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Report of Consultant in Public Health (reporting for East North East Area)

Report to – Inner East Area Committee

Date: 2nd 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

1. 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.

2. 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.

3. Within this area committee there is less variation in the population's health and well being than within some of the other areas, as 76.5% of the population of this area live in the most deprived areas nationally. Appendix A tells the tale of two MSOAs –this details a broad spectrum of factors that impact on an individuals health, which contributes to differences in morbidity and life expectancy. Across the Inner East however the variation within the committee area is not as great as it is between this area committee and others, as all MSOAs in this Area Committee boundary have high level of needs.

4. A number of areas are therefore priority areas in relation to health and wellbeing needs although they do have different issues within them. A more comprehensive picture of issues from individual MSOAs is shown at Appendix B

Recommendations

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

2. That further consideration is given to the individual MSOA profiles – especially the 10 within the most deprived quintile line, with the present actions taking place within this area

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

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

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 inner East Area Committee on the emerging priorities for this area following 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 (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 that 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, including Middle Super Output Area Profiles (108), Area Committee Profiles (10), 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 moves 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 Inner East:**

- The health and well being of the population within the Inner East is significantly worse than the Leeds average, with high rates of mortality from the key long term conditions, as well as lifestyle factors and wider factors that affect health. Over 76% of the population are within the most deprived 10% population nationally.

- Each Area Committee is broken down into Middle Level Super Output Areas (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.

- There are 12 MSOAs within this Area Committee. 10 MSOAs are in the most deprived 20% of Leeds (with only Osmondthorpe and Crossgates/Killingbeck being in the 2nd most deprived quintile, and none in the other quintile) with a combined population of 75,254 (and 13,203 in the second most deprived quintile).

- The area has a relatively mixed population with only 63.3% of the population originating from the British Isles, (lower than the average for Leeds), 10.9% are from South Asia, 6.6% from the Middle East and over 4% from both Africa and Eastern Europe.

- In order to prioritise action within the Inner East there needs to be an understanding at a smaller geography level as the profiles of each of the 12 MSOAs within the Inner East are different- this is detailed within each MSOA profile.

3.4 **Priority Areas:** All MSOAs in the inner East areas have high need. Therefore although a tale of two MSOAs is included all have areas of concern. The areas that have been chosen are due to the difference in life expectancy – Harehills

having the highest life expectancy (79.86 years), and Lincoln Green the lowest (73.3). Some examples of the different needs within the area are shown below:

MSOA	Health Issue
Harehills Triangle	Diabetes
Seacroft North	High smoking; mortality in men; alcohol admissions male & female, ASC
Crossgates and Killingbeck	Highest mortality (combined)check
Lincoln green –	High Alcohol admissions
Gipton South –	Highest for mortality of females
Gipton North	Highest for CHD prevalence

3.5 Appendix A provides a comparison of two of these MSOAs across the spectrum of need and Appendix B a fuller breakdown of issues across all MSOAs.

4 Corporate Considerations

4.1 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

4.2 Consultation and Engagement

4.2 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.

4.2 2 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

4.3 Equality and Diversity / Cohesion and Integration

4.3 1 An Equality Impact Assessment will be carried out in February on the produced documentation and process prior to being published

4.4 Council policies and City Priorities

4.4 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 consideration is given to each of the MSOA profiles- especially for the 10 within the most deprived quintile and the specific issues that need to be address in these areas in line with the present actions taking place within this area by all partners.

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

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

Inner 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
Harehills (E02002382) Leeds Index 7	7,606 Proportion of under 14s and 25 to 39 year olds is higher than the Leeds average and the proportion of over 45s is lower.	77.99 Male 82.19 Female	4.5%	69.5%	31.6% 30,496 / 100,000 DSR	1.6% 2,963 / 100,000 DSR	Moderate means	44.87%	38.46% at Key Stage 4 62.37% at Key Stage 2	35.08%	9.81%
Lincoln Green and Ebor Gardens (E02002393) Leeds Index 4	8,436 Proportion of under 5s and 25 to 39 year olds is higher than the Leeds average. The proportion of over 45s is lower	71.55 Male 75.90 Female	22.1%	76.2%	29.5% 30,637 / 100,000 DSR	2.3% 3,178 / 100,000 DSR	Hard pressed	31.57%	37.29% at Key Stage 4 58.57% at Key Stage 2	30.65%	12.56%