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To: Adult Social Services Policy Overview Committee –  
29 January 2008

Subject: **JOINT STRATEGIC NEEDS ASSESSMENT (ADULTS)**

Classification: Unrestricted

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Summary: This report provides Members with the key messages emerging from the Joint Strategic Needs Assessment for Adults

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## Introduction

1. (1) A Joint Strategic Needs Assessment (JSNA) is the means by which Primary Care Trusts and Local Authorities describe the *future* healthcare and wellbeing needs of local populations. The JSNA should drive the commissioning processes to meet those needs. This duty is contained in the current Local Government and Public Involvement in Health Bill and is part of the implementation of the White Paper, *Our Health, Our Care, Our Say* and the local government white paper, *Strong and Prosperous Communities*.

(2) For now, a separate JSNA is being developed for children and this report focuses on the approach being taken towards assessing the needs of adults. However, the two are halves of the whole and ultimately need to be seen alongside each other.

(3) The Kent JSNA for Adults is being built upon the recently published Kent Annual Public Health Report. It will describe the health and wellbeing status of adults in Kent and concentrate on projecting the data five years into the future, including identifying the future burdens of health inequalities, the likely impact of an aging population, and modelling the effect of prevention on the demand for services. The recommendations of the JSNA will seek to define achievable improvements in health and wellbeing outcomes for Kent people and send signals to existing and potential providers of services about the scale of change. It will support the commissioning and delivery of health and wellbeing outcomes, inform subsequent stages of commissioning cycles, generally aid better decision making and further advise on the choice of local outcomes and targets.

(4) Because the final guidance from Government was not published until 13<sup>th</sup> December 2007, and because of the considerable work undertaken this year on the Annual Public Health Report, this year's JSNA will inevitably be an evolutionary process. The final report will not be produced until April – but of course that is too late to influence the commissioning of services in 2008-9. The purpose of this interim

report, which has been considered by KCC's Chief Officer Group, and by the Cabinet Member for Adult Social Services, is therefore to highlight the key messages emerging from the analysis so far in time to shape KCC's 2008-9 operational plans. The PCTs' joint commissioning plans are already in draft, and have been influenced already by the initial JSNA work. The Government's intention is for JSNAs to drive LAAs, and the work done so far was fed into those discussions (via the Kent Partnership Support Group).

(5) Ultimately the JSNA will include consideration of benefits, pensions, housing, transport and community services. However, to begin with we have focussed down on health and social care, to explore how the process could work and to aid joint commissioning between the PCTs and Kent Adult Social Services.

### **What do the People of Kent want?**

2. (1) There has been extensive consultation with people about the future of health services and social care in Kent, because of the nationally-led changes and restructuring of Health, and because of the refresh of Active Lives, the ten year vision for social care in Kent. Strong messages emerged about the importance of listening to and involving people, treating people with dignity and respect, supporting independent living, providing health care close to (or in) people's homes, and ensuring people did have choice and control over the support they received. Prevention, and health promotion was a key theme, although people also wanted good quality services for those needing more intensive support. The Active Lives consultation revealed particularly strong support for services for carers, and for advocacy.

(2) In the last few months there have been discussions with the general public about what should be included in Kent's older people's strategy. In these discussions, people gave particular priority to health promotion and opportunities to increase healthy living (eg subsidised sports activities such as swimming) and promote good mental health (eg social activities and networks). Transport was a key issue, and closely linked to concerns about the location of services (people were worried about how to get to services if they were reliant upon public transport). The quality of housing, and the importance of ensuring its suitability (warm, secure, safe, accessible) was another theme.

(3) The importance of easily accessible, timely, relevant information keeps being highlighted by people as a critical issue. People felt that it was vital for GP surgeries, and other forms of primary care, to be excellent at sign-posting people to where they could get further information about and support for their condition. Not everyone understood the extensive role that libraries have in information provision. The importance of providing information in different ways, from different sources, for different 'communities of need', was emphasised.

(4) The public also put great emphasis on quality issues - "do the job properly". For example, staff should turn up at the time they said and do what was expected of them. People in hospitals or care homes should be kept clean, should have

good nutrition (and be helped to eat if necessary), and be kept well hydrated. In looking ahead to developing services, we must not forget the importance of getting the basics right now.

## **Content of the JSNA**

### ***Overview of health and social care in Kent***

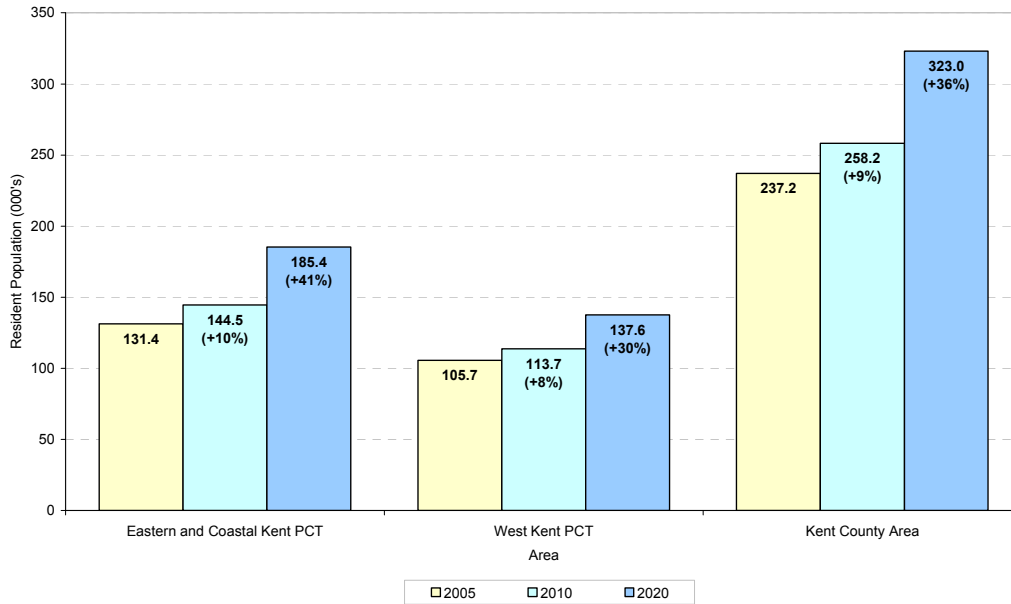
3. (1) The JSNA will provide an overview of the Kent population, in respect of health and social care (population breakdown, demographic trends, incidence of different illnesses and conditions, socio-economic information, health inequalities, including comparisons between Districts). For example:

- ◆ There are inequalities between East and West Kent, East Kent having higher need than West.
- ◆ Within each PCT there are inequalities at the borough council level – for example Sevenoaks has higher life expectancy compared with Dartford, and people in Canterbury experience better health outcomes compared to people in Thanet
- ◆ There are also large health inequalities within individual Districts and Boroughs. The report will summarise the extent of the inequalities in outcomes in this way e.g. in Dartford there is almost a 5 year life expectancy gap between people living in the most affluent wards (Longfield, New Barn and Southfleet) and the poorest ward (Joyce Green).
- ◆ Areas with the worst health outcomes are also likely to be worse at accessing health care, have worse health over the course of their lives and be more sensitive to adverse life events. This can result in a greater inefficiency of providing health and social care if these inequalities in outcomes are not addressed.

### ***Projected increase in demand***

(2) The JSNA will look at projected population increases, by age group, and projected prevalence of different conditions. The biggest population change will be in the over 65 category, a 38% increase, by 2020 (Figure 1). This will impact on the demand and need for services in the conditions most likely to affect an ageing population, such as musculoskeletal problems, respiratory conditions and diabetes (see the chart showing current conditions, 2, and the forecast charts 3 and 4).

**Figure 1. Population Projections to 2010 and 2020 for Residents Aged 65+, Showing Percentage Change from 2005.**



Source: KCC, 2007

Figure 2. Incidence of Hospital Activity by Age

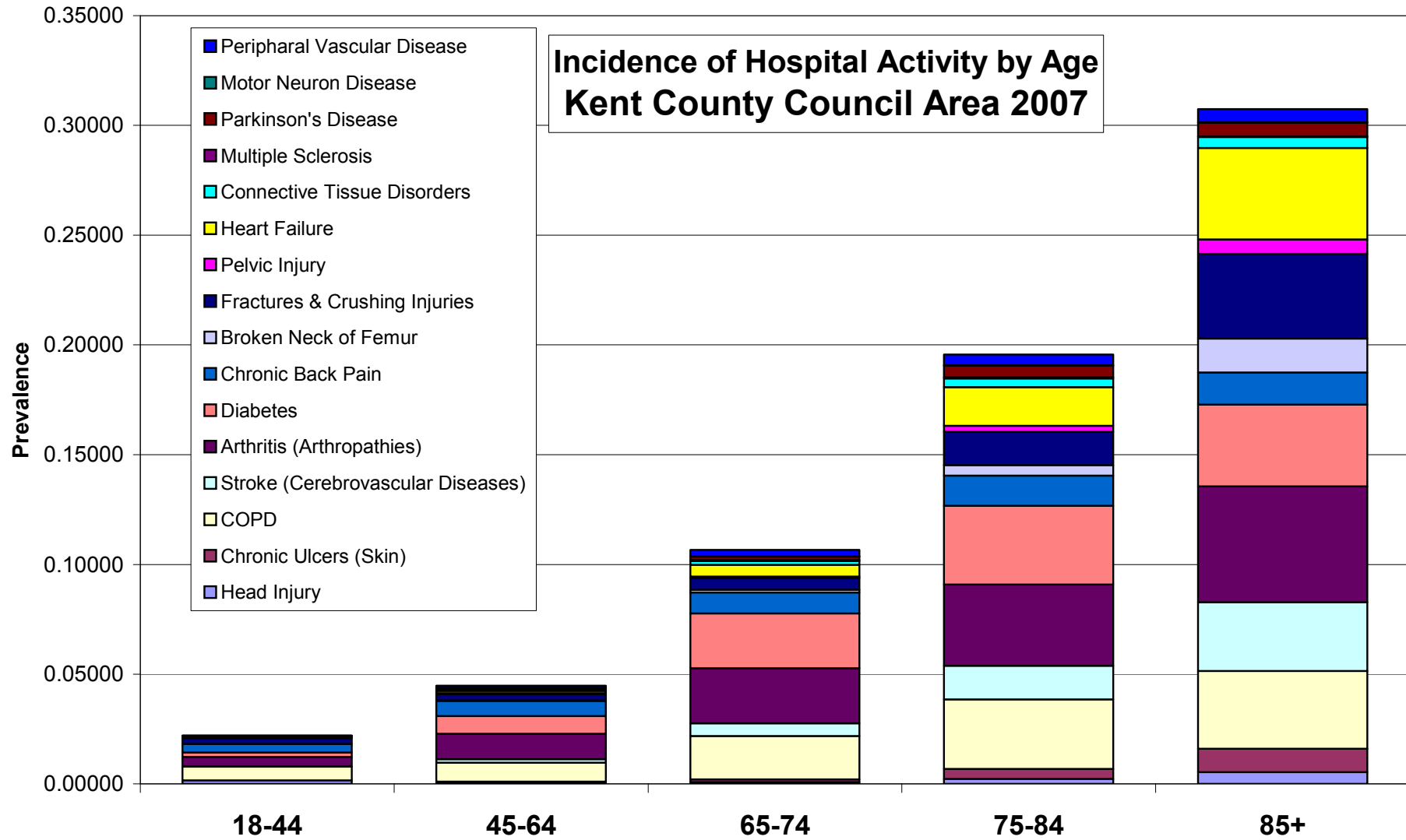


Figure 3. Forecast : 2010

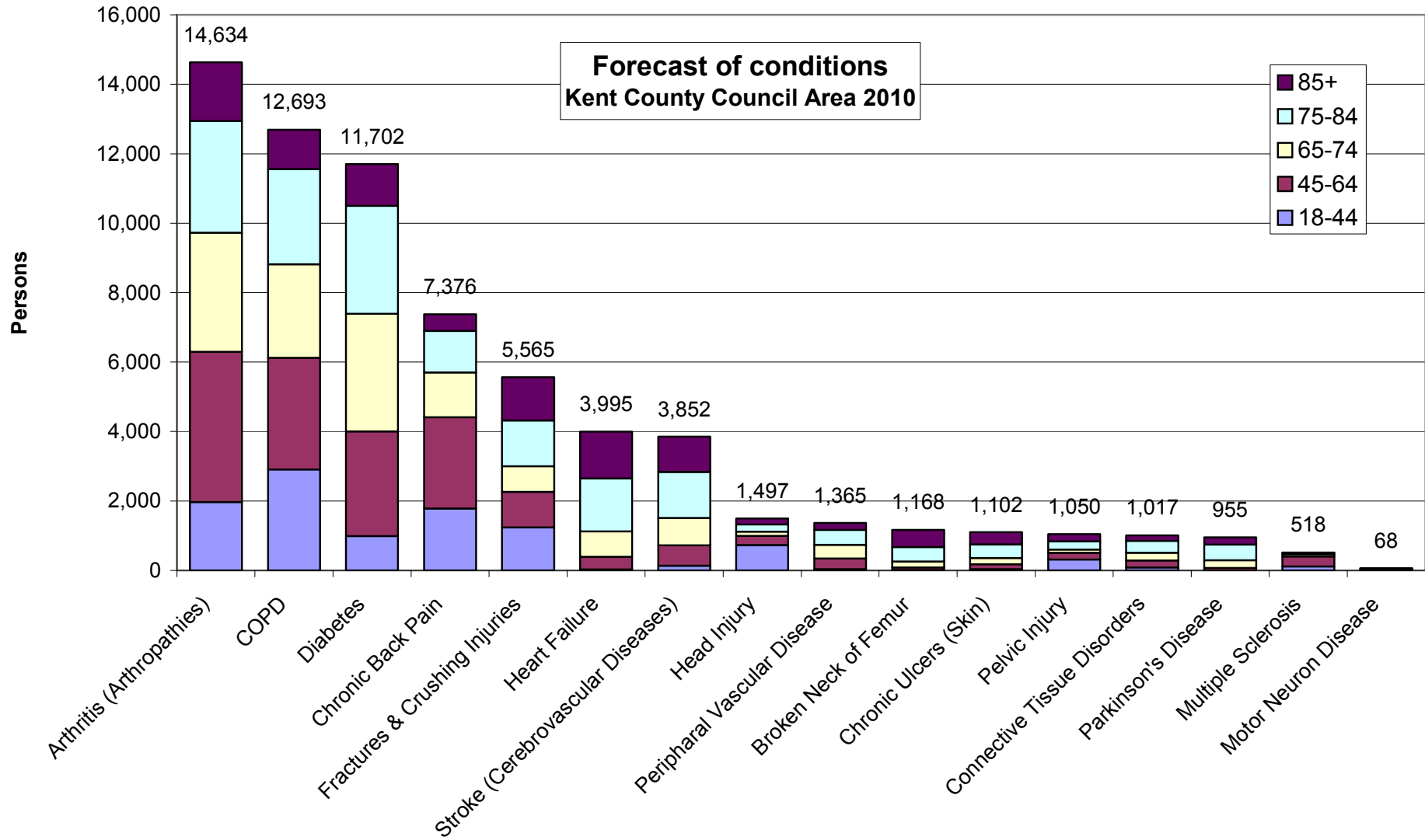


Figure 4. Forecast: 2012

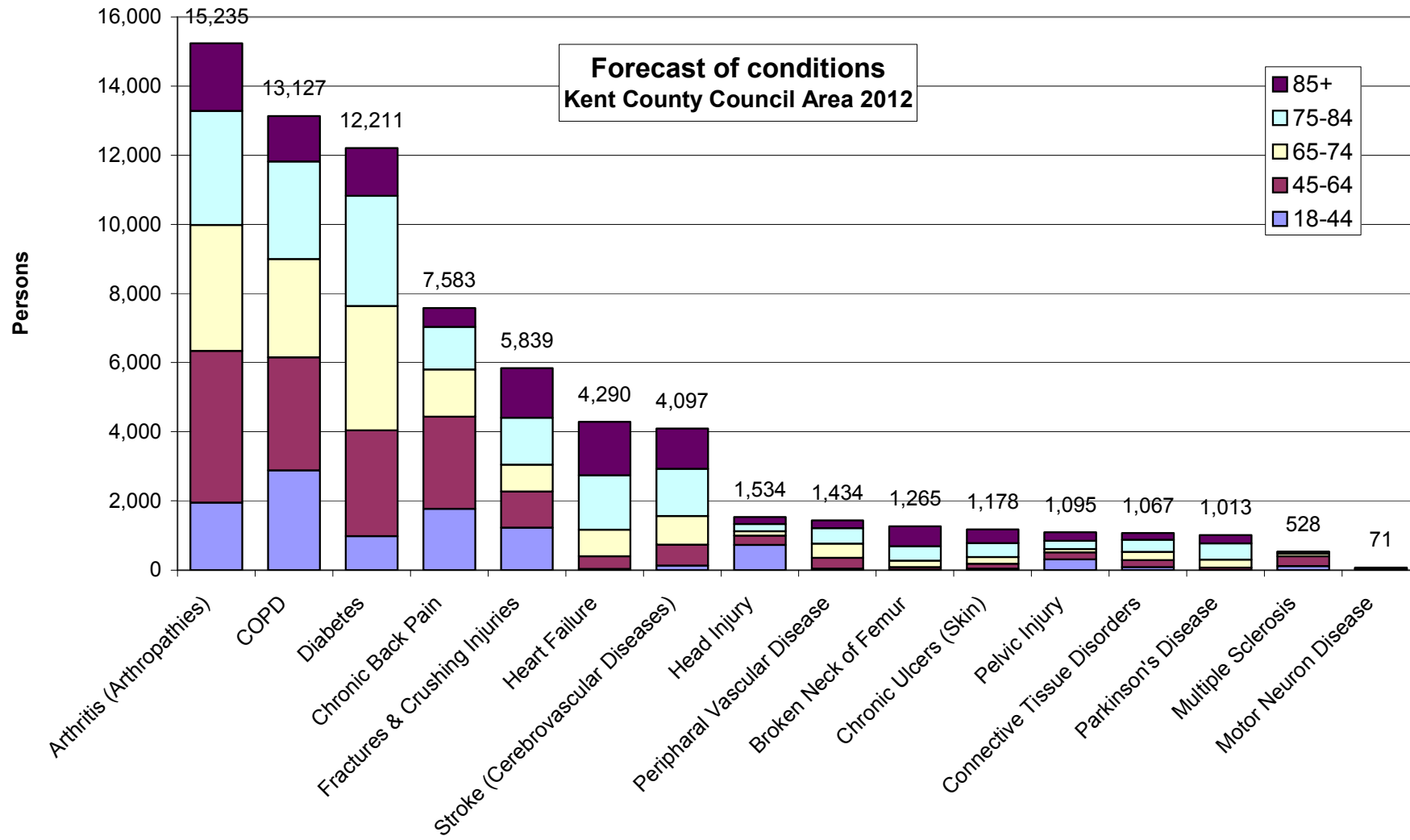


Figure 5

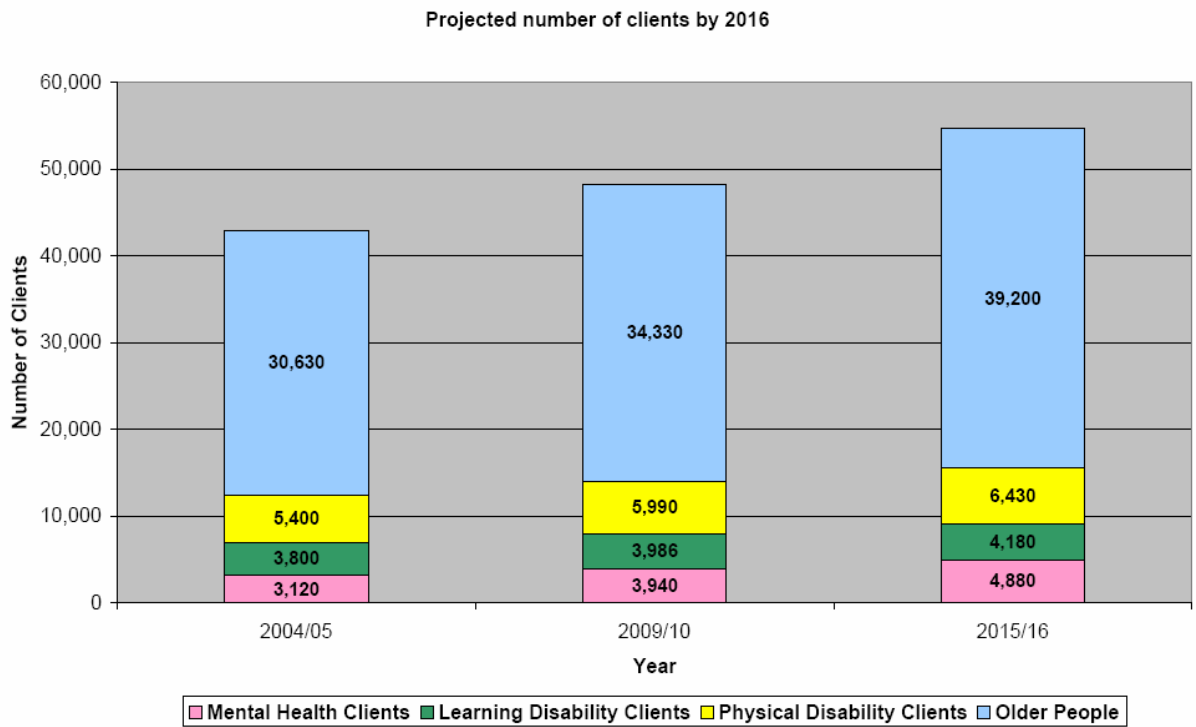


Figure 6.

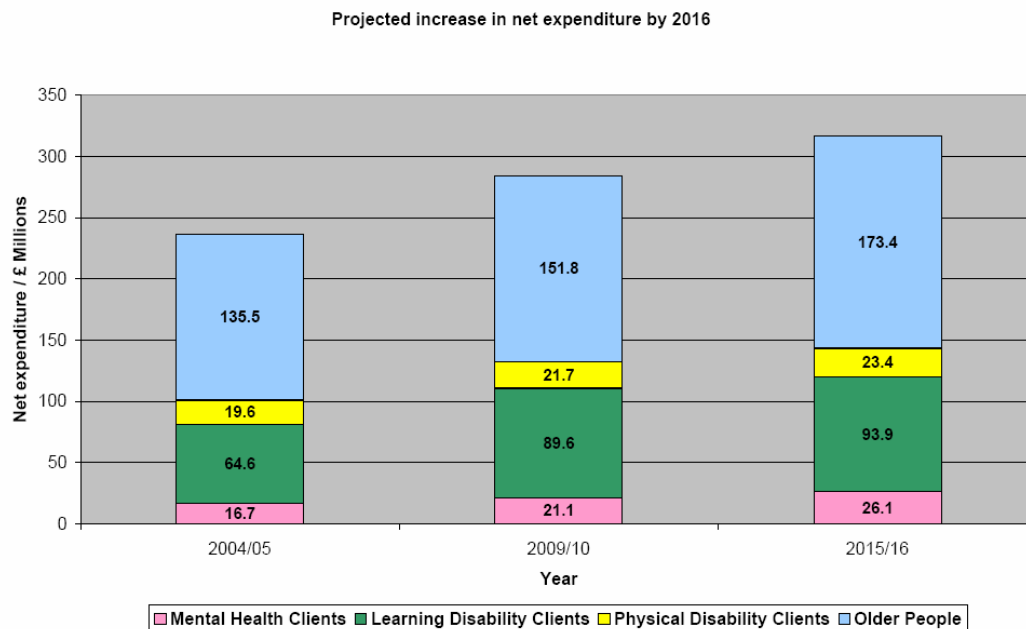
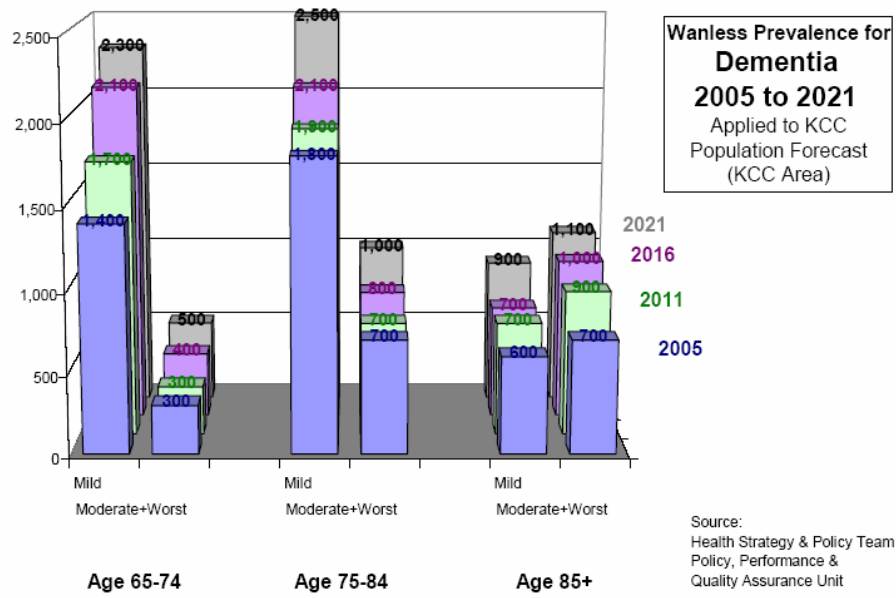


Figure 4.2: Prevalence of Dementia



(3) For social care, we are updating the work done last year for the comprehensive spending review (see figures 5 and 6 above), and modelling different assumptions about the respective levels of residential care, domiciliary care and direct payments, dependent upon investment in preventative action to support people living in the community.

(4) In essence the key points emerging from the analysis are:

- ◆ The population is ageing, resulting in more people with conditions associated with old age. For health care, it will be necessary to prioritise those conditions that are likely to become more prevalent. Our modelling shows that arthritis, diabetes and chronic obstructive pulmonary disease (COPD) start to increase even for those aged 45 to 64. Heart failure, fractures and crushing and stroke accelerate after age 65 (and that age group is about to 'bulge' with post-WW2 baby-boomers). For social care, the projected increase in numbers of people with dementia in particular will put huge pressure on services. Generally, it will be difficult to maintain the current 'moderate needs' level of eligibility criteria unless there is an increase in resources commensurate with the increases in population.
- ◆ The ageing population also results in more active retired people who are the bedrock of community life, providing support and care to others, running clubs and events, volunteering, and so on. They are part of the solution to some of the challenges highlighted in the JSNA.
- ◆ Improved medical care means that people of all ages are surviving longer with complex needs. So not only are there more older people, but the average level of need for those who require health and social care is also rising. This is a particular issue in relation to youngsters surviving childhood with profound and complex needs. The total numbers are not large, but these young people require very intensive levels of health and social care.
- ◆ For social care, the combination of big increases in numbers of older people plus more younger disabled people needing very intensive support, will result in substantial growth in demand. The vision is for more people to be supported in the community, and proportionately fewer in nursing and residential care. In practice, because of the growth in complexity of needs it is unlikely that residential care would reduce by much in absolute terms. Different possibilities are being modelled, but a relatively modest decrease of 3% in residential and nursing care would imply an increase of 11% in domiciliary care and direct payments, given the overall population increase.

### ***Prevention and Inequalities: Risks and commissioning for outcomes***

4. (1) It is self-evident that prevention and early intervention is critically important in the context of the ageing population. So many illnesses and conditions can now be prevented if people take responsibility for their health and wellbeing, and are supported in so doing. The Public Health Strategy sets out the rationale, evidence and action needed in relation to keeping people healthy, so the JSNA will not need to repeat that, but to build upon it. A risk, set out in the PHS, is that health inequalities can be exacerbated if the "healthy living" messages are absorbed and implemented more rapidly by that section of the population which is already

advantaged. It is therefore particularly important to focus on communities and individuals who need it most. This section of the JSNA will need to be the most broad-reaching as it will encompass wider community infrastructure and environmental issues – learning and employment (important for good mental health), air quality, access to social, leisure and faith activities, volunteering, etc.

(2) With people who have already got a long-term condition, there are also interventions and services which can prevent deterioration, and the next chapter will focus on this.

### ***Management of Long-Term Conditions***

(3) Analysis of the data shows that areas with the highest prevalence of particular conditions (such as COPD) are having more elective hospital admissions than emergency admissions. This suggests that there is good care management and appropriate pathways in place.

(4) The JSNA is concluding that the highest priorities for health and social care service delivery over the medium term should be:

- 'Closer to Home'/Supporting people to live in their own home (and thus reducing admissions to hospital and to residential and nursing care)
- Care pathways (including primary care) for people with long-term conditions (ensuring that people get the level of information, support and intervention that they need, from the early stages of their condition onwards)
- Intermediate Care/Rehabilitation (helping people to recover from an acute illness, accident, or other such crisis and gain the skills and confidence to return to – or remain in - their own home)

(5) These three strategic priorities require health and social care to work closely together and jointly commission services in order to deliver improved outcomes for people who need it. The analysis within the JSNA will enable a joint commissioning framework to be developed that specifies the level of services to be commissioned, and identifies how those services should be geographically targeted. All analysis will take place at District level and, where sensible, broken down further by ward.

(6) Another key issue for the emerging Joint Commissioning Strategy which is driven by the JSNA is quality of service provision, particularly in relation to residential and nursing care. Ensuring the social care workforce across all sectors is well trained and well managed is critically important.

### **Conclusions, and areas of recommendation for the JSNA**

5. (1) The issue of the increasing need for services for a growing ageing population will need to be taken into account by health and social care commissioners. Care pathways will need to be managed with a slant towards more preventative and closer to home services in mind.

(2) Primary care management will become even more critical: we need better diagnosis and management in primary care, more community social care and better links with community and voluntary sector groups to help people stay well. This should include expansion of the 'Healthy Living Centre' approach (eg GPs prescribing exercise, etc), and ensure that "hard to reach" groups access primary care.

(3) There will clearly be major difficulties in investing in the identified priorities given the financial position faced by KCC and the PCTs. The intention is to fund the necessary investments in health promotion, prevention and community support by spending less on unplanned hospital admissions, acute hospital care, residential and nursing care. In practice, of course, both health and social care have to respond to needs as they present, which makes it hard to reduce such expenditure. For social care, maintaining eligibility criteria at 'moderate' will be a challenge.

(4) The JSNA builds upon the annual public health report, and supports the thrust of Kent's Public Health Strategy, which sets out detailed action for improving public health. In addition to the health promotion messages, recommendations so far will include:

- ◆ better synthesis between health and social care data sets
- ◆ better and more fine grained analysis by ward level to unpick issues of inequalities (NB not just health inequalities, but looking at ethnicity, gender, age, disability, rural/urban, etc)
- ◆ better service links between primary care and community services
- ◆ increased investment into supporting people to live in their own homes, including more enabling of the voluntary sector to provide support, and more help for people to ensure that they are living in suitable accommodation
- ◆ increased investment into intermediate care/rehabilitation services
- ◆ reduced investment in residential care, nursing care, and acute hospital care
- ◆ modelling prevention and investment for health service data and likely outcomes for care pathways.

(5) When the final JSNA report is produced, we will need to consider how it is communicated to the public, feedback from which will be used to inform the next iteration of the JSNA. As there will be detailed analysis District by District, it would be sensible to involve District and Borough Councils in the public communication too, as the JSNA should rightly be placed within the context of local Sustainable Community Strategies.

## **Recommendations**

6. (1) Members are asked to note the key messages in the report.

Debra Exall  
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