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## Report of the Director of Adult Social Services & the Director of Children's Services.

### Executive Board

Date: 4 March 2009

Subject: Leeds Joint Strategic Needs Assessment

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#### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In

(Details contained in the report)

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## EXECUTIVE SUMMARY

1. The final report of Implementing the Leeds Joint Strategic Needs Assessment Framework 2008/09 is attached. The attached summary report covers the background, process, consultation and key issues for Leeds City Council and NHS Leeds to address. In section 11 of the report it describes the issues and priorities for service commissioning over the next three to five years and in section 12 sets out proposals to strengthen strategic needs assessment between the City Council and NHS Leeds. The report has been received favourably by the Healthy Leeds Partnership Strategic Commissioning Board, three scrutiny committees, the Voice Health Forum and the Narrowing the Gap Executive. It has also been presented to the NHS Leeds Board for its approval. The related data pack on other background documents will be supplied on disc format as well as on the web, and forms the basis of an expanding resource that will inform service commissioning across NHS Leeds and the City Council.

## **1.0 Purpose Of This Report**

- 1.1 This cover report introduces the Joint Strategic Needs Assessment report and the data pack and other qualitative information that has been used to arrive at our present findings. The Executive Board is asked to approve the action plan contained in the main report and agree to the publication of the document.

## **2.0 Background Information**

- 2.1 Leeds City Council and NHS Leeds 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 clarified 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.

The work programme in Leeds was agreed by Leeds City Council and NHS Leeds 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 has now finished.

The legislation intends that the JSNA will inform the plans, targets, priorities and actions necessary in reducing identified inequalities and achieving the desired health and wellbeing outcomes for Leeds.

Core to JSNA is a data pack that provides a comprehensive profile of Leeds across a number of areas crucial to the health and wellbeing of the population:

- Demography
- Socio-economic and environmental factors
- Lifestyle (particularly 'healthy living') issues
- Ill health
- Health and Social care service provision

To complement the analysis we have drawn upon a richness of 'softer' information provided by the public, patients, service users and carers.

## **3.0 Main Issues**

### **3.1 What have we learnt?**

The first JSNA has confirmed that the priorities identified in the Leeds Strategic Plan (2008-11) and NHS Leeds's Strategy are the right priorities to be tackled at the present time. They include:

- Narrowing the gap in 'all age all cause' mortality between the average for Leeds and for people living in the more deprived areas of the city;
- Addressing the increasing incidence of circulatory diseases and strokes;
- Tackling obesity and raising levels of activity across all ages, but particularly the young;

- Improving sexual health and reducing rates of teenage conception;
- Improving mental health and emotional wellbeing;
- Improving the quality and responsiveness of services that provide care and support for people;
- Improving the safeguarding of children and adults that will represent significant longer term challenges for the city.

However, in line with the overall purpose of the JSNA the analysis has identified areas that will become significant longer-term challenges for the city – each will require citywide action. The critical challenges are:

- To respond to the needs of an increased ageing population who is living much longer;
- To ensure that tomorrow's children and young people are healthier – unhealthy children of today will become the unhealthy adults of tomorrow;
- To reduce present infant mortality rates which is significantly higher than the national rate;
- To counteract potential widening of inequalities between neighbourhoods;
- To increase the focus on found specific health and wellbeing challenges around obesity, alcohol, drug taking and smoking.

The full data pack can be found on the websites for NHS Leeds and Leeds City Council. A more detailed summary of the data is included in the JSNA Report.

### 3.2 **How are we going to respond? - sustaining the JSNA process**

The Project teams from both organisations identified a number of areas for future enhancement, which are included as part of the JSNA Action Plan:

- Greater disaggregation by localities and communities of interest, linked to an ability to benchmark data across those areas;
- More developed information on cost analysis and value for money;
- An integration of wider social indicators with the health data;
- Enhanced information on projections and trajectories to better inform longer term commissioning decisions;
- Up to date information for commissioning purposes – to be refreshed on an ongoing basis and providing relevant information, when it is needed, which could be readily accessed by city partners.

Further work is planned with service commissioners to refine thinking about useful additional data and plan for the 'refresh' of information during 2009, to ensure that the JSNA information adds maximum value to future commissioning decisions.

### 3.3 **Next steps**

The JSNA required and benefited from close working across Leeds City Council and NHS Leeds and other stakeholders. Looking ahead it is clear that this process must be more fully embedded into the existing partnership governance arrangements and better aligned with emerging planning and commissioning cycles.

Some of the key actions over the year ahead will be to:

- Embed the governance of and responsibility for JSNA into wider partnership arrangements, under Healthy Leeds and Children Leeds;

- Extend locality profiling to enable data to be used to build a comprehensive picture across specific local areas of Leeds;
- Populate data gaps where identified, including specifically strengthening the evidence base across all equalities strands and as necessary commission an equality impact assessment;
- Develop and implement a shared data repository approach to ensure information is maintained and accessible;
- Ensure all future qualitative information is integral to the arrangements and, like the core dataset, is readily accessible by utilising a central database arrangement for the city;
- Develop longer term projections for a wider range of communities of interest, localities and city wide targets;
- Develop a partnership with higher education to address identified needs in relation to further research, predictive modelling and analytical techniques;
- Explore how the JSNA can be extended to support all strategic outcomes in the eight themes of the Leeds Strategic Plan 2008 -11.

### 3.4 Consultation on the findings of the JSNA

Prior to the final publication of the Leeds JSNA, the draft report has been considered by The Joint Strategic Commissioning Board; Adult Social Care Scrutiny Board; Children’s Scrutiny Board; Health Scrutiny Board, Narrowing the Gap Board Leeds and the Voice Health Forum. During this consultation the following general points were raised:

- A welcome for the priorities that have been identified thus far – overall participants felt that these were the right priorities;
- More attention to tackling health inequalities and meeting need tailored to local needs, particularly within the context of the city’s ambition of ‘narrowing the gap’;
- Support for the broad scope adopted for the JSNA, and more emphasis to be given to understanding the impact that social and economic conditions can have for health and well being;
- The emphasis placed on children and young people was welcomed; however attention was drawn to wider determinants of health for this age group, particularly those children and young people who experience poverty.

## 4.0 Implications For Council Policy And Governance

- 4.1 The legislation and associated guidance anticipates that the JSNA will be a locally determined process which will shape and influence commissioning priorities and decisions for health and social care. Guidance encourages the wider application and influence of the JSNA, particularly for those services which have a direct or indirect impact for health and wellbeing, for example supported housing, physical activity and recreation and information and advice.
- 4.2 As such the JSNA is an important process, which will need to be fully documented, that will shape and influence the policy framework and resource allocation for both Leeds City Council and NHS Leeds. Already, NHS Leeds has been required to demonstrate how they have used the JSNA to inform their World Class Commissioning Plans for the next five years.
- 4.3 Whilst the JSNA must be undertaken through the local partnership arrangements, it remains an advisory process. Individual organisations retain their respective constitutional and governance arrangements with regard to the priorities and recommendations, which emerge from the process.

## **5.0 Legal And Resource Implications**

- 5.1 There is a statutory responsibility to have a JSNA process in place in each local authority area. Named statutory officers (The Director of Adult Social Services, The Director of Children's Services and the Director of Public Health) are held accountable within the legislation for ensuring that the local JSNA process is meeting the minimum legislative requirements and is produced in partnership.
- 5.2 The proposals for strengthen partnership working at the strategic level, which are summarised in this report in paragraph 3.3 may have resource implications. Consequently the partner organisations have committed to prepare a full business case which will examine options and opportunities to utilise existing and approved future investment.

## **6.0 Conclusions**

- 6.1 The initial phase of the JSNA has brought together a significant amount of data, patient and service user experience and best practice. The analysis of this information has demonstrated that health and well-being priorities identified within the Leeds Strategic Plan can be confirmed, and longer-term priorities have emerged, for further detailed analysis. The JSNA process will emerge as a key component of the City Council's strategic planning capacity and will strengthen partnership working in this regard, in the years to come.

## **7.0 Recommendations.**

- 7.1 The Executive Board is asked to:
- Asked to endorse the findings of the first phase of the Leeds Joint Strategic Needs Assessment and approve for publication the report Implementing the Leeds JSNA;
  - Request the Director of Adult Social Services and the Director of Children's Services to produce further reports on at least an annual basis, to report the results of future JSNA work;
  - Request that all Directors, and in particular the Directors of Adult Social Services and Children's Services ensure that all future commissioning plans and service plans reflect the health and well being priorities identified through the Leeds JSNA process.
  - Note the interest already shown by the three relevant Scrutiny Boards, and to ask those Boards to keep an oversight of JSNA work within their work programmes.

### **Background documents referred to in this report:**

Guidance on Joint Strategic Needs Assessment; Department of Health December 2007  
Director of Public Health Annual Reports Leeds Primary Care Trust / NHS Leeds  
Measuring the Gap – Tackling Health Inequalities Healthy Leeds April 2008  
Children Services Plans & Strategies; Children Leeds  
JSNA Datapack - prepared to support the Leeds JSNA; October 2008