



**LEICESTERSHIRE 2009 JSNA REFRESH
EXECUTIVE SUMMARY**

KEY PRIORITIES AND CROSS-CUTTING THEMES

Aug 2009

Introduction

The purpose of this report is to summarise the key findings of the Leicestershire 2009 JSNA refresh report. It sets out the emerging key priorities and cross cutting themes that are essential for health and social care partners to address through their strategic plans in the next 3-5 years.

There are five key themes that have emerged from the 2009 JSNA refresh

- Significant demographic changes in the local population will take place and there is a need to plan for our future large scale changes;
- There are more people with complex needs who require access to greater levels of services;
- Better outcomes will come from supporting our populations to make informed choices about their health and well being and enabling people to make informed choices about the care and support options that are right for them;
- Housing and accommodation needs are critical to achieving better health and wellbeing outcomes;
- More needs to be done to address inequalities.

1. Demographic changes

The 2009 JSNA refresh illustrates that there will be a 40% increase in the number of people that are aged 65 and over by 2020. The impact of this population growth will be increased need and demand for health and social care services.

Health and social care services will therefore need a more comprehensive, joined up approach when planning for sustainable services in the future. 15% of frail older people will have complex needs and will need intensive services from both health and social care. These are the people over 70 and 80 years of age where the population increases will be substantial. Current models of health and social care provision and funding will be unsustainable, unless we adopt new approaches and embrace a rethinking of how health and social care is delivered into the future (See Section 5 below).

Another challenge facing service providers with an ageing population is their response to the expectations of the general population of older people. These are the over 50s who are increasingly keeping fit and active and have high expectations about what they demand. Health and social care services need to be developed to ensure that longer term approaches are available to keep these people healthy, fit and active so that they avoid becoming part of the 15% of frail older people.

The growth in older people will lead to a growth in the population of Leicestershire with one or more long term conditions and / or disabilities. People with long term conditions need to be supported by health and social care to manage their conditions effectively in the community. Nationally, people with long term conditions account for approximately 30% of the population. However, this population uses over 50% of GP appointments and two thirds of all outpatient appointments. With the numbers of people with a long term condition predicted to rise by 23% in the next 25 years nationally – and greater increases

expected locally – it is essential that health and social care services support these people to manage their conditions effectively and to stay active and well for as long as possible.

The other service area where significant future needs are anticipated is mental health services. This crosses all areas of the health and social care agenda and people with mental health needs must be able to access appropriate, effective services seamlessly across all agencies. This needs to be delivered through providing better support for our populations (as indicated in Section 5).

In addition to an increasingly ageing population the 2009 JSNA refresh indicates there will be a growth in birth rates, of 11% between 2008 and 2021. This is an additional 800 births per year in the next 13 years. The implications of such a growth in birth rates will be significant in terms of the future planning of health and social care for childrens services – for example maternity services, childrens centres and education.

2. People with high support needs require access to greater levels of services

Across health and social care there are a small number of people with very high support needs who require access to greater levels of services. Invariably such levels of specialised care and support are more expensive than other more standardised services. Within this section we refer to a number of different groups but particularly:

Young disabled adults - These are small in number but often have complex and expensive care and support needs. The biggest group within this bracket are people with learning disabilities, where increasing numbers of people are surviving well into adulthood. Of particular concern is the area of Autism Spectrum Disorder (ASD) which spans children's services, the transition to adulthood, and adult services. The diagnosis of children with ASD has increased ten-fold in the last 10 years which places additional pressures on health and social care services across all age groups. Consequently, the number of people with ASD requiring adult care and support services continues to rise considerably, as does their expectations for services that meet their particular, individual needs.

Within health services there is a particular group of patients that require access to high cost therapies. In addition, as treatments evolve and patient expectations rise, the pressure and demand for services will also continue to increase.

3. Supporting our populations

This is an area of work that underpins many health and social care objectives and threads through the transformation of health and social care services currently being developed across Leicestershire. Within social care this specifically refers to the 'personalisation and transformation of care and support services'. There are four main areas of delivery within the 'personalisation' agenda:

3.1. Prevention and early intervention

The need to develop preventative approaches that support and maintain people at their maximum level of independence is paramount. This is not about low level, general support services, rather it is about targeted interventions at times when people are at most risk of losing their independence (e.g. after a stroke, a mental health crisis, a fall, carer ill health etc). The risk is that if appropriate, timely support and reablement is not made available to people at this critical stage, their needs escalate to the extent that higher level,

more specialised and costly services are then required for people who otherwise could have been supported to remain independent.

Experience has shown that in order to reduce peoples reliance on institutional models of care, we need to target investment into developing more community based health and social care services.

This has to be linked through to the improving health agenda to ensure that people have the best access to healthy choices and lifestyles. This must be embedded within children and families to ensure that people are given the best possible start in life. For example, by addressing childhood obesity and enabling children and young people to make informed life choices in relation to smoking, alcohol, drugs and sexual behaviours. Furthermore, when young people are in transition to adulthood they need to be supported as adults to make the right choices for their own and their families health and well-being, via services that promote access to healthy choices and lifestyles, which evidence has shown must focus on areas such as smoking, alcohol and obesity.

3.2 Access to universal services

Universal services refers to the variety of services available for public use, including many provided by the private and independent sector. If health and social care providers are to respond effectively to increasing numbers of older people it is no longer feasible to rely on a model that provides standardised, generic care and support services. 'Ageing well' is about ensuring that older people have access to, and use of, universal services for as long as possible, but most of the funding will come from mainstream public sector routes (DWP, Regeneration, libraries etc) or from individuals personal income / capital.

Health and social care services need to be universal. Within the health sector there is a need to move people out of secondary care services and to transform the face of healthcare so that services can be provided within community based settings (which are safe and effective). It is essential that people have access to the right level of care, in the most appropriate setting, at a time when they most need it.

3.3 Social capital

Social capital is about building on the strengths and structures within communities, including friends and family networks. We need to ensure there is adequate investment to make communities strong and sustainable to enable them to become more self reliant. Ideally we want healthy, confident people living in healthy, wealthy communities, where volunteering and employment play key roles.

One example of 'social capital' which is increasingly proving popular across many areas of the county is the area of 'inter-generational activities' – i.e. encouraging and supporting older and younger generations to work together in shared activities and goals, on a voluntary basis. For example, this could be working together on a gardening / allotment project; a history project; an IT-based project; a healthy eating / living project (cooking / exercise); or any activity which promotes creativity to unite younger and older people in a common purpose. Such projects have been evidenced to create happier, stronger communities in which older people stay more engaged and active, enabling them to lead fulfilling, happier and healthier lives, and younger people bring generations together in purposeful, mutually beneficial activities which help to build more cohesive communities - by investing in each other and the community.

Participants feel increased self-esteem from being able to share and give to others. Equally, they can experience improvements in health and a greater sense of being valued members of their communities. Therefore, 'social capital' is by its very nature 'inclusive', building on the positive resources that individuals, social groups and communities have to offer each other and those around them, and can be an effective way to address a number of issues, such as building active communities, promoting citizenship, regenerating neighbourhoods and addressing inequality.

3.4 Self directed support

Self directed support is generally seen as being at the centre of 'personalisation'. It is about giving people who use care and support services (and carers) more choice and control over the support services they require. It is about seeing the person / patient as 'the expert' able to self assess and direct their own support. It includes enabling people to take control of their own 'individual budget' from which to commission and procure the care and support options they feel best meet their individual needs.

Other agendas that link with this include the NHS Choice agenda – giving patients greater levels of choice over the hospital that they use for their treatment. The Wanless Report (April 2002) established that the current health economy was unsustainable and to ensure a sustainable health economy in the future:

- Individuals must take more responsibility for their own health
- Parents are responsible for their children's health
- Everybody must be responsible for using services appropriately
- Capacity-building is critical for some groups of citizens and communities
- There must be an emphasis on the risk factors of major diseases, such as heart disease, lung cancer and diabetes
- There must be a focus on children, young people, and older people
- More effective management of conditions and diseases can minimise their impact
- Actions should be based on evidence from enhanced research

The links between addressing the issues raised by Wanless and the personalisation agenda are very clear. It is essential that health and social care work together to support their populations to develop peoples capacity and capability to make informed choices about their own health and well-being.

4. Housing and accommodation needs

The housing profile of the County shows that there are clear patterns of migration between the County and City dependent on a number of variables which dictate where people can access housing (e.g. income, family size, availability of types of housing).

Affordability is a particular issue due to the current increases in property prices and housing costs, either directly related to levels of new development or indirectly through the housing market's supply and demand forces. Property prices tend to be higher in rural and outlying suburban areas and lower closer to the City and town centres.

Housing tenure varies also, with most districts having a large owner-occupier base. However, there is disparity between wealthy families and those on low incomes and therefore a need for more affordable smaller properties for purchase or rent, either in the public or private sector, which would also help in the retention of key workers.

The 2009 JSNA refresh has identified a number of issues relating to the housing needs of vulnerable people particularly in relation to:

- The standard of accommodation
- Higher demand for adaptations in the private sector
- Lack of move-on accommodation and tenancy support
- An increasing need for smaller housing units
- Preventative support for older people in their own homes

Housing also has a key role to play in delivering the Leicestershire Sustainable Community Strategy (SCS). *'Improved life chances for vulnerable people and places'* is one of the seven themes of the Leicestershire SCS. This incorporates the outcome of *'Improved life chances for individuals and families'* and *'Improving the lives of offenders so they are less likely to offend'*. Both of these outcomes are linked to Public Service Agreement 16 (PSA16).

PSA16 aims to:

Increase the proportion of socially excluded adults in settled accommodation and employment, education or training.

Providing secure housing and helping people to achieve and maintain independence is key to improving people's life chances and work must continue towards achieving improvements in the delivery of housing and support services in these areas. Another area that needs to be addressed is the insufficient supply of supported living provision for people with learning disabilities and people with mental health needs.

Housing support services are currently delivered through the Supporting People Programme. A review of the Supporting People Strategy, based on a needs analysis of current services and on the expected outcomes of the Leicestershire SCS and the Leicestershire Local Area Agreement (LAA2) is scheduled to be completed by May 2010 which should provide evidence to help address some of these areas. Other priority areas in relation to housing and accommodation needs (as identified by district housing authorities and the Leicestershire Local Area Agreement) include:

- Maintaining independent living, including increased provision of floating support for vulnerable people
- Increasing the numbers of people with learning disabilities in settled accommodation
- Improving and increasing the range of housing provision available for older people including extra care housing
- Achieving good quality homes in the private sector
- Improving the delivery of adaptations for older and disabled people
- Tackling fuel poverty
- Tackling anti-social behaviour and drug activity

5. Addressing inequality

Throughout the 2009 JSNA refresh 'inequality' forms a persistent theme. For example, a man born in North West Leicestershire can expect to live for 2.1 years less than a man born in Blaby (for women the gap is 2.0 years). Inequalities are unacceptable and are a challenge to everybody involved in service delivery across Leicestershire.

Equality is inextricably linked to the way people live their lives and to the opportunities available to people in the communities in which they live. The 2009 JSNA refresh has clearly identified areas where inequalities are linked to socio-economic deprivation, a person's ethnicity, or to people that are disadvantaged by an existing condition or circumstances (for example people with learning disabilities or people in prison). There are also equality issues linked to age and gender.

Leicestershire Together (the Leicestershire Strategic Partnership) has identified the 19 most disadvantaged neighbourhoods in which to focus multi agency activity in order to make improvements to peoples quality of life. However, this activity is currently area-focused rather than person-focused. Going forward, more work needs to be done in identifying vulnerable people and groups across Leicestershire, and links need to be made to some of the areas mentioned above. For example, in relation to people with high support needs.

It is essential that the findings of the 2009 JSNA refresh are used to inform the strategic direction of future commissioning decisions and that the commissioning of health and social care and support services is refocused to specifically target and address health and social care inequalities in a more joined-up, holistic way for the benefit of all.

6. Monitoring and use of the JSNA

It is important that we are able to monitor that the JSNA is having a positive impact on the ways in which services are planned and commissioned. In 2008-09 the Strategic Health Authority's assessment of NHS LCR found that the use of the JSNA for its strategic commissioning was good, and the Commission for Social Care Inspection found that the council was had used it positively to inform commissioning priorities. In 2009-10 and beyond the key external regulators (Audit Commission and Care Quality Commission) will require that we can continue to show clear evidence of this impact going forward. The JSNA steering group will continue to have oversight of the effectiveness of JSNA. To support its usefulness in practice all the JSNA data will be made available electronically to stakeholders through a web based tool. This will enable all interested parties to access and manipulate data for further needs analysis as required. This may be particularly useful for stakeholders who need data for planning locality based services.