Leeds Health & Wellbeing Board

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Report of: **The Office of the Director of Public Health**

Report to: **Health and Wellbeing Board**

Date: **24 July 2013**

Subject: **Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment**

Are there implications for equality and diversity and cohesion and integration?	x Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	x No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	x No

Summary of main issues

The paper updates the Health and Wellbeing Board on the developments of the Joint Strategic Needs Assessment (JSNA) within Leeds since 2009. It goes on to share the reflections from an audit of the JSNA in relation to good practice.

The production of a JSNA is now a statutory duty of the Health and Well Being Board, and therefore the paper asks members to consider the vision and scope of the next JSNA in Leeds and determine future the governance arrangements.

The paper also details the requirement of the Health and Well Being board to produce a Pharmaceutical Needs Assessment (PNA) to inform NHS England's decisions on commissioning pharmaceutical services for Leeds. A process is proposed for reviewing the current PNA and to develop a new PNA in 2015.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the update on the development of the Leeds JSNA and the reflections from an audit of the JSNA in relation to key criteria;
- Agree the vision and scope of the future development of the JSNA in Leeds;
- Agree arrangements for the future governance of the JSNA in Leeds; and

- Agree the process for developing a Pharmaceutical Needs Assessment to inform NHS England’s decisions on commissioning pharmaceutical services for Leeds.

1 Purpose of this report

1.1 Ensure that all Health and Wellbeing Board members are up to date with the development of the JSNA within Leeds.

1.2 Share the reflections from an audit of the Leeds JSNA in relation to key criteria.

1.3 For the Health and Wellbeing Board to take ownership of taking forward the JSNA in Leeds.

1.4 Agree future governance arrangements for the JSNA in Leeds.

1.5 Agree the process for delivering on the requirement to produce a Pharmaceutical Needs assessment to inform NHS England's decisions on commissioning pharmaceutical services for Leeds.

2 Background information

2.1 The first JSNA for Leeds was published in 2009. This was in response to the statutory duty placed on Leeds City Council and NHS Leeds as set out in Section 116 of the Local Government and Public Involvement in Health Act (2007). The scope of the Joint Strategic Needs Assessment (JSNA) was to identify the currently unmet and future health, social care and wellbeing needs of the local population.

2.2 The Health and Social Care Act of 2012 placed the JSNA at the heart of the role of the new Health and Well Being Board; it stated that the JSNA will be the primary process for identifying needs and building a robust evidence base on which to base local commissioning plans. The emerging findings and recommendations from the 2012 Leeds JSNA were presented to the Shadow Health and Well Being Board at its first meeting in October 2011.

2.3 Statutory guidance has since been published which reiterates that the JSNA is not an end in itself but a continuous process of strategic assessment – the core aim of which is to develop local evidence based priorities for commissioning which will improve the public's health and reduce inequalities. Local Authorities and Clinical Commissioning Groups (CCGs) now have equal and joint duties to prepare JSNAs, through the Health and Well Being Board.

3 Main issues

3.1 The Leeds 2012 JSNA is available to all on the Leeds section of the West Yorkshire observatory http://www.westyorkshireobservatory.org/explorer/resources/. Key findings are published within the executive summary for each section in addition to the 108 MLSOA profiles, the 3 CCG profiles, the 113 practice profiles and the 10 Area Committee profiles. Some of the key messages were:

- The impact of poverty and the inequalities gap (12.4 years for men, 8.2 years for women)

- The paramount importance of good mental health as a cross cutting issue
- The impact of demographic changes
- The scale and impact of smoking, obesity, and alcohol use in the city
- Early deaths from long term conditions is decreasing but the gap is remaining and even increasing for some conditions
- The scale of child poverty and its relationship to other indicators for children
- The impact of the wider determinants on health especially the economic downturn, financial inclusion, poor housing, employment, social isolation and older people

3.2 The JSNA 2012 built upon the issues and gaps identified within the JSNA 2009. Similarly the JSNA 2012, and its Equality Impact Assessment has led onto a number of work streams. These include various needs assessments for older people, gypsies and travellers and lesbian, gay, bisexual and transsexual communities.

3.3 In order to ensure continuous improvement in the quality of the JSNA a full audit cycle has been completed for the period 2009-2012. The audit paper is attached in appendix 1. Following on from the JSNA 2009, four key areas were identified as critical success factors to audit the next development and publication of the Leeds JSNA 2012. These were:

- Good governance– including leadership and endorsement
- Linking planning and commissioning
- Data gathering and content
- Engaging stakeholders – including challenge and peer review

Following a review of the 2012 JSNA three more criteria were added:

- Refining the nature and scope of the JSNA
- Good communication (including spreading good practice)
- Ensuring capacity.

3.4 Since completion of the post JSNA 2012 review there has been a Department of Health and Partners publication “Operating principles for joint strategic needs assessments and joint health and wellbeing strategies” (copies will be provided prior to the meeting for HWB members). This excellent publication allows the incorporation of the seven key success criteria into a broader cycle of needs assessment to implementation of commissioning plans (see diagram in appendix 2). A crucial lesson from the JSNA 2009 to JSNA 2012 audit cycle is the importance of incorporating a changing context and adapting accordingly. The national thinking and approaches has changed the purpose and local position of the JSNA significantly for example national guidance goes beyond “needs” and includes value for money and use of current services. This audit cycle and subsequent action plans have reflected those shifts.

Moving forward

3.5 There is now no national template or format for JSNAs (which is different than in the past when there was a minimum data set).For the 2009 JSNA a programme management approach was followed with the governance of a Board, and sub groups on specific areas. For the 2012 JSNA there was a steering group chaired by the Director of Public Health, with the governance of the Director of Public Health, Director of Adult Social Care and the Director of Children's Services overseeing its production.

3.6 The intention at present is to publish the next Leeds JSNA in 2015. Going forward the Health and Wellbeing Board needs to agree how to undertake the next Leeds JSNA to best suit local circumstances. National guidance does stress that JSNAs must assess current and future health and social care needs, that the whole population be covered and to ensure that mental health receive equal priority to physical health.

3.7 Other key issues highlighted in the national guidance in terms of scope are:

- Demographics – and needs across the life course;
- Needs of those who are more vulnerable and experiencing inequalities;
- Wider social, environmental and economic factors that impact on health and well being;
- Health and social care information about local community needs.

3.8 The Health and Wellbeing Board is requested to agree the vision and scope of the next Leeds JSNA and future governance arrangements. This includes the engagement of elected members, Healthwatch and Scrutiny Board (Health & Wellbeing and Adult Social Care).

Pharmaceutical Needs Assessments (PNAs)

3.9 On 1 April 2013 Health and Wellbeing Boards became responsible for Pharmaceutical Needs Assessments (PNAs) which were previously published by Primary Care Trusts (PCTs). The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which came into force on 1 April 2013, require each Health & Wellbeing Board to:

- Make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are of a significant extent; and
- Publish its first PNA by 1 April 2015

3.10 The Health and Wellbeing Board is required by the regulations to publish a revised assessment where it identifies changes to the need for pharmaceutical services which are of a significant extent. The only exception to this is where the HWB is satisfied that making a revised assessment would be a disproportionate response. The HWB will therefore need to put systems in place that allow them to:

- Identify changes to the need for pharmaceutical services within their area
- Assess whether the changes are significant and
- Decide whether producing a new PNA is a disproportionate response.

3.11 NHS England will be required to use the current and future editions of the PNA in order to inform its decisions on applications to open new pharmacies and dispensing appliance contractor premises. The latter contractors check with dressings, catheters and other appliances but not medicines. PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England. Enhanced services are services such as anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out of hours services.

3.12 The current PNA for Leeds was published in 2011 with updates produced in March 2012 and January 2013. These documents are available online at: http://www.leeds.nhs.uk/About-us/pharmaceutical-needs-assessment.htm

3.13 It is proposed that the NHS England West Yorkshire Area Team, Leeds CCGs (Medicines Management) and Public Health, work collaboratively to assess what revisions and updates are required for the PNA in the short term. A process will also be agreed for NHS England to consult with the Health and Wellbeing Board on significant changes to provision e.g. new pharmacy applications.

4 Governance Arrangements

The Health and Wellbeing Board is the statutory body and has overall responsibility for ensuring that a JSNA and PNA are produced in Leeds. The Health and Wellbeing Board need to agree governance arrangements for the production of both of these documents.

4.1 Consultation and Engagement

4.1.1 Engaging wider stakeholders is one of the seven critical success factors identified for the Leeds JSNA. Within a good JSNA attention needs to be played to how local assets can be used to meet identified needs. The audit details how this has been undertaken for the 2009 and 2012 JSNAs

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 The 2012 JSNA included an equality impact assessment. The implementation of the recommendations has been directly linked to the subsequent needs assessment listed previously, the outcome of which will need to be incorporated within future iterations of the Leeds JSNA.

4.3 Resources and value for money

4.3.1 The co-ordination and production of the JSNA for Leeds is currently carried out by the Public Health Intelligence Team in collaboration with partners. In the past the Primary Care Team at the former NHS Leeds Primary Care Trust were

responsible for producing the PNA so capacity needs to be identified for this work within NHS England, the CCGs and Public Health .

4.4 Legal Implications, Access to Information and Call In

4.4.1 This report is not open to call-in. No information in this report has been classified as exempt.

4.5 Risk Management

4.5.1 Failing to publish a JSNA and PNA leaves the LA Clinical Commissioning Group's and HWB in breach of their statutory duty.

5 Conclusions

5.1 The JSNA for Leeds will be the primary process in terms of identifying needs and will build a robust evidence base on which to base local commissioning plans. The HWB is the statutory body for taking this forward and for ensuring it is delivered. In addition the HWB is responsible for producing a Pharmaceutical Needs Assessment which will inform NHS England's decisions on commissioning pharmaceutical services for Leeds.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the update on the development of the Leeds JSNA and the reflections from an audit of the JSNA in relation to key criteria.
- Agree the vision and scope of the future development of the JSNA in Leeds.
- Agree arrangements for the future governance arrangements for the JSNA in Leeds.
- Agree the process for developing a Pharmaceutical Needs Assessment to inform NHS England's decisions on commissioning pharmaceutical services for Leeds.

Appendix 1

Audit of the Leeds JNSA 2009 and Leeds JSNA 2012

1. Background

In 2009 we published the first JSNA for Leeds[1]. This was in response to the new statutory duty placed on Leeds City Council and NHS Leeds as set out in Section 116 of the Local Government and Public Involvement in Health Act (2007). This annual duty commenced in April 2008. The Joint Strategic Needs Assessment (JSNA) scope was to identify the currently unmet and future health, social care and wellbeing needs of the local population. The legislation intended that the JSNA would inform the plans, targets, priorities and actions necessary in reducing identified inequalities and achieving the desired health and wellbeing outcomes for Leeds. Following from this first publication we identified four key areas as critical success factors to audit the next development and publication of the Leeds JSNA 2012[2]. These were:

- Good governance– including leadership and endorsement
- Linking Planning and Commissioning
- Data gathering and content
- Engaging stakeholders – including challenge and peer review

This audit cycle is from the preparation, publication and review of the 2009 JSNA to the preparation publication and review of the 2012 JSNA – a period covering 2008-2012. Appendix 1 lists a number of Leeds related references plus file references for working groups and papers. (Note to Health & Well Being Board members this is, not included but available on request)

2. Leeds JSNA 2009

2.1 Good governance including leadership and endorsement

From the beginning we intended to 'put in place effective structures and governance arrangements to maintain oversight of the JSNA process'[3]. For the production of the 2009 JSNA we had operated a programme planning structure with a formal Programme Board project manager, an operational group and specific task groups (on date gathering; commissioner requirements; wider stakeholders). The Programme Board had on it the three key people who were charged with delivering the JSNA within the statute- the Director of Public Health, the Director of Adult Social Care and the Director of Children's Services. This worked well and the key intention was not to lose this clear line of accountability, leadership and top level endorsement as we moved forward with the JSNA 2012.

2.2 Linking Planning and Commissioning

In the short term our identified actions in 2009 in relation to planning and commission were around ensuring the priorities from within the JSNA were reflected into the key commissioning and partnership plans across the city, in particular the Leeds Strategic Plan 2008-2011[4] and NHS Leeds Strategy. In the longer term our ambitions were to ensure we had data at a lower geographical level to help more targeted commissioning plus value for money. During the development of the first JSNA we had interviewed commissioners from a range of health and Local Authority sectors to try to ensure their engagement. However this still felt as if it was an area that needed much more emphasis because if the JSNA did not make sense to Commissioners and did not translate into service delivery then it would remain purely an assessment of need written in a document.

a. Data gathering and content

For the 2009 JSNA we had followed the National Core Data set published in 2007. This successfully told a narrative account of the challenges for the city that could be articulated to key stakeholders. However, we identified six future actions: to ensure JSNA 2009 data was readily accessible; that we were filling any gaps with more in depth needs assessments; that we were ensuring we had data on all equality strands; a picture of areas at a more local level; development of future modelling and forecasting and finally collating more qualitative information.

b. Stakeholders – including challenge and peer review

For the 2009 JSNA we initially had set up a sub group for wider stakeholders in the event this proved a challenge as across the system there were a whole host of different structures for involvement. However, these weren't co-ordinated in any way, and didn't provide an efficient forum for either engaging with wider stakeholders in the gathering of needs or in communicating findings. For the 2009 JSNA a Joint Information Group and a Leeds Strategic Involvement Lead Group were formed. The Joint Information Group focussed on the gathering the quantitative data mentioned above. The latter was to bring the different involvement mechanisms in the city together. On reflection this was a different function than the gap we had really identified which was both wider engagement with a wide range of stakeholders within the development of the JSNA but also communicating qualitative findings.

3. Development of the 2012 JSNA

The following sections describe progress against the four critical success factors.

3.1 Good governance including leadership and endorsement

For the production of the 2012 JSNA we had operated a JSNA Steering Group led by Public Health but with membership from across Leeds City Council (ASC, Children, Involvement) and NHS Leeds (Information, Involvement). This was effective in terms of producing reports for LCC Executive Board and Scrutiny and Healthy Leeds (the partnership body). It was also effective in terms of updating the NHS. In addition we had a programme board – consisting mainly of the DPH, DAS and DCS. There was discussion during the period on whether the programme board was accountable to Health Leeds Partnership or the overarching Partnership Board for the city. However this was determined by the new Health and Social Care Act which gave a new importance to the JSNA as the primary process of identifying need, priorities and informing commissioning strategies, plans and the new Joint Health and Wellbeing Strategy all accountable to a new Health and Wellbeing Board. The 2012 JSNA was subsequently presented at the first meeting of the Shadow Health and Well Being Board in the city and the good governance arrangements for 2009 JSNA therefore continues to enable the timely publication of the 2012 JSNA.

3.2 Linking Planning and Commissioning

The Leeds JSNA had now become embedded on a continuing basis into a number of the key plans within the City – e.g Vision for Leeds 2011 – 2030; Leeds City Priority Plan 2011 -15, State of the City report 2011. More specific examples of programmes of work were directly linked to using the JSNA such as the Infant Mortality demonstration sites in two areas of the City, the roll out of the NHS Health Check focussing on those areas with the highest death rates from CVD and the re commissioning of home care and residential care in the city. The learning from the JSNA and its impact on planning and commissioning was reported initially to the Leeds Joint Strategic Commissioning Board in March 2010. To further embed the JSNA into the commissioning process a scoring mechanism for priorities was produced. This led to the development of some key questions for stakeholders to consider at a subsequent workshop in September of 2011. The development of more locally based information meant 10 Area Committee reports could be produced detailing the needs of the area. These were very well received when presented to the Committees to argue influence, future planning and commissioning priorities.

3.3 Data gathering and content

The second main data set was published nationally in 2011 along with new guidance. This caused us to appraise the work we were producing for the 2012 JSNA in order that it would comply with this guidance, and the domains described gave the data a framework which we built on for publication. A number of the gaps identified by the 2009 JSNA had now been filled. For example a piece of work had taken place with Leeds Citizens Advice Bureau to trial using the data they held particularly on debt to add to other data sets held to give a richer picture of the issue in Leeds. This was subsequently published as an example of good practice[4]. 108 Middle Level Super Output area profiles were produced to give the data at a smaller more meaningful level, and following a qualitative workshop the analysis of the qualitative information held was now included within each area. As an additional check as well as the scoring sheet mentioned above to determine the main findings from the data the Joint Information Group held a workshop on the initial findings and then the Regional Economic Unit were commissioned to analyse the data and state their main findings. Over the period from the first JSNA and in response to identified gaps a number of Health Needs Assessments had taken place (eg Mental Health Needs Assessment, other ref) A Registrar in Public Health was asked to analyse these for cross cutting issues. This report fed into the Executive Summary, and also led to the development of a Health Needs Assessment template to ensure the quality of future Health Needs Assessments.

3.4 Stakeholders – including challenge and peer review

One of the key gaps within the JSNA process was having a broader involvement across all the sectors within Leeds. In September 2011 a large workshop was held to both share the initial findings and to add to these peoples knowledge about what were the key issues. Just before the workshop a national document ‘Spring Board for Action ‘was published which gave 7 quality markers of what made a good JSNA. This framework was also used to engage with the stakeholders at the workshop in terms of moving forward. Following this workshop a further workshop was held with Healthy Lives Leeds to build on this engagement particularly with the third sector.

4. Post 2012 JSNA Review

In June 2012 a learning/reflection workshop was held with the JSNA Steering Group as part of a post project review. In additions to the four criteria audited above, three more were added. These were: Scope; Communications and Capacity. Although this is not strictly part of this audit we have detailed some of the issues for these areas. These emerged from our experiences in producing the JSNA 2009 and the JSNA 2012 but also from the significant change in context, namely a higher profile associated with a varied and new national set of guidance.

4.1 Refining the scope and nature of the JSNA

It became clear during the development of the 2012 JSNA that an agreement of the exact scope was important. The second data set had covered a wide range of areas but if the main duty to produce the JSNA now fell on the Health and Well Being Board then the question arose as to what was the focus on the NHS/ASC and Public Health – including Children's Health issues. In addition the expectations placed on the JSNA, in national guidance, went beyond pure "needs assessment" and included value for money and use of current services. This reflected a shift in focus from "needs" to what is required to inform improved commissioning.

4.2 Good Communications (including spreading our good practice)

Communications was added to the list of critical success factors. This covered both communicating the findings of the 2012 JSNA and also the spreading of good practice. The 2012 JSNA was placed on the Leeds observatory website to maximise impact supported by a communication plan. This included a week long series in the Yorkshire Evening Post with each day featuring a different theme. An Executive summary was produced setting out the key messages. This was communicated at many events including at Health Lives for All, the Annual Health and Well Being conference held in Leeds on 8 March 2012, the first meeting of the Shadow Health and Wellbeing Board with the three emerging clinical commissioning groups, each of the 10 Area Committees in the city. Leeds was cited as an example of good practice in the LCA publication "moving to an enhanced JSNA" July 2012.

4.3 Ensuring Capacity

The third additional criteria was capacity. Using REIP funding a project officer post had been initially established to develop the JJIG and the SIG. This post developed into a post to project manage the JSNA. In addition the capacity required to both produce the data and to write it up into data packs grew as the 2012 developed.

The completion of the JSNA 2009 and JSNA 2012 audit cycle has, based on the (now) seven success criteria, led to a further work programme. In addition the seven key success criteria have been communicated to those who will be progressing the JSNA 2015.

Since completion of the post JSNA2012 review there has been a Department of Health and Partners publication "Operating principles for joint strategic needs assessments and joint health and wellbeing strategies". This excellent publication allows the incorporation of the seven key success criteria into a broader cycle of needs assessment to implementation of commissioning plans. A crucial lesson from the JSNA 2009 to JSNA 2012 audit cycle is the importance of incorporating a changing context and adapting accordingly. The national thinking and approaches

has changed the purpose and local position of the JSNA significantly. This audit cycle and subsequent action plans have reflected those shifts.

1. Implementing the Leeds Joint Strategic Needs Assessment Framework 2009. Leeds City Council, NHS Leeds. June 2009
2. Leeds Joint Strategic Needs Assessment 2012. Leeds City Council, NHS Leeds. 2012, http://www.westyorkshireobservatory.org/
3. Operating Framework for the NHS in England 2008/2009.
4. Moving to an enhanced JSNA – a temperature check on progress across Yorkshire & Humber during the transition. Yorkshire & Humber Public Health Observatory. July 2012

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01.07.13

Appendix 2

Diagram from Department of Health and Partners publication "Operating principles for joint strategic needs assessments and joint health and wellbeing strategies" 2012.