Leeds CITY COUNCIL

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

**Report to –** Outer North West Area Committee

**Date:** 26th of March 2012

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

| | |
|---|---|
| Are specific electoral Wards affected?<br>If relevant, name(s) of Ward(s): | ☐ Yes<br>ALL |
| Are there implications for equality and diversity and cohesion and integration? | ☐ Yes |
| Is the decision eligible for Call-In? | x No |
| Does the report contain confidential or exempt information?<br>If relevant, Access to Information Procedure Rule number:<br>Appendix number: | ☐ No |

## 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. The Outer North West Area has one of the largest populations in Leeds - 87,800 - which is 11.0% of the Leeds registered and resident population of 795,476. The population in this area is mainly 40 plus, with a slightly higher number of over 60s than the Leeds average.

4. The area is made up of 13 MSOAs that are defined as "wealthy," and comfortable off" by ACORN and in general have low levels of deprivation. There are groups, however, who have low levels of income. Older people have greater health and social care needs than younger people and it is important that services are appropriate for their needs.

5. The relationship between poor health outcomes and deprivation is well evidenced. For Outer North West, the major determinants of health would include educational attainment, income and work status.

6. Within Outer North West, Guiseley and Otley – Newalls / Weston Lane have life expectancy which is lower than the average for Leeds

| | **All** | **Male** | **Female** |
|---|---|---|---|
| **Leeds** | **79.91** | **78.09** | **81.66** |
| Guiseley | 79.63 | 77.91 | 81.18 |
| Otley - Newalls / Weston Lane | 79.63 | 77.29 | 81.87 |
| Yeadon - Henshaws, Southway, Westfields | 81.13 | 80.33 | 81.79 |
| Otley | 81.24 | 79.54 | 82.46 |
| Horsforth Central | 81.24 | 80.46 | 81.8 |
| Horsforth, New Road Side, Stanhopes and Rawdon South | 81.77 | 80.47 | 82.76 |
| Yeadon -Rufford Park, Yeadon Tarn | 82.03 | 78.2 | 86.11 |
| Rawdon North | 82.06 | 78.84 | 84.62 |
| Horsforth - Brownberries, West End | 82.81 | 80.93 | 84.65 |
| Adel | 83.05 | 80.55 | 85.43 |
| Hawksworth Village, Tranmere Park | 83.64 | 84.11 | 83.26 |
| Cookridge, Holt Park | 83.7 | 81.7 | 85.52 |
| Arthington, Bramhope, Pool and Carlton | 84.47 | 82.81 | 85.98 |

7. The population of Outer North West Area Committee is divided between Acorn categories in a manner which bears no resemblance to the way the Leeds population is divided. For instance, the Wealthy Achievers category has very much higher prevalence here than it does in the Leeds population as a whole. Outer North West area is made up of 13 MSOAs, with a large proportion of “wealthy achievers” and “comfortably off” which make up 73% of the population, which is well above the Leeds proportion. In terms of Health Acorn Data, the area has much lower proportions than Leeds for the “existing problems” and "future problems" groups but has a much higher rate of "possible future concerns". Within this area committee there is variation in the populations health and well being. This is detailed in the appendix of telling the tale of two MSOAs – Arthington, Bramhope, Pool and Carlton and Yeadon – Henshaws, Southway Westfields.

## 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 vulnerable groups (especially through social care) 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 Outer 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 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

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 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 Outer 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 - Horsforth, New Road Side, Stanhopes and Rawdon South; Horsforth - Brownberries, West End; Rawdon North; Yeadon -Rufford Park, Yeadon Tarn; Adel; Horsforth Central; Cookridge; Holt Park; Arthington; Bramhope; Pool and Carlton; Yeadon - Henshaws, Southway, Westfields; Guiseley; Otley; Hawksworth Village, Tranmere Park and Otley - Newalls / Weston Lane – within this area committee.
- In order to prioritise action within the Outer North West there needs to be an understanding at a smaller geography level. The profiles of the 13 MSOAs within the Outer North West are all different- the detail of each is within their MSOAs profiles.

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

- The Outer North West Area Committee has age standardised obesity rates which are generally much lower than Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of Obesity are Yeadon – Henshaws, Southway, Westfields, Otley – Newalls / Weston Lane, and Horsforth Central. The latest Health Survey for England (HSE) data shows that nearly 1 in 4 adults, and over 1 in 10 children aged 2-10, are obese and the trend is set to increase. Obesity can have a severe impact on people's health. Around 10% of all cancer deaths among non-smokers are related to obesity. The risk of coronary artery disease and type 2 diabetes directly increases with increasing levels of obesity e.g. levels of type 2 diabetes are about 20 times greater for people who are very obese. These diseases can shorten life expectancy.
- The Outer North West Area Committee has age standardised cancer rates which are generally the same as Leeds, and much higher than that of the deprived quintile. The three MSOA with highest age standardised rates of cancer are Cookridge, Holt Park, Adel, and Rawdon North. In addition, age standardised CHD rates are generally much lower than Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age

standardised rates of CHD are Yeadon – Henshaws, Southway, Westfields, Yeadon – Rufford Park, Yeadon Tarn, and Horsforth Central. 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.

- The Outer North West Area Committee has age standardised COPD rates which are generally very much lower than Leeds, and very much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of COPD are Yeadon – Henshaws, Southway, Westfields, Horsforth Central, and Yeadon – Rufford Park, Yeadon Tarn. In addition, age standardised diabetes rates are generally much lower than Leeds, and very much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of Diabetes are Yeadon – Henshaws, Southway, Westfields, Rawdon North, and Otley – Newalls / Weston Lane. COPD is a disease of the lungs and is a key cause of premature mortality in Leeds. It is associated with deprivation and smoking. COPD is often identified late, reducing options for management to improve quality of life or to slow down the progression of the disease. Diabetes consists of type 1 and 2. Type 2 is the most common and is strongly associated with obesity, other lifestyle factors, particular population groups and deprivation. The NHS Health Check (a vascular risk assessment and identification programme) is a systematic way of identifying people with diabetes, it is estimated that the prevalence in Leeds should be around 6.7% but the recorded prevalence on GP system for Leeds is 3.6%.
- In addition, age standardised smoking rates are generally much lower than Leeds, and very much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of Smoking are Yeadon – Henshaws, Southway, Westfields, Otley – Newalls / Weston Lane, and Horsforth Central. 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. These groups suffer the highest burden of smoking-related illness and death. This is the single biggest cause of inequalities in death rates between the richest and poorest in our communities. Levels of smoking have fallen since the 1960s. However this decline in smoking rates has stopped and may be reversing.
- The overall alcohol specific admission rate in Outer North West Area Committee is much lower than the Leeds rate. As is normal, the Male rate is higher than the Female rate. When we look at attributable admissions, the overall rate in Outer North West Area Committee is lower than the Leeds rate. 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.

Within this area, alcohol specific rates are well below average, attributable admission rates are slightly lower than the Leeds average.

- This is an area of Leeds in which a higher proportion of the population are middle aged or older. This area has a disproportionately low number of referrals for adult social care. Primary Health Care agencies are disproportionately high referrers. This area is the highest in the city for the proportion of referrals which go on to be assessed and nearly three quarters of assessments lead to people receiving services. This is the highest proportion in the city.

3.5 **A summary of two of the least deprived areas:**

3.5.1 This appendix highlights some of the key differences between the best and worst areas in terms of wellbeing in the Outer 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 finding and consult on how to ensure Leeds produces a quality JSNA was held in September. A Third sector event is planned for January.

### 4.2 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.

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

4.4.1 There are no legal implications or access to information issues. This report is not subject to call in.

## 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) 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.

## 6 Recommendations

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

6.3 That further considerations is given to the vulnerable groups (especially through social care) in line with the present actions taking place within this areas.

6.4 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).

## 7 Background documents

7.1 None

The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

## **Tale of 2 MSOA's** Affluent MSOA compared to most deprived MSOA (appendix 1)

| Outer 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Arthington, Bramhope, Pool and Carlton** | 7,090<br>Above the Leeds average for 40 – 85+ year olds. Below the Leeds average for 0 – 4 and 20 – 39 year olds. | 82.81<br>Male<br><br>85.98<br>Female | 6.2% | 0% | 11%<br><br>12,251 / 100,000 DSR | 4.2%<br><br>2,156 / 100,000 DSR | Wealthy achievers | 4.65 % | 70.21%<br>Key stage 4<br><br>84.85%<br>Key stage 2 | 19<br>1.41% | 48<br>1.21% |
| **Yeadon – Henshaws, Southway Westfields** | 6,118<br>Above the Leeds average for 0 – 14 year olds and 40 – 85+. Below the Leeds average for 15 – 39 year olds. | 80.33<br>Male<br><br>81.79<br>Female | 21% | 18.8% | 24.6%<br><br>26,139 / 100,000 DSR | 5.4%<br><br>3,483 / 100,000 DSR | Hard pressed | 4.2% | 53.95%<br>Key stage 4<br><br>81.13%<br>Key stage 2 | 170<br>15.41% | 124<br>3.12% |