.8	10,377.2	2,699.4	35
UK	6,440,713	10	87,005.0	10,377.2	2,699.4	37
Wirral	37,929	1%	£596.2m	£754.7m	↑ £158.6m	↑ 27%

Source: Valuing Carers 2011

Hours spent caring

Hours per week spent caring for people with long-term ill health or problems relating to old age (other than as part of job)



Lifestyle Survey 2007

Carers JSNA

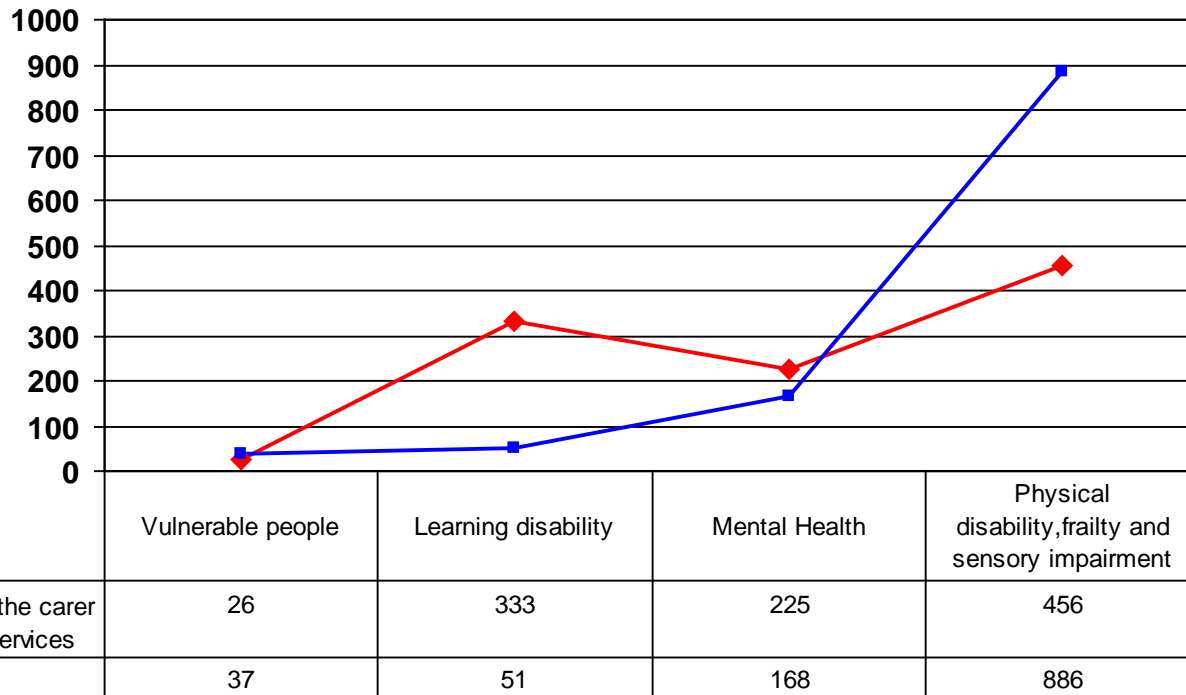
- According to Personal Social Services Survey of Wirral Adult Social Services 2009/10, 92% of Carer respondents were aged over 45 of which 42% were over 66.

Carers from Black, Asian, Minority Ethnic Community

- **Wirral Joint Strategic Needs Assessment (JSNA) acknowledged a significant gap in knowledge about Wirral's BAME community including the lack of robust data on population prevalence, and information on its health and well-being needs.**
- **A Health Needs Assessment (HNA) of the BAME community was commissioned to help address some of these issues and some of the key findings for those identified BAME carers was the lack of culturally appropriate, flexible and practical support for BAME carers, which was further impacted on due to language barriers and lack of appropriate translation and interpretation services.**
- **BAME community representatives discussed the lack of support with caring responsibilities particularly for the main carers who are usually women. This was mainly in relation to caring responsibilities for older people, but also applied to other caring responsibilities including for disabled children and disabled adults. This was seen as particularly an issue in the Asian community in Wirral.**

Carers by client Group

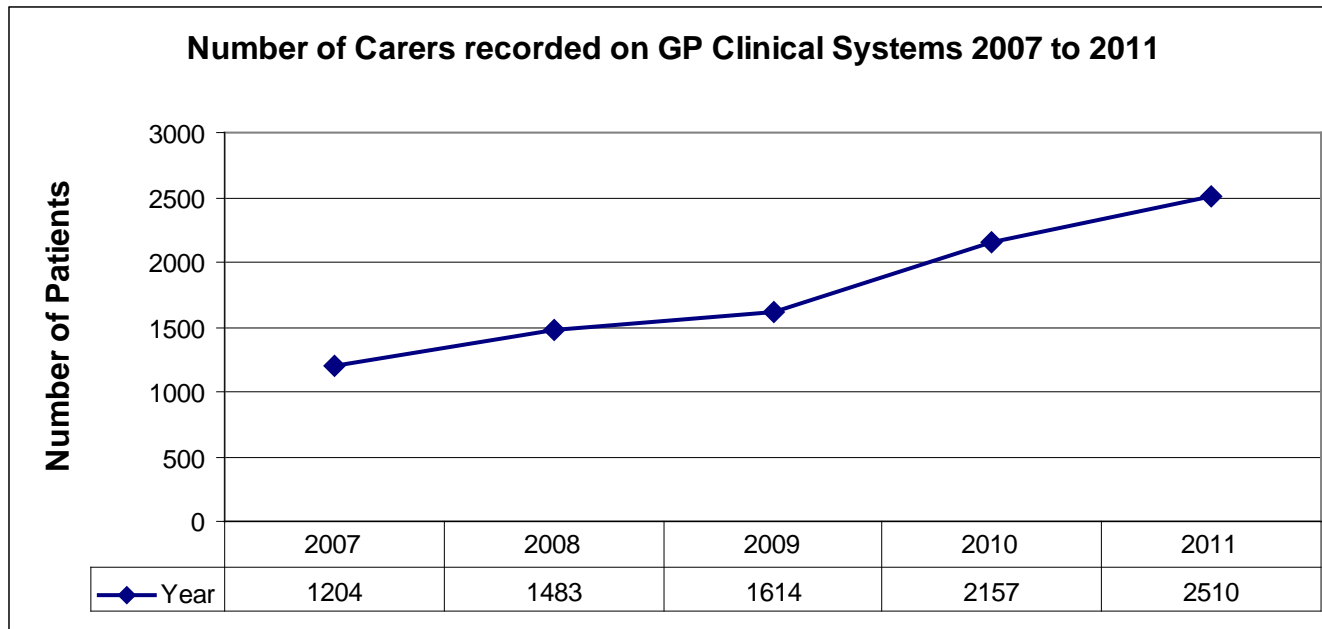
Carers for client group cared for known to Wirral Local Authority 2010/11 (All Ages)



Note: Categories Substance Misuse removed due to low numbers.

Source: Department of Adult Social Services, Wirral Council

Carers recorded on GP Clinical Systems



Source: Practice Clinical Information Systems - Miquet - July 2011

Discussion

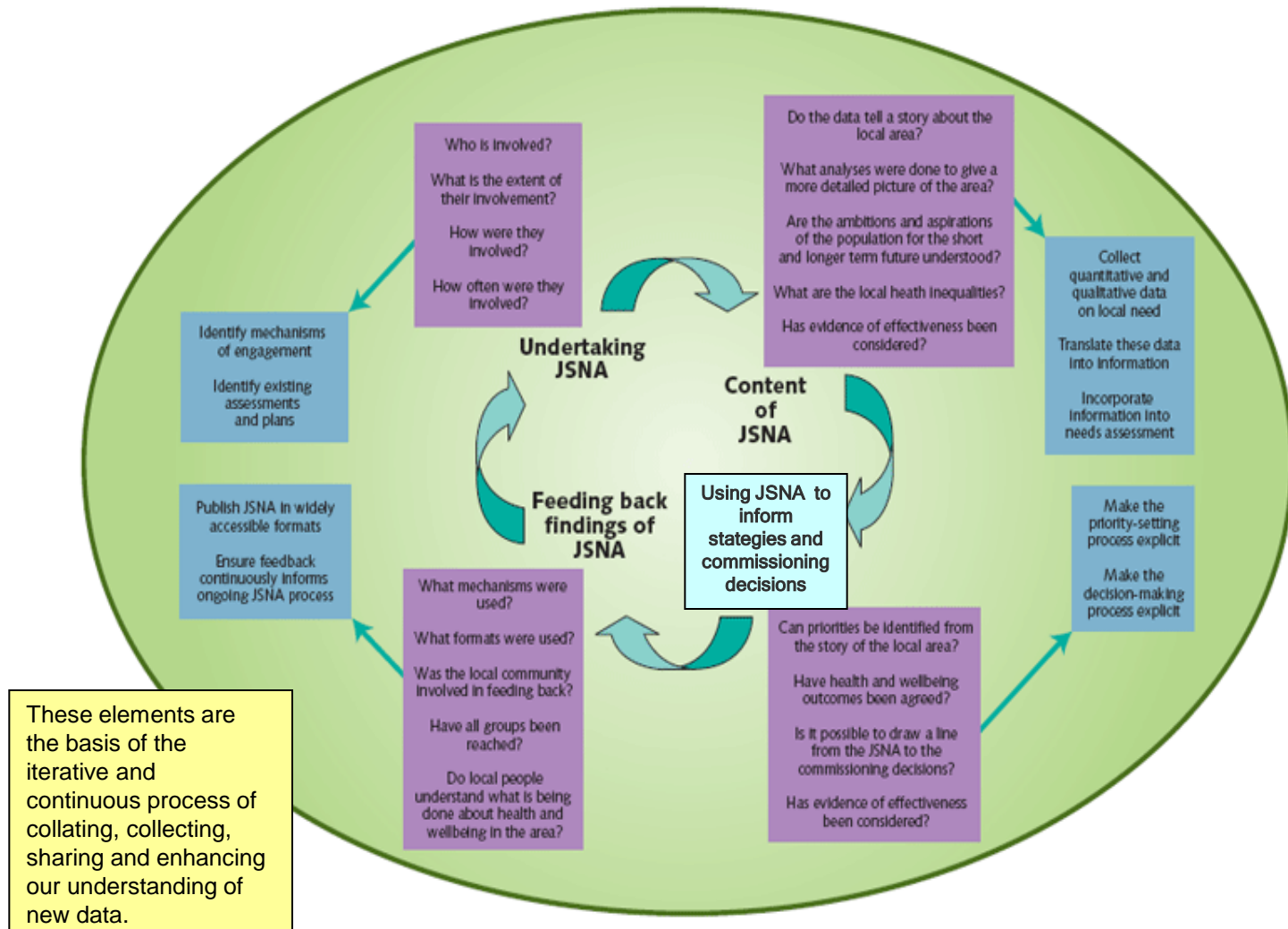
What do we want to learn from JSNA?

What have we got?	How do we learn from it?
What is Good Practice to collect?	What else do we want?

Tricia Parker

Why JSNA helped Carers
Commissioning?

Commissioning Cycle



Carers JSNA

Whilst some of the more deprived wards within Wirral have fewer people with caring responsibilities, when explored by caring hours we know they provide similar or greater levels of care (more than 20 hours per week). This is significant as increasing hours are associated with increasing poor health.

Financial Impact of Carers

If the caring relationship breaks down because carers are unable to cope, the cost of replacing the care they provide for the NHS secondary and primary care and social services is likely to have a detrimental, financial and unsustainable impact on the health and social care economy.

Reaching Carers

GPs are often the first point of contact with carers, which is why they and their practice play an invaluable role in the daily lives of carers. However, many carers go unidentified until many years into their caring role. Reaching carers early is vital, not just in their role as a carer of their family member or friend, but also so that their own health and wellbeing needs can be addressed.

Clinical Commissioning groups

The table below provides updated analysis of carers currently registered and identified within their GP Practice across Wirral's three Clinical Commissioning Groups (CCG's). There are currently 2,500 carers registered and identified within their GP practice (Practice Clinical Information Systems, 2011). When comparing this against the numbers that the RCGP and Princess Royal Trust suggest should be identified, it is evident that work needs to be further developed in this area.

Clinical Commissioning Consortia/Group	Total
Wirral GP Clinical Commissioning Consortia	1239
Wirral Health Clinical Commissioning Consortia	914
Wirral NHS Alliance Clinical Commissioning Group	357
Total for All	2510

Source: Miquet GP Clinical Systems June 2011

Carers JSNA

- The JSNA identified that further work should be developed with GP practices in identifying carers earlier
- These measures will support carers to have a life outside of their caring role and stay mentally and physically well as detailed in the National Carers Strategy (2010).

Carers JSNA

GP practices can take a number of easy steps to embed the identification and support of carers within their practice and best practice examples are evident amongst those that work with their local carers' organisations, as this ensures more carers are supported earlier – with real benefits and outcomes for carers, patients, and practices alike (Royal College of General Practitioners and Princess Royal Trust for Carers 2011).

Overall Summary of the JSNA and Carers *Wirral*

- Identified need for support to identify hidden carers
- Better provision of support and access to carer services within the BME population
- Better provision of support and short breaks for older population, particularly towards carers supporting people with long term conditions and those supporting people in end of life care.
- Support for vulnerable group carers particularly those supporting individuals with drug and alcohol related conditions, older carers supporting older adults with Learning disabilities

Carers and Short Breaks

Publication of the revised carers strategy “Recognised, valued and supported: next steps for carers” made reference to new money being made available for all PCT’s to establish a carers short breaks programme. For Wirral this equated to £2.8 million over a four year period which when broken down equates to £690k each year.

(Department of Health 2010)

Carers Involvement

- Carers Short Breaks event held in September 2011 involving carers and carer organisations to establish the following:
 - what provision of current short breaks were available
 - what carers felt should be available
 - What were the current gaps

Carers Involvement

The following are some examples of what carers discussed:

- carers wanted short break to be i.e. flexible, accessible built around them and not the service provider.
- Innovative and not a one off
- Safe and quality focused
- Service that listens to carers
- A break that prevents a crisis and does not react to one
- A break that enables me to keep my sanity
- A break that gives me some time to do my own thing

Carers and Short Breaks

Next Step

- Paper presented to our 3 Wirral Clinical Commissioning Groups discussing a pilot Carers and Short Breaks proposal (whilst we develop a full procurement process).
- Agreement towards the delivery of the programme via a Third Sector organisation.
- Programme to commence beginning of February 2012

Carers and Short Breaks Outcome

Wired, as the lead organisation ,will be responsible for the following:

- Map all GP practices to identify what level of carer awareness is currently in place amongst GP practice teams to inform on level of carer awareness training that needs to be put in place.
- Map all GP practices to identify what information is currently available to carers within GP practices that will support carers in identifying themselves as a carer (i.e. dedicated notice board with relevant carer information and carer's guidance documents).
- Evolve a culture of “carer aware” GPs and surgeries by embedding carer support solutions into everyday surgery practice.
- To increase the number of carers known to GP surgeries.
- To provide a preventative solution for carers, who, with appropriate support, will be able to maintain their caring role with less impact on their own health and wellbeing

Carers and Short Breaks

- To find 'hidden' carers and prevent their health deterioration by introducing support at an earlier stage.
- To assess the potential benefits of early intervention including reduction of admissions to hospital, or institutionalised residential care, facilitating and contributing to planned admissions.
- To assess and evaluate the outcomes for carers including maintaining health, maintaining wellbeing, feeling less stressed.
- To identify the types of flexible breaks chosen by carers
- Enabling carers to take up short breaks as identified by need
- To triangulate evaluation of outcomes via GP data codes and both qualitative and quantitative evaluation via carers feedback
- Promotion of the service across all other health and social care settings and across voluntary and community settings and other carer provider organisations

Discussion

Do Commissioners use JSNA
to commission
carer Services?

What other models do you have?

How have you involved carers ?

How did you involve the Voluntary and Community
Sector?

Summary

- Background and Legislation of JSNA
 - Relationship to Health and Social Care Bill
 - Components of JSNA
 - What is the JSNA
- Data for Carers JSNA
 - Population/Recorded data to GP Registers
 - Value/Hours/Opportunity costs
- JSNA and Commissioning Cycle
 - Key issues
 - Actions Taken
 - Outcomes

THANK YOU