

**Report of: The Director of Public Health**

**Report to – Inner West Area Committee**

**Date: 15<sup>th</sup> of February 2012**

**Subject: Joint Strategic Needs Assessment and Area profiles**

Are specific electoral Wards affected?	<input checked="" type="checkbox"/> Yes
If relevant, name(s) of Ward(s):	ALL
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input checked="" 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 profiles and profiles for each Area Committee and each Clinical Commissioning Group (GP commissioners). Key themes are emerging across the citywide JSNA. It will be the primary document for agreeing the Joint Health and Wellbeing Strategy for the city
3. This age and sex profile in Inner West has a fairly even distribution across the adult population in line with the Leeds average. It has the smallest area committee population in Leeds. There are a slightly higher proportion of people in the 30-34 year category and in the 0-4 years. Armley/ New Wortley has the most health and wellbeing issues.
4. The population in this area is mainly made up of people of British heritage. There are a higher than average Eastern European population and a much lower South Asian population than the Leeds average.

5. The relationship between poor health outcomes and deprivation is well evidenced. For Inner West, the major determinants of health would include poor educational attainment, low income and unemployment.
6. Within Inner West, we have some of the lowest life expectancy levels in the city

	<b>All</b>	<b>Male</b>	<b>Female</b>
<b>ALL LEEDS</b>	<b>79.91</b>	<b>78.09</b>	<b>81.66</b>
<b>Armley, New Wortley</b>	<b>74.24</b>	<b>70.81</b>	<b>78.15</b>
<b>Bramley</b>	<b>77.94</b>	<b>76.79</b>	<b>79.03</b>
<b>Broadleas, Ganners, Sandfords</b>	<b>78.09</b>	<b>75.14</b>	<b>81.73</b>
<b>Bramley Whitecote</b>	<b>78.43</b>	<b>75.78</b>	<b>80.92</b>
<b>Upper Armley</b>	<b>78.54</b>	<b>74.73</b>	<b>82.95</b>
<b>Bramley Hill Top, Raynville and Wyther Park</b>	<b>78.6</b>	<b>76.02</b>	<b>81.28</b>
<b>Stanningley, Rodley</b>	<b>78.9</b>	<b>78.02</b>	<b>79.54</b>

7. The areas with the highest levels of premature mortality (death before 75) are Armley, New Wortley; Bramley and Broadleas, Ganners and Sandfords. Inner West is an area with some of the greatest health and wellbeing needs in the city
8. 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 – Bramley Whitecote and Armley, New Wortley
9. Armley, New Wortley, Bramley and Broadleas, Ganners, Sandforths are the priority areas in relation to health and wellbeing needs for the area
10. Appendix A highlights some of the key differences between the best and worst areas in terms of life expectancy in the Inner West. This shows a five year difference in male life expectancy within Inner West, although even the area with the highest male life expectancy is lower than the Leeds average. Male life expectancy in Armley and New Wortley is the 2<sup>nd</sup> lowest out of the 108 MSOAs of the city

## **Recommendations**

- 1.1. That the Area Committee considers the prioritisation of action in line with the diverse needs within the population.
- 1.2. That further considerations is given to the MSOA profiles for Armley, New Wortley, Bramley, Broadleas, Ganners, Sandforths in line with the present actions taking place within this areas
- 1.3. 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

The purpose of this paper is to update the Inner 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 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 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 Group (3) and planned development of General Practice Profiles (113)

## 3 Main themes from the Leeds JSNA

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**

3.5 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 .

### 3.6 **Key issues for Inner West:**

- There are significant challenges around health and well being of the population within the Inner West, specifically within Armley, New Wortley and Broadleas, Ganners, Sandfords MSOAs. Much of this is due to factors relating to deprivation, especially income and educational attainment.
- 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 7 MSOAs - Upper Armley, Bramley, Bramley Whitecote, Stanningley, Rodley, Armley, New Wortley, Bramley Hill Top, Raynville and Wyther Park, Broadleas, Ganners, Sandfords - within this Area Committee.
- 2 MSOAs are in the most deprived 20% of Leeds (Armley, New Wortley and Broadleas, Ganners, Sandfords) with a combined population of 15717.
- With the exception of Stanningley, Rodley, the rest of the Inner West area committee is in the most deprived 40% of Leeds
- In order to prioritise action within the Inner West there needs to be an understanding at a smaller geography level. The profiles of the 7 MSOAs within the Inner West are all different- the detail of each is within their MSOAs profiles.
- Low educational attainment and low income across the area committee

### 3.7 **Priority Areas Health Improvement and Lifestyles:**

- The Inner West Area Committee has age standardised obesity rates which are generally much higher than Leeds, and the same as that of the deprived quintile. The three MSOA with highest age standardised rates of Obesity are Bramley; Bramley Hill Top and Broadleas, Ganners and Sanfords.
- In addition, age standardised smoking rates are generally much higher than Leeds, and below that of the deprived quintile. The three MSOA with highest age standardised rates of Smoking are Armley, New Wortley; Bramley and Broadleas, Ganners, Sandfords. The use of tobacco is the primary cause of preventable disease and premature death. It is not only harmful to smokers but also to the people around them through the damaging effects of second-hand smoke. Smoking rates are much higher in some social groups, including those with the lowest incomes.

- The overall alcohol specific admission rate in Inner West Area Committee is much 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 Inner West Area Committee is much higher than the Leeds rate. Within this area, both alcohol specific and attributable admission rates are higher than the Leeds average with Bramley Hill Top/ Raynville/ Wyther Park particularly high. 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.
- The relationship between poor health outcomes and deprivation is well evidenced. For Inner West, the major determinants of health would include poor educational attainment and low income. Addressing these wider determinants by the council and partners would be the most significant contribution (see appendix 2) to improving health outcomes in Inner West.

## **4 Corporate Considerations**

### **4.1 Consultation and Engagement**

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 is planned for January.

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

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

### **5.3 Council policies and City Priorities**

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.

## **6 Conclusions**

6.1 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) are committed to reducing 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) in 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

## **7 Recommendations**

- 7.1 That the area committee considers the prioritisation of action in line with diverse needs within the population.
- 7.2 That further considerations is given to the MSOA profiles in Inner West Area Committee in line with the present actions taking place within this areas

**Appendix 1 Tale of 2 MOSA's Affluent MSOA compared to most deprived MSOA**

Inner 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
<b>Bramley Whitecote</b>	5,769 Above the Leeds average 40 – 85+. Below the Leeds average 20 – 39 year olds.	75.78 Male  80.92 Female	27.5%	4.1%	24.7%	4.5%	Comfortably off	3.91%	38.60% Key stage 4  67.27% Key stage 2	165 16.92%	137 3.66%
<b>Armley, New Wortley</b>	8,217 Above the Leeds average for 25 – 39 year olds and 0 – 4 year olds. Below the Leeds average for all other age ranges	70.81 Male  78.15 Female	22.4%	44.9%	37.2%	3.2%	Hard pressed	14.72%	24.05% Key stage 4  72.41% Key stage 2	488 31.81%	526 8.80%