



Report of: Head of Intelligence and Policy, Leeds City Council

Report to: Leeds Health and Wellbeing Board

Date: 16 September 2021

Subject: Joint Strategic Assessment 2021 – Draft Summary Report

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

- The production of a Joint Strategic (Needs) Assessment (JSA) on a three-yearly cycle is a joint responsibility of Leeds City Council and NHS Leeds CCG through the Health and Wellbeing Board and informs the Health and Wellbeing Strategy.
- The 2021 JSA takes a life-course approach to the analysis, structuring it through the lens of Starting Well, Living Well, Working Well and Ageing Well. Each section includes a series of initial policy implications drawn from the analysis, alongside the headline findings.
- Headline findings include some of the measurable impacts of Covid-19 on the health of people and communities, making the connections between the virus's impact and existing inequalities. However, the analysis also reflects many of the longer term challenges and opportunities for the city and for people at all stages of life.
- Once the JSA summary report has been finalised, analytical focus will shift to developing a stronger online intelligence platform, adopting the new JSA structure, and providing further opportunities for engagement with detailed quantitative and qualitative insights.

Recommendations

The Health and Wellbeing Board is asked to:

- Consider the JSA draft summary report attached as Annex A, and specifically consider whether the policy implications highlighted fully reflect the headline findings and challenges / opportunities ahead.
- Consider how best to respond to any strategic and commissioning implications of the analysis, in particular those relating the tackling health inequalities and the needs of various communities of interest.

1 Purpose of this report

- 1.1 The production of a Joint Strategic (Needs) Assessment (JSA) on a three-yearly cycle is a joint responsibility between Leeds City Council and the NHS Leeds CCG to inform the Health and Wellbeing Strategy. Specifically, the JSA aims to shape priorities, inform commissioners and guide the use of resources as part of the commissioning strategies and plans for the city, by understanding the core drivers of health and wellbeing.
- 1.2 Following the Board's earlier discussion about the emerging findings of the analysis in April, this paper sets out progress in producing the 2021 JSA. The draft summary report is attached as Annex A.

2 Background information

- 2.1 Our approach to the JSA goes beyond a narrow health needs assessment (although this remains a vital component), by extending the analysis to incorporate the wider determinants of health and wellbeing, and by default informing the 'three key pillars' of the city's overarching ambition – Health and Wellbeing, Inclusive Growth, and Climate Change.
- 2.2 We have adopted a partnership approach in developing the JSA, establishing a stakeholder 'sounding board' group with cross-council colleagues and partners from the CCG, Third Sector and Universities helping to shape the analysis.
- 2.3 In light of strong stakeholder input through the sounding board we have developed a life-course approach to the JSA's structure, which uses the lens of life-course stages to frame the analysis. Within this we have also ensured coverage of the three pillars of the city ambition. The structure of the JSA therefore is as follows:
- Introduction / Headline Findings
 - 1 – A Changing City: Population Trends
 - 2 – Starting Well: Child-Friendly Leeds
 - 3 – Living Well (Health & Wellbeing, Thriving Communities, Climate Change)
 - 4 – Working Well: Inclusive Growth
 - 5 – Ageing Well: Age-Friendly Leeds
 - 6 – Implications of the Analysis
- 2.4 The draft summary report attached at Annex A provides a snapshot based on a wide-ranging analysis of available data. It aims to meet several requirements, these are:
- To inform the forthcoming review of the Health and Wellbeing Strategy.
 - To develop analysis and data to guide commissioners, shape interventions, inform evaluations, and support funding bids.

- To provide city-wide strategic insights to understanding progress against city ambitions, framed by the three key pillars, which in-turn should provide a key input into the development of a new city plan.

3 Main issues

Headline Findings

- 3.5 The ongoing impact of Covid-19 has clearly been a significant factor in the production of the JSA. While holistic analysis of the pandemic's effects is not yet possible in many respects, overall it is clear that the national narrative of exacerbated inequalities, disproportionate impact on older people, and emerging mental health challenges across all ages are absolutely reflected in Leeds.
- 3.6 A range of complex and inter-related demographic trends continue to shape our population, with a growing number of older people, the profile of young people becoming more diverse and focused in communities most likely to experience poverty, population growth focused in inner-city areas and continued uncertainty on post-exiting the EU patterns of immigration.
- 3.7 Covid-19 has had a profound impact on the health and wellbeing of children and young people, with the disruption to their education perhaps most obvious. This impact is set against longer-term challenges regarding educational attainment, particularly of more disadvantaged children, the incidence of child poverty and wider concerns regarding the mental health of children and young people.
- 3.8 Tackling poverty and inequality is central to our approach to health and wellbeing, with the ambition to improve the health of the poorest fastest. The pandemic has exacerbated inequalities, driven by a combination of underlying health conditions, limited scope to follow healthy living opportunities, and exposure to the virus. Poverty is the common factor in all these drivers.
- 3.9 The pandemic is likely to have also intensified inequalities highlighting weaknesses in our community resilience and rising experiences of loneliness, but it has also shown the best of Leeds communities with people supporting one another and increased collaboration between institutions and stakeholders. How do we hold on to this stronger sense of neighbourliness to overcome underlying challenges and add further support for our established strengths-based approaches?
- 3.10 Climate change remains the single greatest challenge to global health and Leeds is not immune from its impacts. Achieving net zero carbon ambitions will be incredibly challenging and efforts should focus on four fundamental issues for health: minimising air pollution, improving energy efficiency to reduce fuel poverty, promoting healthy and sustainable diets, and prioritising active travel and public transport.
- 3.11 Covid-19 has had obvious impacts on the city's economy and labour market with the rapid expansion of home working and acute impacts on hospitality, retail, and local consumer services. The consequences were felt most by young people, women and low earners. However, the city has strong foundations from which to

recover, experiencing economic growth and expansion over the last two decades with a diverse economy, though longer-term concerns regarding low productivity and the nature of recent job growth remain.

- 3.12 Our older population is growing and becoming more diverse, as the wider demographic trends are increasingly reflected in our older generation. Although perhaps too early to be definitive, the socio-economic profile of our older population may also be changing, with house-ownership less dominant, and people working longer over a more varied career pattern. Older people from diverse ethnicities, cultures and communities of interest who have a particular identity or experience can also face specific challenges as their established networks and support diminish over time.
- 3.13 Throughout work to develop the JSA the importance of understanding the specific needs of communities of interest has been a prominent and consistent contribution from stakeholders. The draft summary therefore highlights some specific areas for future focus, including asylum seekers, sex workers and people who are homeless or sleeping rough. Tackling Health Inequalities work is also on the Board's agenda for this meeting and this thread might be something for that group to pick up in the first instance.

Next Steps

- 3.14 Subject to Health and Wellbeing Board's input and approval, the next steps begin with finalising the summary report. In doing this, a further short summary will be developed drawing from the headline findings, the policy implications and some key statistics needed to produce an easily accessible infographic. This product, which will be no more than ten pages in length, will provide the key information and overview needed for casual readers looking for the headlines, while the full report is available for those who required more detailed insights.
- 3.15 Analytical focus will then shift to strengthen Leeds Observatory as an interactive, real time intelligence platform, adopting the JSA structure as a revised framework and enhancing opportunities for people to engage with and on the platform, including to capture more lived experience insights alongside existing data sources.
- 3.16 In moving forward, the existing stakeholder sounding board group will continue to be involved and engaged, reflecting the valuable contribution it has made to this point and the opportunities to further strengthen our collective intelligence capabilities through close collaboration across organisations and sectors.
- 3.17 The pace of visibility of work to produce a new city plan for Leeds will also increase over the coming weeks, with the JSA being a key input to that process.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 As highlighted in 2.2 the JSA has been produced with the help, support and contributions of a sounding board drawn from the council, CCG, Third Sector and

universities. In addition to this a series of discussion have been held with individual and small groups of third sector organisations to gather insights from them and the communities with which they work.

4.2 Equality and diversity / cohesion and integration

4.2.1 Given its core purpose the JSA naturally helps to identify inequalities, analyse trends and consider their impact on outcomes for people in Leeds. This work will then inform future strategy development as outlined in this report and where appropriate will align to the work of the Leeds Tackling Health Inequalities Group as suggested in 3.13.

4.2.2 However, there are no specific or direct implications for equality and diversity arising out of this report. Future work aligned to the JSA 2021 will be assessed at needed ahead of future reports.

4.3 Resources and value for money

4.3.1 The analysis contained within the JSA 2021 will support strategy and policy development in Leeds, contributing valuable local intelligence to underpin effective commissioning decisions and therefore maximise the impact of resources available across partner organisations.

4.4 Legal Implications, access to information and call In

4.4.1 There are no access to information or legal implications arising from this report.

4.5 Risk management

4.5.1 There are no direct risk implications arising from this report. Any future action taken on the basis, in full or in part, of analysis and insight contained within the JSA will be subject to their own risk assessments as required.

5 Conclusions

5.1 The Leeds JSA is a key part of the fabric of the health and care system and supports understanding of the factors that influence health and wellbeing in Leeds. It also provides good understanding of the assets and needs we have in neighbourhoods across the city.

5.2 The issues and trends outlined provide the ability to work together to understand the choices facing the system and what can be done to support and strengthen positive factors and mitigate less positive ones. Commissioners and policy makers need to consider what further actions they can take to address the current and emerging future challenges highlighted by the analysis, and these factors should be a prominent input into the next refresh of the Health and Wellbeing Strategy.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Consider the JSA draft summary report attached as Annex A, and specifically consider whether the policy implications highlighted fully reflect the headline findings and challenges / opportunities ahead.
- Consider how best to respond to any strategic and commissioning implications of the analysis, in particular those relating the tackling health inequalities and the needs of various communities of interest.

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?

The core purpose of the JSA dictates that it help reduce health inequalities in Leeds. The analysis produced provides an up-to-date picture of strengths, assets needs and trends which can in turn inform the design and delivery of the refreshed Health and Wellbeing Strategy, supporting the vision to improve the health of the poorest the fastest.

Producing up-to-date analysis can help to share the Board’s wider work moving forward, alongside that of other partners including Leeds City Council.

How does this help create a high quality health and care system?

The findings of the JSA process can be used to design and deliver more effective services, community led solutions, and to make improvements to the way the health and care system works together for people in Leeds. It is a fundamental evidence base for the Leeds Health and Wellbeing Strategy, and so this JSA is well-timed to inform the renewal of the Strategy in the near-term.

How does this help to have a financially sustainable health and care system?

The JSA again takes a broader view, considering the wider determinants of health and wellbeing and assessing both the needs in the city but also the strengths and assets that exist to meet those needs.

Taking this holistic picture into account will support a more financially sustainable health and care system in the city, which recognises all the drivers of health and wellbeing and equips policy makers, commissioners and providers with the intelligence they need to make better decisions and implement more effective solutions.

Future challenges or opportunities

As highlighted in this paper, there is an intention to grow and develop the JSA digitally, enhancing provision of ‘real-time’ data and analysis to ensure an up-to-date picture is always available for commissioners and policy makers.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	X