
SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

Meeting to be held in Civic Hall, Leeds on
Friday, 25th November, 2011 at 10.00 am

(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)

MEMBERSHIP

Councillors

R Charlwood - Moortown;
C Fox - Adel and Wharfedale;
S Armitage - Cross Gates and Whinmoor;
K Bruce - Rothwell;
J Chapman - Weetwood;
A Hussain - Gipton and Harehills;
W Hyde - Temple Newsam;
J Illingworth - Kirkstall;
G Kirkland - Otley and Yeadon;
L Mulherin (Chair) - Ardsley and Robin Hood;
S Varley - Morley South;

Co-optees

Joy Fisher Alliance of Service Users
Sally Morgan Equality Issues
Betty Smithson Leeds LINK
Paul Truswell Leeds LINK

Please note: Certain or all items on this agenda may be recorded

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AGENDA

Item No	Ward/Equal Opportunities	Item Not Open		Page No
7			INQUIRY INTO HEALTH INEQUALITIES Supplementary report from the Joint Director of Public Health (report attached)	1 - 4
10			WORK SCHEDULE Draft Minutes from the Shadow Health and Wellbeing Board meeting – 14 th October 2011 (copy attached)	5 - 10



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

Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 25th November 2011

Subject: Joint Strategic Needs Assessment Progress Report: November 2011

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1.0 EXECUTIVE SUMMARY

2.0 Purpose of this Report

2.1 The purpose of this paper is to update the Scrutiny Board on the following areas in relation to the Leeds JSNA :

- Background to the JSNA and why it is important
- The Key messages from Leeds 2009
- Impact of JSNA 2009
- Process for 2011 refresh
- Key priorities emerging
- Embedding the JSNA within the Leeds Health and Social Care system and the role of the Health and Wellbeing Board

3.0 Background Information

3.1 The Health and Social Care Bill gives the Joint Strategic Needs Assessment a central role in the new health and social care system. It will be at the heart of the role of the new Health and Well Being Boards and is seen as the primary process for identifying needs and building a robust evidence base on which to base local commissioning plans. It provides an objective analysis of local current and future needs for adults and children, assembling a wide range of quantitative and qualitative data, including user

views. In the future the JSNA will be undertaken by local authorities and Clinical Commissioning Groups (CCG) through Health and Wellbeing Boards. Local Authorities and CCG will each have an equal and explicit obligation to prepare the JSNA, and to do so through the Health and Wellbeing Board. There will be a new legal obligation on NHS and local authority commissioners to have regard to the JSNA in exercising their relevant commissioning functions.

4.0 The Key messages from Leeds JSNA 2009

4.1 In 2009 the first JSNA for the City of Leeds was produced. It confirmed that the priorities identified in the Leeds Strategic Plan (2008-11) and NHS Leeds's Strategy were the right priorities to be tackled at that present time. They included:

- 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

4.2 However, the analysis also raised the need for further work in new areas, for example:

- Responding to the needs of an ageing population who are living much longer
- Ensuring that tomorrow's children and young people are healthier – unhealthy children of today will become the unhealthy adults of tomorrow
- Tackling the Infant mortality rate which was significantly higher than the national rate. The rate in some areas demonstrated particular issues in some communities
- A need to counteract potential widening inequalities between neighbourhoods
- A continuing focus on specific health and wellbeing challenges around obesity, alcohol, drug taking and smoking.

5.0 Impact of the JSNA 2009

5.1 The following examples demonstrate how the JSNA has been used to inform a range of commissioning decisions. Additional case studies are identified within the State of the City report and are available on request.

- **Infant Mortality** – A range of interventions has been developed across the city in relation to the national evidence to reduce infant mortality - for example a city-wide Food for Life Strategy to promote breastfeeding. A Maternity Health Needs Assessment highlighted the changing ethnicity of women using maternity services in the city. Many interventions have been targeted at two Reducing Infant Mortality Demonstration Sites, in Chapeltown and Beeston Hill. The concept of these sites was to focus a wide range of interventions into small areas of greatest need in order to make a real impact. These sites have been extremely successful in engaging local people and professionals, and providing a focus for action
- **Circulatory diseases.** The NHS Health Check (Vascular risk assessment and management programme) was implemented initially in the areas of deprivation/high incidence and areas of need, identified from the analysis within the JSNA.

- **Adult Social Care.** Leeds Adult Social Services are enhancing the range and flexibility of supported options for people, including large extra care housing and support services; the recommissioning of home care and residential care and the development of its re-enablement services. Supporting older people in their own homes for longer is both a preference expressed by older people and an economic response to reducing the costs of supporting people in residential or nursing homes. In 2010 Leeds continued to revise its Intermediate Treatment arrangements to further reduce the numbers of admissions of Leeds citizens to hospital, nursing or residential care.

5.2 There have also been significant broader impacts of the JSNA across the Health and Social Care system. For example:

- Closer alignment of planning and commissioning cycles (LCC and NHS)
- Strengthening of joint working arrangements between Leeds City Council and NHS Leeds on information and intelligence
- Continued development of the Joint Information Group and Strategic involvement group to continue the quantitative and qualitative work programme:
- JSNA underpinned events like the 'Open Space' conferences held in the area wedges.
- Within the Council and NHS there is now a far greater of existence of the JSNA.
- JSNA has helped the council to understand issues more fully, particularly in relation to health inequality. This is aiding planning across a wide range of services.

6.0 Process for JSNA 2011 refresh

6.1 Detailed below are the key steps that have been taken to refresh the JSNA this year:

- Refreshed all of national core data set
- Populated data gaps (e.g. mental health needs assessment) and improved projections and predictive modeling
- Development of Locality Profiling for different geographies. Middle Super Output Area Profiles (108), Area Committee Profiles (10) Area Wedge Profiles (3) and Clinical Commissioning Group and planned development of General Practice Profiles (113)
- Reviewed Health Needs Assessment (HNA) since 2007 - to collate main themes and evidence emerging priorities. This also led to the development of a Health Needs Assessment template to improve quality of future HNA
- Developed a pilot to use a wider source of data with Citizens Advice Bureau. This will demonstrate the area of need within the areas of deprivation with a focus on debt, benefits and the impact on health and wellbeing.
- Gathered a qualitative data library – over 100 items this has been analysed and will be interwoven within the JSNA data packs to give a comprehensive view of the local people.
- Large stakeholders workshop to share emerging finding and consult on how to ensure Leeds produces a quality JSNA
- An Equality Impact Assessment will be carried out on the produced documentation and process prior to being published

- The review of the JSNA will include intelligence not just information – to give a story of Leeds

7.0 Key Priorities emerging

7.1 In January 2012 an analysis of the overall priorities for Leeds from all of the data and qualitative information within the JSNA will be produced within an Executive Summary of the JSNA. Across all the areas covered within the JSNA there are some emerging cross cutting themes:

- **Wider programmes that impact on health and well being** – focus on children, impact of poverty, housing, education , transport etc
- **Prevention programmes** – focusing on smoking, alcohol weight management, mental health, support
- **Early identification programmes** – NHS Health Check/NAEDI; risk, early referral for wider support
- **Increased awareness** – e.g. of symptoms of key conditions, or agencies/ information
- **Secondary prevention programme** – effective management health and social
- **Increasingly move towards having a holistic focus** – e.g. rather than a long specific disease pathways, focusing instead on the person and their needs
- **Impact assessment in terms of inequalities in health**

7.2 In addition, a further JSNA work programme for 2012 is emerging.

8.0 Embedding the JSNA within the Leeds Health and Social Care system and Third Sector and the role of the Health and Wellbeing Board.

8.1 Governance of the JSNA will continue to be via the three responsible statutory officer (Director of Public Health, Director of Adult Social Services and Director of Children's Services) and in future reporting to the Health and Wellbeing Board. There will be an operational steering group with a project management approach to ensure the JSNA is embedded throughout the Council; the NHS and the Third Sector. The JSNA will sit on the Leeds Observatory website and will therefore be accessible to all.

9.0 Recommendations

9.1 The Scrutiny Board is asked:

- To note the progress that has been made in delivering the work programme since the JSNA was published in April 2009.
- To note the work to develop the refresh of the JSNA for 2012
- To note the emerging key issues on health and health inequalities
- To consider ways in which the Scrutiny Board (Health and Wellbeing and Adult Social Care), through its inquiry on health inequalities, can influence the development of the forthcoming Joint Health and Wellbeing Strategy.

Minutes of the meeting of the shadow Health and Wellbeing Board held on 14 October 2011

Members Present:

Cllr Keith Wakefield	Leeds City Council (Chair)
Cllr Judith Blake	Leeds City Council
Dr Jason Broch	Calibre Practice Based Commissioning Consortia
Dr Andy Harris	Leodis Practice Based Commissioning Consortia
Mr Richard Jackson	Third Sector (Voluntary Action Leeds)
Cllr Graham Latty	Leeds City Council
Mr John Lawbr	NHS Airedale, Bradford and Leeds
Dr Gordon Sinclair	H3Plus Practice Based Commissioning Consortia
Mr Paul Truswell	Local Involvement Network (LINk)
Cllr Lucinda Yeadon	Leeds City Council

In attendance:

Mr Dan Barnett	Adult Social Care/Leeds Initiative
Ms Philomena Corrigan	NHS Airedale, Bradford and Leeds
Ms Christine Farrar	NHS Leeds/Leeds Initiative
Mr Alan Gay	Leeds City Council
Mr Kevin Howells	NHS Airedale, Bradford and Leeds
Ms Lucy Jackson	NHS Leeds
Ms Sandie Keene	Leeds City Council Adult Social Care
Ms Katy Kudelitzy	Leeds City Council
Mr Rob Kenyon	Leeds City Council Adult Social Care
Mr Nigel Richardson	Leeds City Council Children's Services

Apologies:

Dr Ian Cameron	NHS Leeds/Leeds City Council
Cllr Stewart Golton	Leeds City Council

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- 1.0 Welcome and introductions
Councillor Wakefield welcomed all to the meeting.
 - 2.0 Apologies for absence
As above
 - 3.0 Introduction to role of the shadow board and approval of terms of reference
 - 3.1 Sandie Keene introduced this item and drew members attention to page 10 of the papers which lists the proposed responsibilities of the shadow Health and Wellbeing Board.

ACTION

- 3.2 A key responsibility of the Board will be to identify needs and priorities of the city through the Joint Strategic Needs Assessment. This will be used to develop a Joint Health and Wellbeing Strategy which will provide the framework for commissioning.
- 3.3 Key linkages for the Board will be the three Local Health and Wellbeing Partnerships, the Health and Social Care Service Transformation Board and the re-launched Health Improvement Board.
- 3.4 The four year city priorities for health and wellbeing have been agreed and can be found on page 14 of the papers.
- 3.5 Members discussed whether meetings should be open or closed to the public. It was acknowledged that when the Board moves to the formal shadow, the meetings will be held in public. Until then however, whilst the Board is being developed, it will follow the pattern of the Leeds Initiative and have closed meetings, but with papers published on the Leeds Initiative website.
- 3.6 Actions
- 3.7 The interim terms of reference were approved by the Board.
- 4.0 Financial situation
- 4.1 Financial overview presentations from Leeds City Council and NHS Leeds were introduced to set the context for the work of the shadow Health and Wellbeing Board.
- 4.2 Alan Gay presented the position for Leeds City Council, of which the key points were:
- Total public expenditure in Leeds is £8.9bn (£11k per head), of which £4.2bn is locally controlled.
 - Would our achievements on our outcomes be greater if we spent public money differently?
 - Almost half of Leeds City Council's spend goes on staff costs.
 - Spend is increasing on Adult Social Care Services, including on older people and learning disabilities.
 - Spend is also increasing on looked after children – particularly on external placements.
- 4.3 The following points were made in discussions:
- Leeds City Council and NHS Airedale, Bradford, and Leeds already work closely together to work out how much budget we have control over locally.
 - Demand is growing for services, despite cuts. But we need to think about what enablers we can put into action so that people are less dependent on services in the first place
 - Re: Look After Children – we need to identify how the Children's Trust Board and Health and Wellbeing Board will link together.
 - Re: Cross cutting work – how will these linkages be tested across the Boards? Perhaps a topic could be picked as a pilot, e.g. alcohol or demography.
- 4.4 Kevin Howells presented the position for NHS Leeds in 2010-11, of which the key

points were:

- NHS Leeds has a revenue budget of £1.33bn (£1,685 per head).
- 13,714,933 prescriptions items were paid for last year, for example.
- Waiting times for services are down.
- Leeds had £37m additional investment in 2010-11.
- The 'Nicholson Challenge' requires £15-£20bn savings to the running costs of the NHS by 2013-14.
- We don't want to see costs shifting across system as a result of savings being made elsewhere.
- The health economy in Leeds is in a sound position despite the challenges.

4.5 Action

4.6 The board noted the financial situation for the public sector in Leeds.

5.0 Joint Strategic Needs Assessment (JSNA)

5.1 The JSNA will set the context for the work of the Health and Wellbeing Board, which will address the ongoing process for Leeds and how this will influence planning and commissioning in order to improve outcomes for the people of Leeds.

5.2 Lucy Jackson presented the latest update and made the following points:

- A JSNA has been produced since 2009 and it is an ongoing process as it is continually improved on and updated.
- It has links to the State of the City report, which is more of a broader overview of the city.
- In future we will be required to base our commissioning decisions on need, and the JSNA will help us to do that using one source of information for the city.
- A standard template for Health Needs Assessments has been created to ensure data is of high quality and consistent.
- A library of over 100 qualitative data sets has been set up, to ensure that the views of the public and service users are considered.
- The updated JSNA is now much more local. 108 middle level super output area profiles have been created so that we can tell a story about individual communities.
- Key messages from the refresh include the fact that the gap in life years, between most and least deprived areas is increasing. We are doing well at tackling youth offending and infant mortality, but doing less well on reducing teenage pregnancy and on improving oral health. Lifestyle issues – such as smoking, using alcohol and obesity are all on the increase.

- All data from the JSNA will be going online in a Leeds observatory website, which everybody will be able to access.
- In future we need to make sure that the JSNA plays a meaningful role in what we commission and is used in the decisions that we make. In the long run, this will help us to spend money more wisely.

5.3 Discussions followed:

- There was support for the development of one data source as it is important for us all to have access to consistent and up to date information to be able to make the right decisions.
- The move towards area profiles was welcomed but it was suggested that we should be able to use information to drill down even more to a community level, or even at a family level.
- Re: Children's Trust Board - there will be a specific data pack about children and families in the JSNA.
- There was concern that the JSNA is still seen as a Health and Wellbeing tool. We need to make sure that it is used widely, outside of Adult Social Care and the NHS.
- It is useful for Clinical Commissioning Groups as it is evidence based and paints a clear picture about the needs of a certain area. It therefore allows them to focus resources in the right place.
- The chair thanked Lucy for a useful and insightful presentation.

5.4 Action

5.5 The board noted the work done to refresh the JSNA

6.0 Health and Social Care Service Transformation Programme

6.1 Phibrena Corrigan outlined the transformation programme, which is city-wide agreement between health and social care partners to work together to deliver the challenges ahead, including increasing quality, innovation and productivity.

6.2 More integrated services in the future will be better tailored to meeting needs and encouraging service user independence and empowerment. Resources will be more effectively targeted to the needs of individuals and communities. The focus will move from organisations to people and communities.

6.3 The initial focus is on clinical value in elective care, urgent and emergency care and older people and long term conditions. Other impacts this is having is on the management of estates. The programme is working across all health and social care partners to ensure land and property is being used to best effect. Options are also being examined to finding solutions in developing a shared patient record system and

joining up information systems to ensure better care at the frontline.

6.4 There is a statutory duty for the NHS to involve and consult with the public on this work as well as a duty to consult with the relevant Scrutiny Boards.

6.5 Discussions followed:

- Integrating providers and getting them to work closely across the whole programme is a positive opportunity for change.
- The third sector needs to think about what strategic contribution they can make to this piece of work and there is willingness from them to do so.

7.0 Future Work Programme

7.1 Rob Kenyon outlined key information for Board members to consider that will enable the establishment of a future work programme. This included the key roles for the Board, key timelines for establishing the statutory Board and considering the emerging good practice and guidance relating to its development.

7.2 The work programme was described in three areas:

- Board redevelopment issues.
- How we work together.
- Improving outcomes for the city.

7.3 The board has an opportunity to use the initial and shadow phases to develop its role and work programme before taking on statutory responsibilities from April 2013.

7.4 The board has an opportunity to inform national guidelines through leading an early implementer learning set.

7.5 The board has an opportunity to learn from other sites through this network, through the emerging good practice, and through an offer of support to the Local Government Agency for some board assurance.

7.6 There is an opportunity this work programme will be developed in line with emerging policy / guidance and in line with good practice guides.

7.7 Brief discussion followed highlighting the need to establish some work in understanding each others culture and developing trusting relationships.

7.8 Actions

Work programme was approved, subject to changes in light of guidance and future developments.

8.0 Any other business

There was no other business

9.0 Date of the next meeting

26 January 2012, 10am to 12pm .Location TBC

24 April 2012, 10am to 12pm .Location TBC

13 July 2012, 2pm to 4pm .Location TBC

16 October 2012, 2pm to 4pm .Location TBC

DRAFT