



**Report of the Director of Adult Social Services, Director of Children's Services,
Director of Public Health**

Scrutiny Board: **Adult Social Care Scrutiny Board
Children's Scrutiny Board
Health Scrutiny Board**

Date: **12 November 2008 (Adult Social Care)
13 November 2008 (Children's)
18 November 2008 (Health)**

Subject: **Leeds Joint Strategic Needs Assessment (JSNA)**

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary:

1. Leeds City Council and Leeds PCT have a new statutory duty under Section 116 of the Local Government and Public Involvement in Health Act (2007) to produce a Joint Strategic Needs Assessment for health and well being. The legislation states that there is a joint accountability between the Director of Adult Social Services, the Director of Children's Services and the Director of Public Health for the JSNA. Guidance published by the Department of Health clarifies the minimum requirements for the JSNA, but also states that the scope of the JSNA is for local determination. The legislation and accompanying guidance seeks to strengthen the role that data, analysis, and the voice of patients, service users and the public plays in shaping the priorities for the commissioning of services that improve health and well being in the medium to long term; up to ten years.
2. The work programme in Leeds has been agreed by the two key agencies and has been led by an independent Programme Manager seconded for this purpose from the Department of Health, Quarry House. Three partnership project teams were established, each given responsibility to meet agreed objectives, including establishing that current priorities are confirmed by further analysis of the evidence and identifying priorities for future commissioning intentions. The Programme Management phase of the work is now reaching a conclusion, and prior to

publication of a public report, key stakeholders are being invited to comment on the draft findings and recommendations.

1. **Purpose of Report**

This report invites Members of the Board to consider the progress made in producing Leeds' first Joint Strategic Needs Assessment (JSNA) and to provide comments to guide its further development.

2. **Background**

- 2.1 The requirement to produce a Joint Strategic Needs Assessment (JSNA) is contained within section 116 of the Local Government and Public Involvement in Health Act (2007). The legislation intends that the JSNA will inform the targets and priorities set for the Local Area Agreement in meeting the future health and well being needs of the community as well as informing future commissioning priorities that will lead to improved outcomes for people and reduced health inequalities.
- 2.2 Guidance produced by the Department of Health clearly indicates that each JSNA will be a unique document, shaped at a local level through the Local Strategic Partnership and a detailed understanding of local communities needs. Whilst the guidance makes clear that there are a number of key steps in the process which will be common to all, the uniqueness of each JSNA and the intention that it becomes a live and dynamic process rather than a time limited technical document, places an emphasis on local arrangements for producing the JSNA and for setting the expected outcomes for the population at a city wide and local neighbourhood level..
- 2.3 Guidance clearly states that the JSNA should inform the Local Area Agreement (LAA) and the forthcoming Sustainable Community Strategy. Whilst work on the LAA for Leeds led to the agreement and signing of the first LAA in March 2008, the JSNA has confirmed the rationale for the priorities set both in the Leeds Strategic Plan and the Leeds PCT Strategic Plan. In time the process for the JSNA will be synchronised with that of the city's strategic planning framework and the target setting for the 198 national indicators for local delivery.
- 2.4 The legislation places the accountability for producing the JSNA with three key Directors;
- the Director of Adult Social Services,
 - the Director of Public Health and
 - the Director of Children's Services.
- 2.5 Draft guidance produced by the Department for Communities and Local Government, "Creating Strong, Safe and Prosperous Communities" states that the JSNA is primarily concerned with the those areas where the responsibilities of the PCT and local authority overlap, or where one organisation in carrying out its functions has the potential to make a significant impact for the other organisation's functions.
- 2.6 To understand the scope of the JSNA it is helpful to base this on an understanding of the scope of well being. In 2006 a Government working group developed a statement of common understanding of well being for policy makers.

“Wellbeing is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It arises not only from the action of individuals, but from a host of collective goods and relationships with other people. It requires that basic needs are met, that individuals have a sense of purpose, and that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, involvement in empowered communities, good health, financial security, rewarding employment, and a healthy and attractive environment.

2.7 Whilst this statement of common understanding captures the scope of the work undertaken on the Leeds JSNA, it has not been formally adopted. To do justice to the statement more work would be required in both data capture and analysis to explore in more detail the interaction between good health and for example involvement in empowered communities, financial security and rewarding employment. At this stage in the JSNA process further views are being sought on the scope of the JSNA to understand the extent of the influence strategic needs assessment should have across Council and other agencies services.

2.8 To undertake the initial work programme for the JSNA, three project teams have been formed across the City Council and Leeds PCT. They are:

- Data collection and analysis; and
- Public and stakeholder engagement and consultation.
- Planning and alignment; (looking at how across the Council and with Leeds PCT activity to support strategic commissioning can be undertaken with closer alignment and greater efficiency).

3. Key outputs from the JSNA work programme

3.1 The JSNA Data Pack

This substantial pack of data and analysis presents a comprehensive picture of the health and well being of the city. It currently runs to 280 pages and more data and analysis will be added as it becomes available. The contents of the data pack, in terms of the minimum requirements, have been set out in the national guidelines. The Leeds data pack builds on analysis already undertaken to inform the needs assessment in other statutory plans. Most notable are the Children and Young Persons Plan, the Joint Strategic Assessment – Safer Leeds, the Leeds PCT, Director Of Public Health Annual Report 2007/8 and Measuring the Gap, Tackling Health Inequalities, (Leeds Initiative) which all contain extensive assessments of need.

3.2 Public and Stakeholder Engagement

This project team has undertaken an overview of all the related consultation and engagement activity-taking place across the city. Annex A to this report is an extract from the data pack and summarises headlines from public, patient and service user and carer feedback.

For the future, opportunities to build a citywide database of the results from consultation and engagement have been explored. The City Council has a system called Talking Point Leeds, which is accessed through the City Council’s website. This database already contains information on 72 surveys and consultations completed as well as those currently underway. The PCT has agreed to consider

whether to include information about similar activities they are undertaking so that Talking Point becomes a citywide resource.

3.3 **Planning and Alignment**

This project team focused on how the JSNA process can be sustained and developed across all appropriate partnerships within the city. The group also considered and made recommendations on how strategic needs assessment would influence the setting of priorities and decisions about the commissioning of services in the future. Whilst there is a significant amount of work required to turn the objectives into a reality, the key recommendations from the team are contained within the JSNA report and are under discussion with key partners through both internal and partnership groups. A summary of the recommendations from this group can be found at Annex B

3.4 **The Public Report – Implementing the Leeds Strategic Needs Assessment Framework.**

This report, now in draft form brings together the key findings and analysis from the three project teams. It will confirm that the evidence previously available to support priorities identified in the Leeds Strategic Plan and the Leeds PCT Strategic Plan remains valid, however important health and well being issues are identified for prioritisation over the medium term (3 – 5 years).

The report also makes recommendations regarding future arrangements for Joint Strategic Needs Assessment across the city. These recommendations along with the indicative actions are still being consulted on and there is an opportunity for Scrutiny Board members to comments on all the proposals, which seek to strengthen both partnership work and the ‘One Council’ approach.

4. **What have we learnt from the JSNA so far?**

4.1 It is difficult to do justice to the considerable work undertaken so far by providing a brief overview. Consequently a more detailed summary is provided at Annexe C, which is a synthesis of the data pack (which currently runs to 280 pages). Members may wish to refer to this summary, as it contains specific sections on health, adult social care and children’s services.

4.2 The work so far has confirmed that the priorities identified in the Leeds Strategic Plan are the key priorities to be tackled at the present time. They include:

- Narrowing the gap in all age all cause mortality, between the average for the city and the average for people living in the 10% most deprived SOA’s
- Circulatory diseases and stroke
- Tackling obesity and raising activity
- Improving sexual health and reducing teenage conception
- Improving mental health and emotional well being
- Improving the quality and responsiveness of services that provide care and support for people

- Improving safeguarding for children and adults.

However, from the analysis that has been undertaken of the data gathered so far, new priorities and areas for further work have emerged. They include:

4.3 Responding effectively to demographic change:

4.3.1 An ageing population:

It is reasonable to anticipate that people will have increased expectations that the quality and availability of services will increase in line with demand. However, we already have experience of difficulties in recruiting people into personal care roles. Increased investment in preventative services should reduce the time during which people need additional care and support, however existing evidence of health inequalities in the most deprived areas of the city does indicate that there will be an increase in life-limiting conditions, such as stroke, diabetes and dementia as the population ages and people live longer. There is a pressing need to undertake more work to understand the impact of demographic change for services in Leeds and to have a better understanding of the expectations of future users of these services.

4.3.2 Children and Young People

Unhealthy children of today will become the unhealthy adults of tomorrow. We need to ensure tomorrow's children and young people are healthier through ensuring the effectiveness of current programmes to tackle childhood obesity, emotional well being, teenage conception and sexual health. The projected increase in the proportion of children from new or minority ethnic communities over the next 10 years, does indicate more targeted action on all outcomes for children, particularly for those groups who are currently not achieving good outcomes, for health, well being and achievement. An emerging priority is a focus on infant mortality, where again the evidence shows that in some communities in Leeds infant mortality rates are within the bottom quartile nationally, in contrast with the overall picture for Leeds, which compares favourably with the national picture.

4.3.3 Counteracting widening inequalities between neighbourhoods.

The likelihood is that the number of Leeds SOAs in the most deprived 10% nationally will decrease in the future, to follow the trend of 2000 and 2009. However, whilst there will be some improvements in mortality rates in many of the most deprived areas, current evidence suggests that the onset of life limiting illness and disability will continue at current levels or greater, without a continued focus on tackling health inequalities in these areas. Even more significant (using the information around community cohesion in the data pack) will be an acceleration of the different needs of neighbourhoods within those 10% SOAs.

The association between good health and well being and the factors which can determine these outcomes for people, such as employment, education, good parenting, clean and attractive environments, will have significant implications for commissioning decisions in the future, if current priorities on tackling health inequalities are to be realised. In other words, Leeds City Council and NHS Leeds could be jointly commissioning services which contribute to more employment opportunities, better education outcomes, reduced crime and the perception of crime, social inclusion and financial inclusion.

4.4 Responding effectively to specific health and well being challenges

Whilst the data pack contains considerable evidence on a range of health related data there are a number of key issues which emerge as priorities for action in the future.

4.4.1 Obesity

In 2005, 22.1% of men and 24.3% of women were obese and almost two-thirds of all adults overweight. From a regional perspective the report on 'Yorkshire Futures' supported by Yorkshire Forward identified obesity in the region as the main threat to public health in the future. Programmes to address people who are either obese or over-weight require both the City Council and the PCT to work together through focused commissioning of services.

4.4.2 Alcohol

Within the Yorkshire and Humber Region adults' drinking above safe levels is estimated at 155,000, of which 25,000 may be dependent. Alcohol related deaths in the region rose by over 46% in 2004 -the biggest rise in the country. Alcohol related death rates are 45% higher in high deprivation areas. Analysis of the national TellUs survey of young people shows that 20% of young people in Leeds have been drunk at least once in the past four weeks, a rate that is broadly in line with the national average. However, the recently published health profile for the city shows that alcohol related admissions to hospital are higher in Leeds than for the average England average, with a rate per 100,000 population of 301 compared to 260 nationally. In the same report Leeds is shown as significantly worse in relational to data estimates on binge drinking.

The estimated annual cost of alcohol misuse in Leeds is £275 million, of which £23 million is health related.. The city has adopted an Alcohol Strategy and the action plan is showing some results. A focus on high impact preventative actions is required, and Newcastle for example has placed an emphasis on increased use of regulatory and control powers.

4.4.3 Drugs

The data pack doesn't give a clear message on trends although it does show changing patterns of use e.g. heroin and cocaine. Approximately one in seven young people (15%) reported having used drugs at least once in the national TellUs Survey. The rate in Leeds is the same as the national average. The Leeds Health Profile published by the Department of Health, indicates that the overall rate of drug misuse for all people aged 15 -64 is higher than the national average at 13.4 per 1000 population. However, the social impacts are so significant, that while drugs may suddenly go out of fashion the Director of Public Health is supporting a call for the Council and NHS Leeds as commissioners to take an increased and a more holistic role than the priorities defined by the National Treatment Agency, which sets national targets and monitors performance in this area.

4.4.4 Tobacco

The pattern of deprivation and smoking is clearly seen across Leeds. It is clear that the distribution of smokers varies across the city, the highest rates being seen in inner east, inner south and inner west Leeds and the lowest in the north east. This corresponds with published synthetic estimates where even greater variations can be seen at ward level with the lowest estimated smoking level of 18% being seen in Wetherby and the highest of 46% being seen in Seacroft. The take –up of smoking amongst young people, particularly women appears to remain resilient based on national data, which points to the need to continue with current smoking cessation programmes with more funding from mainstream sources.

5 Targeted work to improve health and well being outcomes for specific groups

5.1 Whilst there are important health and well being issues for all population groups the JSNA work programme, particularly through stakeholder events, has highlighted the need to develop a better understanding of the health and well being needs of the following groups.

- People with a learning disability
- Gypsy and travellers,
- People with dementia
- Asylum seekers and newly arrived communities
- Looked After Children and Young People.

Future work would include ensuring that there is improved data and analysis available for these population groups and that work directly with service commissioners will focus on how outcomes for these population groups can be improved.

6 Sustaining the JSNA Process

6.1 A key objective of the work programme over the last nine months has been to develop proposals, which ensure that strategic needs assessment is integral to strategic planning and commissioning processes in the future. Partners are agreed that more needs to be done to develop data management and analytical skills within the workforce, and have systems in place that can ensure that population needs assessment for example is undertaken as a corporate task, rather than on a service-by-service basis, which tends to be the current practice.

6.2 The project teams established for the JSNA brought together people with common roles and responsibilities, into a 'virtual team' which was able to exchange information and experience and explore new ways of working. From each of the project teams there have emerged proposals for building and sustaining this approach, including for example Leeds PCT and Leeds City Council sharing a single system for recording consultation and engagement activity and developing a single data warehouse to hold the data which forms the basis of the strategic needs assessment.

6.3 The project has also explored how data and information can feed into and inform the commissioning of services across health and well being. To this end a survey of commissioners was conducted to explore these issues and access to the data pack has been made available during the course of the work programme, with the result that current commissioning activity including service review has incorporated information from the JSNA.

6.4 The Public report contains a series of proposals for sustaining the JSNA process, which form the basis for a work programme during the next phase of the process. Annexe 4 to this report contains the action plan proposals from the draft public report.

7 **Questions for Scrutiny Board Members**

- I. Are the themes set out in section 4 the ones that should be given greatest priority for future action?
- II. Is the scope of the JSNA too broad or just about right? See section 2.6 for a proposed definition of well being.
- III. Are there other themes, which from your local experience or information you have identified?
- IV. In addition to the proposals set out in section 4, are there any other suggestions that will improve partnership working in increase efficiency and effectiveness in strategic needs assessment?
- V. How can the JSNA assist Scrutiny Board and Area Committees in identifying priorities at a city wide and area level?

8. **Recommendation**

8.1 That Scrutiny Board Members consider the progress made, consider the questions at point 7 above and provide comments for further development of the Joint Strategic Needs Assessment.

Background Documents referred to in this report

Local Government and Public Involvement in Health Act (2007)

Leeds Strategic Plan

Leeds PCT Strategic Plan

Guidance produced by the Department for Communities and Local Government, "Creating Strong, Safe and Prosperous Communities"

Children and Young Persons Plan

Joint Strategic Assessment – Safer Leeds

Leeds PCT, Director Of Public Health Annual Report 2007/8

Measuring the Gap, Tackling Health Inequalities, (Leeds Initiative)