Lucy Jackson Consultant in Public Health

Tel: 0113 3057569

Report of Consultant in Public Health (Reporting for Outer North East)

Report to – Outer North East Area Committee

Date: 6th February 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

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.

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.

Within this area committee there is wide variation in the population's health and well being. This is detailed in the appendix A of telling the tale of two MSOAs – Moor Allerton and Bardsley / East Keswick / Collingham / Linton / Harewood. This details a broad spectrum of factors that impact on an individuals health, which contributes to differences in morbidity and life expectancy.

There are clear priority areas for this area committee although each MSOA does have different issues within them. A more comprehensive picture of health and wellbeing issues from individual MSOAs is shown at Appendix B

Moor Allerton is the priority MSOA in relation to health and wellbeing needs for this area, although there are still some relative issues within other areas. Appendix B, which should be also be noted in terms of the Health Improvement Manager's report, shows a more detailed comparison between some of the MSOAs.

Recommendations

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

6.2 That further consideration is given to the MSOA profiles for the Outer North East in line with the present actions taking place within this areas.

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

6.4 That consideration is given to developing a mechanism to help the Area Committee shape the future iterations of the MSOA profiles and Leeds JSNA overall (linking to the Health and Well Being Board

6.5 That the area committee considers how it might develop a process to enable the local authority, health professionals, voluntary sector and communities 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 Outer 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 (CCGs) 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 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. These are 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.**

3.2 The Area Committee profile details information about the population within the area, wider factors that affect health taken form 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.

3.3 **Key issues for the Outer North East:**

- The health and well being of the population within the Outer North East Area is overall far better than the average for Leeds. Only 5.2 % of the population living in the area live in the most deprived quintile, and mortality rates are lower than for Leeds in all areas except for men in Moor Allerton where they are slightly higher.
- 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 9 MSOAs within this Area Committee. Only one MSOA is in the second most deprived 20% of Leeds (Moor Allerton) with a population of 6,326.Two MSOAs are in the second least deprived 20% of Leeds (Aberford and Wetherby East). With the other 6 MSOAs falling into the last deprived 20% of Leeds.
- About 83.2 % of the population are from British Isles in terms of their origin, with only a small percentage form other areas – the highest being 5% from South Asia.
- The population pyramid for the area has a slightly higher proportion of older people than the Leeds average.
- In order to prioritise action within the Outer North East there needs to be an understanding at a smaller geography level. The profiles of the 9 MSOAs within the Outer North East are all different- the detail of each is within their MSOAs profiles.

3.4 **Priority Area:**

3.4 1 **Moor Allerton** - For this area Moor Allerton has the highest rates for key long term conditions - CHD/COPD/diabetes; and also lifestyle factors such as obesity smoking and admissions to hospital related to alcohol use, many of which are just above the average rate for Leeds. It has the highest mortality rates for the area and for men this is higher than the Leeds average. The life expectancy in Moor Allerton is the lowest for both sexes combined (79.25) and for females (80.94).

3.4 2 For men the lowest life expectancy is in Wetherby East at 77.14. Interestingly, the

data shows also shows Wetherby East, Thorp Arch and Walton MSOA to have markedly higher alcohol attributable hospital admissions although alcohol specific hospital admissions are only slightly higher than the Leeds average.

3.5 **A summary of the least deprived areas:**

3.5 1 Six of the MSOA areas for Outer North East fall into the least deprived quintile for Leeds. The highest combined life expectancy is in Bardsey (84.49 Years) and for men it is in Alwoodley West (83.90) and for women it is in the Bramham area (85.85 years).

Appendix A gives a comparison between two of these MSOAs across the spectrum of need.

4 Corporate Considerations

4.1 Consultation and Engagement

4.1 1 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.

4.2 Equality and Diversity / Cohesion and Integration

4.2 1 An Equality Impact Assessment will be carried out in February on the produced documentation and process prior to being published.

4.3 Council policies and City Priorities

4.3 1 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.

5 Conclusions

5.1 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.

6 Recommendations

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

6.2 That further considerations is given to the MSOA profile for Moor Allerton in line with the present actions taking place within this areas.

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

6.4 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

Tale of 2 MOSA's Affluent MSOA compared to most deprived MSOA

Outer North East	Population	Life expectancy	Existing Health problems	Future problems	Smoking prevalence	CHD Prevalence	Population type	BME	Educational attainment	Children in workless households	Claiming job seeker allowance
Highest: Bardsley / East Keswick / Collingham / Linton / Harewood (E02002335) Leeds Index 106	7,677 Proportion of 20 – 34 years is much lower than the Leeds average and the proportion of over 45s is higher than Leeds	83.49 Male 85.42 Female	0.0%	0.0%	10.8% 12,410 / 100,000 DSR	3.7% 2,003 / 100,000 DSR	Wealthy Achievers	5.42 %	74.07% at Key Stage 4 89.74% at Key Stage 2	1.55%	1.08%
Lowest: Moor Allerton (E02002347) Leeds Index 36	6,326 Proportion of 20 – 34 years is lower than the Leeds average, otherwise similar to Leeds average	77.19 Male 80.94 Female	48.3%	7.7%	24.8% 25,640 / 100,000 DSR	3.9% 3,000 / 100,000 DSR	Hard pressed	15.27 %	48.10% at Key Stage 4 80.00% at Key Stage 2	24.21%	5.83%