



# **Joint Strategic Needs Assessment Executive Summary 2015 Leicestershire**

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# Background

Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within local authority areas.

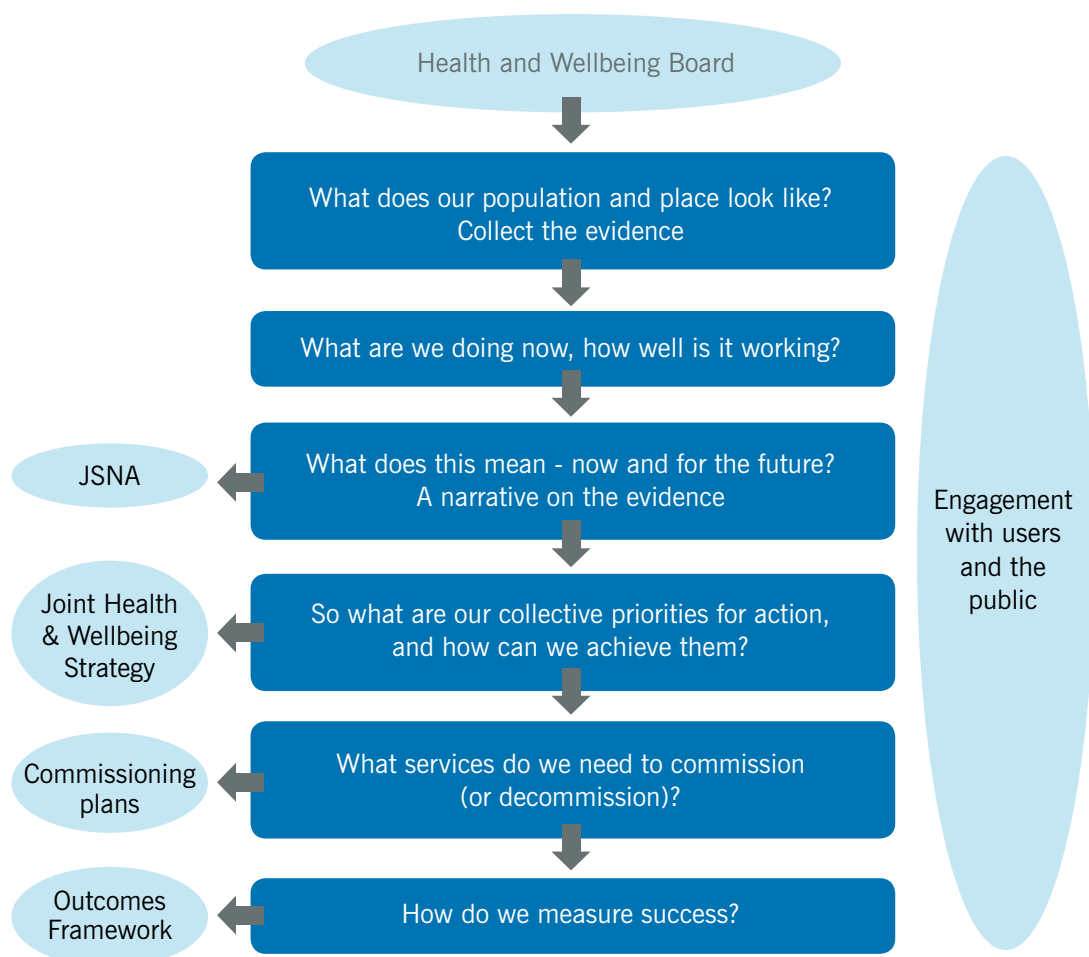
The JSNA underpins the Joint Health and Wellbeing Strategy (JHWS) and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities and to act as the overarching evidence base for health and wellbeing boards to decide on key local health and social care priorities.

Within the JSNA we are using the term health in its widest sense, as defined by the World Health Organisation:<sup>1</sup>

“Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.”

Leicestershire’s JSNA is overseen by the JSNA/JHWS Steering Board. This is a sub-committee of the Health and Wellbeing Board and their Terms of Reference and membership are available from the JSNA webpages.

**Figure 1: The JSNA in the context of the Health and Wellbeing Board**



The JSNA has been developed from a detailed evidence base that is available in a number of data dashboards accessible from our JSNA website.

<http://www.lsr-online.org/leicestershire-2015-jsna.html>

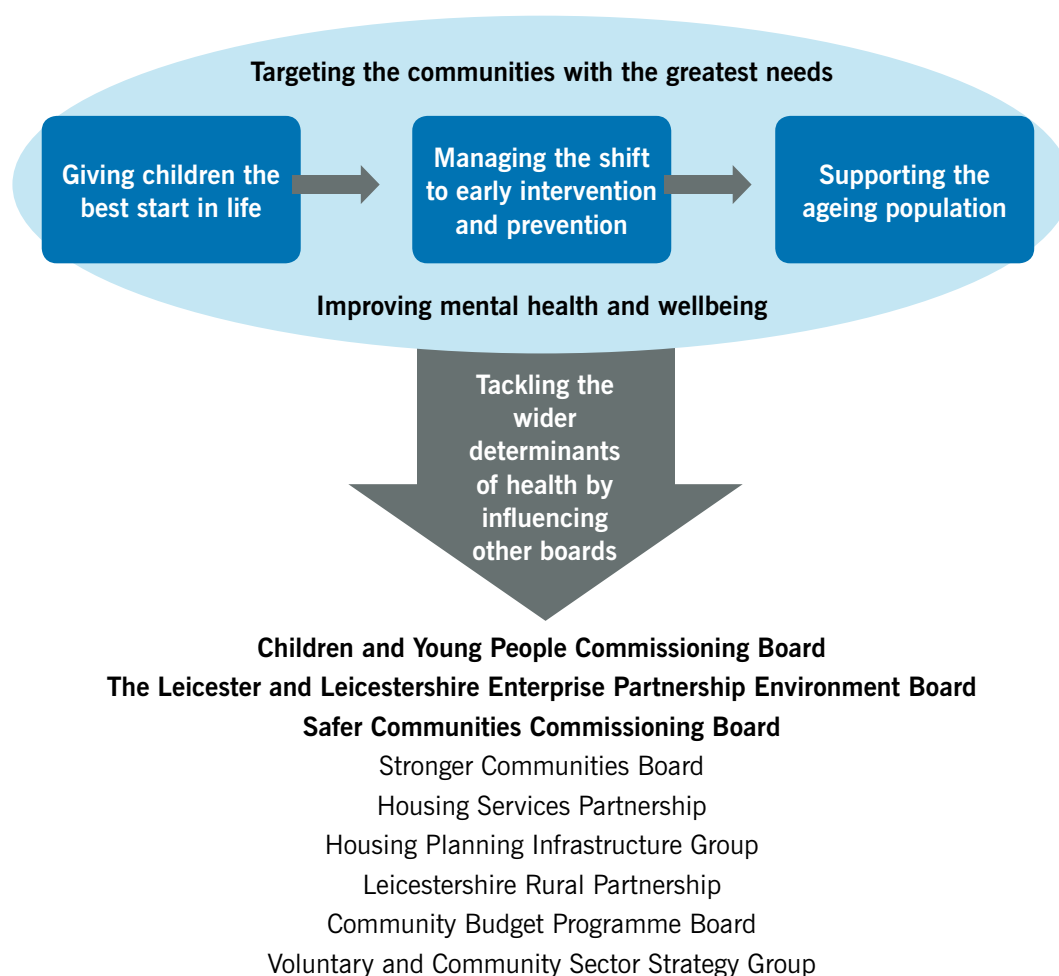
These dashboards have been described in a more detailed report that looks at our population health needs and what we are doing to meet these needs. The report also looks at the key issues facing our population in the future. The key themes have been summarised in this executive summary.

# The 2012 JSNA

Our JSNA in 2012 is illustrated in Figure 2 which demonstrates that the key health issues for Leicestershire were: giving children the best start in life, managing the shift to early intervention and prevention and supporting the ageing population. Mental health and targeting the communities with the greatest needs were identified as key themes running across the whole life course. This led us to develop our Joint Health and Wellbeing Strategy to underpin our central themes of:

- adding quality and years to life;
- addressing needs effectively through the life course;
- targeting communities with the greatest needs; and
- a specific focus on mental health needs.

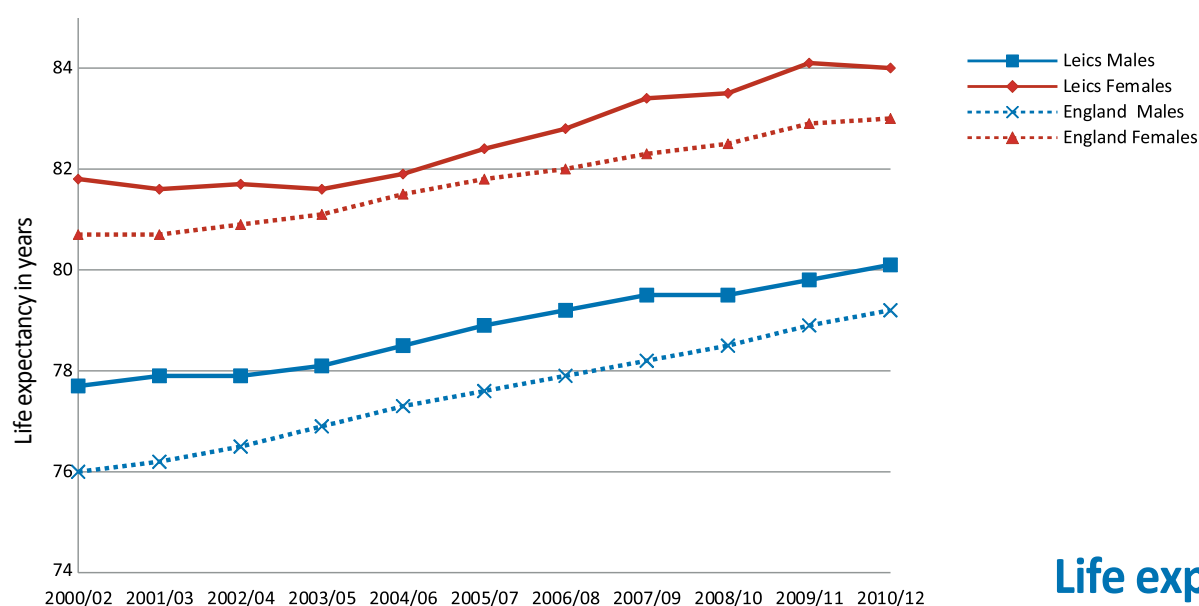
**Figure 2: 2012 JSNA**



In February 2015, the Health and Wellbeing Board agreed to include learning disabilities as an additional strategic priority. This is detailed in the report, “Update of Joint Health and Wellbeing Strategy 2013/16.”<sup>2</sup> The detail of the priority is included in Leicestershire’s Health and Wellbeing Board Annual report 2014 which identifies a number of key priorities for learning disabilities, to ensure we understand this population and have effective support available to keep this vulnerable population safe.<sup>3</sup>

The 2015 JSNA shows us that we have made really effective progress in improving the overall health of our populations. The infographics on pages 22 to 27 highlight the key health indicators for our populations and include an indication of whether we are improving in these key areas.

**Figure 3: Life Expectancy at Birth**



Source: Public Health Outcomes Framework, Public Health England © Crown Copyright 2014

With regards to our overarching goals to “add quality and years to life”, life expectancy continues to improve year on year and in the 10 year period from 2000/2002 to 2010/2012 there has been an increase in life expectancy of 2.4 years for men and 2.2 years for women, an increase of about 2 months per year. Life expectancy in Leicestershire is significantly better than the England average for both males and females at 80.1 years and 84.0 years respectively.

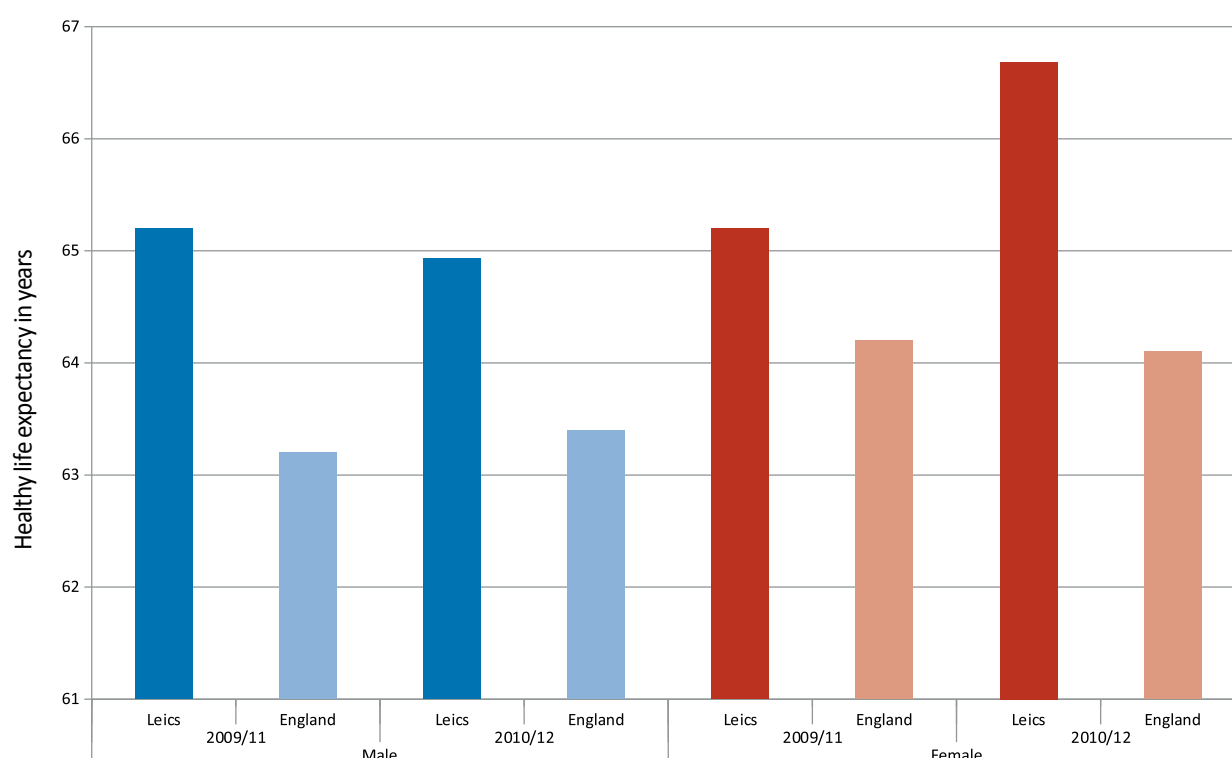
### Life expectancy

 **80.1**  
years for males

 **84.0**  
years for females

Healthy life expectancy is illustrated in Figure 4. Healthy life expectancy is 64.9 years for males and 66.7 years for females. For both males and females, a significant proportion of the population will already be affected by poor health before they reach retirement age.

**Figure 4: Healthy Life Expectancy**



Source: Public Health Outcomes Framework, Public Health England © Crown Copyright 2014

Across the Leicester, Leicestershire and Rutland health and social care economy we have set out our plans to work together to improve the immediate challenges and needs facing our populations over the next five years in the Better Care Together (BCT) Strategy.<sup>4</sup> The data from the 2012 JSNA underpinned and informed the development of this strategy and the 2015 JSNA brings this evidence more up to date. The key themes that we have identified from the 2015 JSNA are focused on longer term planning – the ageing population is continuing to increase and we need to do more across the wider health and social care partnership to prevent adults from developing preventable long term conditions to ensure that we give everybody the greatest opportunity for a healthy older age.

### Healthy life expectancy

 **64.9**  
years for males

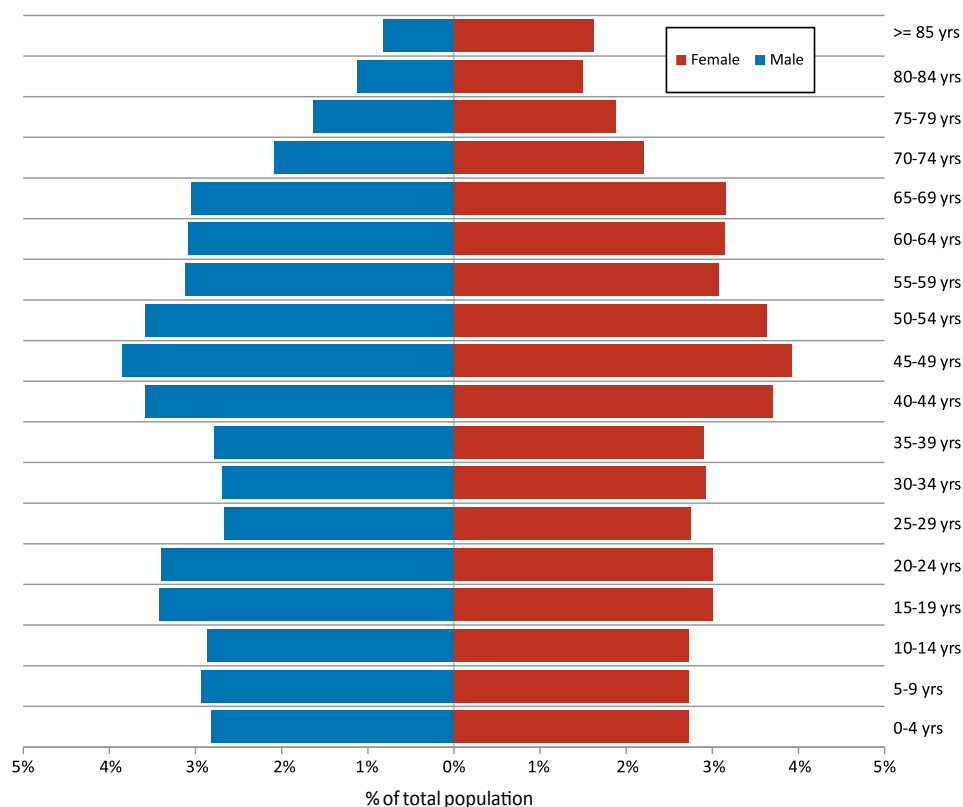
 **66.7**  
years for females

# The 2015 JSNA Priorities

The most significant driver of health needs for the Leicestershire population is the growing older population.

In 2013, the total population for Leicestershire were an estimated 661,600 people. 126,100 people were estimated to be 65 years and over, and 33,400 were 85 years and over. 153,200 of the Leicestershire population were under 20 years of age.

**Figure 5: Mid 2013 Population Estimates for Leicestershire**



**2013 population – 661,600 people**

Over 85 years – 33,400

Over 65 years – 126,100

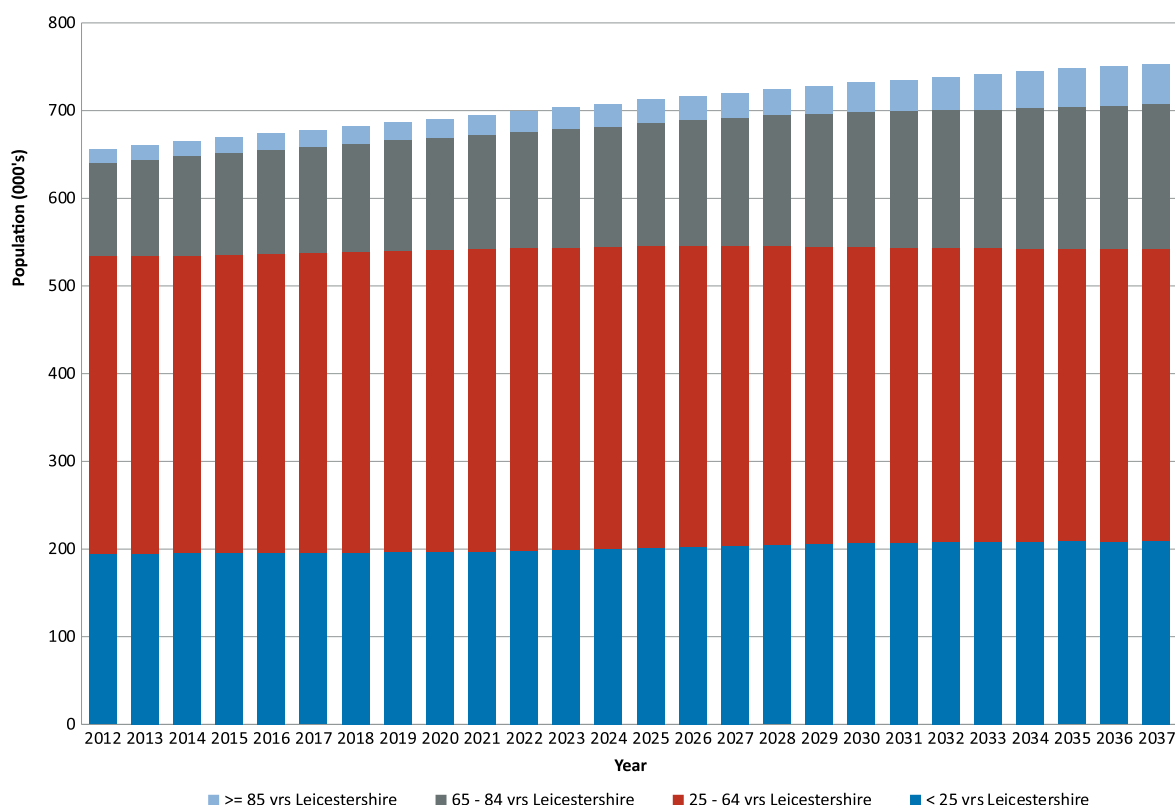
0-19 years – 153,200

Source: Office of National Statistics © Crown Copyright 2014

The population of Leicestershire is growing – between 2012 and 2037 (25 years) it has been projected that the total population of Leicestershire will grow by 15% to over 750,000. However, this growth is not uniform across the age groups with a projected increase of:

- 190% increase in people aged 85 years and over;
- 56% increase in people aged 65-84 years;
- 7% increase in children and young people aged 0-24 years; and
- A 2% decrease in the working age population (25-64 years).

**Figure 6: 2012 Based Sub National Population Projections - 2012-2037 (ONS)**



Source: Population Projections Unit, Office of National Statistics © Crown Copyright

The 25 year time frame that we are looking at is important. The Better Care Together (BCT) Strategy 2014-19, published in June 2014, is a five year strategic plan for Leicester, Leicestershire and Rutland.<sup>4</sup> The BCT Strategy covers eight overarching service models - each reflecting the current situation and desired outcomes in five years' time, identifying how change will be made. These are:

- urgent care;
- frail and older people;
- long term conditions;
- planned care;
- maternity and new born services;
- children's services;
- mental health; and
- learning disabilities.

Through the Better Care Together five year strategy we have identified the changes that we need to make for the health and social care system to work more effectively in the immediate future. However, there is a need

**The total population is predicted to grow by 15%.**

85 years + growth 190%, 15,900 to 45,600 people.


65-84 growth 56%, 106,000 to 164,900 people.

0-24 growth 7%, 194,800 to 208,800 people.

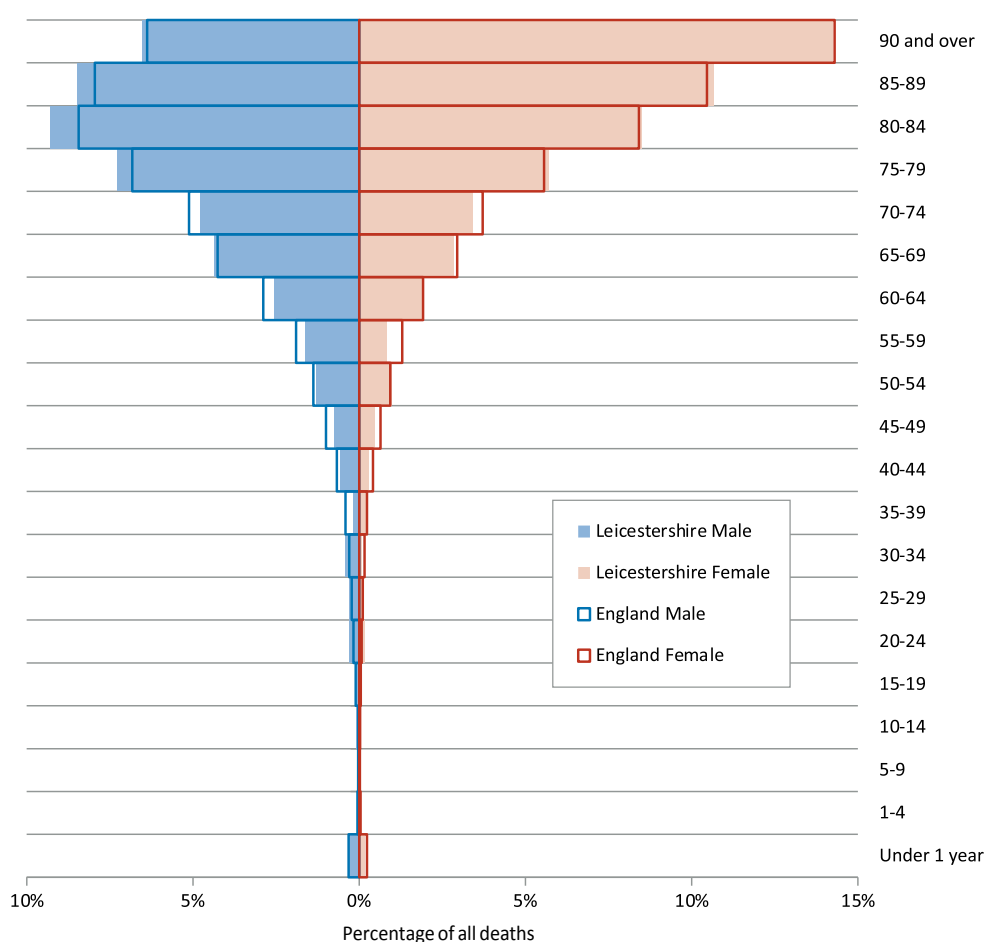
Adult population 25-64 reduce by 2% From 339,900 to 333,900 people.

to consider the longer term care needs for our populations. With our ageing population, we need to consider the plans that need to be put in place to manage future health and care needs and demands in the longer term, with a focus on reducing preventable ill health, particularly in working age adults.

Our population is living longer than ever before. For males, the most frequent age of death in Leicestershire is 80-84 years, with 19% of male deaths occurring in this age group. Overall, 64% of deaths in males are to people over 75 years of age and 83% are to people aged over 65 years of age. For females, the most frequent age of death in Leicestershire is over 90 years of age with 28% of female deaths occurring in this age group. 77% of female deaths occur at over 75 years of age and 89% of female deaths occur at over 65 years of age.


**56%**   
projected increase  
in people aged  
65-84 years

**Figure 7: Deaths by Age Group in Leicestershire and England 2013**

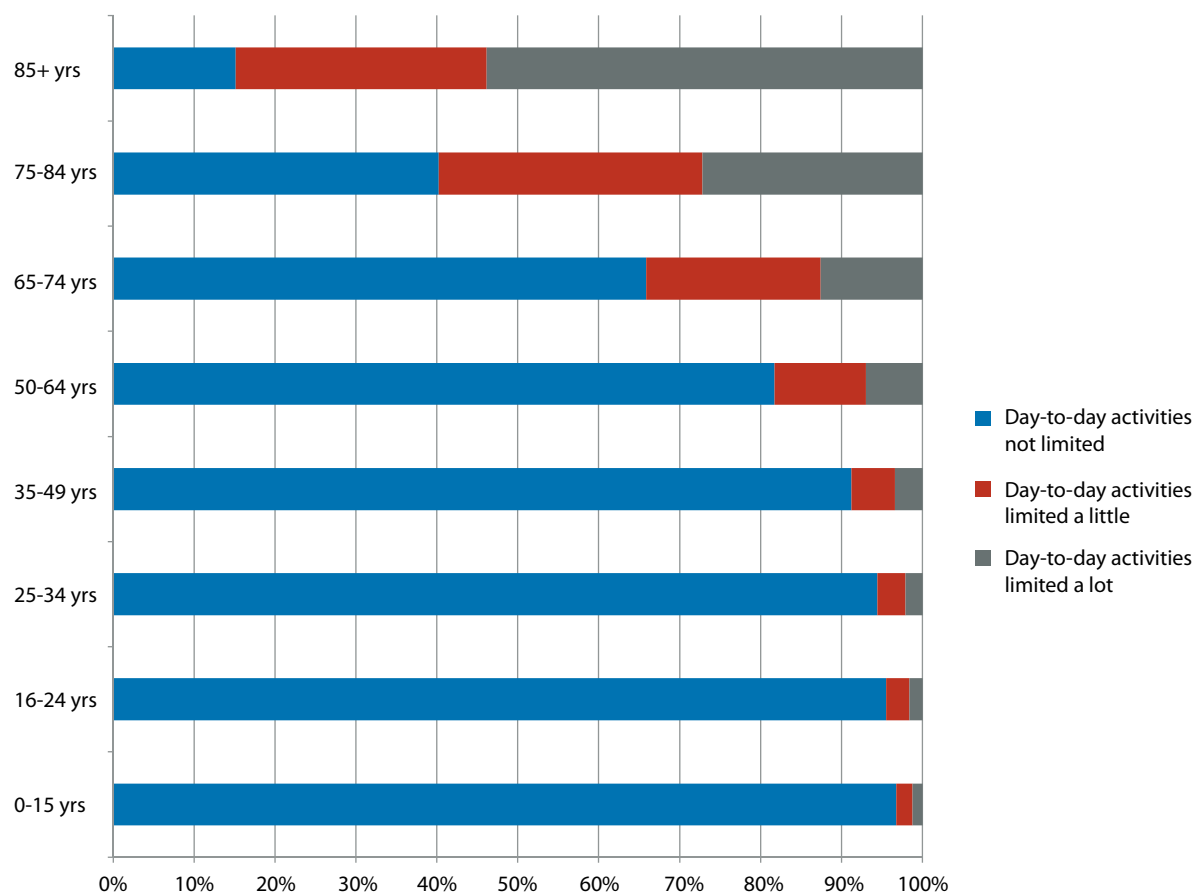


Source: Population Projections Unit, Office of National Statistics © Crown Copyright

Health needs increase with age. The 2011 Census data for Leicestershire shows us that for people aged 85 years and over, only 15% of the population do not have their activities of daily living limited (ADL) by a long term health problem or disability. Nearly a third of this age group have their ADL limited a little and over a half have their ADL limited a lot. There is a clear correlation with age and as people become older their care needs linked to ADL increase. In terms of absolute numbers, the population with the highest number of people with ADL limited either a little or a lot is the population aged 55-64 years, affecting over 23,000 people. Understanding the population that have health and care needs linked to ADL is a useful way to target our preventative services to reduce longer term dependency on services.

**85%**   
aged 85 years and over have their activities of daily living limited by a long term health condition or disability

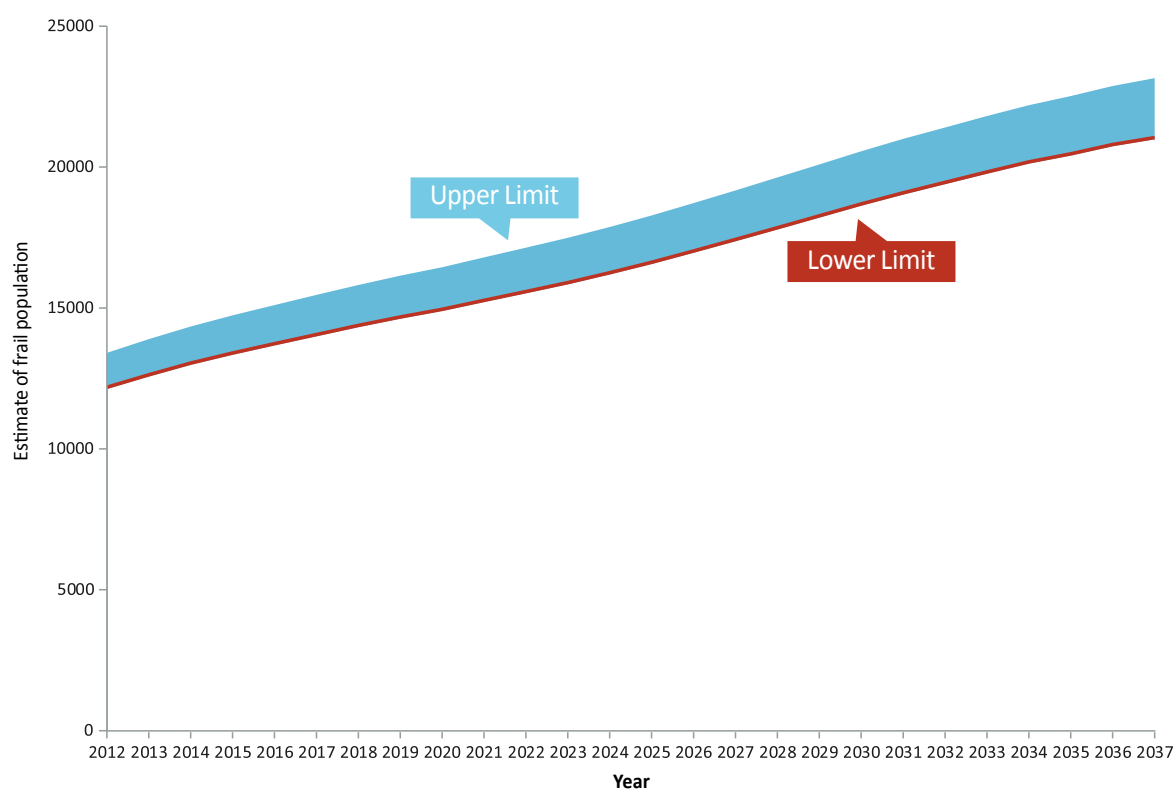
**Figure 8: Long term health problem or disability by age for Leicestershire, 2011**



Source: 2011 Census, Office of National Statistics, © Crown Copyright 2013

The increasing older population will drive an increase in the number of people affected by frailty. This is illustrated in Figure 9 which applies an estimate of between 10-11% of the population aged 65 years and over affected by frailty, estimating the number of people in Leicestershire that are affected by frailty as between 12,200 and 13,400 in 2012 and between 21,100 and 23,200 people in 2037.

**Figure 9: Estimates of Frailty in Leicestershire**  
**People aged 65 years and over**



Source: NHS England's Action for End of Life Care 2014-16, Population Projections Unit, Office of National Statistics © Crown Copyright

The population growth patterns have implications for the provision of services for older people. There will be more older people with complex care needs who will require input from all parts of the health and social care system. This will need to be supported by people providing unpaid care through informal caring arrangements. However, the reduction in working age adults suggests that, as well as planning for the increased needs for services, there is a long term need to consider the infrastructure needed locally to support people. Carers will become increasingly significant to the wider health and care system and we will need to ensure that their health and wellbeing needs are addressed. This will be essential to maintaining independence and to support people to manage their own health and care needs with a shrinking network of informal care and support. It is also recognised locally, that supporting people to live independently through appropriate housing provision is a key enabler for the future sustainability of health and social care.

The real challenges facing the health and social care community are linked to planning for this future population growth and a need to really start to focus on longer term planning and prevention of ill health in this growing older population. The NHS forward plan states:<sup>5</sup>

“if the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness.”

The Health and Wellbeing Board need to adopt a model of preventing, reducing and delaying need across the whole life course. This starts with building community capacity to empower people and communities to manage their own health and wellbeing needs across the life course and ends with having the right care and support in place to meet people's treatment and longer term care needs.

**Figure 10: Prevent, reduce, delay**



**Prevent need** – this is primary prevention of ill health and disability in people who do not currently have care or support needs. This is providing universal services to ensure that people have access to good information and advice, are able to live healthy and active lives, live in safe neighbourhoods and have good social networks to help to support them.

**Reduce need** – this is a tier of secondary prevention or early interventions. Providing targeted interventions to individuals with increased risk of developing a need for services and where service provision may prevent people from deteriorating and needing to use services.

**Delay need** – this is a tier of tertiary prevention, which is aimed at minimising the effect of disability or deterioration for people with established health conditions.

**Offer the right support** – as well as people that fall into the categories of need where interventions can prevent, reduce or delay the need for support services or treatment, there will also be a cohort of patients where

these strategies will not be effective who will need long term services and support. This cohort of people may still benefit from preventative approaches including universal services, and opportunities to minimise use of long term services and support should continue to be utilised.

Implementation of the prevent/ reduce/ delay model will ensure that we start to make the changes that we need across the life course to deliver a fundamental shift in services that we provide for our population from treatment services to prevention services.

## The wider determinants of health

Health inequalities reflect the inequalities that exist across the whole of society. Between 2010 and 2012, the gap in life expectancy between the most deprived areas and the least deprived areas in Leicestershire was 6.1 years for males and 5.2 years for females.

An individual's health and wellbeing is influenced by a wide range of social, economic and environmental factors such as good housing, a good education, a fulfilling job and the personal relationships that people have. This means that the opportunities to improve the health for everybody in Leicestershire will come from the collective efforts of all parts of society.

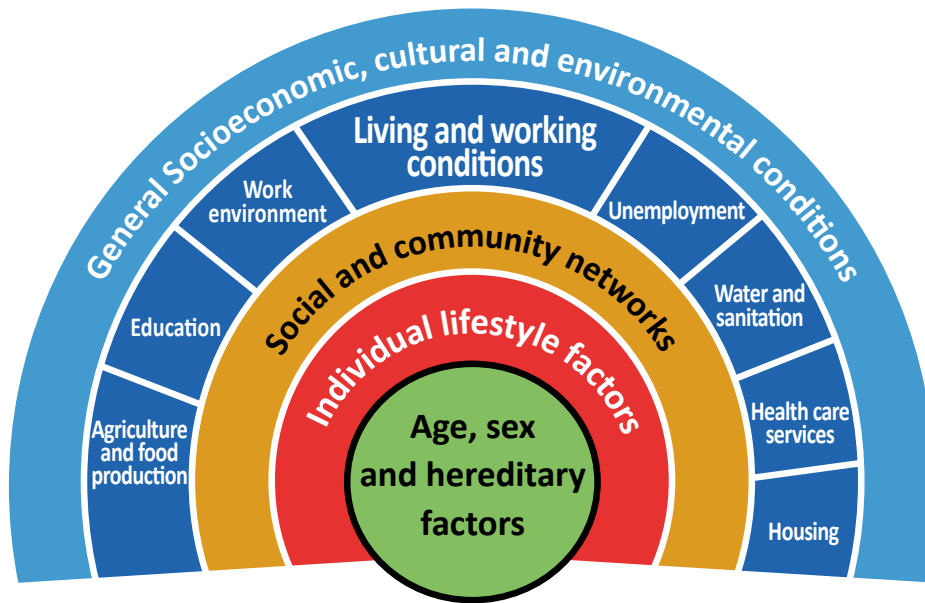
In 1991, Dahlgren and Whitehead published a model of the main influences on health and wellbeing (Figure 11).<sup>6</sup> The basis of the model is the concept that some of the factors that influence health are fixed and others can be influenced. Personal characteristics, such as age, sex and ethnicity, are highly significant for health but cannot be influenced, and therefore sit at the core of the model.

### Healthy life expectancy

 **64.9**  
years for males

 **66.7**  
years for females

**Figure 11: The Determinants of Health**



Source: Dahlgren and Whitehead 1992

Individual lifestyle factors are behaviours such as smoking, alcohol and other substance misuse, poor diet or lack of physical activity. These have a significant impact on an individual's health. Influencing this section of the model is key to a long term, sustainable health and wellbeing economy.

Social and community networks are our family, friends and the wider social circles around us. Social and community networks are a protective factor in terms of health.

Living and working conditions include access to education, training and employment, health, welfare services, housing, public transport and amenities. It also includes facilities like running water and sanitation, and having access to essential goods like food, clothing and fuel.

General socio-economic, cultural and environmental conditions include social, cultural, economic and environmental factors that impact on health and wellbeing such as wages, disposable income and availability of work.

The 2015 Director of Public Health's Annual Report reviewed the wider influences on health and is accessible from LSR-Online.<sup>7</sup>

# The JSNA Priorities

The evidence identifies a need to focus on increasing healthy life expectancy. The emphasis must be to prevent the development of long term conditions and disabilities in working age adults – those adults who are 40-50 years old now but who will be 60-85 years old in 25 years time. The vision developed for the Joint Health and Wellbeing Strategy 2013-15 remains the focus for our population.

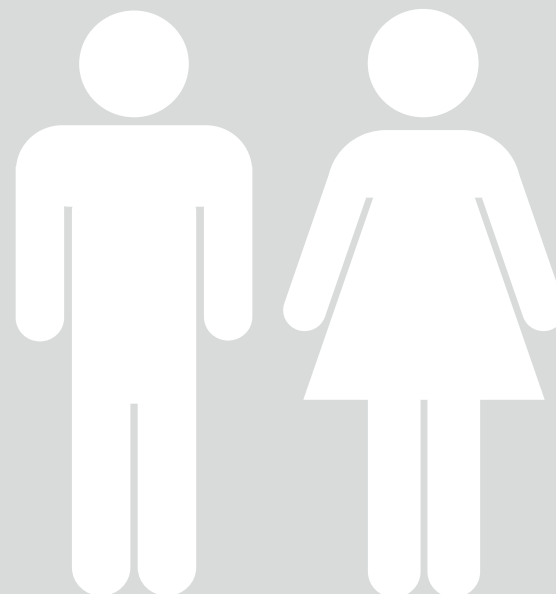
## Vision

We will add quality and years to life by improving health throughout people's lives, reducing inequalities and focussing on the needs of the local population.

We need to make the most of opportunities to identify and intervene early with population groups at risk, through strong partnership working and community involvement.

**The JSNA priorities are underpinned by the core principles of:**

- reducing inequalities;
- focussing on prevention;
- using evidence;
- sustainability; and
- dignity.



## Improving health and wellbeing through the life course

### Getting it right from childhood:

- investing in improving the health and wellbeing of children gives greatest overall return across the life course;
- addressing the wider determinants of health with a focus on educational attainment;
- development of the healthy child programme for 0-19s;
- meeting the needs of vulnerable children, including children at risk of child sexual exploitation;
- supporting children with Special Educational Needs and Disabilities;
- addressing mental health needs of children; and
- support for young carers.

### Supporting young people as they transition to adulthood:

- vulnerable children and children with health and social care needs are particularly vulnerable when they become adults;
- consistent support needs to be in place for the young person and their family as they move into adult services;
- 16-24 year olds are particularly vulnerable to risky lifestyle behaviours such as sexual health, substance misuse and smoking; and
- addressing the wider determinants of health including young people who are not in education, employment or training and young offenders.

### Improving the health and wellbeing of working age adults:

- prevention in this population is essential for a healthy older population;
- continue to reduce premature mortality from the major causes of ill health;
- reduce inequalities in health across the social gradient;
- reduce the preventable risks to health through people's lifestyle choices; and
- maximising independence for those with long term and/ or complex needs.

### Supporting the ageing population:

- early identification and support for people who are at risk of developing health and social care needs;
- more development of the evidence base around prevention for older people;
- supporting older carers;
- supporting people at the end of their life;
- supporting more people to look after themselves after illness or injury through reablement services; and
- planning for the future, including future housing needs, developing community assets, planning for emergencies.

## Improving health and wellbeing for our vulnerable populations

### **Provide effective support for carers:**

- supporting carers through implementation of carer support pathway; and
- providing integrated support across health and social care, with early identification of carers needs and appropriate support.

### **Improving mental health and wellbeing:**

- evaluation of newly commissioned services;
- improving awareness of mental health and risk factors; and
- improving dementia diagnosis and support.

### **Improving services for people with learning disabilities and / or autism;**

- increasing support for people in the local community;
- improving recording of people with learning disabilities and sharing this information with partners to ensure they get the best care;
- ensuring that people have access to effective services that are tailored to meet their individual needs; and
- equity of access to all services for this population.

### **Providing effective support for people with physical and sensory disabilities:**

- improve independence for people with physical disabilities through the use of aids and adaptations in the home;
- building of community capacity to support people with disabilities living in the community; and
- improving access to services for people with sensory disabilities.

## Targeting people with increased needs

The JSNA has identified a number of groups of people who are particularly vulnerable and whose needs must be addressed effectively. This includes all of the protected characteristics, as well as:

- vulnerable children and families;
- people with long term conditions and cancer;
- frail older people;
- people affected by poverty;
- people affected by, or at risk of homelessness, and
- carers.

As well as recognising the increased needs of our vulnerable populations, we need to ensure that services are commissioned in a way that addresses inequalities in health. By understanding the needs of people that are driven by wider social inequalities such as poverty and the needs of individual communities within Leicestershire we will be able to work together to address inequalities. We need to make the most of opportunities to identify and intervene early with population groups at risk, through strong partnership working and community involvement. All commissioning decisions and service plans need to reflect the requirements of the Equality Act and Human Rights legislation.

## Enablers

Throughout the JSNA we have identified a number of key partners and priority areas that will help the wider health and wellbeing partnership deliver improved outcomes for the population. These include:

- communities;
- assets (both individual and community);
- housing;
- education;
- work;
- promoting independence; and
- supporting carers.

# The 2015 JSNA on a page

## Vision:

We will add quality and years to life by improving health throughout people's lives, reducing inequalities and focussing on the needs of the local population.

## Core principles:

Reducing inequalities | focussing on prevention | using evidence | sustainability | dignity

### Improving health and wellbeing through the life course by:

- Getting it right from childhood
- Supporting young people as they transition to adulthood
- Improving the health and wellbeing of working age adults, with a particular focus on prevention and early intervention
- Supporting the ageing population

### Improving health and wellbeing for our vulnerable populations:

- Provide effective support for carers
- Improving mental health and wellbeing
- Improving services for people with learning disabilities and / or autism
- Providing effective support for people with physical and sensory disabilities

### Enablers:

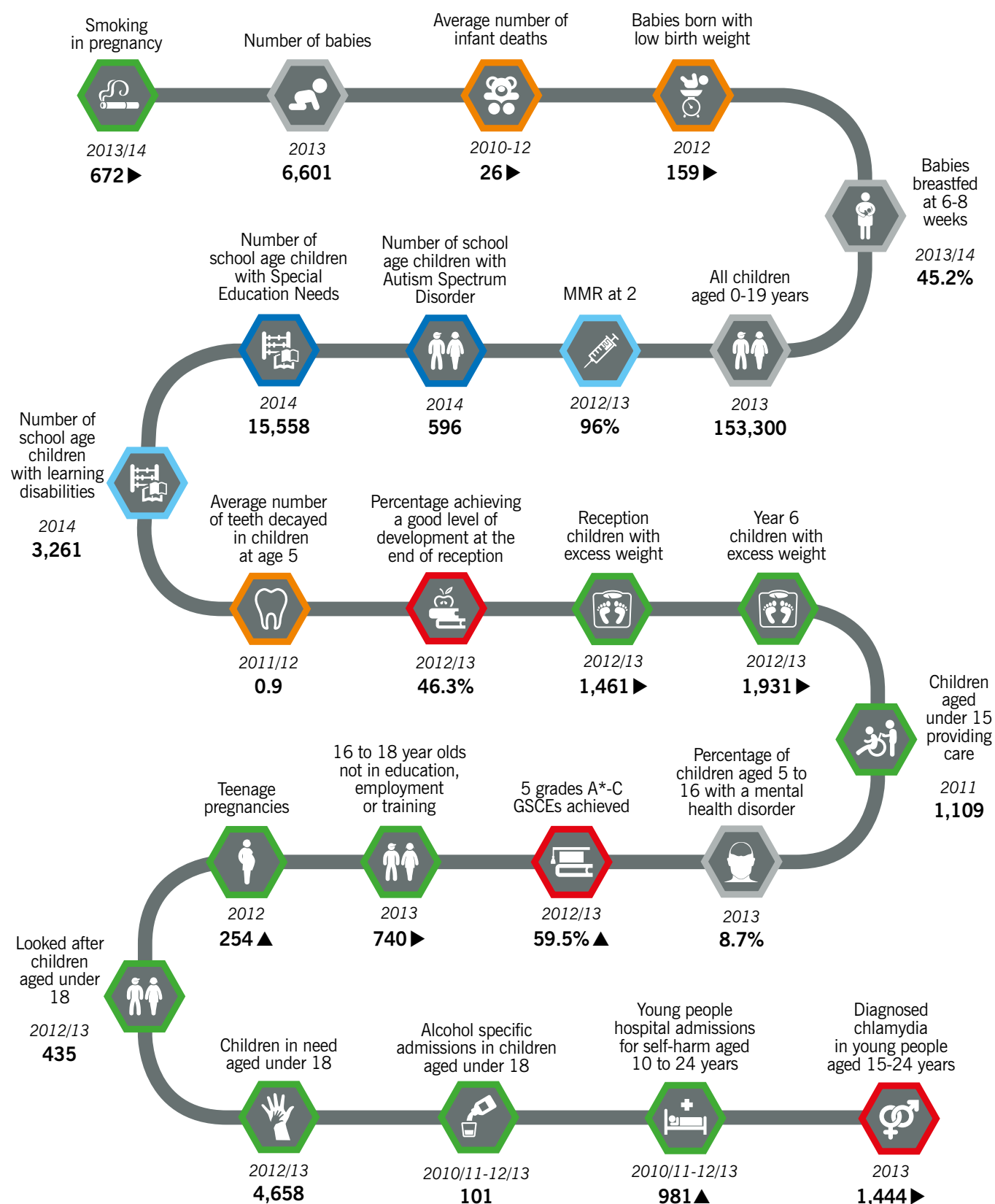
- communities
- assets (both individual and community)
- housing
- education
- work
- promoting independence
- supporting carers



### Targeting people with increased needs:

- all people with protected characteristics
- vulnerable children and families
- people with long term conditions and cancer
- frail older people
- people affected by poverty
- people affected by, or at risk of homelessness
- carers

# Best start in life



## KEY

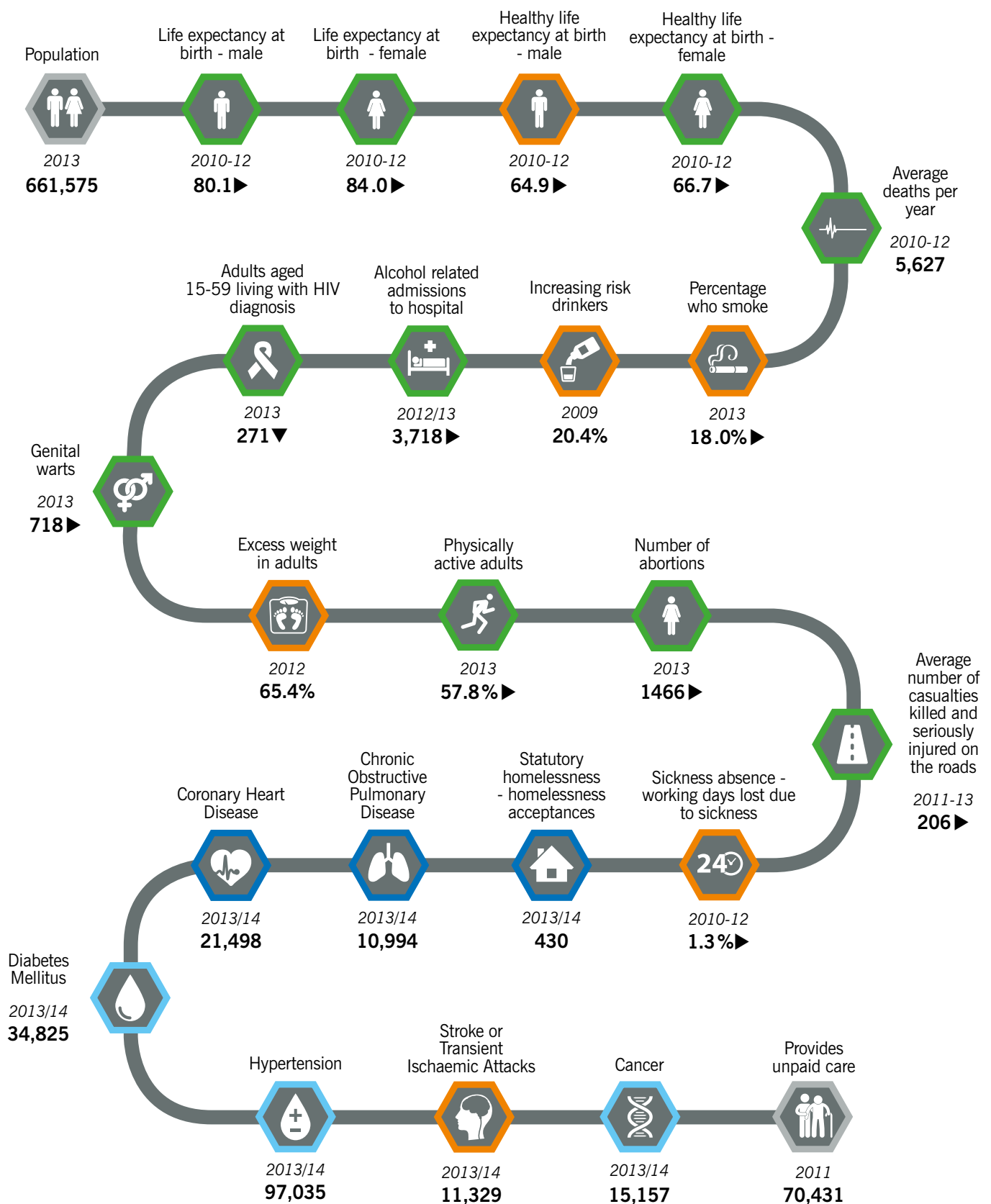
**Green:** Significantly better than the England average  
**Amber:** Similar to the England average  
**Red:** Significantly worse than the England average

**Light blue:** Significantly higher than the England average  
**Dark blue:** Significantly lower than the England average

## Direction of travel:

▲ Rate improved since previous year  
 ► Rate similar to previous year  
 ▼ Rate worse than previous year

# Health and wellbeing of adults



KEY

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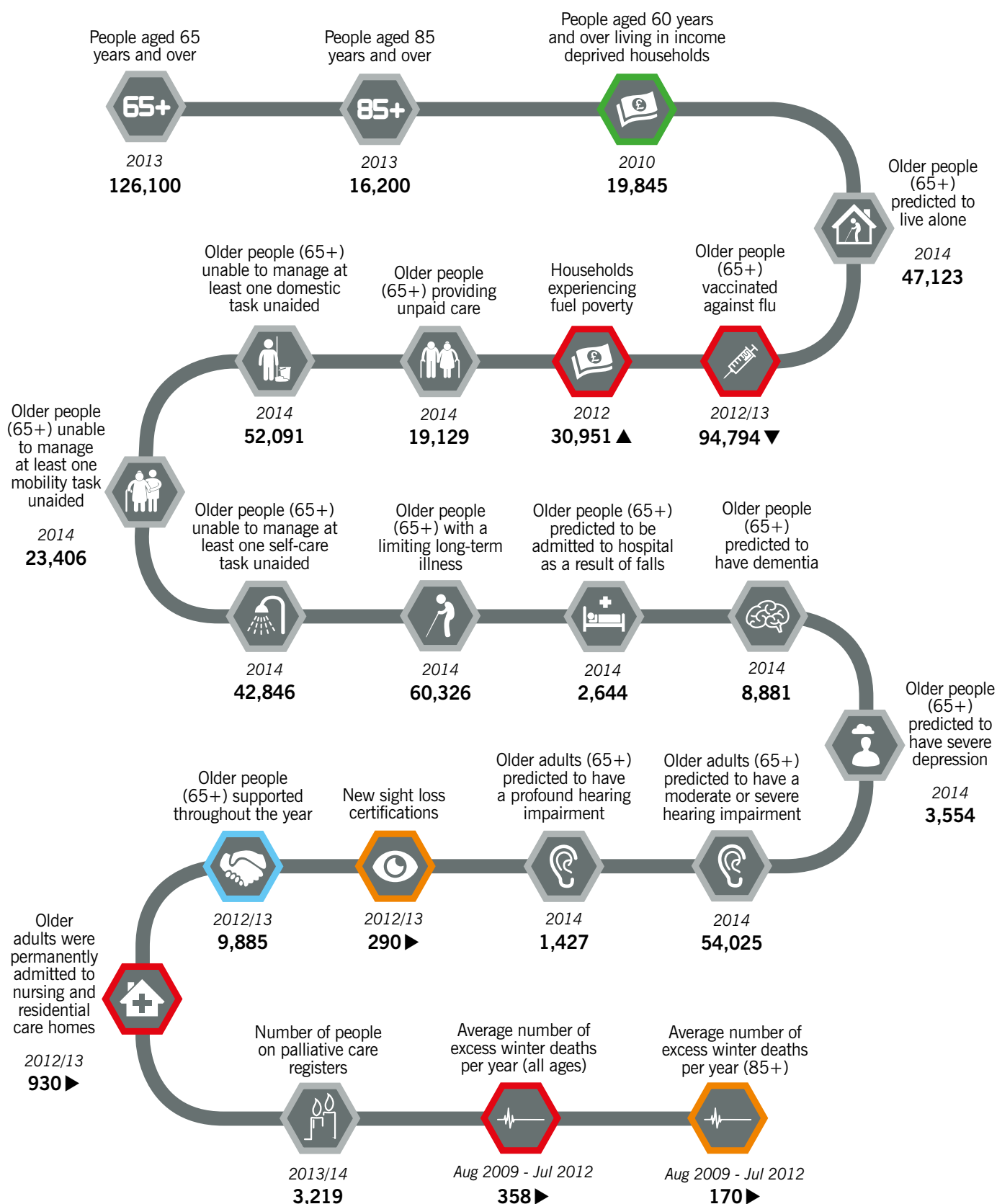
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**Dark blue:** Significantly lower than the England average

Direction of travel:

▲ Rate improved since previous year  
▶ Rate similar to previous year  
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# Issues specific to ageing



## KEY

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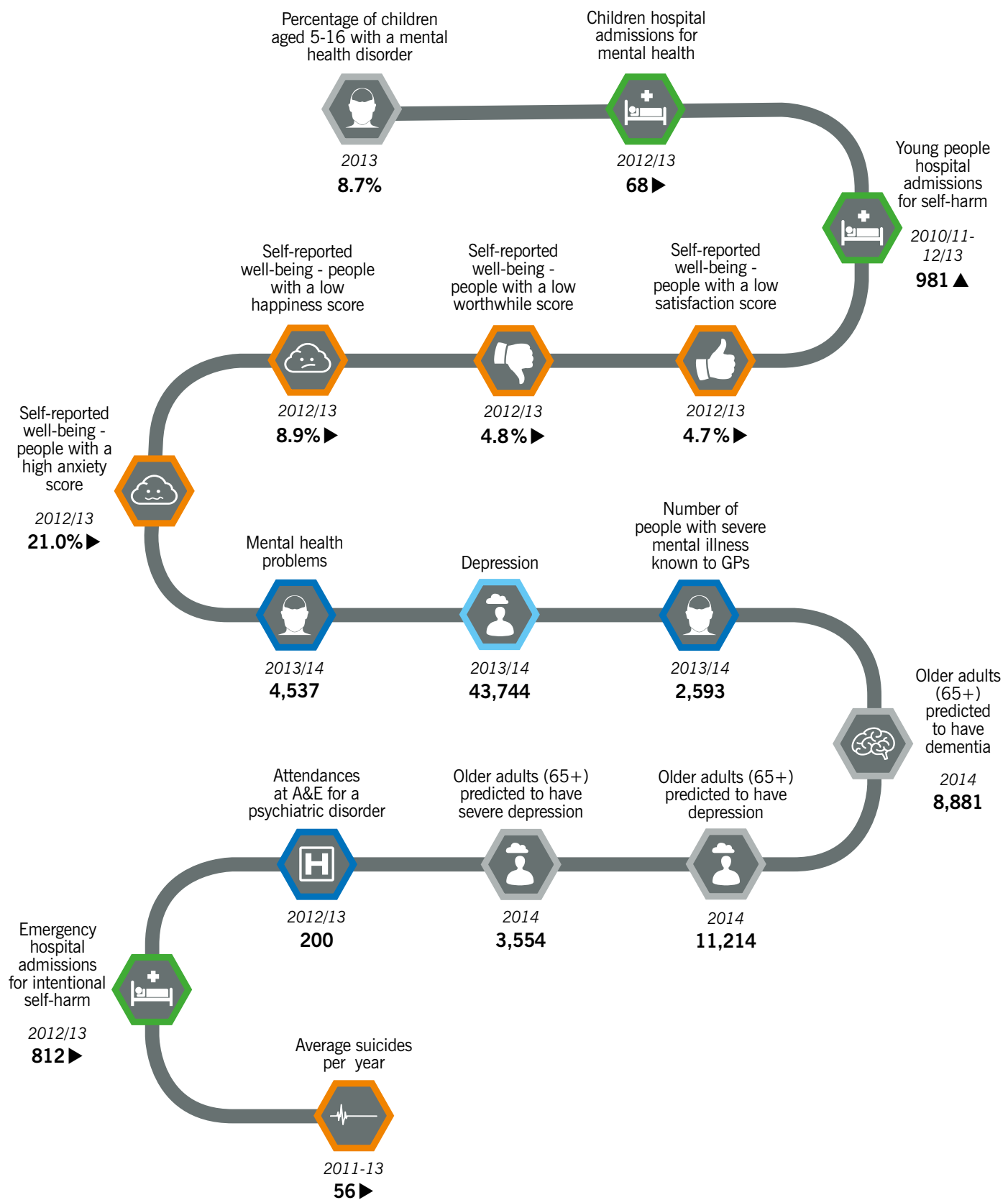
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### Direction of travel:

- ▲** Rate improved since previous year
- Rate similar to previous year
- ▼** Rate worse than previous year

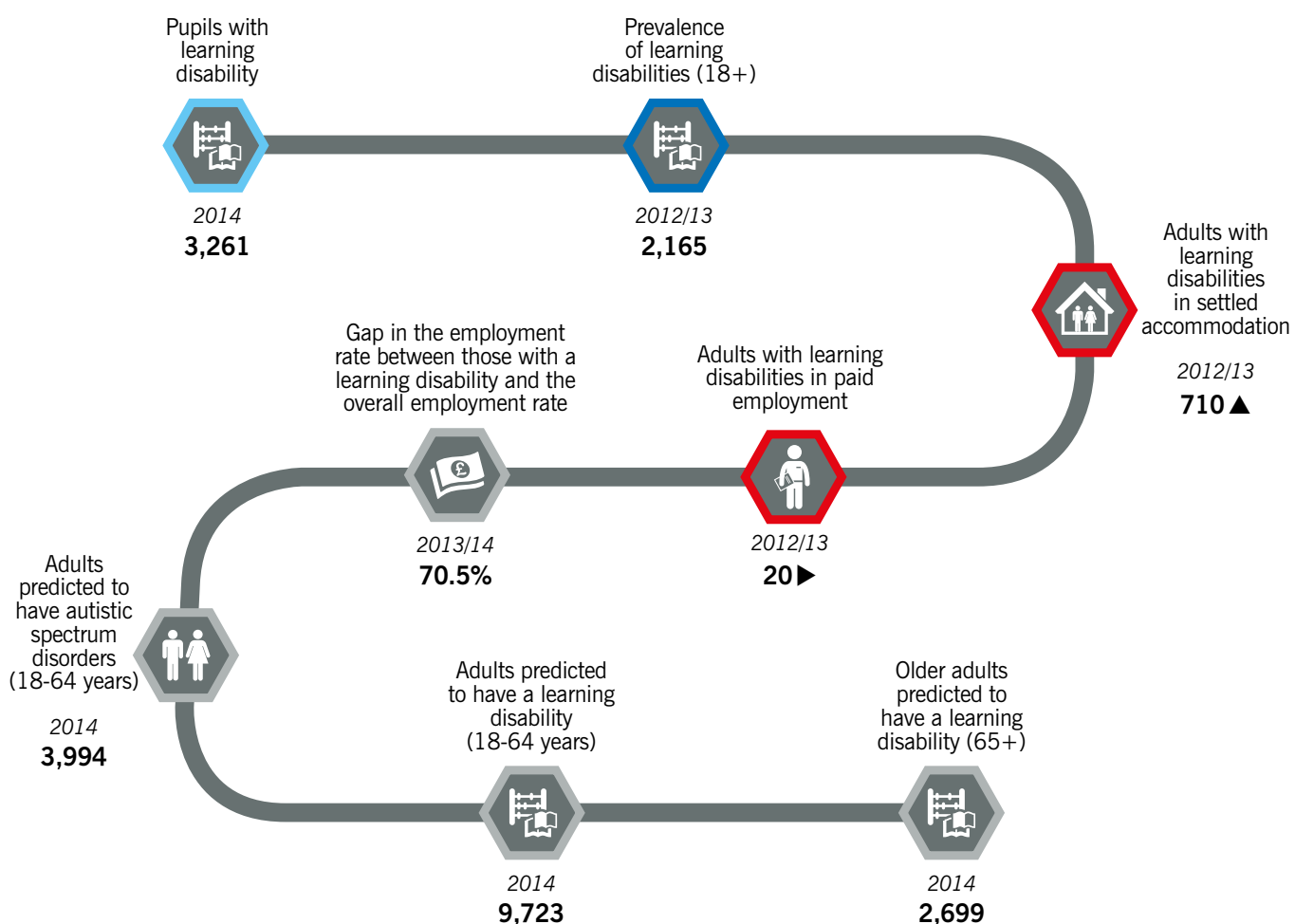
# Mental health



KEY	Colour coding:	
	Green:	Significantly better than the England average
	Amber:	Similar to the England average
	Red:	Significantly worse than the England average
	Light blue:	Significantly higher than the England average
	Dark blue:	Significantly lower than the England average

Direction of travel:	
▲	Rate improved since previous year
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# Learning disabilities and autism



## KEY

### Colour coding:

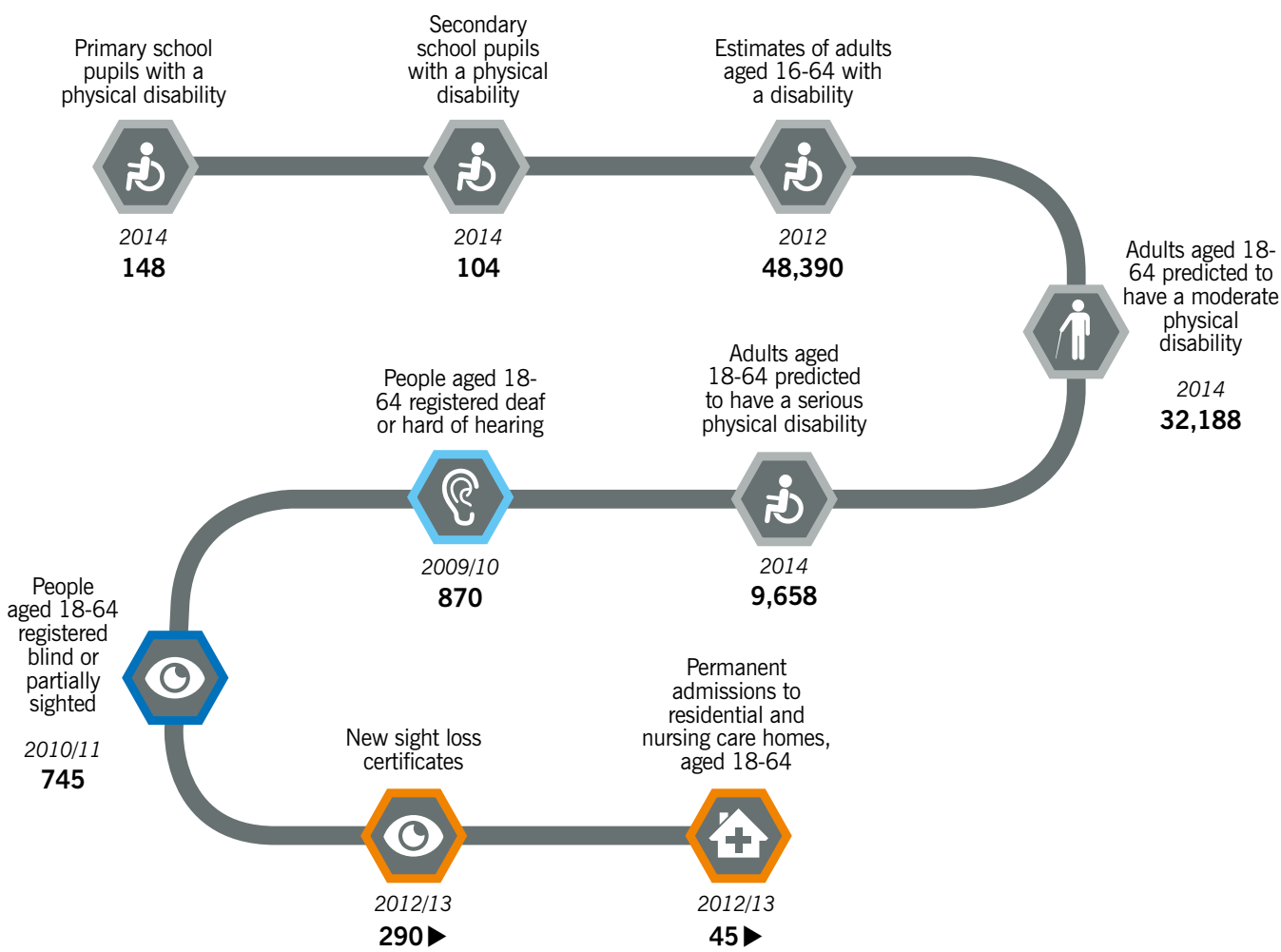
**Green:** Significantly better than the England average  
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**Dark blue:** Significantly lower than the England average

### Direction of travel:

**▲** Rate improved since previous year  
**►** Rate similar to previous year  
**▼** Rate worse than previous year

# Physical and sensory disabilities



## KEY

### Colour coding:

- Green:** Significantly better than the England average
- Amber:** Similar to the England average
- Red:** Significantly worse than the England average

- Light blue:** Significantly higher than the England average
- Dark blue:** Significantly lower than the England average

### Direction of travel:

- ▲** Rate improved since previous year
- ▶** Rate similar to previous year
- ▼** Rate worse than previous year

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