



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.