Figure 1: JSNA Summary 2012 – issues with the greatest impact on the health and wellbeing of the population of Brighton & Hove

Wider determinants which have the greatest impact on health and wellbeing

	Children & young people	Adults	Older people
Child poverty			
Education			
Employment & unemployment	Youth unemployment	Unemployment & long-term unemployment	
Housing (inc. rough sleepers)			
Fuel poverty			

High impact social issues

	Children & young people	Adults	Older people
Alcohol	Alcohol & substance misuse (children & young people)	Alcohol (adults & older people)	
Healthy weight & good nutrition	Healthy weight (children & young people)	Healthy weight (adults & older people)	
	Good nutrition & food poverty		
Domestic & sexual violence			
Emotional health & wellbeing – including mental health	Emotional health & wellbeing & mental health		
Smoking	Smoking (children & young people)	Smoking (adults & older people)	
Disability	Children & young people with a disability or complex health need	Adults with a physical disability, sensory impairment & adults with a learning disability	

Specific conditions

	Children & young people	Adults	Older people
Cancer & access to cancer screening			
HIV & AIDS			
Musculoskeletal conditions			
Diabetes			
Coronary heart disease			
Flu immunisation			
Dementia			

3. Impact

What do we mean by impact?

In previous summaries we have simply listed the health and wellbeing issues for the city. For the first time in we attempted to measure the relative impact of the issues identified within this summary in a systematic way and present this as an impact matrix.

As JSNAs are about the health, care and public health of the population as well as the wider determinants that influence health and wellbeing, such as housing and education, wider determinants were also included in the process.

How we developed the impact matrix

In developing the matrix we have looked at methods used elsewhere, particularly in areas which have had shadow Health and Wellbeing Boards for some time.

The measures we have used in the matrix include:

- *Number of people affected*
- *Impact on life expectancy gap*
- *Impact on wellbeing (including healthy life expectancy)*
- *Impact on equalities groups*
- *Comparison to national data*
- *A specific target not being met*
- *Direction of trend*

Impact on equalities groups is included as an element of the grid rather than considering equalities groups as distinct issues. This was done since it was felt that it was not appropriate to rate the needs of different equality groups against each other and because some groups are small in number and would be likely to rate low impact across many of the measures. The impact on equalities groups measure was on population groups and not geographical inequalities.

We scored each element on a three-point scale as indicated in Table 1. For some elements we were able to quantify the classification used (for example the number of people affected, or comparison to national data), but others were a more subjective assessment.

It is worth noting that there were other measures we would have liked to include, such as cost impact, but the evidence was not available systematically to be included this year. This will be developed over the coming years.

How we completed the matrix

Two impact sessions were held in order to complete the matrix. Those invited included members of the City Needs Assessment Steering Group;[1] further representatives from Public Health, Children's Services and Adult Social Care; and Community and Voluntary Sector Health and Wellbeing elected representatives. At the start of the first session the purpose of the sessions was outlined along with guidance on the measures to ensure a shared understanding of how to categorise.

Participants were then split into four groups with between three and five people in each group. Each group had between 14 and 19 sections to assess. To do this, individuals each took a JSNA section and completed a grid with the evidence as presented in the JSNA. As a group, the evidence put forward was then considered for each measure and consensus on the rating was reached.

At the end of the first session each group then considered which issues had the greatest impact of those they had covered.

In the second session, a few remaining sections were completed. However, the main focus of the second session was reconciling and checking consistency of the methods used by each of the four groups. This was done as one group and meant some small changes were made to ratings and the issues with greatest impact.

The high impact issues were assessed as those with three or more measures with a high rating. Although this created 27 high impact issues, it was clear that many were the same across different parts of the life course and so could be combined.

Table 1: Impact measures and categories used				
Measure	**Low**	**Medium**	**High**	**Comment**
Number of people affected	Low Below 1% of population at risk	Medium 1%-10% of population at risk	High 10% or more of population at risk	Could be of total population/ children & young people/ working age/ older people
Impact on life expectancy gap	Low	Medium	High	Population level
Impact on wellbeing (including healthy life expectancy)	Low	Medium	High	Medium- to long-term impact
Impact on equalities groups	Low	Medium	High	Current impact
Comparison	Better	Similar	Worse	Compared to England average (based upon significance where available)
Target	Better	Similar	Worse	Where a specific national/local improvement target/ standard exists
Trend direction	Improving	Stable	Worsening	Medium- to long-term trend

It must be understood that whilst those involved had a great deal of expertise and knowledge, this was not a perfect process. Whilst part of the session involved a reconciliation of the methods used, judgements made by one group may have differed from those which another would have made.

As this was the first time this had been attempted it was a learning process. An important next step will be to get feedback on these issues through the consultation process and build in wider engagement for the next time this is done.

In 2012 the shadow Health and Wellbeing Board used this list of issues to identify its initial priorities. The impact assessment will be run again in line with the next Health and Wellbeing Strategy

The issues ranking most highly

Issues with three or more ratings of high impact were:

Six

- Cancer
- Mental health (adults and older people)

Five

- Alcohol (adults and older people)
- Flu immunisation (older people)

Four

- Healthy weight (adults and older people)
- Good nutrition and food poverty
- Smoking (adults and older people)
- Domestic and sexual violence
- Employment and unemployment
- Housing (inc. rough sleepers)
- Education
- Alcohol and substance misuse (children and young people)

3. Impact

- Physical disability and sensory impairment (adults and older people)
- Musculoskeletal conditions

Three

- Access to cancer screening
- Fuel poverty
- Emotional health and wellbeing (adults and older people)
- Emotional health and wellbeing (children and young people)
- Child poverty
- Healthy weight (children and young people)
- Disability and complex health needs (children and young people)
- Diabetes
- Dementia
- HIV and AIDS
- Coronary heart disease
- Smoking (children and young people)

Grouping the issues

For some of the issues identified there were clear natural groupings, for example healthy weight in children and young people; healthy weight in adults and older people; and good nutrition and food poverty.

Once issues were grouped in this way they were categorised into the following:

- High impact social issues
- Wider determinants which have the greatest impact on health and wellbeing in the city
- Specific conditions

All issues were considered across the life course. Figure 1 sets out the key issues and indicates which stages of the life course they were identified as particular issues for in Brighton & Hove.

Where we don't have information on impact

There were elements where we did not have enough evidence upon which to make informed judgements about the impact on the population.

The full impact grid, available on BHLIS (Brighton & Hove Local Information Service), highlights where this is the case and the City Needs Assessment Steering Group will be looking at how to best fill some of these gaps in the future. This may not be possible in all cases.

Joint Health and Wellbeing Strategy

From these issues highlighted as having the greatest impact on the city the Health and Wellbeing Board jointly agreed what issues it will prioritise to work on in partnership.

The five priorities within the Joint Health and Wellbeing Strategy are:

- Smoking
- Healthy weight and good nutrition
- Cancer and access to cancer screening
- Emotional health and wellbeing (including mental health) and
- Dementia

The Joint Health and Wellbeing Strategy sets these out along with what the Board will do to address them and what outcomes it intends to achieve. It does not include everything, but focus on the key issues that make the biggest difference by partners working together.

Further information

The full impact grid is available at: www.bhlis.org/jsna2012

Last updated

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