Leeds CITY COUNCIL

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Report of Consultant in Public Health (East North East Area)

Report to Inner North East Area Committee

Date: 30th January 2012

Subject: Joint Strategic Needs Assessment and Area profiles

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	X☐ Yes	☐ No
Are there implications for equality and diversity and cohesion and integration?	X☐ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	X☐ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	X☐ No

Summary of main issues

1. The Leeds Joint Strategic Needs Assessment is presently being updated and includes within it 108 MSOA profiles and profiles for each Area Committee and each Clinical Commissioning Group. It will be the primary document for agreeing the Joint Health and Well Being Strategy for the City.

2. Cross Cutting themes are emerging across all the key data sets. Wider programmes that impact on health and well being; a focus on prevention programmes; Early identification programmes; Increased awareness; Secondary prevention programmes; Increasingly moves towards having a holistic focus; Impact assessment in terms of inequalities in health.

3. Within this area committee there is wide variation in the populations health and well being. This is detailed in the appendix of telling the tale of two MSOAs – Chapeltown and Moortown Central.

4. Meanwood 6 Estates and Chapeltown are the priority areas in relation to having multiple health and wellbeing needs for the area. The data also identifies a number of issues in other MSOAs, which may require further observation and/or attention.

Recommendations

1. That the Area Committee considers the prioritisation of action in line with the diverse needs within the population.

2. That further considerations is given to the MSOA profiles for Chapeltown and Meanwood 6 estates in line with the present actions taking place within these areas.

3. That consideration is given to the lead roles of different agencies in terms of addressing these needs.

4. That consideration is given to developing a mechanism to help the Area Committee shape the future iterations of the MSOA profiles and JSNA

5. That the area committee considers how it might develop a process to enable health professionals, voluntary sector and Councillors to work together to utilise the information contained in the MSOA profiles to shape and monitor the health landscape

1 Purpose of this report

1.1 The purpose of this paper is to update the Inner North East Area Committee on the emerging priorities for this area flowing from the refresh of the Leeds JSNA.

2 Background information

2.1 The Health & Social Care Bill gives the Joint Strategic Needs Assessment a central role in the new health and social care system. It will be at the heart of the role of the new Health and Well Being Boards and is seen as the primary process for identifying needs and building a robust evidence base on which to base local commissioning plans. It provides an objective analysis of local current and future needs for adults and children, assembling a wide range of quantitative and qualitative data, including user views. In the future the JSNA will be undertaken by Local Authorities and Clinical Commissioning Groups (CCG) through Health and Wellbeing Boards. Local Authorities and CCGs will each have an equal and explicit obligation to prepare the JSNA, and to do so through the Health and Wellbeing Board. There is a new legal obligation on NHS and local authority commissioners to have regard to the JSNA in exercising their relevant commissioning functions.

2.2 Public Health in the Local government paper published December 2011 makes it clear that Local authorities should decide which services to prioritise, based on local need and priorities. This should be informed by the Joint Strategic Needs Assessment. It also states the need to engage local communities and the third sector more widely in the provision of public health and to deliver best value and best outcomes.

2.3 The profiles are in line with the new guidance now published.

2.4 The first JSNA for Leeds was published in 2009.Two of the key gaps in the original JSNA were having more locality level data and ensuring qualitative data of local people's views, was included. For the 2012 refresh each of the core data sets will include local people's views. There has also been the development of Locality Profiling for different geographies. Middle Super Output Area Profiles (108), Area Committee Profiles (10)) and Clinical Commissioning Group (3) and planned development of General Practice Profiles (113).

3 Main issues

3.1 In February 2012 an analysis of the overall priorities for Leeds from all of the data and qualitative information within the JSNA will be produced within an Executive Summary of the JSNA. For the city of Leeds across all the areas covered within the JSNA there are some emerging cross cutting themes:

- **Wider programmes that impact on health and well being** – focus on children, impact of poverty, housing, education , transport etc
- **Prevention programmes** – focusing on smoking, alcohol weight management, mental health, support
- **Early identification programmes** – NHS Health Check/NAEDI; risk, early referral for wider support
- **Increased awareness –** e.g. of symptoms of key conditions, or agencies/information
- **Secondary prevention programme** –effective management in relation to health and social needs
- **Increasingly move towards having a holistic focus** - e.g. rather than a long specific disease pathways, focusing instead on the person and their needs
- **Impact assessment in terms of inequalities in health**.

4 Area Committee

4.1 The Area Committee profile details information about the population within the area, wider factors that affect health taken from the Neighbourhood Index; GP prevalence data with a focus on long term conditions and healthy lifestyle; mortality data; alcohol admissions data and adult social care data.

4.2 Key issues for the Inner North East Area Committee:

- The health and well being of the population within the Inner North East Area Committee boundaries is widely variable. Just over 20% of the population of Inner North East live in the 10% most deprived areas nationally, and a similar proportion of the population live in the least deprived areas.
- Each Area Committee is broken down into Middle Level Super Output Areas(MSOA). An MSOA is a geographic area designed to improve the reporting of small area statistics in England and Wales. The minimum population for an MSOA is 5000.
- There are 10 MSOAs within this Area Committee. Two MSOAs are in the most deprived 20% of Leeds (Chapeltown and Meanwood 6 estates) with a combined population of 18,657. Three MSOAs are in the 20% least deprived of Leeds (Moortown Central, Roundhay and Rounday Park) with a combined population of 20,404.
- Although about 70% of the population of Inner North East are from British origin, there are a substantial number of people of south Asian origin, and also eastern and western European backgrounds.
- In order to prioritise action within the Inner North East Area there needs to be an understanding at a smaller geography level. The profiles of the 10 MSOAs within the Inner North East Area are all different- the detail of each is within their MSOAs profiles.

5 Priority Areas:

5.1 **Meanwood 6 Estates** is within the most deprived areas of Leeds (23rd poorest) in the Neighbourhood Index produced by Leeds City Council. It scores generally lower than the averages for Leeds apart from the environment indicator. It has the highest

prevalence for Coronary Heart Disease (CHD); Chronic Obstructive Pulmonary Disease (COPD); obesity; smoking; admissions due to alcohol and alcohol attributable admissions. It has the highest premature mortality rate for both sexes combined and for females.

5.2 **Chapeltown** is within the most deprived area of Leeds (5th poorest) in the Neighbourhood Index produced by Leeds City council. It scores lower than Leeds for all indicators but most notably for economic activity, low income, health and environment. For the inner NE area it has the lowest prevalence of cancer but the highest prevalence of diabetes; the highest count of alcohol admissions and alcohol attributable admissions (although as a rate similar to the Leeds average) and the highest contacts from adult social care(ASC); services provided by ASC and homecare. It has the highest premature mortality rate for men .

6 A summary of two of the least deprived areas:

6.1 **Moortown Central** is within the least deprived areas of Leeds (99th poorest). On the combined neighbourhood index Moortown Central scores above average on all indicators. The one area of concern is that it is highest for this area for adult safeguarding referrals (64). It has the lowest recorded smoking rates and the lowest number of hospital admissions due to alcohol. It also has the lowest mortality rate for both sexes.

6.2 **Roundhay** is also within the least deprived areas of Leeds (83rd poorest). In the neighbourhood index Roundhay is above average on all indicators.. It has the lowest Chronic Obstructive Pulmonary Disease rates; and the lowest number of admissions to hospital attributable to alcohol. It also has the lowest ASC contacts; services provided and home care.

6.3 Appendix A gives a comparison between two of these MSOAs across the spectrum of need and Appendix B provides a table showing the main issues that have been identified in the ten MSOAs, which fall in this Area Committee boundary.

7 Corporate Considerations

7.1 Consultation and Engagement

A qualitative data library has been established to include all consultations over the last two years Over 100 items have been analysed and interwoven within the JSNA data packs to give a view of the local people.

A large stakeholder's workshop to share emerging finding and consult on how to ensure Leeds produces a quality JSNA was held in September. A Third sector event is planned for January.

7.2 Equality and Diversity / Cohesion and Integration

An Equality Impact Assessment will be carried out in February on the produced documentation and process prior to being published.

7.3 Council policies and City Priorities

The JSNA has already been used to inform the State of the City report and will be the key document for developing the future Joint Health and Well Being Strategy for the City.

8 Conclusions

8.1 In order to tackle the inequalities present within the area committee, agreed action across partner agencies are required.

- The NHS (and in the future Clinical Commissioning Groups) Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities.

- The local Authority to lead (with support form the NHS) helping people to live healthy lifestyles, make healthy choices and reduce health inequalities.

- The local Authority to lead improvements against wider factors which affect health and wellbeing and health inequalities.

9 Recommendations

9.1 That the area committee considers the prioritisation of action in line with diverse needs within the population.

9.2 That further considerations is given to the MSOA profiles for Chapeltown and Meanwood 6 estates in line with the present actions taking place within this areas.

9.3 That consideration is given to the lead roles of different agencies in terms of addressing these needs.

9.4 That consideration is given to developing a mechanism to help the Area Committee shape the future iterations of the MSOA profiles and JSNA

9.5 That the area committee considers how it might develop a process to enable health professionals, voluntary sector and Councillors to work together to utilise the information contained in the MSOA profiles to shape and monitor the health landscape

Appendix A

A Tale of 2 MSOA's

The best and the worst middle super output areas within Inner North East

Inner North East Area Committee	Population	Life Expectancy	Existing Future Health Problems	Future Problems	Smoking Prevalence	CHD Prevalence	Population Type	BME	Educational Attainment	Children in Workless Households	Claiming Job Seeker Allowance
Moortown Central	8,103 Above the Leeds average for 55 – 64 year olds. Below the Leeds average for 20 – 29 year olds	Male 79.5 Female 81.17	14.5%	0%	12% 12,886 / 100,000 DSR	4.2% 2,382 / 100,000 DSR	Wealthy achievers	22%	74.32% at Key stage 4 79.41% at Kay stage 2	44 3.55%	105 2.5%
Chapeltown	11,717 above the Leeds average for 25 – 44 year olds. Below average for 55 – 75 year olds.	Male 77 Female 79.85	24%	32%	24.9% 24,216 / 100,000 DSR	2.5% 2,784 / 100,000 DSR	Split between hard pressed and urban prosperity	61%	37% at key stage 4 56% at key stage 2	561 36.2%	538 9.95%