Leeds Health and Wellbeing Board

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Report to: Leeds Health and Wellbeing Board

Date: 12 December 2018

Subject: Joint Strategic Assessment: a more comprehensive approach to city-wide analysis

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. The Health and Wellbeing Board has a statutory responsibility to produce a Joint Strategic Assessment (JSA) to inform the direction and effectiveness of the Health and Wellbeing Strategy.

2. The Health and Wellbeing Board has commissioned a forward-looking approach to the ownership, production and utilisation of the JSA. It considers the wider determinants of health and wellbeing and facilitates linkages across strategies, including the Inclusive Growth Strategy.

3. The analysis will combine quantitative and qualitative evidence to provide a rich intelligence at community and city-wide level. It will also outline inequalities and best practice in tackling these.

4. This will give us an opportunity to understand and assess progress at the mid-point of the Health and Wellbeing Strategy and to use the analysis to set a clear future direction of travel that reflects our values as a City, prioritising our ambition to an inclusive and ambitious City that is the Best core City for Health and Wellbeing.

5. Learning from good practice and innovation from elsewhere, the Leeds JSA will take a ‘Future Generations’ approach, helping us to understand current population trends and allowing us to consider the choices we have in response. We are increasingly articulating what we want it to be like to live in Leeds in 10/20 years’ time and future developments like the new NHS plan, Innovation district, HS2, Leeds United estates plans and the transformation of the City Centre necessitate a longer term approach to health and care.

6. The JSA process is led by a citywide partnership steering group, with strong ownership, input and commitment from all relevant partners.

7. Whilst many of the trends, particularly in relation to employment, remain positive particular attention should be paid to the rapid population growth of young people concentrated in deprived areas. Coupled with an ageing population, there are health related implications that partners need to understand.

8. The health and wellbeing issues highlighted, in particular those related to life expectancy and multiple morbidity, reflect those outlined in the Director of Public Health Annual Report and have also been highlighted by national research into the health impacts of austerity.

9. Findings support our ambition to improve the health of the poorest the fastest and drive compassionate, inclusive economic growth.

10. In particular, commissioners and policy makers need to better understand the actions they can take in relation to the interplay between population growth in deprived areas (at both ends of the age spectrum), low skills, low-waged employment, poor quality private rented accommodation and lifetime health/development of long term conditions.

Recommendations

The Health and Wellbeing Board is asked to:

- Note and provide feedback on the initial findings and structure of the draft report including linkages to the Leeds Observatory and existing/planned Health Needs Assessments.
- Comment on the strategic and commissioning implications, in particular those related to the changing shape of the Leeds population.

1 Purpose of this report

1.1 This paper provides an overview of progress made in the JSA process since it was recommissioned by the Health and Wellbeing Board in February 2018 and is attached for consideration as Appendix 1.

2 Background information

2.1 The Health and Social Care Act 2012 introduced a statutory responsibility for Health and Wellbeing Boards to commission Joint Strategic Needs Assessments (JSNAs) which in-turn would form the analytical basis to inform the direction and effectiveness of Health and Wellbeing Strategies.

2.2 The Joint Strategic Assessment (JSA) process was recommissioned by the HWB in February 2018 and focuses on the assets and needs of local communities in more depth. This will help understand the intensification of inequalities and multi-faceted challenges since the production of the last JSNA, alongside the strengths and opportunities, particularly in the most deprived communities.

3 Main issues

Context

3.1 Given its statutory responsibility for the JSA, the Leeds Health and Wellbeing Board has been engaged about the next iteration of the process throughout the year including workshops in Jan and again in Oct 2018, which updated on progress and outlined emerging findings. The HWB recommended that the JSA:

- Make best use of the city's excellent informatics and data capabilities to ensure the product of the JSA drive conversation and action.
- Use existing data sets, for example Mental Health Needs Assessment.
- Take the opportunity to link with data sets developed for the Local Care Partnerships.
- Link quantitative and qualitative information, ensuring that the voices of our most vulnerable communities are heard.
- Make use of the city's asset-based philosophy and transition to a Joint Strategic Assessment.

3.2 Our intention is that all documents and source material that inform the Leeds JSA will be on the Leeds Observatory website (https://observatory.leeds.gov.uk/jsna/) and accessible from the homepage. We are currently working to improve the functionality of the Leeds Observatory, with the ultimate intention that we establish a web-based approach to the JSA, where the analysis is updated as new information becomes available.

3.3 The Joint Strategic Needs Assessment for 2015 made recommendations for further work in areas where we need to gain more detailed insights, greater clarity and deeper understanding with focussed analysis particularly about the needs of a changing population, including:

- Deeper knowledge about changes in the rates of population growth and age profile, ethnic composition, changes in household make up, and the changes taking place, both within and between communities, is critical. This JSA includes a deeper analysis of key demographic trends, not least in helping to understand how factors such as economic growth, labour market trends, patterns of housing tenure all influence demographic change, which in turn can have profound effects on service provision.

- It is important to better understand the health and wellbeing needs of those individuals belonging to specific Communities of Interest (COI). These are groups of people who share an identity or experience, which in turn may result in disadvantage, discrimination and challenges in accessing mainstream services. A range of analysis has been undertaken or in train including:

    - Health within the Leeds Roma Community – 2016
    - Health Needs Assessment of Sex Workers – 2016
    - Leeds LGBT+ Mapping Project - 2017
    - The State of Men's Health in Leeds – 2017
    - Women's Health Needs Assessment - to be completed 2019

- A range of work looking at the challenges facing children and young people in the city, including:

    - Children and Young Peoples Emotional Mental Health HNA – 2016
    - Children and Young Peoples Physical Activity HNA – 2016
    - Maternal and Child Health Nutrition HNA – 2016

- Further needs assessments have been undertaken, with a particular focus on mental health, including:

    - Leeds in Mind: Adult Mental Health HNA - 2017
    - Leeds Perinatal Mental Health HNA – 2017

3.4 The JSA builds on learning from the previous Joint Strategic Needs Assessment by adopting a continuous approach to analysis and engagement rather than three-yearly set-piece reports. In addition, the gaps outlined above in the 2015 assessment reinforced the need to promote cross-policy linkages and engage more effectively with city partners. These are central to the revised JSA approach.

<u>Structure of the JSA</u>

3.5 As stated above, we have adopted a broader approach to the JSA, extending the analysis of wider determinants of health, to cover wider individual and community wellbeing, the economy and environment. The analysis is grouped under the following headings to facilitate linkages with Best City priorities:

- Population
- Inclusive Growth
- Health and Wellbeing
- Child-Friendly City
- Safe, Strong Communities
- Housing
- 21st Century Infrastructure (TBC)
- Culture (TBC)

Geographic analysis

3.6 The detailed analysis underpinning the JSA includes localised geographic analysis to help understand the challenges and opportunities encountered in different localities and communities across the city. In Leeds, like elsewhere, various geographies are used by different services and partners to both deliver services and work with local communities. Beyond ward boundaries, these include Local Care Partnerships (LCPs), School Clusters, Priority Neighbourhoods and so on. The JSA adopts the most appropriate boundary depending on the analytical theme, rather than attempting to 'shoe-horn' the analysis into a single geography. The Leeds Observatory allows analysis to be mapped using a range of 'administrative' boundaries (accessible here and for LCPs). The building blocks for the analysis is usually either Middle Super Output Areas (MSOAs[1]) or Lower Super Output Areas (LSOAs[2]) depending on the data availability.

Initial headline findings

3.7 Overall:

3.7.1 The Leeds economy continues to grow and there are genuine strengths in our economy including overall levels of employment. There is continued growth in high quality jobs in digital, health, social care, professional and managerial roles.

3.7.2 Our comparative position on most health and social care indicators compared with other Core Cities remains strong and is important context for the JSA, although like all Core Cities, stubborn challenges and inequalities remain.

3.7.3 There is evidence of an intensification of inequalities, confirming the very dynamic and multi-faceted challenges often in our most deprived communities and the requirement for us and partners to respond more collaboratively – particularly at either end of the age-spectrum.

3.7.4 The assets we have in communities and our growing city centre reflect a confident and ambitious city.

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[1] MSOAs are built up LSOAs. The average number of people living in an MSOA is 7,000. There are 107 MSOAs in Leeds.

[2] LSOAs typically have an average 1,500 residents and 650 households. There are 482 LSOAs in Leeds

3.7.5 The evidence and analysis in this Joint Strategic Assessment supports the priorities and ambitions outlined in our Health and Wellbeing and Inclusive Growth strategies to improve the health of the poorest the fastest and drive compassionate, inclusive economic growth.

3.7.6 In particular, commissioners and policy makers need to better understand the actions they can take in relation to the interplay between population growth in deprived areas (at both ends of the age spectrum), low skills, low-waged employment, poor quality private rented accommodation and lifetime health.

3.7.7 Social capital in communities is a protective factor that mitigates the worst impacts of these social determinants. So, how partners can better work together to focus on creating the conditions for people to reshape the bonds of modern communities and build community assets will be a central factor in successfully responding to these challenges.

3.8 Population

3.8.1 Since 2011 there has been a disparity between ONS (Office for National Statistics) population estimates and data based on GP registrations. The greatest variance in population numbers is found primarily in our most deprived communities, particularly for the male population of these areas.

3.8.2 International immigration remains an important factor behind the city's growth, with the population continuing to become more ethnically diverse since the 2011 Census. EU countries such as Romania, Poland, Italy and Spain make up a significant proportion of new arrivals, as do more well-stablished countries from south-east Asia and Africa. Almost 8,000 people have migrated to Leeds from Romania between 2011 and 2016.

3.8.3 The wider trend of the city's ageing population continues, as the baby-boomer generation grows older there will be a range of implications for service provision, not least as a result of a far more ethnically diverse older population, with a greater concentration in the city's inner areas.

3.8.4 The population of children and young people is growing at a faster rate than the population of the city as a whole, and this is particularly acute in our most deprived communities. **Across the city as a whole the number of 11 year olds has grown by 9%, in the poorest ten percent of neighbourhoods it has grown by 33% and in the poorest three percent of neighbourhoods by 91%**. This has implications for health and social care as people age. International evidence shows a strong association between deprivation, income inequality and a variety of health problems (substance misuse, mental health, earlier onset of long term health conditions).

3.8.5 Leeds has the youngest age profile of the core cities. Whilst population growth in poorer communities undoubtedly offers a challenge, it also offers an opportunity for much longer terms benefits, for example if we can improve education and skills and maximise the potential of the cities young people, this will improve population health across Leeds.

3.9 Inclusive Growth

3.9.1 450,000 people work in Leeds, with three quarters in the private sector, putting the city in the top five nationally for private sector employment. Very strong private sector growth since 2010 has maintained the city's employment rate, with 77% of the economically active in employment, above regional and national averages.

3.9.2 Leeds continues to be the main driver of economic growth for the city-region, and has key strengths in financial and business services, advanced manufacturing, health and creative and digital industries, with a strong knowledge-rich employment base. These strengths linked to the city's universities and teaching hospitals are major innovation assets for Leeds. Leeds also performs well in terms of business start-ups, with strong growth in digital and medical technologies, telecoms and creative industries.

3.9.3 An area for concern is the 'hollowing-out' of skilled and semi-skilled occupations increasing across a wider range of sectors. Recently this has been accompanied with growth in high skilled/high valued jobs in the knowledge-based sectors, together with growth in lower skilled/lower income jobs often in consumer-services, which combined with flexible employment and perhaps the early impact of welfare reforms has seen a growth of in-work poverty.

3.9.4 Despite our high levels of employment, our economic output growth has only been mid-table in relation to core cities in recent years (despite doing relatively well in terms of productivity per worker - reflecting our significant knowledge-base). This could be a hangover from the 'great recession', where key sectors particularly in financial and business services have faced prolonged challenges or due to recent employment and output growth been in 'lower productivity' sectors e.g. consumer services.

3.9.5 There continues to be strong growth in quality jobs associated with digital, health and social care, and professional and managerial roles.

3.10 Health and Wellbeing

3.10.1 Realising our ambition for Leeds to be the best city for health and wellbeing requires improvements in all the factors that support healthy lives: the social determinants - particularly employment and skills; the living conditions - such as

housing, air quality, access to green space; and lifestyle choices - such as physical activity levels, food choices, alcohol intake and smoking.

3.10.2 Over 170,000 people in Leeds live in areas ranked amongst the most deprived 10% nationally. One in five children in Leeds live in poverty. Childhood poverty has lifelong implications for health and wellbeing.

3.10.3 At the heart of our Health and Wellbeing Strategy is our ambition to improve the health of the poorest, fastest. Analysis of key indicators confirms that, in line with wider national trends, people living in deprived neighbourhoods continue to have poorer health outcomes. Whilst there has been some improvement (smoking continues to reduce, more people are surviving for longer with long term conditions) in some cases progress has slowed and the gaps have widened.

3.10.4 A particular concern is the stalling of improvements in life expectancy for people living in deprived areas.

3.10.5 The 2017/18 Annual Report from the Director of Public Health in Leeds identifies a number of areas of concern: infant mortality, multiple morbidities, life expectancy, deaths in men from drug overdose, deaths in women from alcoholic liver disease, an increase in male suicides, an increase in women who self-harm.

3.10.6 As described above a number of health needs assessments have taken place. The JSA also describes health by locality/LCP as noted.

3.11 Child-Friendly City

3.11.1 More children in Leeds are now safe and secure in their families; children and young people have greater voice and influence; and an increasing number are achieving good outcomes. However, this is an ongoing journey: we need to maintain this progress, staying focused on keeping children safe and working collectively to ensure that families get the support they need.

3.11.2 Since 2011, the number of children looked after has seen a 12% reduction in Leeds compared to an 11% rise over that period across England. More recently numbers have risen slightly over 2017/18 from 1,253 (76.6 per 10,000 children and young people) to 1,275 (77.4 per 10,000), broadly tracking the general increase in the under-18 population in the city.

3.11.3 Educational attainment, particularly of more disadvantaged children, is still a significant challenge. Performance at Foundation and Key Stage Two is below regional and national averages, particularly amongst disadvantaged children, with the gap in attainment towards the bottom of the rankings. This performance recovers somewhat by Key Stage 4, where the city's performance (for non-disadvantaged children) is close to the national average.

3.11.4 The Health Foundation note that the single most modifiable social determinant of health is a person's level of education and skill. With population growth most acute in the poorest areas of the city, it will be necessary for commissioners of health, education and community services to work together to understand the immediate and longer term implications of this for Leeds.

3.12 Safe, Strong Communities

3.12.1 The analysis suggests some intensification of inequalities across the city and reaffirms the very dynamic and multi-faceted challenges often in our most deprived communities and the requirement for us and partners to respond more collaboratively – particularly at either end of the age-spectrum.

3.12.2 Child poverty is at the root of many poor outcomes for children and young people and their families. In 2016 over 17% of children (under 16s, 26,000 children)) were estimated to live in poverty in Leeds, compared to 16% nationally.

3.12.3 National estimates of 'relative poverty after housing costs' when applied to Leeds equate to almost 172,000 people living in relative poverty.

3.12.4 More recently we have seen a growth of in-work poverty, with an estimated 70,000+ working age adults across the city are from working households and in poverty

3.12.5 After sustained periods of crime reduction both nationally and locally, crime levels have started to increase. In Leeds, we have seen total recorded crime rise in the last three years. In 2017, there were 95,011 crimes, an increase of 11.7% on the previous year. The reasons for these increases are not straight forward. Although there have been changes in how crimes are reported, the nature and type of crime has also changed: cyber related crime has become more prevalent and there are a multitude of platforms that are now used to facilitate, exploit and groom vulnerable people.

3.13 Housing

3.13.1 The overarching challenge is to provide enough quality and accessible homes to meet the city's growing population, whilst protecting the quality of the environment and respecting community identity. Within this overall context the need for affordable housing and affordable warmth are key issues. 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.

3.13.2 The mix of housing tenure has changed significantly over two decades. The significant growth of the private rented sector is a key trend which brings with it associated challenges, particularly at the low cost end of the market where

housing conditions can be poor. The only reliable city-wide data is the 2011 Census, which confirms growth in the private rented sector, which almost doubled between 2001 and 2010, to 18%. It is likely that this rate of change has continued if not accelerated.

3.13.3 Research highlights the change in composition of our most deprived neighbourhoods influenced by the growth of the private rented sector, with an expansion of 'disconnected' neighbourhoods. It is notable that some of our neighbouring authorities, most notably Wakefield have housing markets in their relatively deprived areas that promote mobility. The extent to which these localities provide affordable 'starter housing' for a wider geography should be considered.

Next steps

3.14 Next steps will be built on the HWB's commitment that the JSA champion our 'working with' approach – in this case a partnership approach that looks at assets and needs and blends quantitative data with qualitative voice and experience of our communities. The process will be designed to drive decision making that contributes to our city's vision of improving the health of the poorest the fastest.

3.15 The recent HWB workshop (October 2018) explored the value of connecting the JSA process with the LCC led priority neighbourhoods approach to help us better understand the assets and needs of our poorest neighbourhoods and to target our work with people in these places – all based on what people are telling us.

3.16 There are 6 priority neighbourhoods, which could be selected from to trail a new, community-led, asset based approach to the JSA process.

3.17 There are strong links between this approach and the Leeds Health and Wellbeing Strategy and Inclusive Growth Strategy. The priority neighbourhood's framework provides the opportunity to target partner efforts in those communities who need to see the greatest and fastest improvement.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 This iteration of the JSA is just beginning and will be a live document/ process. Given the statutory responsibility, the HWB have been engaged throughout. The JSA will combine quantitative and qualitative evidence, meaning that engagement and hearing citizen voice is integral to the process.

4.2 Equality and diversity / cohesion and integration

4.2.1 The JSA process helps to identify inequalities and illustrate trends. This in turn can inform the design and delivery of our Leeds Health and Wellbeing Strategy, with the vision of improving the health of the poorest the fastest. Regularly engaging the HWB throughout the process has ensured that the Board's work plan can respond accordingly.

4.3 **Resources and value for money**

4.3.1 Building local intelligence strengthens our evidence base, making for better public policy and informing commissioning decisions.

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 Any implications will be escalated to the Board as required.

5 Conclusions

5.1 The Leeds JSA is an essential part of the fabric of the health and care system and drives our understanding of the factors that influence health and wellbeing in Leeds. It also provides a good understanding of the assets and needs we have in neighbourhoods and at Local Care Partnership level.

5.2 The issues and trends outlined provide us with the ability to work together to understand our choices as a system and what we can do to support/strengthen positive factors and mitigate less positive ones. The Leeds system has both the intelligence and relationships to come together to understand the implications of the findings.

5.3 Ultimately the JSA confirms that our primary strategies (Health and Wellbeing/Inclusive Growth) have the correct focus on improving the health of the poorest the fastest and compassionate inclusive growth.

5.4 In addition to existing plans, commissioners and policy makers need to better understand the actions they can take in relation to the interplay between population growth in deprived areas (at both ends of the age spectrum), educational attainment, low-waged employment, poor quality private rented accommodation and lifetime health/development of long term conditions. Strengthening a life-course based approach to population health could be the best means of improving our understanding and response to these issues.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note and provide feedback on the initial findings and structure of the draft report including linkages to the wider Observatory and existing/planned Health Needs Assessments.
- Comment on the strategic and commissioning implications, in particular those related to the changing shape of the Leeds population.

7 Background documents

7.1 The Kings Fund (2018) A Vision for Population Health

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Leeds Health and Wellbeing Board

Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?
By its very nature, the JSA process helps to identify inequalities and illustrate trends. This in turn can inform the design and delivery of our Leeds Health and Wellbeing Strategy, with the vision of improving the health of the poorest the fastest.

How does this help create a high quality health and care system?
The findings of the JSA process can be used to design and deliver more effective services, community led solutions, and to make improvements to the way the health and care system works together for people in Leeds. It is a fundamental evidence base for the Leeds Health and Wellbeing Strategy, which, in its current iteration, is well established and guides the work of the health and care system.

How does this help to have a financially sustainable health and care system?
The JSA process allows us to understand the needs in the city as well as the assets that exist to meet the needs. This is an exercise in intelligence gathering – knowing more about our communities enables better decision making and more effective solutions.

Future challenges or opportunities

- Continue to build on and strengthen the relationship between the Leeds Health and Wellbeing Strategy and the Inclusive Growth Strategy.
- Continued commitment to progressing Local Care Partnerships
- Targeting support in Priority Neighbourhoods considering opportunities to target efforts in communities who need to see the greatest and fastest improvement.
- Engage, contribute and take action on the Child Poverty Impact Board workstreams.
- Factor in the conversations and learning from the JSA process into refresh of the Leeds Mental Health Framework and integrated commissioning framework.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X