

Date:	2 February 2017
Classification:	General Release
Title:	Joint Strategic Needs Assessment (JSNA) Update: Young Adults, Online JSNA and Programme Forward Plan
Report of:	Director of Public Health
Wards Involved:	All
Policy Context:	To support the Health and Wellbeing Board statutory duty to deliver a Joint Strategic Needs Assessment
Financial Summary:	There are no financial implications arising directly from this report. Any future financial implications that may be identified as a result of the review and re- commissioning projects will be presented to the appropriate board & governance channels in a separate report.
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1. Executive Summary

- 1.1 This report provides an update on the current JSNA work programme and outlines proposals for future projects. The paper presents two JSNA products for consideration and approval by the Health and Wellbeing Board: the Young Adults (18-25) JSNA report and recommendations, and the JSNA Highlights Report online version.
- 1.2 This paper also asks for the Board's endorsement of the forward plan for a Deep Dive JSNA on Children with Complex Needs and the Pharmaceutical Needs Assessment (PNA), which will be expanded on in a separate paper.

2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board is requested to consider and approve the Young Adults JSNA for publication.
- 2.2 The Health and Wellbeing Board are invited to comment on the content and user experience of the [JSNA Highlight Report](#) (Online JSNA), and share it within their respective organisations after the Board meeting.
- 2.3 The Health and Wellbeing Board are requested to approve that data in the JSNA Highlights Report (Online JSNA) is updated by the Public Health Intelligence team on a rolling basis as and when it becomes available, and provide an annual summary of changes made to the Health and Wellbeing Board.
- 2.4 The Health and Wellbeing Board is requested to consider and approve proposals for the future JSNA work programme for 2017/2018, incorporating the Children with Complex Needs JSNA and the refresh of the Pharmaceutical Needs Assessment for 2018, which will be explained in detail in a separate paper.

3. Background

- 3.1 The Health and Social Care Act 2012 placed the duty to prepare a JSNA equally and explicitly on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB). Local governance arrangements require final approval from the Health and Wellbeing Board for the JSNA work programme and deep dive JSNAs prior to publication.
- 3.2 This report provides an update of the current JSNA work programme for 2016/17 and a look forward to the 2017/2018 work programme. Two JSNA products are presented for approval prior to publication:
 - Young Adults (18-25) JSNA
 - JSNA Highlights Report

4. Current JSNA Work Programme (2016/17)

Young Adults JSNA

- 4.1 While health and social care service provision has often focussed on children, older people and the very unwell, there is an emerging consensus that the needs of young adults are not always fully understood or being met.

- 4.2 This deep dive JSNA has looked at the health and wellbeing needs of young adults age 18-25. The key objectives of this JSNA are:
- To capture the unique health and wellbeing needs and issues affecting young adults age 18-25s.
 - Identify the provision and gaps in provision of services for young people.
 - To identify how to improve early interventions in issues which could affect people’s long term outcomes.
- 4.3 Young adults (age 18-25) make up 10.7% of the population in Westminster and 16% of Central London CCG’s patients. Historically, very little evidence has been gathered about their needs and so a JSNA has been conducted on the health and wellbeing needs of 18-25 year olds locally.
- 4.4 The JSNA looks at how young adults use health and care services, and looks in detail at care leavers, eating disorders, substance misuse and sexual health which were identified as being key areas to establish an evidence base to improve commissioning.
- 4.5 A full set of the recommendations from the Young Adults JSNA is included in Appendix 1 and Chapter 10 of the full report. The key recommendations are summarised below:

Theme	Gap or challenge	Recommendation	Lead
Primary care	<p>The current model of primary care is not well suited to young adults, who are overall less satisfied with their GP than older adults and more likely to use walk-in centres and urgent care than other age groups.</p> <p>Young adults would benefit from GP services configured to their health needs, such as at The Well Centre in Lambeth.</p>	<p>Pilot an integrated primary care model at one or more GP practice in each CCG with a high number of young adult patients. Consider services which could have a presence, such as sexual health services, eating disorder services and talking therapies. Offer training for GPs in young adults’ health.</p>	<p>Chris Neill, Deputy Managing Director</p>
Eating disorders	<p>A small fraction of the estimated numbers of young adults with eating disorders are receiving a service. Evidence shows better outcomes when ED is treated promptly, but waiting times locally are long.</p> <p>National and local strategies require the development of out of hospital services. There is currently only a</p>	<p>Review the eating disorder pathway as part of Like Minded <i>Serious and Long Term Mental Health Need</i> population group Business Cases. Consider ways to provide an early intervention eating disorder service in primary care offering NICE recommended rapid triage</p>	<p>Robert Holman, mental health lead, Central London CCG</p> <p>Glen Monks, Associate Director for Mental Health, West</p>

	service in secondary care. The exemplar primary care eating disorder service in Bristol provides cost-effective help before the patient's condition deteriorates.	and assessment by a skilled practitioner in partnership with GPs for those with emerging but not life-threatening Eating Disorders.	London CCG
Care leavers	The greatest area of unmet health and wellbeing needs of care leavers is mental health needs which would not meet the threshold for Adult Mental Health Services.	Extend existing CAMHS or LAC CAMHS services to a tapered service for 16-25 year old care leavers to give continuity to those with a relationship with the service, and extend the offer to include care leavers age 18-25 not already open to LAC CAMHS who are not eligible or suitable for Adult Mental Health services.	Steve Buckerfield, Head of Children's Joint Commissioning
Substance misuse	The majority of young adults in treatment for substance misuse are addressing cannabis and alcohol issues, however adult services cater predominately to crack and opiate users.	Allow flexibility in substance misuse services to provide for young adults up to the age of 25, based on a professional assessment of their need.	Gaynor Driscoll, Head of Substance Misuse Commissioning, Public Health
General	Young adults are particularly difficult to involve in participation and engagement exercises in the typical ways that services engage patients and users.	Coproduce the redesign of services with young people.	All commissioners and service providers

4.6 A wide range of stakeholders were consulted in the development of this JSNA. This included professionals from the three boroughs who work with care leavers; professionals who work with people who misuse substances; and eating disorders professionals; Central London Clinical Commissioning Group's Transformation Redesign Group; the JSNA Steering Group; Westminster Youth Council; and a group of Westminster care leavers. In addition, a draft of the JSNA was circulated to key stakeholders for consultation in November 2016.

JSNA Highlight Report (Online JSNA)

4.7 The JSNA borough Highlight Report for Westminster has been refreshed with the latest available data and is available [through this link](#). The highlight report is in a more interactive online format than previous versions, and provides the supporting evidence to the Joint Health and Wellbeing Strategy as well as an overview of the

health and wellbeing needs of local residents.

- 4.8 The Online JSNA Highlight Report uses national and local evidence sources in a format that links directly to the most recently available data and a variety of other publically available tools.
- 4.9 The key objectives of this project are:
- To describe the health and wellbeing needs of the local population in order to identify priorities and service planning.
 - To enable staff and partners to easily find the rich and extensive data on the population of the Westminster that is publically available but difficult to locate.
 - To enable analysts to respond quickly to common questions or requests with the most up to date data without unnecessary duplication of work.
 - To increase engagement with the JSNA through a more user-friendly format.
- 4.10 Previous JSNA Highlight Reports (most recently published March 2014) have been a static document that the Health and Wellbeing Board has signed off, which does not change until a full refresh is completed. The Online JSNA will give a date for all statements and figures, and can be easily updated when new key data becomes available in order to be more responsive to the needs of its users. This will require a change to the governance process for the Highlight Report.
- 4.11 **It is recommended that the Health and Wellbeing Board agree that data in the Highlight Report can be updated by the Public Health Intelligence team on a rolling basis as and when it becomes available, and provide the Board an annual summary of changes.**
- 4.12 The content for this online version of the Highlights Report is now in consultation. Health and Wellbeing Board members are invited to comment on the content and user experience in the Board meeting and through the feedback survey in the Online JSNA, and share it within their respective organisations after the Board meeting.

5. Future JSNA Work Programme (2017/2018)

- 5.1 The JSNA review undertaken in early 2016 recommends the deep dive programme directly aligns to the new Joint Health and Wellbeing Strategies, and that the exact shape of the deep dive programme should be determined with team managers from the main commissioning functions to have the maximum impact: Adult Social Care, Children's Services, The Joint Commissioning Team and the CCGs, in consultation with the Community and Voluntary Sector, and signed off at the Health

and Wellbeing Boards.

- 5.2 These changes have been implemented and to date, the following topic for a deep dive JSNA has been identified:

Children and Young People with Complex Needs JSNA

- 5.3 The Children's Services Director of Commissioning and the Head of Children's Joint Commissioning have identified that the deep dive topic that would best support the Joint Health and Wellbeing Strategy priority '*Supporting children, young people and families to have the best possible start in life*' is on **children and young people age 0-25 with complex health and care needs** as we do not currently have a jointly agreed robust dataset to underpin planning.
- 5.4 Under the Children and Families Act 2014, local authorities and CCGs are obliged to gain an understanding of this population in order to inform a joint commissioning strategy. A joint Ofsted and CQC inspection could take place imminently, and Ofsted will need to see evidence of the local need and how the local authority and NHS are planning to meet it.

Pharmaceutical Needs Assessment (PNA) – 2018 refresh

- 5.5 In addition, each HWB is required to publish a PNA by virtue of section 128A of the National Health Service Act 2006 (pharmaceutical needs assessments). **The Westminster PNA will be delivered as part of the JSNA work programme.** More detail will be provided in a separate PNA paper.

6. Legal Implications

- 6.1 The JSNA was introduced by the Local Government and Public Involvement in Health Act 2007. Sections 192 and 196 Health and Social Care Act 2012 place the duty to prepare a JSNA equally on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB).
- 6.2 Section 2 Care Act 2014 imposes a duty on LAs to provide or arrange for the provision of services that contribute towards preventing, delaying or reducing care needs.
- 6.3 Section 3 Care Act 2014 imposed a duty on LAs to exercise its Care Act functions with a view to ensuring the integration of care and support provision with health provision to promote well-being, contribute to the prevention or delay of care needs and improve the quality of care and support.

- 6.4 JSNAs are a key means whereby LAs work with CCGs to identify and plan to meet the care and support needs of the local population, contributing to fulfilment of LA s2 and s3 Care Act duties.
- 6.5 Implications verified/completed by: Kevin Beale, Principal Social Care Lawyer, 020 8753 2740.

7. Financial Implications

- 7.1 There are no financial implications arising directly from this report. Any future financial implications that may be identified as a result of the review and re-commissioning projects will be presented to the appropriate board & governance channels in a separate report.
- 7.2 Implications verified/completed by: Richard Simpson, Finance Manager – Public Health, telephone 020 7641 4073.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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APPENDICES:

Appendix 1 – Young Adults JSNA Recommendations

BACKGROUND PAPERS: Young Adults JSNA

Appendix 1: Young Adults JSNA Recommendations

Topic	Gap or challenge	Potential solution/recommendation
<p>Primary Care</p>	<p>The current model of primary care is not well suited to young adults, who are overall less satisfied with their GP than older adults.</p> <p>YA would benefit from GP services configured to their health needs, such as at The Well Centre in Lambeth.</p>	<p>1. Pilot an integrated primary care model at one or more GP practice in each CCG with a high number of young adult patients. Consider services which could have a presence, such as sexual health services, eating disorder services and talking therapies. Offer training for GPs in young adults' health.</p> <p>a. Consider opportunities for this approach in other contexts with target populations, such as co-location of health services at care leaver peer support groups.</p>
	<p>Co-location has come up across chapters as an effective way of increasing young adults' uptake of appropriate services, particular in hard to engage cohorts such as care leavers.</p> <p>Small changes that all GP practices can facilitate would make a positive difference.</p>	<p>2. Train local GPs and GP practice staff in the GP Champions for Youth Health Project's Toolkit for General Practice. CCGs should make use of the GP Champions for Youth Health Project's Commissioning Effective Primary Care Services for Young People.</p>
	<p>A small fraction of the estimated numbers of young adults with eating disorders are receiving a service. Additionally,</p>	<p>3. Review the eating disorder pathway as part of Like Minded Serious and Long Term Mental Health Need population group Business Cases. Consider ways to provide an early intervention eating disorder service in primary</p>

<p>Eating disorders</p>	<p>evidence shows better outcomes when ED is treated promptly in the first 3 years of the illness, but waiting times locally are long.</p> <p>National and local strategies require the development of out of hospital services and an early intervention approach to protect mental and physical health and wellbeing.</p> <p>There is currently only a service in secondary care. The exemplar primary care eating disorder service in Bristol provides cost-effective and well received help before the patient's condition deteriorates and requires treatment in secondary care.</p>	<p>care offering NICE recommended rapid triage and assessment by a skilled practitioner in partnership with GPs for those with emerging but not life-threatening Eating Disorders.</p> <p>a. Such a service would then be capable of providing the leadership and momentum for the following recommendations.</p>
<p>Eating disorders</p>	<p>The current NICE guidelines are from 2004, over a decade old, and are currently being updated with publication expected in 2017.</p>	<p>4. Review existing services against new NICE guidelines when available in 2017.</p>
	<p>Professionals outside of specialist ED services do not consistently understand what to do when an eating disorder is identified, and how to manage an eating disorder patient.</p>	<p>5. Map pathways and create a tool for professionals to use to enable appropriate and timely referrals.</p> <p>6. Offer guidance to GPs and other health professionals to identify and then work constructively and appropriately with people with an eating disorder.</p> <p>a. Identify GPs with high numbers of young adults and low referral rates to eating disorder services as a target group for training.</p>

<p>Care Leavers</p>	<p>Looked after children have higher rates of mental illness than the general population; nearly half have a mental disorder. In consultation with care leavers, there was a lack of awareness and coping strategies.</p> <p>However, some may not want help in a clinical setting. National evidence suggests good outcomes for mentoring, which may be more appropriate where psychological therapies are not wanted.</p>	<p>7. Actively promote resilience, prevention and early intervention for good mental health for all in generic services for care leavers.</p> <p>a. Review current and past mentoring and peer mentoring schemes in the three boroughs for care leavers and / or young adults.</p>
<p>Care Leavers</p>	<p>The greatest area of unmet health and wellbeing needs of care leavers is mental health and emotional wellbeing that would not meet the threshold for Adult Mental Health Services. Nationally, 'Future in Mind' and locally, The Anna Freud Centre needs assessment for CAMHS recommend a tapered transition from age 16-25.</p> <p>LAC CAMHS see children over long time periods and specialise in trauma, which is most appropriate to this cohort. Some care leavers have existing relationships with LAC CAMHS staff which they would benefit from continuing; other are not ready to engage with counselling services until they are age 18 or above.</p>	<p>8. Extend existing CAMHS or LAC CAMHS services to a tapered service for 16-25 year old care leavers to give continuity to those with a relationship with the service, and extend the offer to include care leavers age 18-25 not already open to LAC CAMHS who are not eligible or suitable for Adult Mental Health services.</p> <p>a. The offer to care leavers should include flexibility if appointments are missed or service users don't want to be seen in a clinical setting.</p>

	<p>A significant proportion of local care leavers are former UASCs, and have specific health and care needs.</p>	<p>9. Professionals including Leaving Care teams to be fully trained on national guidance for unaccompanied asylum seeking and trafficked care leavers</p>
<p>Care leavers</p>	<p>Consultation with care leavers identified that many sought advice from non-health professionals who they had a trusting relationship with e.g. their social worker. Although almost all are registered with a GP, most prefer to use walk in centres, A&E and urgent care.</p> <p>The needs and preferences of care leavers vary significantly from person to person, meaning a specific service may not be appropriate.</p>	<p>10. Non-health professionals working with care leavers e.g. personal advisors and key workers should routinely take an active role in the health of care leavers, such as taking them to the GP and encourage seeking help in the appropriate setting.</p> <p>a. Pilot a personal budget for care leavers, where an assessed physical or mental health need is established, to allow them to choose a relationship with the professional that best meets their needs</p>
	<p>A small number of care leavers have significant multiple complicated physical, mental and social care needs, and a large number of professionals become involved in their case.</p>	<p>11. Pilot a transitions panel similar to the disabled children's panel for cases of care leavers with multiple or complicated needs.</p>
<p>Substance misuse</p>	<p>The majority of young adults in treatment for substance misuse are addressing cannabis and alcohol issues, however adult services cater predominately to crack and opiate users.</p>	<p>12. Review adult and young people's service offer to ensure a flexible, responsive and coordinated service is available to meet the needs of young people who use a range of substances. Allow flexibility in the young people's substance misuse services to provide for young adults up to the age of 25, based on a professional appraisal of where their need can best be met.</p>

	Vulnerable groups are more susceptible to harmful substance misuse.	13. Develop a local strategy to reduce substance misuse among vulnerable and disadvantaged under 25s as recommended by NICE (2007).
	Although numbers in services are relatively small, substance misuse is widespread amongst young adults. There is significant variation between the boroughs in their referral rates into substance misuse services from key partners.	14. Continue to develop awareness and training for a broad range of professionals in contact with young adults to enable conversations to be started earlier, rather than when a problem has taken hold. Training should include building resilience in young people to resist pressures in their social groups, schools and universities. a. Work with young people's services, GPs and hospitals to embed effective pathways and interventions which target those most at risk of substance misuse.
Sexual Health	Sexual health is a key health issue for the vast majority of young adults.	15. Ensure all commissioned sexual health services adhere to the You're Welcome standards.
	There is a strong link between substance misuse and risky sexual behavior.	16. Consider integration of substance misuse and sexual health services for young people.
	There are clear inequalities in sexual health, particularly in socio-economic status. Care leavers have significantly higher rates of pregnancy than the general young adult population.	17. Work with young people's services to embed effective pathways and interventions which target high risk groups including care leavers.
	Young people consulted reported that adults and professionals over-medicalise what to them is a social issue.	18. Develop sexual health services to proactively address the psychosocial aspects of sexual health.
	The Framework for Sexual Health Improvement in England recommends the	19. Collaborate with other London boroughs to prioritise prevention and provide consistent health messages to enable young people to make informed and responsible decisions.

	prioritisation of prevention and that all young people are informed to make responsible decisions, and are aware of the risks of unsafe sex.	20. Improve local prescription of Long Acting Reversible Contraception (LARCs).
General	There is existing good practice guidance for services working with young adults on transitions and service design.	21. Health and care services should self-assess against the NICE guidance on transition from children's to adults' services for young people using health or social care services, and services that young people access should adopt the Government's 'You're Welcome' quality criteria to be more suited to young adults.
	Young adults are particularly difficult to involve in participation and engagement exercises in the typical ways that services engage patients and users.	22. Coproduce the redesign of services with young people.