

# Leeds Health & Wellbeing Board

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**Report of:** Simon Foy, Head of Policy and Intelligence, Leeds City Council

**Report to:** The Leeds Health and Wellbeing Board.

**Date:** 10 June 2015

**Subject:** Leeds Joint Strategic Needs Assessment (JSNA) 2015 Draft Executive Summary: Cross-Cutting Themes

Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Appendix number:		

## Summary of main issues

The JSNA confirms that the health and wellbeing of the people of Leeds continues to improve, however, like other large cities, we are still faced with huge challenges of a changing population and significant inequalities in health across the city against a backdrop of reductions in public spending.

## Recommendations

The Health and Wellbeing Board is asked to:

- consider the emerging findings of the JSNA with particular regard to how we better understand health and wellbeing needs and inequalities across and within Leeds;
- consider how the JSNA can contribute to the review of the Health and Wellbeing Strategy;
- identify potential priorities for the JSNA forward work programme.

## **1 Purpose of this report**

- 1.1 This report sets out the headline findings from the JSNA 2015 Executive Summary, which focuses on a number of cross cutting issues identified by key stakeholders, these are: population; deprivation; housing; mental health; learning disabilities; and, potential years of life lost. Its purpose is to provide a timely input in the forthcoming review of the Health and Wellbeing Strategy.

## **2 Background information**

- 2.1 The full Draft Executive Summary is found in Annex A.

## **3 Main issues**

### **3.1 Summary of key current findings**

The health and wellbeing of the people of Leeds continues to improve; however, like other large cities, we are still faced with huge challenges of a changing population and significant inequalities in health across the city against a backdrop of reductions in public spending.

The city continues to have a relatively robust and growing economy, during the recession Leeds fared better than many of its neighbours, with workplace-based employment in the city now estimated to have recovered to pre-recession levels of 470,000.

Economic performance impacts on the rates of population growth. Leeds is a growing city, the latest Office for National Statistics mid-year projections estimate that 761,500 people live in Leeds and GP registrations put the population at 819,900. However, it is the change in the make-up of our population, particularly at local levels that is most striking. There have been rapid demographic changes, particularly in some of our most deprived communities, driven by a complex combination of immigration and the local housing tenure, resulting in significant impacts on the provision of services.

The backdrop to these very localised pressures, is the wider trend of the city's ageing population; as the baby-boomer generation grows older there will be a range of implications for service provision. In the 2011 Census there were almost 70,000 pensioner households in Leeds, of which over half were older people living alone. Forecasts predict continued ageing of the city's population with particular increase in those over 75.

Increases in the city's birth rate appear to have plateaued at around 10,000 per annum in the last five years. Deeper examination of birth rates in the city's most deprived communities show higher birth rates than the Leeds average.

The assessment of poverty in Leeds highlights the correlation between economic disadvantage and poor outcomes for children, young people and adults in the city. The clear impact of worklessness, financial exclusion and poor housing on health, educational attainment and broader life chances is concentrated in particular communities.

According to the Index of Multiple Deprivation over 150,000 people in Leeds live in areas that are ranked amongst the most deprived 10% nationally, and this represents over 20% of the city's population. Our most deprived communities in the Inner East and Inner South areas of the city, with a further hotspot in Hawthorn in Inner West. Although the index is a snapshot, wider analysis of other indicators suggest that the same geographical areas are the focus of disadvantage.

Child poverty is at the root of many poor outcomes for children and young people and their families. In 2012 over 21% of children (33,000) were classified as living in poverty compared to a national figure of 19.2%. The incidence of in-work poverty is also a cause for concern; almost 60% of families classified as in poverty contain at least one working member.

Good quality housing is a pre-requisite for good health. People who live in clean, warm, safe and affordable homes are less likely to experience housing-related ill health. The continuing growth of the private rented sector, which has doubled in size in the last decade, is a key trend which brings with it associated challenges, particularly at the low cost end of the market where housing condition can be poor.

Levels of poor mental health and wellbeing and mental illness are also inextricably linked with deprivation within the city. Local mapping highlights these issues and emphasises the social gradient of mental health and wellbeing. There is evidence that some mental health problems are becoming more prevalent, particularly amongst older people. Mental health problems, particularly depression, are more common in people with a physical illness including those living with long term conditions.

Over the last four years there has been an increase in the Leeds learning disabilities population of about 5%, it now stands at more the 3000 people. This growth is particularly focussed amongst younger people with the most profound needs for care. Concurrent with this increase is the level of intensity of support required to meet the increasing complexity of needs. It is overwhelmingly the case in 2015 that assessed need within this population is for significantly high levels of personal support of 1:1, 2:1 and sometimes 3:1 support for individuals.

Potential Years of Life Lost (PYLL) from all avoidable causes for Leeds as a whole has fallen in the period 2009-11 to 2011-13 by around 6%. The rate in deprived

Leeds is reducing more quickly than Leeds as a whole meaning that health inequalities are demonstrably improving.

The reason for this improvement has been a significantly greater reduction in PYLL due to cardiovascular disease in deprived parts of Leeds. This can be seen as evidence of a positive outcome of key public health programmes, leading to a decrease in smoking rates, the implementation of the NHS Health Check which had its initial focus on deprived Leeds, and effective management in primary and secondary care.

The PYLL rate in deprived parts of Leeds has reduced at a slightly greater rate than the rest of Leeds for respiratory disease but the gap has remained the same for deaths caused by cancer.

### 3.2 Potential future work planned

As already intimated, the JSNA is not a static document but a rolling programme of work at a variety of depths to understand the emerging needs of Leeds' residents. This work needs to focus on the striking trends emerging from baseline analysis, deeper level exploration that tells a story of change in the city, and needs to be useful to commissioners and providers of key services by giving them insight into the value of their investments. A number of key areas are currently being considered as part of the rolling programme; these include:

- Integrated approach to population and demographic forecasting and scenario-building;
- Better and more timely understanding of migrant populations;
- Better and more timely understanding of the city's population;
- A more coherent understanding of our collective assets;
- Identification of children at risk and families in need linked to domestic violence, substance misuse and mental health;
- Understanding of learning gaps and the potential to close these and improve life chances into adulthood;
- Mental health assessment refresh;
- Suicide audit refresh;
- Older people including frail older people;
- Physical and sensory disability;
- Carers needs assessment;
- Refresh of key public health data packs such as life expectancy;
- Offender health;
- Impact of multi-morbidity.

## **4 Health and Wellbeing Board Governance**

### **4.1 Consultation and Engagement**

4.1.1 In summer 2014 the Integrated Commissioning Executive and Leeds City Council's Corporate Leadership Team commissioned a short piece of work to develop our approach to the JSNA in Leeds. It commenced with a high level base-lining exercise, which aimed to identify what needs assessments have been produced across the city and pull together key issues and challenges identified. In order to build on the good work which has already been undertaken on the JSNA in Leeds a period of engagement was undertaken in the Autumn of 2014 to co-produce and further develop the future shape of the JSNA and cross policy analysis in the future. This included stakeholder workshops with 70 attendees from a range of sectors; 1-1 conversations with over 50 senior commissioners, area leaders, third sector representatives and service planners; elected member engagement; briefings for a number of city-wide and departmental leadership boards; and peer learning through regional networks. Feedback from engagement sessions has helped shape the proposed direction of the JSNA in Leeds.

### **4.2 Equality and Diversity / Cohesion and Integration**

4.2.1 The JSNA confirms the correlation between economic disadvantage and poor outcomes for children, young people and adults in the city. The clear impact of worklessness, financial exclusion and poor housing on health, educational attainment and broader life chances is concentrated in particular communities.

### **4.3 Resources and value for money**

4.3.1 The JSNA aims to provide an input into the review and identification of strategic and operational priorities.

### **4.4 Legal Implications, Access to Information and Call In**

4.4.1 There are no access to information and call-in implications arising from this report.

### **4.5 Risk Management**

4.5.1 A robust evidence base is vitally important in ensuring our collective approach to tackling health and wellbeing inequalities. We aim to ensure that we continually strengthen our approach to understanding the detailed population needs alongside the implications of those needs to the city of Leeds.

## **5 Conclusions**

5.1 The JSNA Executive Summary focuses on a number of cross-cutting issues identified by stakeholders. It highlights key trends that will impact on the demand for services. Most notably how a number of related issues impact on our most

deprived communities. It also identifies gaps in our detailed understanding, which will require further investigation.

## **6 Recommendations**

6.1 The Health and Wellbeing Board is asked to:

- consider the emerging findings of the JSNA with particular regard to how we better understand health and wellbeing needs and inequalities across and within Leeds;
- consider how the JSNA can contribute to the review of the Health and Wellbeing Strategy;
- identify potential priorities for the JSNA forward work programme.