Leicestershire Joint Strategic Needs Assessment

Executive Summary

http://www.lsr-online.org/reports/leicestershire_joint_strategic_needs_assessment_jsna_2012_key_documents

April 2012
FOREWORD

We are delighted to present the 2012 Joint Strategic Needs Assessment (JSNA) for Leicestershire. The Local Government and Public Involvement in Health Act (2007) made it a statutory requirement to produce a JSNA which reflects the health and well being of our local community. This JSNA has been developed by Peter Marks our Joint Director of Public Health through the JSNA Steering Board.

The JSNA will underpin the development of Leicestershire’s Joint Health and Wellbeing Strategy which will direct the services that we commission in the future. We will develop a local outcomes framework to measure our progress in improving people’s health across our key health and wellbeing priorities.

We are confident that as we develop our joint working, our JSNA will improve our knowledge of people’s needs and how we can respond to them. A vital part of that is getting feedback from groups and individuals across the county. We encourage you to read the 2012 JSNA, give us feedback on what you read and play your part in shaping the Joint Health and Wellbeing Strategy.

Cllr Ernie White
Lead Member for Health

Mick Connell
Director of Adults and Communities

Peter Marks
Director of Public Health

Gareth Williams
Director of Childrens and Young Peoples Service
INTRODUCTION

The Joint Strategic Needs Assessment (JSNA) is our overarching assessment of the health and wellbeing needs of our population across the wider health and social care economy. The JSNA is driven by the Shadow Health and Wellbeing Board in Leicestershire and is the basis for developing the Health and Wellbeing Strategy.

The Health and Social Care Bill, emphasizes the importance of the JSNA as the starting point for developing health and wellbeing strategies and underpinning commissioning decisions. The Bill proposes the new statutory health and wellbeing boards will have three required functions:

• To oversee the production of the Joint Strategic Needs Assessment
• To develop a Joint Health and Wellbeing Strategy (JHWS)
• To develop joint commissioning intentions and ensure all commissioning intentions meet the needs identified by the JSNA and are in line with the JHWS

The Shadow Health and Wellbeing Board will monitor progress towards the objectives of the Joint Health and Wellbeing Strategy through the public health outcomes framework.
2012 JOINT STRATEGIC NEEDS ASSESSMENT PRIORITIES

The strategic objective for the Health and Wellbeing Board is to “add quality and years to life”, by improving health throughout people’s lives, reducing inequalities and focusing on the needs of the local population.

The key priorities identified across the life course from the 2012 JSNA are:

- Giving children the best start in life
- Managing the shift to early intervention and prevention
- Supporting the ageing population

In addition to targeting specific parts of the life course the following cross cutting themes have been identified:

- Targeting the communities with the greatest needs
- Improving mental health and wellbeing

Addressing these health needs can only be done in partnership with the other commissioning hubs of Leicestershire Together, “influencing other boards” has been identified as a key priority for ensuring that the Health and Wellbeing Board delivers improved health outcomes across the life course.

ADDING QUALITY AND YEARS TO LIFE

Targeting the communities with the greatest needs

Giving children the best start in life

Managing the shift to early intervention and prevention

Supporting the ageing population

Improving mental health and wellbeing

Tackling the wider determinants of health by influencing other boards

Children and Young People Commissioning Board
The Leicester and Leicestershire Enterprise Partnership Environment Board
Safer Communities Commissioning Board
Stronger Communities Board
Housing Services Partnership
Housing Planning Infrastructure Group
Leicestershire Rural Partnership
Community Budget Programme Board
Voluntary and Community Sector Strategy Group
HEALTH AND WELLBEING IN LEICESTERSHIRE

In 2009 the Joint Strategic Needs Assessment (JSNA) highlighted the challenges posed by the ageing population of Leicestershire. In this JSNA (2012) adapting service provision to meet the needs of the growing population, and in particular the growing older population, remains our most pressing commissioning challenge.

The health of people in Leicestershire is generally better than the England average. Life expectancy in Leicestershire is 79.7 years for males and 83.4 years for females and the Primary Care Trust ranks 21 out of 151 Primary Care Trusts (PCT) for males and 29 out of 151 for females (1=highest). In the past 10 years there have been significant improvements in people’s health with reductions in premature mortality rates from the major killers. However, cardiovascular disease, cancer and respiratory diseases remain the major causes of ill health and premature mortality, driven by the major risk factors of smoking, obesity and alcohol misuse.

Internationally, the United Kingdom ranks 20 out of 193 countries for life expectancy in the World Health Organization, Global Health Observatory Data Repository. The countries that have better life expectancy than the UK include Japan, Australia and Iceland.

Leicestershire is a rural and affluent area that can aspire to be one of the healthiest places in England. However, this is not challenging the area sufficiently and we should be looking towards international comparisons and benchmarks to drive our health outcomes to be the best in the world.
ADMINISTRATIVE GEOGRAPHIES IN LEICESTERSHIRE COUNTY AND RUTLAND

Leicestershire Districts

Leicestershire County is a two tier authority served by Leicestershire County Council and 7 District Councils.

There are two Clinical Commissioning Groups (CCGs) across Leicestershire County and Rutland which cover the population of both Leicestershire and Rutland Unitary Authority. The CCG boundaries are not coterminous with District Council boundaries.
DEMOCRAPHIC CHANGE

In the last 10 years the population of Leicestershire has increased by over 7% and is predicted to grow by a further 11% by 2026. By 2026 over 22% of the population will be over 65 compared to 16% in 2011. By 2026, the number of very old people (90+) is predicted to increase by 125%, the number of 70-74 year olds by a third and the number of 65-69 year olds by almost a fifth. This poses challenges for the demand on our health and social care services and the complexity of the services they provide.

2010 Leicestershire Population compared to England

The population of Leicestershire has a higher proportion of people aged 65 years and over than the average for England.

The population of Leicestershire has a smaller proportion of people aged under 40 years than the average for England.

2010 and 2015 Leicestershire Population

There will be an increase in the proportion of the Leicestershire population aged 65 years and over.
EXECUTIVE SUMMARY

GIVING CHILDREN THE BEST START IN LIFE

The health of children in Leicestershire is generally similar to, or better than, the England average. Leicestershire needs to continue to give young people the best possible start to life. Early help, intervention and prevention will provide that good start in life and help to prevent problems in later life. We need to continue to commission:

- Strong universal public health and early education programmes together with targeted interventions for disadvantaged families and children at risk of poor health outcomes (including Children in Care and those leaving care).
- Services that enable children and young people to develop well, make healthy life style choices and help with transition into adult life and services.
- We need to improve services and support for all disabled children and young people, those with complex needs, and/or those with Special Educational Needs (SEN). The key to this is developing local specialist provision for children with SEN to avoid expensive out of county placements particularly in the areas of autism and behavioural, emotional and social difficulties. Families should be supported by ensuring that wrap around support is available to families who might otherwise see residential placements for their children.

One of the most significant challenges to the health of the population is caused by the inter-generational cycle of health inequalities. Targeting the families with the greatest overall needs (as per the “Troubled Families” initiative that has been developed in Leicestershire) is key to ensuring that the most vulnerable children have the best opportunity for good health and wellbeing throughout their lives.

MANAGING THE SHIFT TO EARLY INTERVENTION AND PREVENTION

Thanks to the efforts of local and national partners we can demonstrate progress on a number of lifestyle behaviours. The rate of smoking is at an all time low (19%) and is below the national average, whilst childhood obesity shows a welcome fall over the last two years. However, the challenges posed by obesity in adults and children, and the impact on health and community safety of alcohol and substance misuse remain priorities for action.

Lifestyle behaviour change, coupled with the impact of NHS services and broader societal changes, have enabled us to make good progress in tackling deaths from coronary heart disease (from 771 deaths per 100,000 population in 1993 to 211 per 100,000 population in 2009).

However, progress towards reducing deaths from cancer has not decreased at the same rate. Between 1993-95 and 2007-09 under 75 mortality rates from cancer have fallen in NHS Leicestershire County and Rutland from 132 per 100,000 population to 99 deaths per 100,000 population. Ensuring that patients and health professionals alike are able to recognise symptoms, access high quality screening programmes and make early diagnosis will be essential in further reducing the death rates from cancer.

With increasing pressure on health and social care services, preventative approaches are essential. By improving health and wellbeing they will avoid hospital admissions, support individuals to recover (reablement) and support carers (including young carers) to continue caring. Provision of accurate, timely information and advice and signposting to appropriate community services will also contribute to a reduction in the need for social care support.
1 in 3 deaths occur before a person reaches 75 years of age. These premature deaths are caused by cancer (45%), heart diseases (24%) and respiratory disease (8%).

Making excellent progress locally with the reduction in early deaths from heart disease. Progress for cancer is slower and less consistent.

Internationally, we do not do as well as other countries for cancer mortality, ranking 143/193 countries for male cancer mortality (1=best, 193=worst).
SUPPORTING THE AGEING POPULATION

The increasing population will lead to a growing number of people with long term health conditions such as diabetes, chronic obstructive pulmonary disease, cardiovascular disease and neurological conditions. For instance the number of people living with diabetes is estimated to increase by 29% between 2010 and 2020. Our services will need to evolve to meet increasing demand and the changing nature of care needed as people survive longer with such conditions.

The number of people aged 65 and over providing unpaid care to a partner, family member or other person is expected to increase by 18% between 2010 to 2015, from 13,200 to 15,700. By 2030, the number is expected to reach 20,300.

A high priority of this JSNA is the increase in the numbers of people with dementia and the impact this will have on services. It is predicted that the numbers of people suffering from dementia will almost double in Leicestershire between 2011 and 2030 from approximately 8,000 to 16,000.

The JSNA identifies a need for more extra care provision for older people, including those with mental health needs. More provision for people with learning disabilities and people with mental health needs is also required in addition to more floating support services.

The growing number of older people will also affect other areas of service provision in Leicestershire. The housing market will see growing numbers of single pensioner households many living in larger family homes. Households headed by someone aged 65 and over are set to increase by 51,000 by 2033. This will both increase demand for smaller single person houses and reduce the supply of larger family homes. Keeping warm in large, hard to heat homes will need coordinated action on fuel poverty. Having the right kind of starter homes to satisfy demand by younger families or for those trying to get a foot on the housing ladder will also be key. Broader market forces such as high property prices and the lack of suitable smaller single person and small family houses will affect the pattern of provision. The total extent of need for additional affordable units above current supply levels is estimated at some 2,700 housing units a year. The JSNA has highlighted a lack of ‘move-on accommodation’ and tenancy support across all vulnerable client groups.

Population and Hospital Activity by Age Group

Less than 5% of population aged 85+, less than 20% aged 65+

The 65+ population account for less than 20% of the population but nearly 50% of CCG spend on hospital inpatient activity.
TARGETING THE COMMUNITIES WITH GREATEST NEEDS

The long standing challenges posed by deprivation remain. There is a strong link between deprivation and health and wellbeing. North West Leicestershire remains the most deprived district, Harborough remains the least deprived. The areas of lowest household income are clustered around parts of Loughborough, Coalville, Melton and South Wigston.

Broader targeted programmes of work addressing the determinants of health coupled with specific action on groups at greatest risk of ill health are essential. Growing the economy of Leicestershire, improving the infrastructure to make Leicestershire an attractive place to invest in and focusing on growth in new high value economies are a priority.

In February 2012, the proportion of 16-19 year olds not in education, employment or training (NEET) was 3.6%. The job market remains strong but we need to support our work on NEETs, maximising the opportunities for young people to join the labour market.

“Healthy Lives, Healthy People” the Public Health White Paper, published in November 2010 aims to drive down health inequalities and improve health at key stages of people’s lives. It builds on “The Marmot Review, Fair Society, Healthy Lives – A Strategic Review of Health Inequalities in England post 2010” which focused on the clear evidence that social inequalities result in many lives being cut short and many people not living life to the full and enjoying opportunities open to them.

The Marmot Review concluded that inequality is bad for health and reiterated that health inequalities are created by inequalities in people’s social and economic environments. These influences accumulate across the lifespan and manifest in differing levels of health or disease, and in disability or early death. The Marmot review produced 6 key policy objectives and these have been linked to our JSNA priorities.

IMPROVING MENTAL HEALTH AND WELLBEING

At least one in four people will experience a mental health problem at some point in their life and at any one time, one in six adults have a mental health problem.

In Leicestershire County and Rutland there are 75,000 adults on GP disease registers with depression, 4,000 adults on mental health registers and 3,200 adults on dementia registers. The numbers of people on dementia registers is thought to be an underestimate. The estimated population with dementia in 2010 is 7,900 people, indicating a gap between the level of need in the population and the number of people that are receiving services.

For children, it is estimated that one in ten children between 5 and 15 years of age will experience a clinically defined mental health problem. Around 15% of lifetime mental illness starts before the age of 14 and it continues to have a detrimental effect on an individual and their family for many years. Potentially, a quarter to a half of mental illness is preventable through interventions during early years.
# Executive Summary

Priorities Linked to the Marmot Policy Objectives

<table>
<thead>
<tr>
<th>JSNA Priorities</th>
<th>Marmot Objectives</th>
<th>Give every child the best start in life</th>
<th>Enable all children and young people and adults to maximise their capabilities and have control over their lives</th>
<th>Create fair employment and good work for all</th>
<th>Ensure healthy standard of living for all</th>
<th>Create and develop healthy and sustainable places and communities</th>
<th>Strengthen the role and impact of ill health prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving children the best start in life</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Managing the shift to early intervention and prevention</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting the aging population</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Targeting the communities with the greatest needs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Improving mental health and wellbeing</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
DEVELOPING THE 2012 JOINT STRATEGIC NEEDS ASSESSMENT

Our first JSNA for Leicestershire was produced in 2008 and refreshed in 2009, these JSNAs were based on the “Commissioning Framework for Health and Wellbeing”, published in March 2007 by the Department of Health.

Since 2009, we have refreshed the JSNA core datasets and published a number of updated needs assessments on the Leicestershire Statistics and Research Online website: http://www.ls-online.org/reports/leicestershire_joint_strategic_needs_assessment_jsna1

The 2012 JSNA has built on our previous JSNAs. There are 22 detailed chapters that have been developed and made available on the JSNA web pages. JSNA summaries are available for Leicestershire County Council, Eastern Leicestershire and Rutland Clinical Commissioning Group, West Leicestershire Clinical Commissioning Group and the seven District Councils in Leicestershire.

The JSNA Steering Board has developed the JSNA as our framework for undertaking needs assessments across Leicestershire. The Steering Board has prioritised topics for additional detailed needs assessment as part of a rolling programme of needs assessments, these will be published on the JSNA webpages.

JSNA CHAPTER HEADINGS

- Demography
- Deprivation and the Economy
- Housing
- Troubled Families
- Children and Young People
- Health Inequalities
- Staying Healthy
- Sexual Health
- Long Term Conditions
- Cancer
- Mental health
- Learning Disabilities
- Physical and Sensory Disabilities
- Older People
- Dementia
- End of Life Care
- Carers
- Offender Health
- Wellbeing/Happiness
- Primary Care
- NHS Hospital Care
- Adult Social Care - Service Usage, Assessment and Development in Social Care
- Assets
SETTING THE PRIORITIES

The JSNA Steering Board agreed a set of criteria to use as the basis for determining the JSNA priorities. These were:

- Number of people that are affected
- Effect on people's health and wellbeing
- Projected future position if no action taken
- Scope for improvement
- Resource impact
- Contribution to inequalities
- Local views
- Triangulation with priorities from key commissioners, including Clinical Commissioning Groups and Leicestershire Together Commissioning Hubs
- Other considerations

These criteria were used to develop a list of priorities to use as the basis for consultation with key stakeholders. The consultation included a stakeholder event that was attended by over 110 people, representing both professional and user views. The key priorities identified by our stakeholders were:

1. Improving health through smoking cessation and tobacco control, obesity and substance misuse including alcohol, for both adults and children and young people
2. Enabling children to start well through provision of maternity services (pre and postnatal support), early years support, early intervention/prevention and continuing health programmes to develop well
3. Planning for an aging population, particularly the increase in the frail elderly population
4. Mental health

All of the JSNA findings were debated by the Shadow Health and Wellbeing Board who agreed the final set of priorities based on all of the evidence, including the stakeholder feedback.
Janine Dellar, Associate Director Public Health, 
Epidemiology and Surveillance, 
Directorate of Public Health, Leicestershire County 
Council, County Hall, Glenfield, Leicester LE3 8TB 
Tel: 0116 3054257 Email: Janine.dellar@lcr.nhs.uk

If you require this information in an alternative version such as large print, Braille, tape or help in understanding it in your language, please contact Amanda Watson on 0116 305 4237 or email: Amanda.watson@lcr.nhs.uk

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 4237，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 4237, a my Ci dopomożemy.