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Report of: The Director of Public Health

Report to Inner South Area Committee

Date: Wednesday 8th February 2012

Subject: Joint Strategic Needs Assessment and Area profiles

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

Summary of main issues

1. The Leeds Joint Strategic Needs Assessment (JSNA) is presently being updated and includes within it 108 Middle Super Output Area (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. Each Area Committee is broken down into MSOAs. 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.

3. 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 programme; Increasingly move towards having a holistic focus; Impact assessment in terms of inequalities in health.

4. With the exception of Beeston, Parkside and Cross Flatts all MSOAs have higher mortality rates than that of Leeds overall with a wide variation in the issues affecting the population health and well being. This is detailed in the appendix of telling the tale of

two MSOAs – the most affluent MSOA which is Beeston, Parkside and Cross Flatts, and the most deprived which is Middleton and Westwoods.

5. Cancers and Chronic Obstructive Pulmonary disease are the priority conditions in relation to health and wellbeing needs for the area. These are strongly associated with socio-economic disadvantage and lifestyle behaviours, in particular smoking.

Recommendations

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

5.2. While recognising all but one of the 10 MSOAs have higher mortality rates than that of Leeds overall that further considerations are given to the MSOA profiles showing most significant health and wellbeing issues which are Middleton and Westwoods; Holbeck; West Hunslet and Hunslet Hall; City Centre; Belle Isle North; Cottingley and Beeston.

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

1 Purpose of this report

1.1 The purpose of this paper is to update the Inner South 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 JSNA 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 future 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 JSNA. 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 was included of local people's views. 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/Lung Cancer; 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 Inner South Area Committee:

3.3.1 The health and wellbeing of the population within the Inner South Area Committee boundaries is widely variable. Just over 20% of the population of Inner South live in the 10% most deprived areas nationally, and a similar proportion of the population live in the least deprived areas. This means that 56% of the Leeds deprived population live in this area. It indicates the size of the challenge, given the most deprived populations experience the highest levels of ill health and death and also live with unhealthy lifestyles.

3.3.2 In order to prioritise action within the Inner South Area there needs to be an understanding at a smaller geography level. The profiles of the 10 MSOAs within the Inner South Area are all different - the detail of each is within their MSOAs profiles.

3.4 Priority Areas:

3.4.1 **City Centre, Hunslet Green and Thwaite Gate:** has the highest under 75 (premature) death rates for both men and women combined. For men this is over twice the Leeds average and significantly higher than even people living in the most deprived areas of Leeds. This is by far the highest early death rate, with cancers being the main cause of death for females and circulatory disease for men. This is despite over 70 % of the population being students and young people living well. The remainder of the population are the cause for concern including vulnerable people and deprived neighbourhoods with relatively high levels of smoking, obesity and poor diet. Although this area is ranked 14 on the Neighbourhood index, it is ranked 1 for both health and community safety and 4 for the housing domain. These have a significant impact on the overall ranking.

3.4.2 It is an area of mixed tenure. Purpose built flats account for 42% of the stock and terraced housing for a further 30%. 42% of properties are classified in Council Tax bands A and B, and 49% in Bands C and D. The ALMO owns a significant number of homes in the area. Leeds Federated Housing Association is also active – particularly in the Arthingtons area.

3.5.1 **Middleton and Westwoods:** has the highest prevalence of Coronary Heart Disease (CHD); and obesity in the Inner South Area. It has the second highest prevalence of smoking and for hospital admissions that are directly caused and attributable to alcohol. High levels of obesity and the second highest premature mortality rate for both sexes combined.

3.5.2 This area has levels of recorded Chronic Obstructive Pulmonary Disease (COPD) - a disease of the lungs associated with deprivation and smoking - that are twice the levels of the average for Leeds. These figures are related to the high percentage of those on GP records recorded as smokers in this area.

3.5.3 Diabetes is often under-recorded by GPs however this MSOA has levels of recorded diabetes that are higher than the Leeds average. This shows that GPs are identifying diabetes but modelled prevalence show that there would be expected to be others as yet undiagnosed. Diabetes Type 2 is strongly associated with obesity, other lifestyle factors, certain ethnic groups and deprivation.

3.5.4 In the Neighbourhood Index it scores lower than average for all the indicators. The population is predominantly White British and the age breakdown shows a higher than average proportion of children and young people. 55% of households are renting from the local authority (through an ALMO) and 32% are in owner occupation. Terraced housing accounts for 50% of the stock and semi-detached properties for a further 29%. 90% of properties are classified in Council Tax Band A.

3.6.1 **Holbeck:** is the area with the highest levels of hospital admission that are related or directly caused by alcohol. Men are much more likely to be admitted than women. It should be noted that Holbeck is ranked 8 for Community Safety in the neighbourhood index. There are links between alcohol misuse and crime and disorder. This area has the highest levels of premature death in males and has the third highest levels of early death for men and women combined. COPD and CHD rates are higher than the Leeds average. Other causes for concern are housing (ranked 2) and education (ranked 10).

3.6.2 The area has a diverse ethnic and cultural population with 17% of people coming from BME communities (predominantly Pakistani). 8% of the population are Muslim. 35% of households are in owner-occupation, 35% are renting from the local authority (through an ALMO), and 16.5% are renting from private landlords. Terraced housing (much of it back to back houses) accounts for 62% of the stock and purpose built flats for a further 20%. 71% of properties are classified in Council Tax band A.

3.7.1 **Belle Isle North:** has the highest level of recorded COPD. Significantly this area has the highest levels of smoking in Inner South. It also ranks 2 for economic activity in the Neighbourhood Index. Poverty and smoking are factors associated with this disease.

3.7.2 Obesity rates and admissions for alcohol related conditions are high and rates of CHD are much higher than the Leeds average.

3.7.3 The population is predominantly White British and the age breakdown shows a much higher than average proportion of children and young people. 50% of households are renting from the local authority (through an ALMO), 27% are in owner-occupation and a further 15% are renting from a housing association or other registered social landlord. Semi-detached housing accounts for 42% of the stock, terraced housing for 32% and purpose built flats for a further 20%. 84% of properties are classified in Council Tax Band A.

3.8.1 **Cottingley:** A health needs assessment was produced in 2010/11 using Acorn data for Cottingley. The Health ACORN Data (2009) profile predicts that 10.5% of the Cottingley population suffer with existing health problems and that 77% will suffer with future health problems.

3.8.2 The Acorn Data profile for Cottingley suggests that Cottingley is a deprived neighbourhood where individuals have sedentary lifestyles and consume a poor diet, containing a high amount of fast food with a limited amount of fruit and vegetables. Cottingley is an urban estate where there is a higher than average prevalence of smokers.

3.8.3 Looking in more detail, it can be estimated that within the Cottingley population; 52.4% are smokers; 19.9% of the population are classed as obese and there are higher than average levels of arthritis, asthma, high blood pressure, people who have had a heart attack and those with depression.

3.8.4 According to the 2001 census, 96% of the Cottingley population is White British, the majority being Christian. Two thirds of the properties in Cottingley are social rented property with only one third owner occupied. More than half of households in the area have no car.

3.9.1 **Beeston Hill:** has the highest level of GP recorded diabetes. This is a disease associated with obesity, deprivation and certain ethnic groups. The area has a diverse ethnic and cultural population with 40% of people coming from BME communities predominantly from Pakistan. Over 30% of the population are Muslim.

3.9.2 The premature death rate for cancers in women is higher than the Leeds average (for men it is the average for Leeds) yet recorded case of cancer by GPs in much lower than the Leeds average. This indicates that for a variety of reasons women with cancers are presenting late and are less likely to have curative treatment. Life expectancy for people with cancer who present when symptoms are more advanced and for people living in more deprived communities is reduced. The above average level of smoking in the MSOA suggests many cancers are potentially preventable.

3.9.3 The population age distribution has a very dissimilar profile to the standard profile for Leeds. There is a much larger proportion of children than is normal for Leeds with residents aged between 25 and 45. The proportion of older people is unusually small.

3.9.4 The Neighbourhood Index scores lower than Leeds for all indicators but most notably for housing, low income, and education. 41.5% of households are in owner-occupation while 26% are renting from private landlords. Terraced housing (much of it back to back houses) accounts for almost 80% of the stock and 93% of properties are classified in Council Tax Band A.

3.9.5 **A summary of one of the least deprived areas:**
Beeston – Parkside and Cross Flatts is within the least deprived areas of Leeds. In the neighbourhood index it is below average on all indicators. It has the highest life expectancy for males and females within Inner South Leeds. It has lower Alcohol specific admissions than the Leeds average and lower alcohol attributable admissions. Appendix A gives a comparison between two of these MSOAs across the spectrum of described need.

3.9.6 Appendix A also provides a picture of the most deprived area in inner south which is Middleton and Westwoods.

3.9.7 Appendix B outlines some of the work currently being supported by health practitioners in the MSOA areas with significant health needs.

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.

5 Equality and Diversity / Cohesion and Integration

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

6 Council policies and City Priorities

6.1.1 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.

7 Conclusions

7.1.1 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) to reduce 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 from the NHS) helping people to live healthy lifestyles, make healthy choices and reduce health inequalities.

- The Local Authority to lead improvements in the wider factors which affect health and wellbeing and health inequalities including housing, income, employment and education.

8 Recommendations

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

8.2 That further considerations is given to the MSOA profiles for Inner South Leeds in line with the present actions taking place within this area.

8.3 That next steps include the local Neighbourhood Improvement Boards to consider health data findings and explore ideas for cross organisational action.

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

Inner South 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
Beeston Parkside and Cross Flatts	8,302. Above the Leeds average for 30 – 34 year olds and 0 – 4 year olds. Below the Leeds average for 20 – 24 year olds.	Male 78.91 Female 80.96	13.1%	5.3%	26.2% 26,538 / 100,000 DSR	3.3% 2,758 / 100,000 DSR	Comfortably off	10.19 %	40.91% at key stage 4 60.27% at key stage 2	342 23%	250 4.75%
Middleton and Westwoods	7,809 Above the Leeds average for 0 – 19 year olds. Below the Leeds average for 20 – 39 year olds and 50 – 64 year olds.	Male 73.60 Female 77.04	26.5%	66.3%	37.7% 39,599 / 100,000 DSR	4.3% 4,210 / 100,000 DSR	Struggling families	3.4%	25.64% at key stage 4 61.61% at key stage 2	716 41.32%	400 8.71%

Appendix B **Inner South Area Committee MSOA Profiles – current activity**

MSOA	Issue	Current/Potential Action	Who
City Centre, Hunslet Green and Thwaite Gate	Highest under 75 (premature) death rates for both men and women combined with cancers being the main cause of death for females and circulatory disease for men.	NAEDI – lung education and access to early detection – walk in Xray service at St Georges	Steph Jorysz – NHS Leeds
Middleton and Westwoods	Highest prevalence of Coronary Heart Disease (CHD); and obesity. Second highest prevalence of smoking and hospital admissions caused and attributable to alcohol	Addressing Alcohol and related community safety concerns - working group established focussing on LS10/11. NAEDI – lung education and access to early detection – walk in Xray service at St Georges Smokefree homes project Healthy living service activity Middleton is currently a demonstration site for childhood (extending to family) obesity.	Bash Uppal and Gerry Shevlin - LCC Steph Jorysz – NHS Leeds Gemma Mann – NHS Leeds NHS Leeds via Health for All Alison Cater/Jan Burkhardt – NHS Leeds
Holbeck	Highest levels of hospital admission that are related or directly caused by alcohol. Highest levels of premature death in males	NAEDI lung cancer - education and access to early detection Addressing Alcohol and related community safety concerns - working group established focussing on LS10/11. Healthy Living service activity	Steph Jorysz – NHS Leeds Bash Uppal and Gerry Shevlin - LCC NHS Leeds via Health for All
Belle Isle North	Highest level of recorded COPD and the highest levels of smoking	NAEDI lung cancer education and access to early detection Smokefree homes programme to be extended to cover this area Healthy Living voluntary community and faith sector activity	Steph Jorysz – NHS Leeds Gemma Mann – NHS Leeds NHS Leeds via Health for All
Beeston Hill	Highest level of GP recorded diabetes. High level of premature deaths due to cancer in women	NAEDI lung cancer education and access to early detection Healthy Living voluntary community and faith sector activity	Steph Jorysz – NHS Leeds NHS Leeds (Steph Jorysz/Midy Grewal) via Health for All and Hamara