

Report of: The Director of Public Health

Report to – Outer West Area Committee

Date: 23rd of March 2012

Subject: Joint Strategic Needs Assessment and Area profiles

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

Summary of main issues

1. JSNA stands for Joint Strategic Needs Assessment. The purpose of a JSNA is to pull together in a single, ongoing process all the information which is available on the needs of our local population ('hard' data i.e. statistics; and 'soft data' i.e. the views of local people), and to analyse them in detail to identify areas of concern and inform commissioning.
2. The Leeds Joint Strategic Needs Assessment is presently being updated and includes within it 108 MSOA (Middle Level Super Output Areas) profiles. 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. In addition, there will be profiles for each Area Committee and each Clinical Commissioning Group (GP commissioners). Profiles for each GP practice are being developed. It will be the primary document for agreeing the Joint Health and Wellbeing Strategy for the city and for commissioning decisions.
3. There are 70,076 people who live in this area. The Leeds registered and resident population is 795,476.
4. The population in this area falls into two main categories - 35 plus, and under 4's. The population in this area is probably mainly made up of families with a slightly higher number of over 60's than the Leeds average.
5. The population in this area is almost entirely British in origin with very small numbers of other geographical origins, the largest of which is South Asia and West European. In terms of faith, this is almost entirely a Christian area, predominantly Protestant.
6. Outer West area is made up of 10 MSOAs, with a large proportion of "comfortably off" which make up 44% of the population, well above the Leeds figure. However, it does have substantial "hard pressed" and "moderate means" groups. Farnley is ranked 10 in the Neighbourhood

Index. In terms of Health Acorn Data, the area has a much higher proportion of “healthy,” people than Leeds as a whole.

7. The evidence between poor health outcomes and deprivation is well evidenced. For Outer West Leeds, the major determinants of health would include poor educational attainment, low income and unemployment.

8. Within Outer West Leeds, we have some areas with lower life expectancy than the average in the city.

9. ALL LEEDS	79.91	78.09	81.66
MSOA Name	All	Male	Female
Farnley	77.55	75.55	79.42
Pudsey Central, Littlemoor	78.86	76.52	80.94
New Farnley, Lower Wortley	78.88	76.54	81.22
Swinnow	79.31	76.7	81.9
Gamble Hill, Moorside	79.52	76.72	82.48
Upper Wortley	79.55	77.53	81.77
Farsley South	79.61	77.54	81.56
Calverley, Farsley North	81.14	79.13	83.2
Thornbury	81.19	78.27	84.08
Pudsey - Waterloos, Tyersals, Westroyds	81.4	80.19	82.55

10. The areas with the highest levels of premature mortality (death before 75) are Farnley and Pudsey Central, Littlemoor.

11. Within this area committee, there is wide variation in the population’s health and well being. This is detailed in the appendix of telling the tale of two MSOAs – Farnley and Thornbury.

12. Farnley and Pudsey Central, Littlemoor are the priority areas in terms of health and wellbeing for the area.

Recommendations

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

14. That further considerations is given to the MSOA profiles for Farnley in line with the present actions taking place within this areas.

15. That consideration is given to the lead roles of different agencies in terms of addressing these needs, with reference to the proposed framework (appendix 2).

1 Purpose of this report

1.1 The purpose of this paper is to update the Outer West 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 Wellbeing 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 CCG 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 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 Groups (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 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.
- 3.3 **Key issues for Outer West:**

- 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 with the area committee – Farnley; Pudsey Central; Littlemoor; New Farnley; Lower Wortley; Swinnow; Gamble Hill; Moorside; Upper Wortley; Farsley South; Calverley; Farsley North; Thornbury; Pudsey – Waterloos; Tyersals; Westroyds.
- In Farnley, there are 6583 people who are in the most deprived 20% of Leeds. In Swinnow, Upper Wortley and Gamble Hill, Moorside, there are 20,954 people who are in the most deprived 40% of Leeds.
- Farnley has the most health and wellbeing issues in the Outer West area. Across all domains the area scores are lower than the averages for the city, but most notably for Education (where it is ranked 10) and Environment (where it is ranked 4).
- In order to prioritise action within the area committee, there needs to be an understanding at a smaller geography level. The profiles of the 10 MSOAs within the Outer West are all different - the detail of each is within their MSOA profiles.
- The prevalence of people referred and receiving Council support with adult social care is proportionately high in comparison with the proportion of the population of Leeds living within the Outer West area of Leeds. It is the second highest Area committee for the number of assessments of need completed and for the number of people assessed as needing services.

3.4 **Priority Areas Health Improvement and Lifestyle:**

- The Outer West Area Committee has age standardised (statistical method which takes account of age differences in the population) cancer rates which are generally the same as Leeds, and above that of the deprived quintile. The three MSOA with highest age standardised rates of cancer are Swinnow; Calverley; Farsley North; and New Farnley; Lower Wortley. The main risk factors for cancer are: growing older, smoking, sun, ionising radiation and chemicals, some viruses, family history of cancer, alcohol, poor diet, lack of physical activity, or being overweight. Life expectancy for people with cancer is lower in more deprived communities. The range of risk factors suggests many cancers are potentially preventable.
- In addition, age standardised CHD rates are generally the same as Leeds, and much lower than that of the deprived 20% of Leeds. The three MSOA with highest age standardised rates of CHD are Farnley; Farsley South; and Gamble Hill; Moorside. CHD has a close association with deprivation as well as key lifestyle factors such as smoking, being overweight and excessive alcohol use. From a recent CVD mortality audit within Leeds we know that being on a register has a positive effective on increasing both life expectancy and quality of life.
- The Outer West Area Committee has age standardised COPD rates which are generally above Leeds, and very much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of COPD are Farnley; Swinnow; and Gamble Hill; Moorside. In addition, age standardised diabetes rates are generally below Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of diabetes are Farnley; Thornbury; and Swinnow. COPD is a disease of the lungs and is a key cause of premature mortality in Leeds. It is associated with deprivation and smoking. COPD is often identified late, reducing options for management to improve quality of life or to slow down the progression of the disease.
- The standardised rate of obesity is higher than the Leeds average. The Outer West Area Committee has age standardised obesity rates which are generally above Leeds, and below that of the deprived quintile. The three MSOA with highest age

standardised rates of Obesity are Farnley; Gamble Hill; Moorside; and Swinnow. In addition, age standardised smoking rates are generally the same as Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of Smoking are Farnley; Gamble Hill; Moorside; and New Farnley; Lower Wortley.

- The latest Health Survey for England (HSE) data shows that nearly 1 in 4 adults, and over 1 in 10 children aged 2-10, are obese and the trend is set to increase. Obesity can have a severe impact on people's health. Around 10% of all cancer deaths among non-smokers are related to obesity. The risk of coronary artery disease and type 2 diabetes directly increases with increasing levels of obesity e.g. levels of type 2 diabetes are about 20 times greater for people who are very obese. These diseases can shorten life expectancy.
- The overall alcohol specific admission rate in Outer West Area Committee is higher than the Leeds rate. As is normal, the Male rate is much higher than the Female rate. When we look at attributable admissions, the overall rate in Outer West Area Committee is higher than the Leeds rate. As is normal, the Male attributable admissions rate is much higher than the Female rate. The misuse of alcohol is associated with a wide range of chronic health conditions such as liver disease, hypertension, some cancers, impotence and mental health problems. It has a direct association with accidents, criminal offending, domestic violence and risky sexual behaviour. It also has hidden impacts on educational attainment and workplace productivity. Within this area, alcohol specific rates are above average, as are attributable admission rates.

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 findings and consult on how to ensure Leeds produces a quality JSNA was held in September. A Third sector event happened in January 2012.

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 from 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 profiles for Farnley; Pudsey; Littlemoor in line with the present actions taking place within this areas.

7 Background documents¹

- 7.1 There are no background documents.

¹ The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

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

Outer West	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
Thornbury	5,700 Above the Leeds average for 50 – 54 year olds and 70 – 85+ Below the Leeds average for 15 – 34 year olds.	78.27 Male 84.08 Female	9.1%	0%	14% 14,698 / 100,000 DSR	4.1% 2,695 / 100,000 DSR	Comfortably off	23.02 %	63.64% Key stage 4 73.61% Key stage 2	146 11.72%	107 2.72%
Farnley	6,583 Above the Leeds average for 0 – 19 year olds. Below the Leeds average for 55 – 84 year olds.	75.55 Male 79.42 Female	39.7%	48.7%	39.4% 39,722 / 100,000 DSR	3.9% 3,861 / 100,000 DSR	Hard pressed, Struggling families	5.5%	23.53% Key stage 4 64.47% Key stage 2	508 36.73%	349 8.22%
LEEDS	795,476	F: 81.66 M: 78.09 All: 79.91	18.6%	17.4%	23.0% 23,094 / 100,000 DSR	3.5% 2,867 / 100,000 DSR		5.57 %	KS4 50.16% KS2 73.09%	25,184 18.88%	22,675 4.34%
	Jan'11 PopX	DPH Rpt 2011 (2007-2009)	Acorn	Acorn	GP Audit 10/11 Qtr4	GP Audit 10/11 Qtr4	Acorn	Leeds NI (Yr2)	Leeds NI (Yr2)	Leeds NI (Yr2)	Leeds NI (Yr2)