

Report of: The Director of Public Health

Report to – Inner North West Area Committee

Date: 23rd February 2012

Subject: Joint Strategic Needs Assessment and Area profiles

Are specific electoral Wards affected?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, name(s) of Ward(s):	ALL	<input type="checkbox"/> No
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 checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<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, as well as profiles for each Area Committee and each Clinical Commissioning Group (GP commissioners). It will be the primary document for agreeing the Joint Health and Wellbeing Strategy for the city.
3. The age and sex profile of Inner North West Leeds is very different profile to the standard profile for Leeds. There is a very large proportion of 20-24 years and 25-29 years, which is due to the larger number of students who attend the Universities in Leeds living in this area.
4. Around seven out of ten residents are of British heritage. There are a number of groups of people from across the world including significantly higher than average from East Asia, Middle East and South Asia. The main religion is Christian. This area has a higher proportion of Muslims than the Leeds average, as well as Buddhists and Hindus.
5. Inner North West is a very diverse collection of MSOAs; it has some of the wealthiest areas in Leeds - West Park and Westwood - along with some very deprived areas - Hawksworth Wood and Little London and Sheepscar. This is reflected in Acorn data with a much higher number of "Urban Prosperity" 57%, than the Leeds average of

14%, but it also has a significant number of "hard pressed" 20.6% In terms of Health Acorn, Inner North West Leeds has lower rates of "existing health problems" and higher rate of "healthy" compared to the city average. Within areas, there is a diverse mixture of professionals, students and other BME groups, particularly in Hyde Park and Little London, who have differing health and wellbeing outcomes.

6. The evidence between poor health outcomes and deprivation is well evidenced. For Inner North West, the major determinants of health would include poor educational attainment, low income and unemployment.
7. Within Inner North West, we have some areas with lower life expectancy than the average in the city.

	ALL	Male	Female
ALL LEEDS	79.91	78.09	81.66
Hyde Park, Burley	75.61	74.6	77.06
Little London, Sheepscar	75.86	74.22	78.01
Little Woodhouse and Burley	77.15	77.88	76.54
Burley	78.41	76.55	80.25
Hyde Park, Woodhouse	78.59	76.29	82.19
Headingley Central	78.87	76.66	81.95
Hawthorn Wood	79.18	76.36	82.06
South Headingley	79.44	76.47	83.11
Kirkstall	80.07	78.37	81.55
Tinshill	80.95	78.34	83.6
Far Headingley	81.32	79.02	83.33
Ireland Wood, Lawnswood	83.01	80.31	85.27
West Park and Weetwood	84.09	82.17	85.87

8. The areas with the highest levels of premature mortality (death before 75) are Hyde Park, Burley and Little London, Sheepscar.
9. 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 – Little London, Sheepscar and West Park and Weetwood.
10. Little London, Sheepscar and Hyde Park, Burley are the priority areas in relation to health and wellbeing needs for the area.

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 MSA profiles for Little London, Sheepscar and Hyde Park and Burley 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

- 1.1 The purpose of this paper is to update the Inner North 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 Inner North 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 13 MSOAs within this Area Committee – Burley; Headingley Central; Kirkstall; West Park and Weetwood; Hawksworth Wood; Ireland Wood, Lawnswood; Tinshill; Hyde Park, Burley; South Headingley; Far Headingley; Little Woodhouse and Burley; Hyde Park, Woodhouse; Little London, Sheepscar.
- Three MSOAs are in the most deprived 40% of Leeds (Little London, Sheepscar; Burley; Hawksworth Wood) with a combined population of 32943.
- Within MSOAs, vulnerable groups, for example BME and refugee groups in Hyde Park, Burley, experience poor health and wellbeing compared to general population which has good health and wellbeing.
- In order to prioritise action within the area committee there needs to be an understanding at a smaller geography level. The profiles of the 13 MSOAs within the Inner North West are all different - the detail of each is within their MSOAs profiles.

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

3.4 1 The Inner North West 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 (most deprived 20%). The three MSOAs with highest age standardised rates of cancer are Far Headingley, Hawksworth Wood, and Burley. 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.

3.4 2 In addition, age standardised CHD 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 CHD are Hyde Park, Burley, Hawksworth Wood, and Little Woodhouse and Burley. 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 GP

register has a positive effective on increasing both life expectancy and quality of life.

- 3.4 3 The overall alcohol specific admission rate in Inner North West is about the same as 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 North West Area Committee is much lower than the Leeds rate. As is normal, the male attributable admissions rate is 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.
- 3.4 4 The Inner North West has age standardised obesity rates which are generally below Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of Obesity are Hawksworth Wood, Tinsill, and Little London, Sheepscar. 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 Hawksworth Wood, Burley, and Little London, Sheepscar. 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.
- 3.4 5 The Inner North West has age standardised COPD (lung disease) 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 Little London, Sheepscar, Burley, and Hawksworth Wood. In addition, age standardised diabetes rates are generally the same as Leeds, and much lower than that of the deprived quintile. The three MSOAs with highest age standardised rates of Diabetes are Hyde Park, Burley, Little Woodhouse and Burley, and Burley.
- 3.4 6 In general, the prevalence of people referred and receiving Council support with adult social care is proportionately low in comparison with the proportion of the population of Leeds aged 18+ living within the Inner North West Area. The prevalence of Adult Social Care need is closely related to the proportion of older people in the community and this area has a very high proportion of younger people in its population. Low proportions of referrals are signposted to other agencies and the proportion of people receiving services following assessment is higher than the average for the city. This pattern is associated with effective local systems.
- 3.4 7 The relationship between poor health outcomes and deprivation is well evidenced. For Inner North West, the major determinants of health would include poor educational attainment and low income, community safety issues and poor housing. Addressing these wider determinants by the council and partners would be the most significant contribution (see appendix 2) to improving health outcomes in Inner North West.

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 Little London, Sheepscar in line with the present actions taking place within these areas.

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

Inner North 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
West Park and Weetwood	7,329. Over 25% above the Leeds average for 20 – 24 year olds. 18% above the Leeds average for 15 – 19 year olds. Below the Leeds average for all other age ranges.	82.17 Male 85.87 female	0.8%	0%	14.7% 12,989 / 100,000 DSR	2.0% 2,034 / 100,000 DSR	Urban prosperity	14.37%	73.33% for key stage 2 88.89% for Key stage 2	27 3.76%	55 1.1%
Little London / Sheepscar	15,589 20% above the Leeds average for 20 – 34 year olds. Below the Leeds average for all other age ranges.	74.22 Male 78.01 female	19.6%	51.8%	22.2% 27,375 / 100,000 DSR	1.3% 3,219 / 100,000 DSR	Hard pressed	35.23%	44.07% Key stage 4 57.14% Key stage 2	398 32.07%	523 4.9%