



Report of the Director of Adult Social Services

Scrutiny Board (Health and Adult Social Care)

Date: 21st January 2008

Subject: Localisation in Health and Adult Social Care

<p>Electoral Wards Affected:</p> <p>All</p> <p><input type="checkbox"/> Ward Members consulted (referred to in report)</p>	<p>Specific Implications For:</p> <p>Equality and Diversity <input type="checkbox"/></p> <p>Community Cohesion <input type="checkbox"/></p> <p>Narrowing the Gap <input checked="" type="checkbox"/></p>
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Executive Summary

This report provides information in relation to the development of the Leeds Joint Strategic Needs Assessment (JSNA) which was made a statutory duty under Section 116 of the Local Government and Public Involvement in Health Act 2007. This assessment, jointly lead by the Director of Adult Social Services, the Director of Children’s Services and the Director of Public Health for Leeds, will form the evidence base on which a range of health and well-being interventions will be founded.

The duty to complete comes into force on the 1st April 2008.

When completed, the JSNA will be unique to Leeds and represent the unique circumstances of the different localities and communities that make up the City.

The report goes on to discuss potential options for the future co-location of Health and Social Care staff presented by developments in Primary Health, particularly with regard to the role played by General Practitioners as locality commissioners.

1.0 Background Information

1.1 The duty to put in place a Joint Strategic Needs Analysis was brought into force by the enactment of Section 116 of the Local Government and Public Involvement in Health Act 2007. In the guidance accompanying the Act¹, published on the 10th December 2007, the Department of Health defines the JSNA as follows:

“JSNA describes a process that identifies current and future health and well-being needs in the light of existing services and informs future service planning taking into account evidence of effectiveness. The JSNA identifies ‘the big picture’ in terms of the Health and wellbeing needs and inequalities of a local population.”

¹ * Appended as Appendix 1

1.2 In the context of the guidance needs assessment is defined as “a *systematic method for reviewing the health and wellbeing needs of a population leading to agreed commissioning priorities that will improve health and well-being outcomes and reduce inequalities.*”

1.3 It is our intention to follow the guidance in relation to the outline methodology which sets out the need to obtain contributions from a wide range of stakeholder interests including the statutory partners in the Local Strategic Partnership, providers from the public, private and third sectors as well as user led organisations. This is in recognition of the fact that such organisations often have detailed knowledge of the communities in which they operate.

2.0 Timing and Duration of the JSNA

2.1 the JSNA is clearly intended to fulfil three purposes, firstly to provide a current picture of the needs of the communities of Leeds and to extrapolate from that the likely needs of those people over a three to five year period. Secondly to be used as a baseline from which more detailed analyses can be conducted in relation to smaller geographic areas, in relation to specific populations or in relation to specific health care conditions and/or concerns. Finally, the JSNA forms the basis of a longer term (10 – 15 years) analysis which will take into account changes in demography and infrastructure developments.

2.2 As might be imagined from an undertaking on this scale, the refinement of the JSNA will be a continuous process commencing with a concise summary of the main health and well-being needs of the communities of Leeds. This in turn will lead to the production of more detailed analyses and further refinements within planning cycles.

2.3 The JSNA is seen as an important support to the Local Area Agreement structure and its production will be aligned to support the implementation of the Leeds agreement through the early part of 2008. The cycle of its development will then be aligned to that of the LAA (i.e. three yearly).

2.4 Much of the source material in terms of demographic and public health information is already available and is already used to support a range of commissioning initiatives in health and social care. Work is currently being undertaken by Council Officers and their colleagues in Health to identify those elements of the analysis which are already available and those elements which are not available and that will need to be gathered and analysed.

2.5 Community engagement will play a significant role in ensuring that the JSNA accurately reflects the health and well-being aspirations of all the communities of Leeds and gaining the community perspective will therefore become a key work strand in its development and publication.

2.6 It is proposed that a further update be provided to the Scrutiny Board in six months time, providing greater detail on the progress towards publication and summarising the methodological approach and any emerging findings.

3.0 Co-Location with Health Partners

3.1 A companion paper submitted by Health colleagues alerts Members of the Scrutiny Board to the development of Practice based commissioning Consortia which have begun to be formed around the City. Attention is drawn to the close relationship which needs to exist between the JSNA of the health and well-being needs of populations served by the practices.

3.2 The practices own responsibilities for involving and engaging with the public and patients in relation to the development of their commissioning plans is highlighted.

- 3.3 Importantly, from the Council perspective, the establishment of the practice Based Commissioning Forum has created an opportunity for discussions to be progressed in relation to locality collaboration between and social care professionals.
- 3.4 The current position in relation to collaboration between primary health and social care professionals is patchy with some areas of the city benefiting from some co-location (Joint Care management Teams for example, which contain intermediate care nurses and therapists alongside their social care colleagues) but in many instances no such arrangements exist.
- 3.5 Discussions have taken place between Health colleagues and Adult Social Care Officers, to determine the extent to which greater co-location opportunities could be identified and accessed and the ways in which service design could be adjusted to reduce duplication and maximise efficiency and effectiveness of our staff.
- 3.6 These discussions will be taken forward in the coming months through the PBC forum and informed by the outputs from the JSNA as they become available so as to ensure that the most appropriate blend of staff are located in the most appropriate place to maximise their effectiveness.

4.0 Recommendations.

- 4.1 Members are invited to consider the issues raised in this report in relation to the compilation of the Joint Strategic Needs Analysis for Leeds and the opportunities created for locality engagement and greater co-location within a Practice Based environment.
- 4.2 Members are invited to consider the content of Appendix A “Guidance on Joint Strategic Needs Assessment” and to receive a further report highlighting progress in its development.