



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

Executive Board

Date: 7th April 2010

Subject: Joint Strategic Needs Assessment Progress Report: March 2010

Electoral Wards Affected:

All Wards

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 re

1.0 EXECUTIVE SUMMARY.

1.1 The 2008/9 Leeds City Council and NHS Leeds produced the first Joint Strategic Needs Assessment for the City. An extensive data pack and also a Summary document were produced. It confirmed that the priorities in the Leeds Strategic Plan were the right priorities to be tackled but also identified four key recommendations for future areas that needed to be considered by Commissioners for health and well being within the City:

- Responding effectively to demographic change;
- Responding effectively to specific health and well being challenges;
- Targeted work to improve health and wellbeing outcomes for specific groups;
- Counteracting widening inequalities between neighbourhoods.

1.2 To continue the process it was identified that work needed to be carried out on a number of key areas. The Executive Board requested that it be kept informed of progress with the JSNA.

- 1.3 A summary of action taken since the publication of the initial datasets and analysis includes:
- Ensured we have the correct processes in place – particularly in relation to joint information and joint involvement structures;
 - Worked on specific population groups – including people with learning disabilities, people with mental health problems and children;
 - Assessed the impact on commissioning – both on joint commissioning and also on separate PCT and LCC commissioning on health and well being services;
 - Extended locality profiling to enable data to be used to build a comprehensive picture across specific local areas of Leeds, this includes the development of 108 middle level super out put area profiles;
 - Continued to develop longer term projections, and working in partnership with higher education to develop predictive modeling on future population trends.

2.0 Purpose of this Report.

- 2.1 As requested by the Executive Board in March 2009, this report provides a summary of the progress made in strategic needs assessment since the publication of the first JSNA. It emphasizes the contribution made across the city council and NHS Leeds, and provides examples of how strategic needs assessment has been applied in commissioning. Finally the report indicates priority areas for future work during the course of 2010/11.

3.0 Background Information.

- 3.1 In 2008/9 Leeds City Council and NHS Leeds produced their first Joint Strategic Needs Assessment (JSNA) for the City. An extensive data pack and also a summary document, describing the process for developing the JSNA and the main findings were produced. Both are available on the PCT and Leeds Initiative websites. It confirmed that the priorities in the Leeds Strategic Plan were the right priorities to be tackled but also identified four key recommendations for future areas that needed to be considered by commissioners for health and well being within the City.
- 3.2 Guidance produced by the Department of Health identified the lead role to be played by the Director of Public health, the Director of Adult Social Services, and the Director of Children's Services. This joint leadership and the collaborative nature of the work between the two agencies has been built upon during the year. Two joint teams were established during the initial programme management phase of the JSNA, which have continued to work together, leading key aspects of the work programme.
- 3.3 The Joint Information Group was established to provide information support to commissioning teams. It now meets every 3 months and is presently chaired by the Head of Information for NHS Leeds. The membership consists of the lead information staff from the key directorates within NHS Leeds (e.g. Public Health, Corporate Information Service, Children, Practice Based Commissioning), and Leeds City Council (Education, Environment & Neighbourhoods, Adult Social Services, Children Services, Safer Leeds).

Its remit includes:

- To provide information support for the commissioning teams;
- To signpost to information resources;
- To provide a register of needs assessments;
- To provide technological support to the JSNA and the development of a portal/warehouse for information;
- To update the JSNA data pack as required.

3.4 The Leeds Strategic Involvement Leads was formed to provide leadership and direction for consultation and involvement work across the city. The groups aims include:

- Develop a shared mechanism to collate public and service user feedback and intelligence;
- To provide leadership across Leeds in relation to involvement work;
- Support Commissioning teams to develop a systematic integrated approach to involvement within commissioning processes.

4.0 An Outline of Progress with the Leeds JSNA.

4.1 One of the key gaps in the first JSNA was needs assessment focused on particular vulnerable population group. A number of work streams have now been progressed in this area.

4.2 Ethnicity.

Work to improve the ethnicity coding of health data is ongoing - the ethnic origin of people registering with a new general practice is now a mandatory data field. NHS Leeds has also purchased software that can assist with identifying ethnic origin and this is being used in a project to measure the impact of a breast screening awareness campaign on target population groups. In addition the software tool is being used in the work to improve infant mortality rates in the city. Improved population profile data can assist both commissioning and further work to target programmes which tackle health inequalities in the city.

4.3 Learning Disabilities Needs Assessment.

Following from the acknowledgement within the JSNA that there was a gap in terms of more detail on the needs of people with learning disabilities a comprehensive needs assessment has been carried out. The main findings are summarised in Appendix 1. The work has combined an analysis of both national and local data and points to a significant growth in the demand for services from people with a learning disability over the next 5 years, through a combination of people living longer and more people with complex needs. Also highlighted is the incidence of poor access to health care provision, with many treatable conditions going undiagnosed. The significant number of people with a mild or moderate learning disability in the prison system is also identified as an area for further attention, through the commissioning of prison health care services.

4.4 Mental Health Needs Assessment.

A second area highlighted as absent, and requiring a more detailed needs assessment from the original JSNA was Mental Health and Illness. A Steering Group has been leading this since February 2009 with representatives across the key stakeholders. The Mental Health Programme Board has been involved in shaping the Needs Assessment. York Health Economics Consortium (YHEC) were commissioned to conduct elements of the work including; conducting stakeholder events and collating service users views; liaising with the voluntary sector to collate additional information; preparing a high level summary and recommendations for future action. Public health analysts and staff have collated the quantitative data and produce an interactive data 'pack' which will be dynamic and web based where possible. The results of this work are due to be published shortly.

4.5 Children – Maternity Health Needs Assessment.

Within Children's services one key needs assessment that has now taken place is the maternity needs assessment. This is a requirement of Maternity Matters: Choice, access and continuity of care in a safe service (2007). In Leeds the report was completed in November 2008, and was just too late to be included within the first JSNA. It draws together information gathered from a variety of local and national sources and stakeholders to give an overview of a wide range of issues affecting maternity services in Leeds. The main findings are summarised in Appendix 2.

The findings from both of the above are being used to inform the future commissioning of maternity services.

4.6 Drugs.

One of the key topic areas requiring more information following the last JSNA was drugs. The implications of drug misuse span many aspects of the health and well being agenda and a detailed needs assessment of adult drug treatment has now been completed. Appendix 3 contains a summary of the key findings from this needs assessment. Work has now begun to prepare a Leeds Drugs Strategy, which will build on the needs assessment work and address issues that have been identified through the needs assessment work.

4.7 Alcohol.

Initial work on assessing the extent of harmful alcohol consumption within the city has been undertaken. This work was based on records held within primary care and self reported information, which can provide a snapshot of the position within Leeds, but for greater completeness other data sources are required as well. Work on developing this needs assessment is continuing as a priority.

5.0 Assessing the Impact on commissioning.

5.1 A next key issue in taking forward the JSNA is the importance of strategic linkages, and thereby the impact the JSNA has on the future commissioning plans of both the City Council and NHS Leeds in relation to the health and wellbeing of the Leeds population.

5.2 The JSNA now forms the context for a number of strategic documents including NHS Leeds Operating Framework, the draft Transforming Communities Services Strategy Leeds Health and Wellbeing Partnership Plan, and LCC Adult Services Commissioning Prospectus.

5.3 The following examples demonstrate how the JSNA has been used to inform a range of commissioning decisions as outlined below:

- **Childhood Obesity** – using the analysis of the results from the Child Measurement Programme, programmes for tackling obesity such as HENRY and Watch It have then been targeted at particular areas of the city.
- **Maternity Services** – The Maternity Health Equity Audit, the Maternity Needs Assessment and other localised analyses have been used to inform the need for increasing midwifery services and / or providing services in a different way.
- **Breastfeeding** – The postcode / ethnicity breakdown on breastfeeding prevalence is being used to inform the breastfeeding strategy and social marketing campaign.
- **Teenage Conception** – A breakdown and analysis of local data is being used to assess 'hotspot wards', to ensure services are sited in accessible locations and to inform what further services should be commissioned for that locality (Evidence - Commissioning plan to Vulnerable Groups Commissioning Meeting in October 09).
- **Disabled Children** – Further to the gaps identified in the initial JSNA an integrated needs assessment is being undertaken across agencies and services. Work is also being undertaken to look at the scoping of an integrated information system to inform future commissioning.
- **South and South East — Holbeck — "Giving Voice"**. In the Leeds JSNA, a locality profile of Holbeck was included which had many comments from local residents about Holbeck always 'missing out' particularly in relation to its neighbour Beeston Hill in terms of regeneration, and the development of new state of the art facilities. This work is now being taken forward under LCC's Harmonious Communities theme.

6.0 Cross Cutting Issues.

6.1 During the first phase of the JSNA it was agreed to explore how the JSNA can be extended to support all strategic outcomes in the eight themes of the Leeds Strategic Plan 2008-11. Within this is the importance of considering the cross linkages between health and the wider determinants of health such as education, employment, housing. The example below highlights work that is taking this theme forward.

6.2 Housing and Health.

Under the auspices of shaping the new Housing Strategy for Leeds, a piece of work has been commissioned by Leeds City Council to evaluate the cost of poor housing associated ill health in Leeds. The aim is to understand the impact of poor housing on health in Leeds and estimate the future cost of housing related ill health having regard to the findings of the stock condition survey and other pre existing research. Subsequently the data and analysis will be used to identify the most cost effective

interventions to improve the condition of private sector housing to reduce ill health and health inequalities. The results of this work will be reported later in 2010.

6.3 Neighbourhood Index.

In the 2009 JSNA there was an example of a locality profile, based on the Holbeck area. Since then Leeds City Council, has worked with partner organisations to develop an enhanced area profiling system at the neighbourhood level. The result of this work is the production of a “Neighbourhood Index” for the city, which provides a robust evidence base by which to plan service interventions and begin to identify and guide resources into the areas of greatest need. It contributes to a more sophisticated understanding of the problems and issues facing local communities and the people in those communities, and provides a framework to benchmark progress in key neighbourhoods and communities.

7.0 Population Forecasting.

7.1 Collaboration between the City Council, NHS Leeds, the University of Leeds and the Yorkshire and Humberside Public Health Observatory is contributing to building expertise to deliver detailed population projections for Leeds that will aid future service planning. As the work on Maternity Services has shown, population projections for the city are volatile at present, which is contributing to major challenges in accurately projecting future population growth for the city. Work is now underway by the Joint Information Group to capture the key requirements for an enhanced set of population projections for Leeds, which will support the needs of service planners and commissioners.

7.2 Work with the University is focusing on how statistical modelling can contribute to a better understanding of health and social care needs at the local level. As such it is a ‘proof of concept’ study, exploring how disparate routinely collected data can be brought together in a meaningful way and, using different statistical techniques, can contribute to the development of a health and social care needs based information system for the city.

7.3 Three aspects of health and social care have been chosen to test this approach; Coronary Heart Disease (CHD), high dependency social care and teenage pregnancy.

8.0 Next Steps

8.1 Across the partnership it has been proposed that the following priorities are pursued during the next twelve months, as well as the completion of work already started such as the population forecasting project;

- To continue to embed the JSNA process, and subsequent outcome of priorities within the commissioning process of both NHS Leeds and Leeds City Council;
- To review and update the core data set, ensuring analysis is complete in time for the next round of LAA priorities;
- To ensure qualitative data from local communities is a key strand within all needs analysis.
- To build on the initial work on future population projections to create an understanding of their impact on commissioning decisions.

9.0 Conclusion.

9.1 Strategic needs assessment is now well embedded within the city, with the sharing of data, information and knowledge between the Council and NHS Leeds and other key partners now established as working practice. This example of partnership working has obvious and immediate benefits for the health and well being of people within the city, and for the better use of resources across the public sector. By way of illustration:

- The needs assessment looking at people with a learning disability provides evidence of the poor health for this group of people in the city. Adult social care and NHS Leeds are working together to improve the health needs of people with a learning disability, including work to develop a register.
- The drug treatment needs assessment draws data and information from a number of different sources, including the Police, NHS Leeds and the Council. This feeds into a single drug treatment plan for the city, which is signed off by all the key agencies. Whilst work continues to improve coordination between all drug treatment services, more people are accessing these services in the city than before.

9.2 The more detailed work and themed studies undertaken through the JSNA have identified a number of key challenges for the city. Of particular note is the changing demographic profile of people with a learning disability, and the pressures that will place on future service delivery. Also identified is the trend of increased numbers of live births within the city, which is in contrast to the national picture of a declining birth rate.

9.3 The JSNA is already having an impact for the way that services are commissioned, and further work will be undertaken in the current year to embed strategic needs assessment into the commissioning process.

10.0 Recommendations.

10.1 The Executive Board is asked:

- To note the progress that has been made in delivering the work programme identified in the first JSNA report published in April 2009.
- To note the main findings and implications for the future planning of services arising from the strategic needs assessment on people with a learning disability, child and maternity services and drug users.

Background documents referred to in this report:

Leeds Drug Treatment Plan and Needs Assessment 2010/11

Implementing the Leeds Joint Strategic Needs Assessment – Leeds Initiative 2009

Leeds Maternity Health Needs Assessment

Leeds Learning Disability Strategic Needs Assessment –
www.leedsinitiative.org.uk/healthy