KIRKLEES HEALTH & WELLBEING BOARD

MEETING DATE: **30 June 2016**

TITLE OF PAPER: **Kirklees Joint Strategic Assessment (KJSA) Overview 2016**

1. Purpose of paper

To share the new 'Kirklees Overview' 2016 (slides attached) with the Board to coincide with the 'launch' of the new Kirklees Joint Strategic Assess (KJSA) website - . This overview summarises the key population health and wellbeing challenges for Kirklees and provides a useful context for the more detailed JSA sections being updated during 2016.

2. Background

In February 2015 the Board endorsed a new approach to JSNA development - an ongoing process focussed on both needs and assets which outlines medium and longer term challenges for the district. Subsequent papers have updated on the progress of the KJSA steering group, the KJSA updating process and schedule and the development of the new KJSA website.

The Kirklees Overview provides a context for the more detailed sections of the KJSA and summarises the 'big issues' and 'key challenges' for health and wellbeing using infographics and simple messages.

Not all data in the Kirklees Overview and the other KJSA sections is new data. Intelligence derived from population surveys (children's and adults) on a 2 yearly cycle will be used to update the relevant sections. For example, intelligence from the Children and Young People's survey 2014 is supporting the update of all relevant sections and new intelligence from the forthcoming CLiK 2016 survey will be used to update all sections on adult health and wellbeing. New data, intelligence and insight from other sources will be incorporated as and when it becomes available.

3. Proposal

The Board is asked to endorse and support the Kirklees Overview 2016 and the overall approach to developing the KJSA to ensure that the JHWS is driven by appropriate, meaningful and timely intelligence. The Kirklees Overview will be updated annually and published on-line following approval from the Board. Together with the more detailed JSA summaries and section this will provide population-level intelligence which, used alongside service-level data provided elsewhere, will enable intelligence-led commissioning and service delivery.

5. Sign off

Rachel Spencer-Henshall, Director of Public Health

6. Next Steps

- Implementation of communications plan to promote new KJSA website and Kirklees.
- Updating of KJSA sections throughout 2016 including summaries for District Committees and CCGs.
- Develop and improve collaborative approach to identifying and capturing assets as part of KJSA development.

7. Recommendations

That the Board:

- Endorse and support the development of a KJSA that informs local commissioning and is rooted in the changing intelligence about local needs and assets and the evidence about what drives health and wellbeing.
- Approve the attached KJSA Overview 2016.

8. Contact Officer

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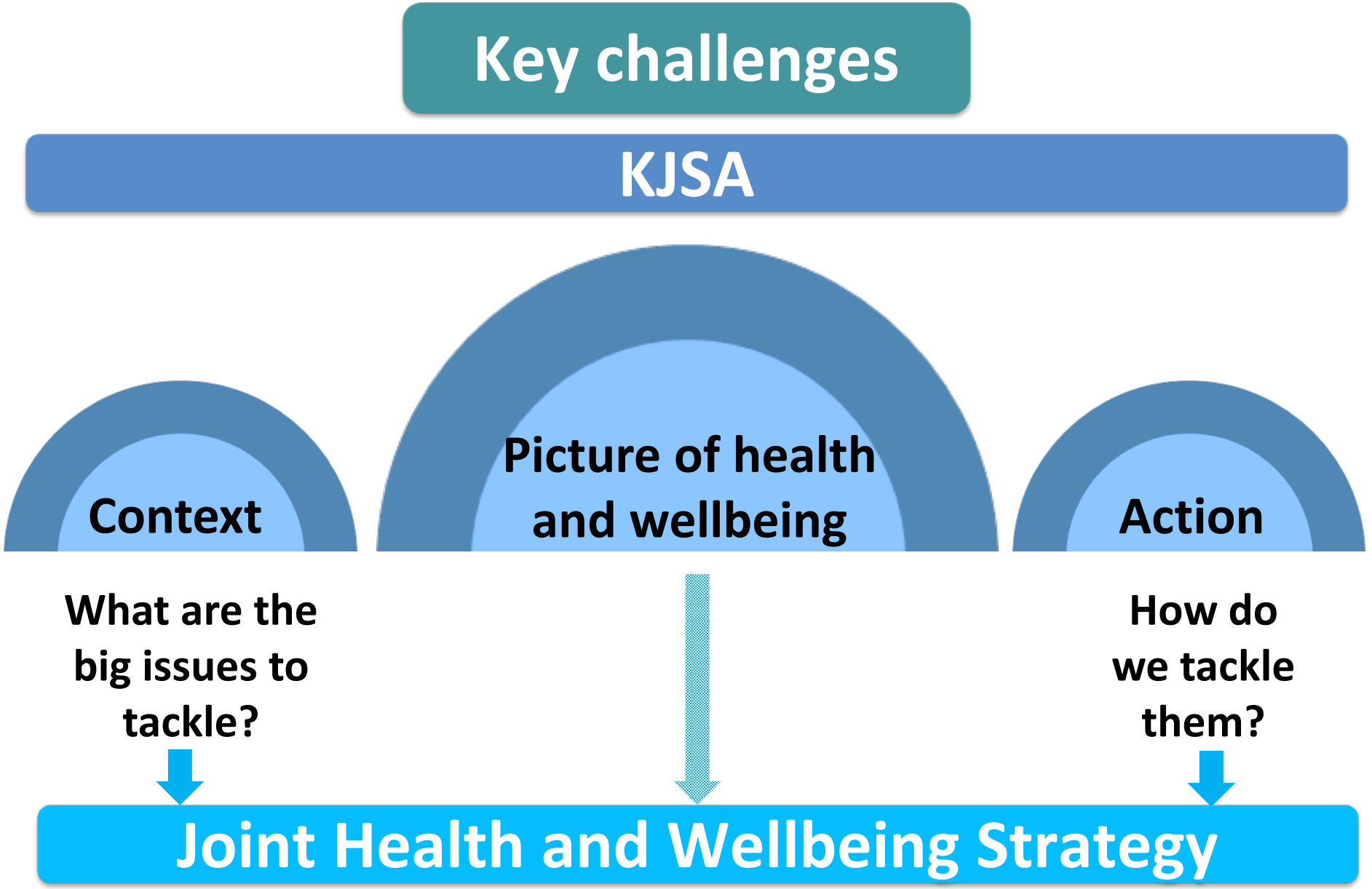
Introduction to the 'Kirklees Overview' for Health and Wellbeing Board

- The Kirklees Overview 2016 provides an outline of the changing local population and summarises the key population health and wellbeing issues and challenges for the district.
- It provides the context for the more detailed sections of the Kirklees Joint Strategic Assessment (KJSA) being updated in the new web-based format in 2016. Together these should inform and drive the JHWS priorities and actions.
- The overview will be updated annually and the other KJSA sections will be updated approximately 2 yearly to reflect our current cycle of population health and wellbeing surveys.
- The format of the overview illustrates our new approach to communicating intelligence about population health, wellbeing and inequalities making better use of infographics and simple messages.
- The Health and Wellbeing Board is asked to approve this overview and endorse and support the development of a KJSA that informs local commissioning and is rooted in the changing intelligence about local needs and assets and the evidence of what drives health and wellbeing.

The Kirklees Joint Strategic Assessment (KJSA) provides our local picture of health and wellbeing



Moving to an asset approach

Moving from JSNA to JSA

The Joint Health and Wellbeing Board is committed to the Kirklees Joint Strategic Assessment (KJSA) as an iterative, ongoing process which focuses equally on needs and assets and outlines the medium and longer term challenges for the district.

What is an asset?

Assets are those things that help people and, communities to maintain and sustain their health and well-being. These include things like skills, capacity, knowledge, networks and connections, the effectiveness of groups and organisations and local physical and economic resources, such as green spaces and local businesses.

An asset approach starts by reflecting on what is already present:

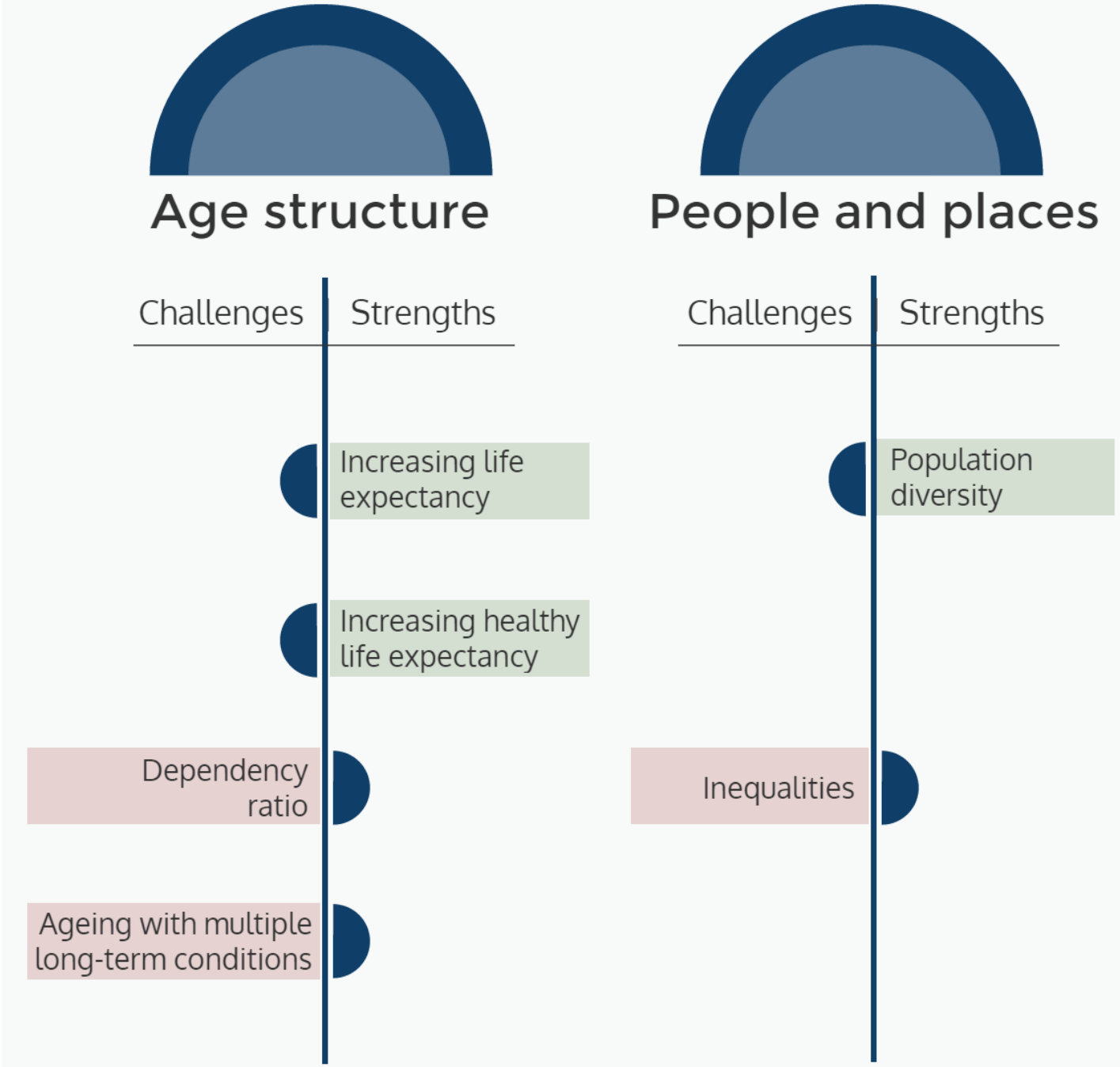
What makes us strong/ healthy/ able to cope in times of stress?
What makes this a good place to be? What does the community do to improve health?

How Kirklees can embed an asset approach:

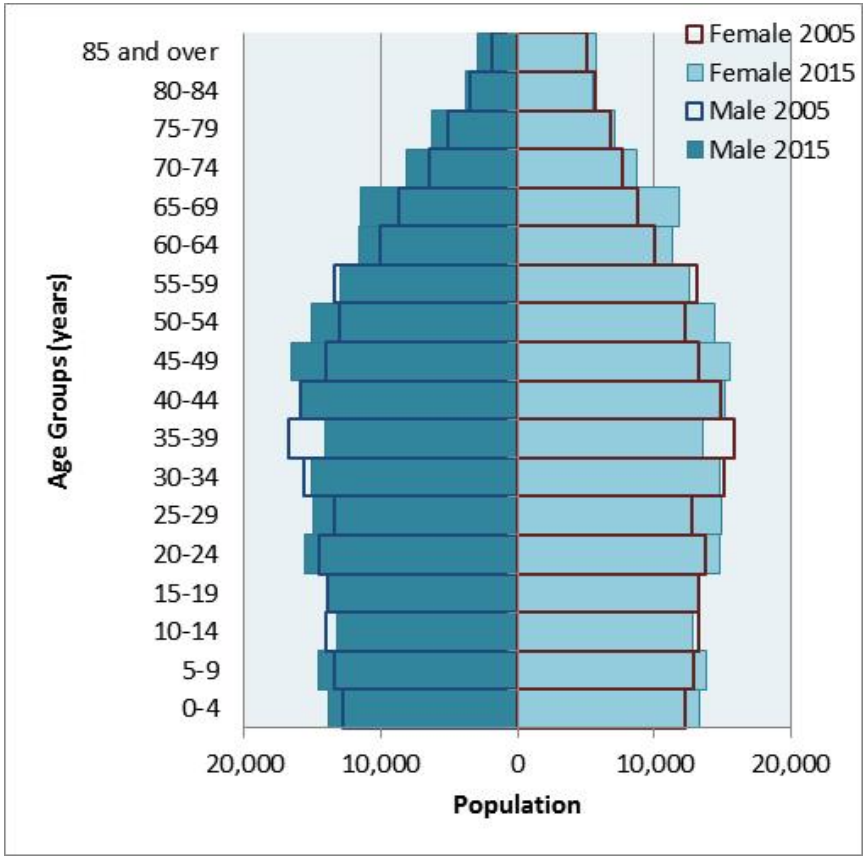
- Understand what is already working and generate more of it
- Actively build capacity and confidence among communities and staff
- Involve the 'whole system' from the beginning
- Design in what is needed to achieve the desired future
- Design out the structures, processes and systems that are stopping this future being achieved

Key challenges

- The need to prevent and intervene early
- Narrowing the inequality gap
- Enabling people to start, live and age well
- Achieving healthy communities, houses and work
- Improving resilience and enabling healthy behaviours (e.g. diet and physical activity)


Age structure
Challenges
Strengths
Increasing life expectancy
Increasing healthy life expectancy
Dependency ratio
Ageing with multiple long-term conditions
People and places
Challenges
Strengths
Population diversity
Inequalities

Above average birth rates and an increase in the older population will have implications for the local economy and the health and social care system



Over the last 10 years the age profile of Kirklees has changed

Age	Difference	
	From 2002 to 2015	From 2015 to 2030
85+	+1,495	+6,886
65-84	+11,253	+19,673
45-64	+14,975	-249
25-44	-1,027	-2,425
18-24	+4,027	+707
Under 18	+3,529	+8,858

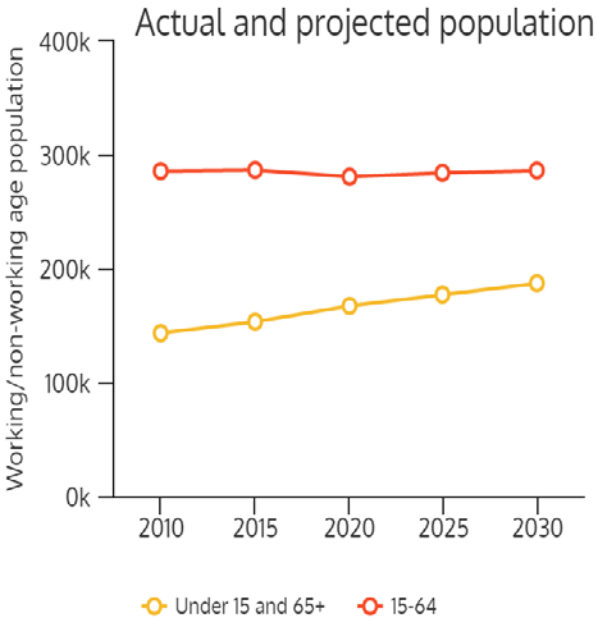
Increases in older population and under 18s predicted to continue

No overall increase predicted for ages 18-64

Source:
Actual: GP registered populations (WYCSA)
Projected: ONS projections (2012)

In Kirklees the dependency ratio is predicted to rise from 53% in 2015 to 65% by 2030

The **dependency ratio** is the proportion of people who are too young or too old to work. It is calculated by dividing the number of people aged below 15 and above 64 by the number of people aged 15 to 64.

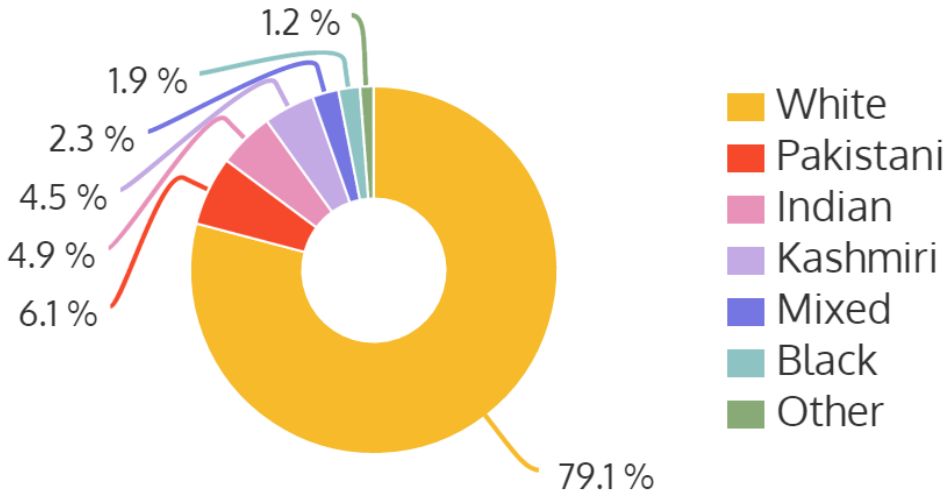


So what?

A rising dependency ratio is a concern when it is difficult for pension and social security systems to provide for a significantly older, non-working population. But if more people are working past retirement age it may become less important.

Kirklees has a diverse mix of ethnic, faith and language communities

Kirklees ethnic groups (2011 census)



Non-English spoken languages

Ethnicity in Kirklees

The ethnic profile of Kirklees is changing - ethnic minority groups tend to be younger and have more children

White British

77% | 62%

Total population | School children

Pakistani

1 in 10 | 1 in 5

People | Mothers of new babies

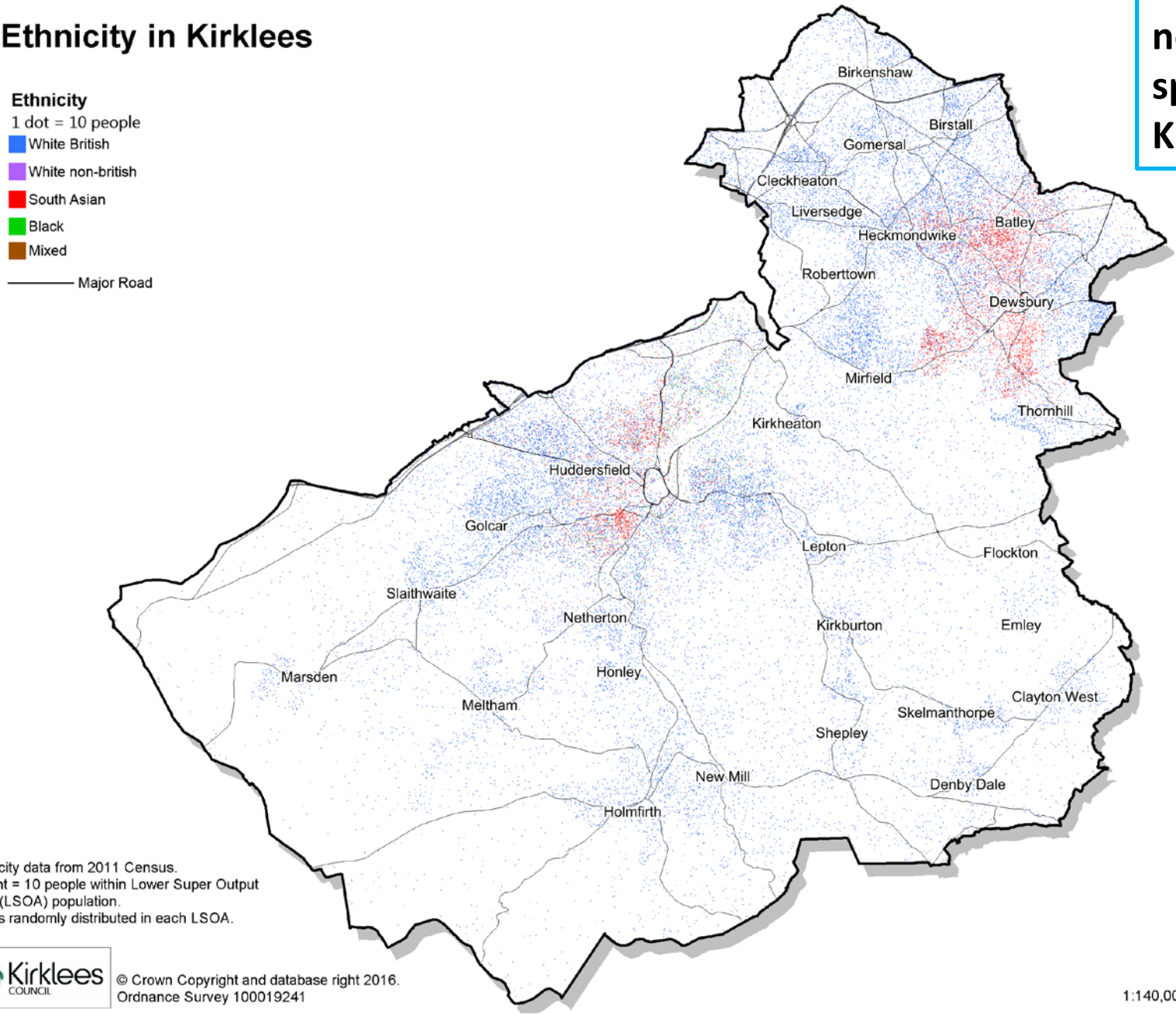
English is not the first language for **1 in 4** primary school pupils

Data sources

Population: Census 2011 (ONS); Schools: School census Jan 2015 (DfE); Mothers: Calderdale & Huddersfield Foundation Trust, Mid-Yorkshire Health Trust 2014/15

Ethnicity in Kirklees

Ethnic groups are not uniformly spread across Kirklees



Ethnicity data from 2011 Census.
1 point = 10 people within Lower Super Output Area (LSOA) population.
Points randomly distributed in each LSOA.

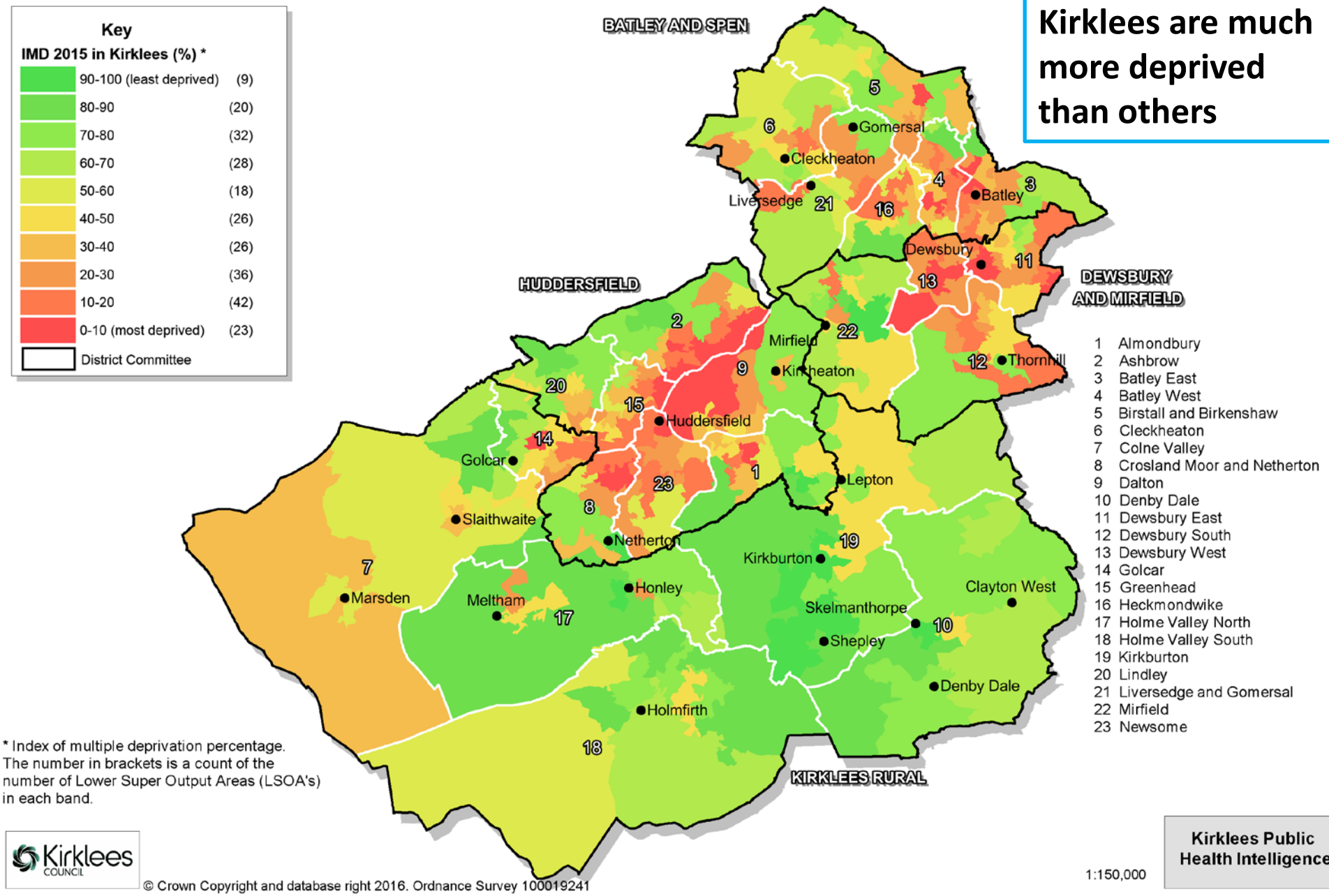
Kirklees COUNCIL

1:140,000

Kirklees Public Health Intelligence

Index of Multiple Deprivation 2015 (%) in Kirklees

Some parts of Kirklees are much more deprived than others



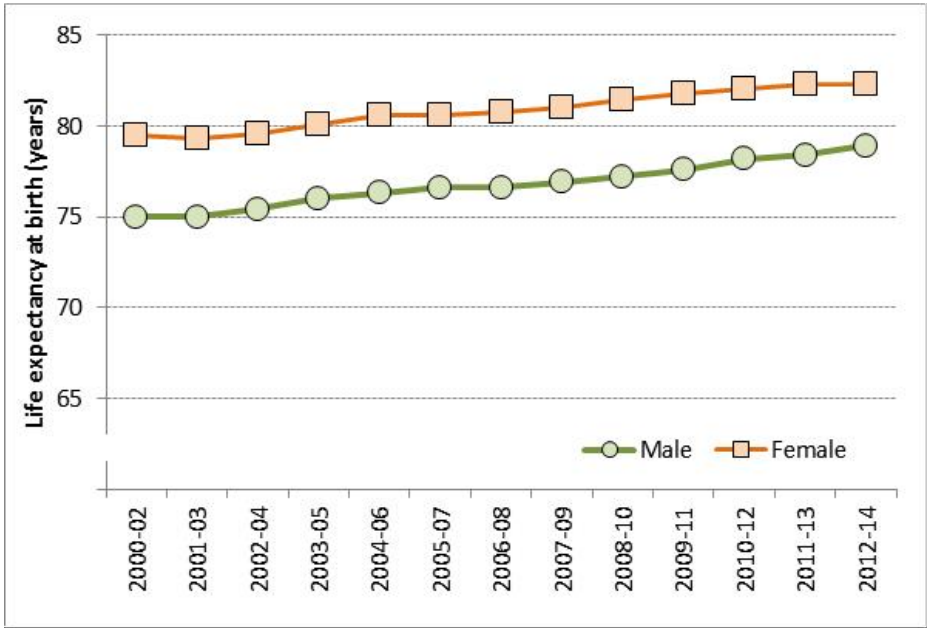
* Index of multiple deprivation percentage. The number in brackets is a count of the number of Lower Super Output Areas (LSOA's) in each band.

Kirklees COUNCIL

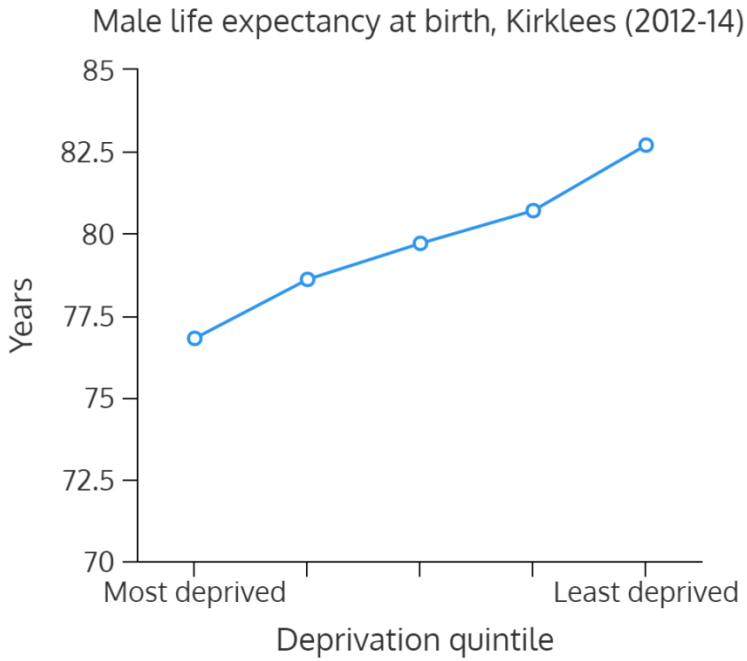
1:150,000

Kirklees Public Health Intelligence

Poor social and economic circumstances affect health throughout life. Life expectancy is shorter and most diseases are more common further down the social ladder. This **social gradient** in health runs right across society.



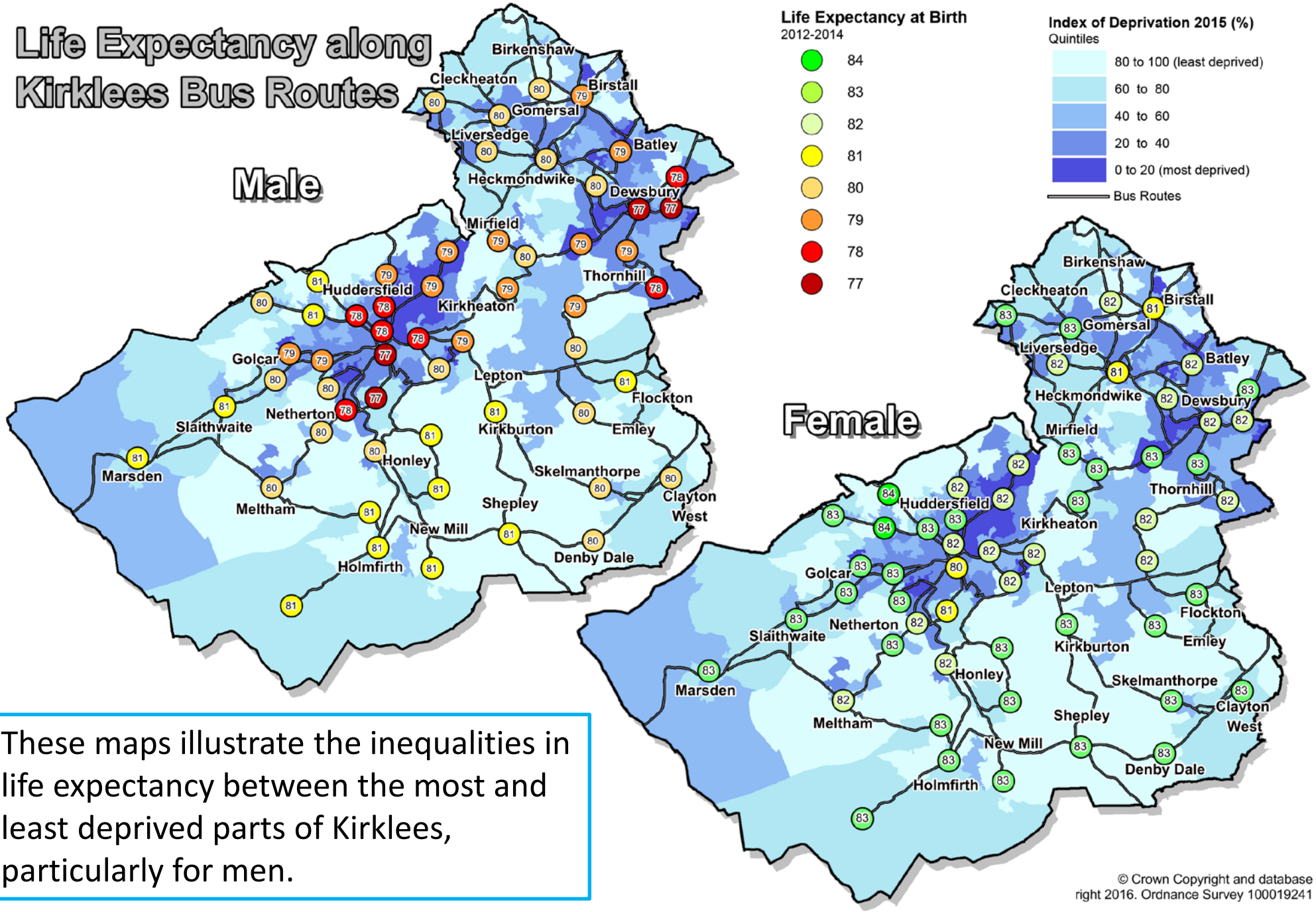
Life expectancy continues to increase. In 2012-14 **life expectancy at birth** in Kirklees was 79.3 years for males and 82.4 years for females.



But there is a clear **social gradient** for life expectancy.

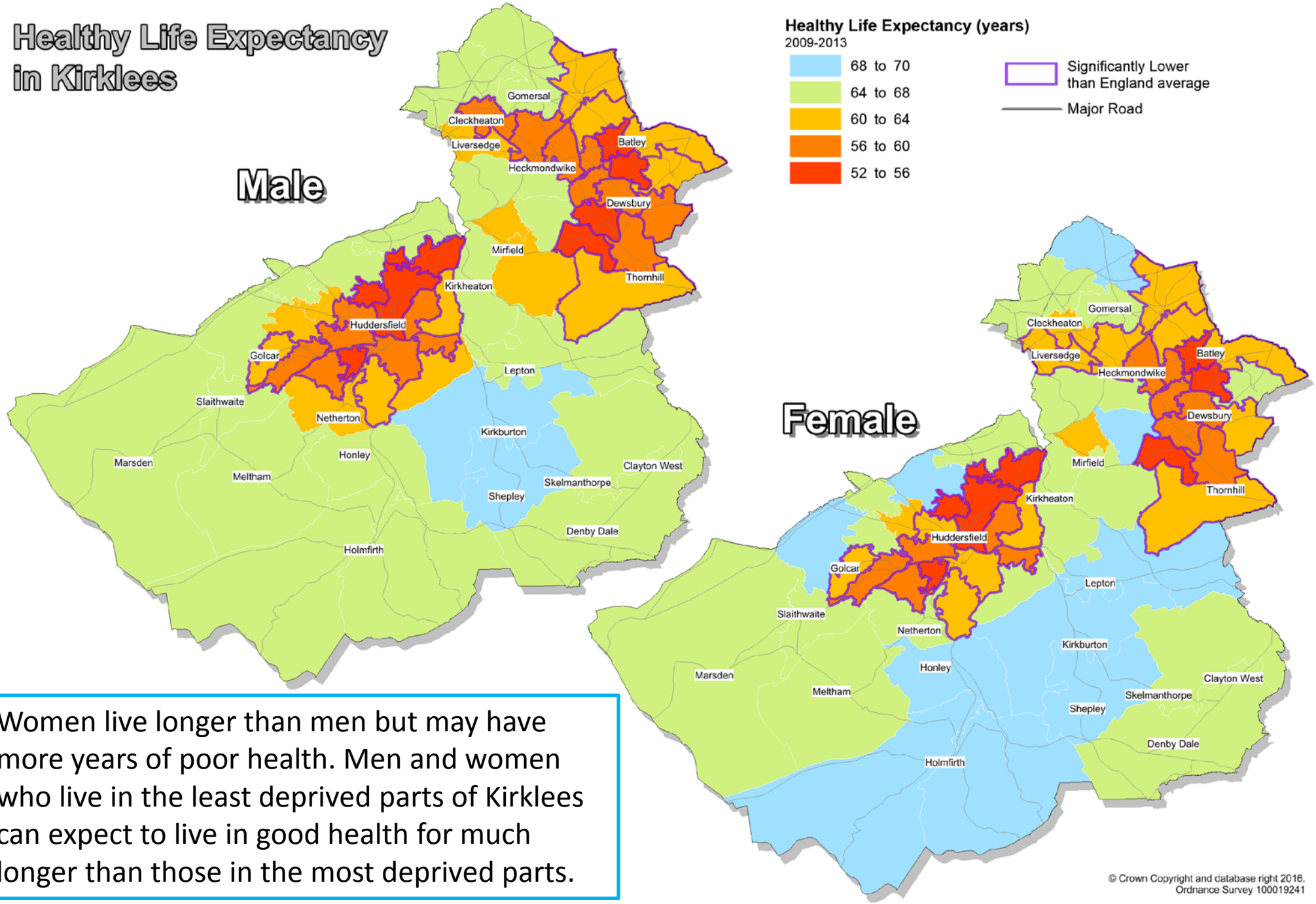
Inequality in life expectancy is a key population health outcome indicator. It is a measure of the social gradient in life expectancy and represents the range in years of life expectancy across the social gradient from most to least deprived. In Kirklees in 2015 this difference was **9 years for males** and **6.3 years for females.**

Life Expectancy along Kirklees Bus Routes



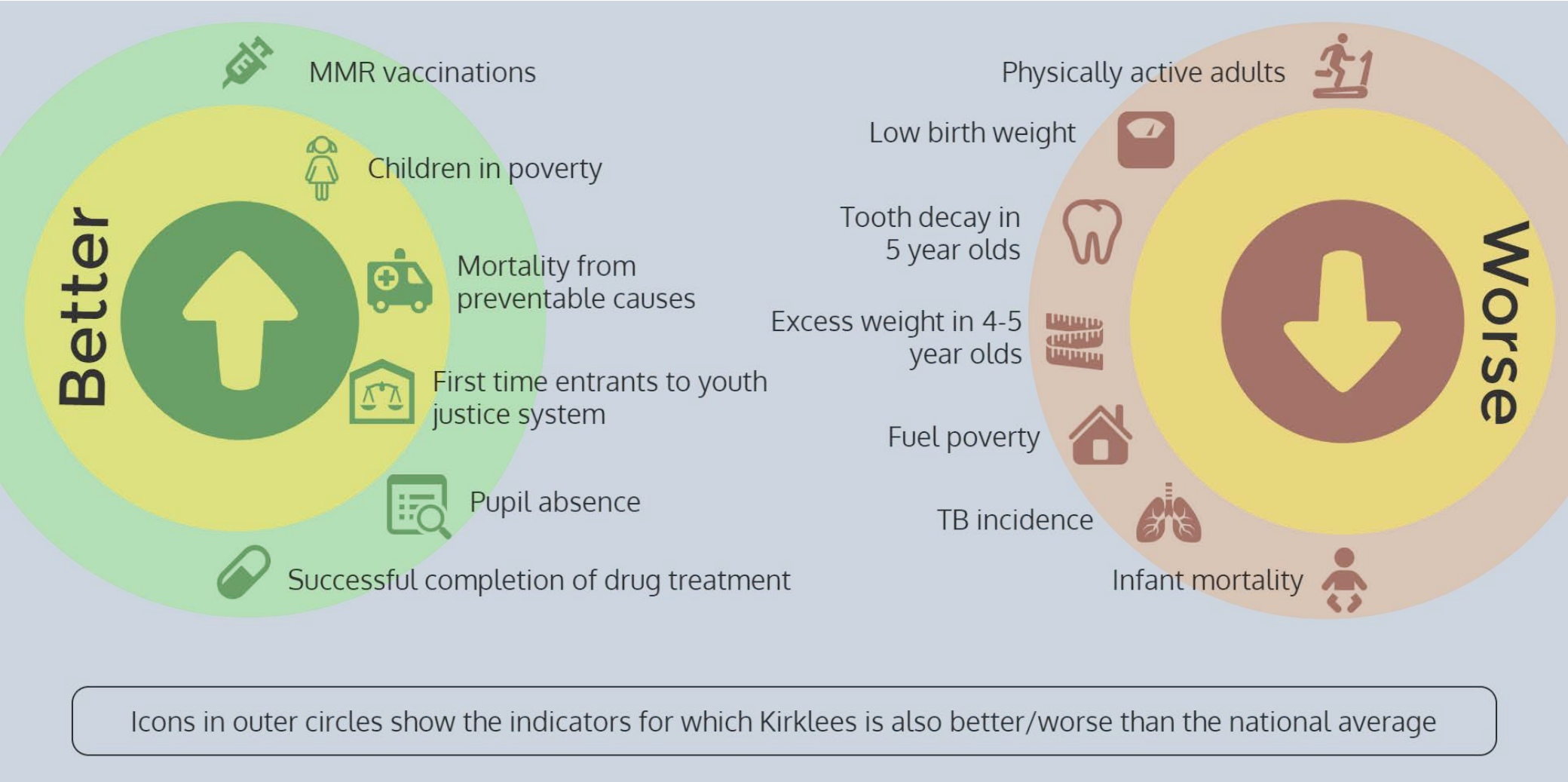
These maps illustrate the inequalities in life expectancy between the most and least deprived parts of Kirklees, particularly for men.

Healthy Life Expectancy in Kirklees



Women live longer than men but may have more years of poor health. Men and women who live in the least deprived parts of Kirklees can expect to live in good health for much longer than those in the most deprived parts.

How does Kirklees compare with the rest of the region on key indicators of health and wellbeing?



Icons in outer circles show the indicators for which Kirklees is also better/worse than the national average

Long-term conditions

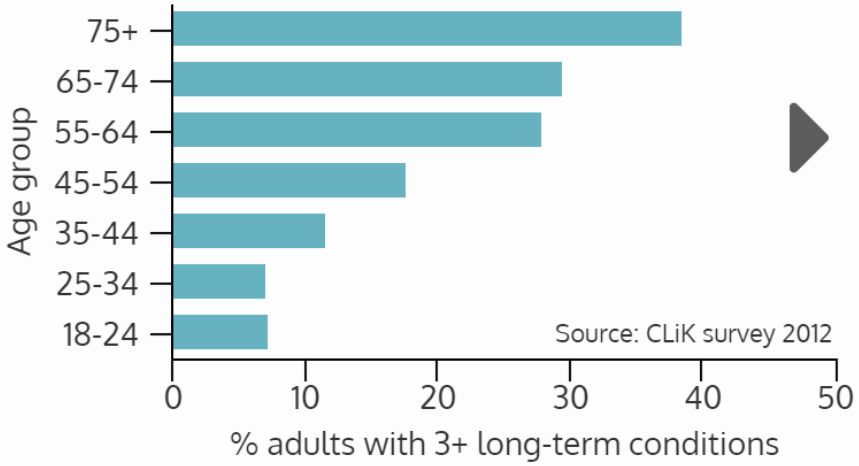
The prevalence of most long-term conditions (LTCs) increases with age

There are clear inequalities

In over 65s, the rate of diabetes in South Asian people is **double** that of white people

	Under 65s	Over 65s	Over 75s	
	1 in 20	1 in 6	1 in 6	Diabetes
	1 in 33	1 in 6	1 in 5	Heart disease
	1 in 71	1 in 15	1 in 14	Chronic lung disease
	1 in 8	1 in 5	1 in 4	Long-term pain

Co-morbidity (having multiple conditions) is most common in older age groups



Mental health problems are most common in younger adults

Depression/anxiety

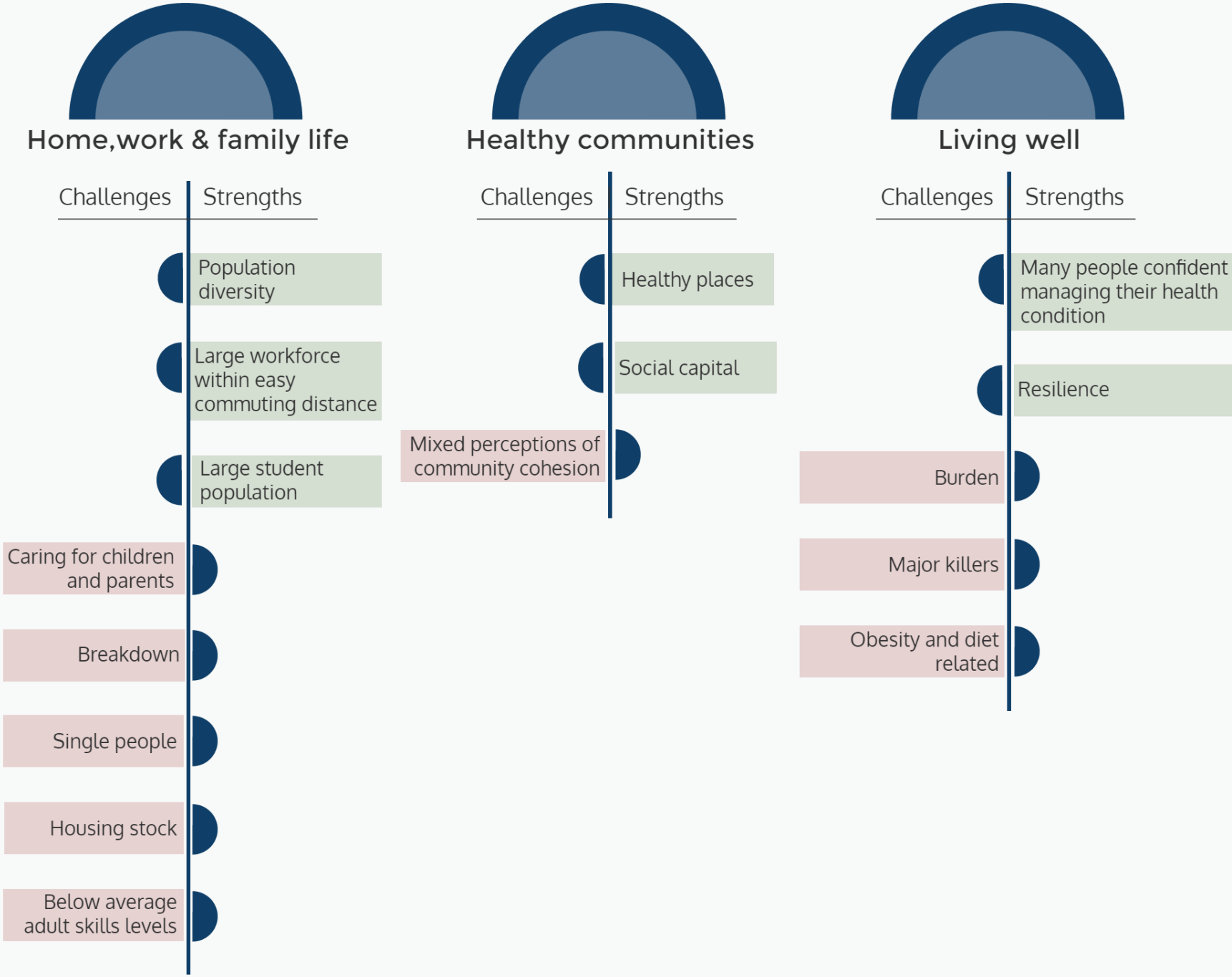
Under 65s	Over 65s
1 in 4	1 in 8

24,358

Estimated number of people aged 65+ in Kirklees living with 3 or more long-term conditions

3 out of 4

people with a long-term condition feel confident managing their own health


Home,work & family life
Challenges
Strengths
Population diversity
Large workforce within easy commuting distance
Large student population
Caring for children and parents
Breakdown
Single people
Housing stock
Below average adult skills levels
Healthy communities
Challenges
Strengths
Healthy places
Social capital
Mixed perceptions of community cohesion
Living well
Challenges
Strengths
Many people confident managing their health condition
Resilience
Burden
Major killers
Obesity and diet related

Home, work & family life

Households

60% don't have children living in them

24% are occupied by one person

16% are occupied by pensioners

Family life

2 in 5

children experience family breakdown

(at least half of which occurs by age 3)

Housing

Within Yorkshire & Humber, Kirklees is one of the more affordable places to live, but it has relatively low income levels

Demand for suitable & affordable accommodation outstrips supply

Residents living in private rented homes

2001	2015
12%	17%

Work

Employed: **200,700** 16-64 yr olds

Unemployed: **7,463** Not claiming/not eligible for JSA

4,437 Claiming JSA

Long-term sick: **15,600**

People who feel lonely/isolated all/most of the time:

Employed	Unemployed	Not working (long-term sick/disabled)
1 in 33	1 in 6	1 in 4

Over half of all poverty is now found in working households

Over next 18 years...

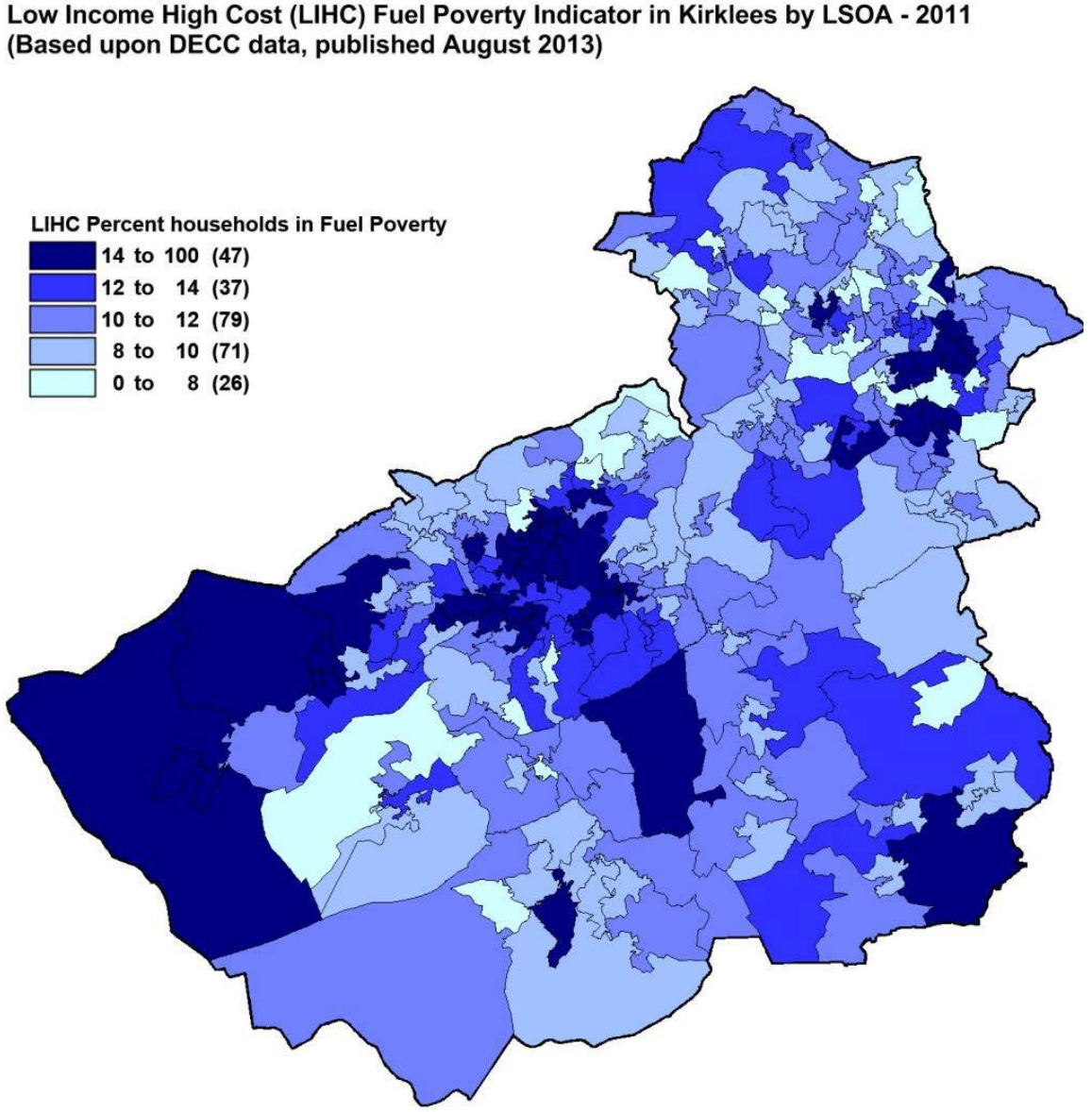
1,630 new homes need to be provided each year

1,049 of these need to be affordable housing

This map illustrates which parts of Kirklees have the largest proportion of households in fuel poverty. Deprived areas and rural areas are affected.

What drives fuel poverty?

- The energy efficiency of the property
- The cost of energy
- Household income



Healthy communities

Most (94%) adults do not feel lonely or isolated

However... **1 in 4** { - Adults with bad/very bad health
- Adults not working due to ill health/disability

...feel lonely/isolated most/all of the time

60% of people aged over 75 live alone

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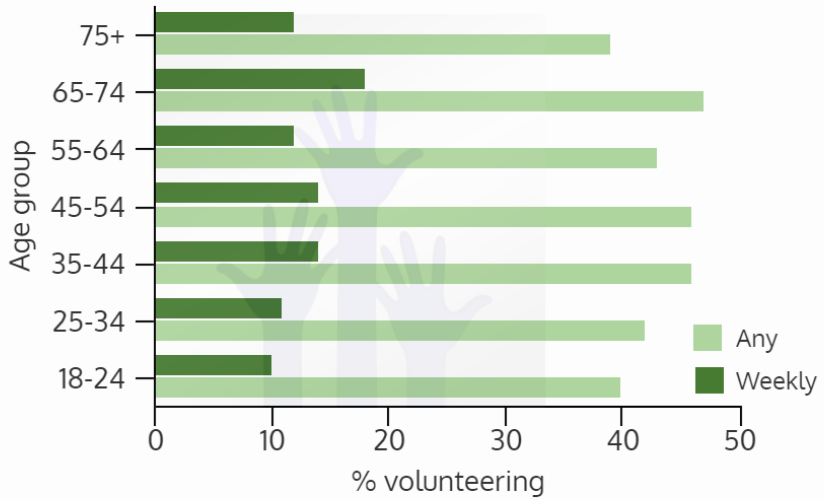
1 in 5 Adults volunteer at least monthly

Volunteering levels are highest at retirement age and between ages 35-54



People living in least deprived areas are **twice as likely**

to trust other local people as those in most deprived areas

Perceptions of trust between local people:

Most deprived quintile	Least deprived quintile
33%	59%

Source: YPYS survey 2011

Having children aged 5-17 in the household increases levels of volunteering

Healthy places

Mode of travel to work

1 in 17 on foot

1 in 100 by bicycle

Half of people perceive there are problems with traffic issues (speeding, parking, etc)

1 in 3 people commute less than 5 km to work by car

1 in 7 people use outdoor space for exercise/health reasons

1 in 21 of annual deaths in people over the age of 30 are caused by air pollution

1 in 3 young people travel actively (bike or walk) to school

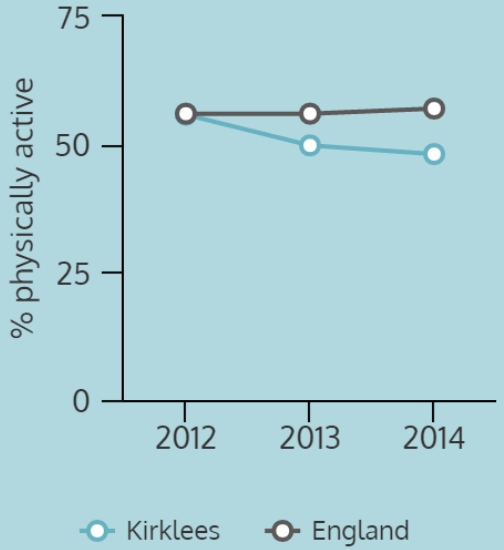
Disease and wellbeing

Diet contributes more than any other risk factor to the total **burden of disease** in the UK

Kirklees adults are **heavier and less active** in 2015 than in 2013

2 in 3 adults are now overweight/obese

Physical activity levels are declining



Less than **half** of all adults are physically active

One of the worst rates in the region

Source: PHOF

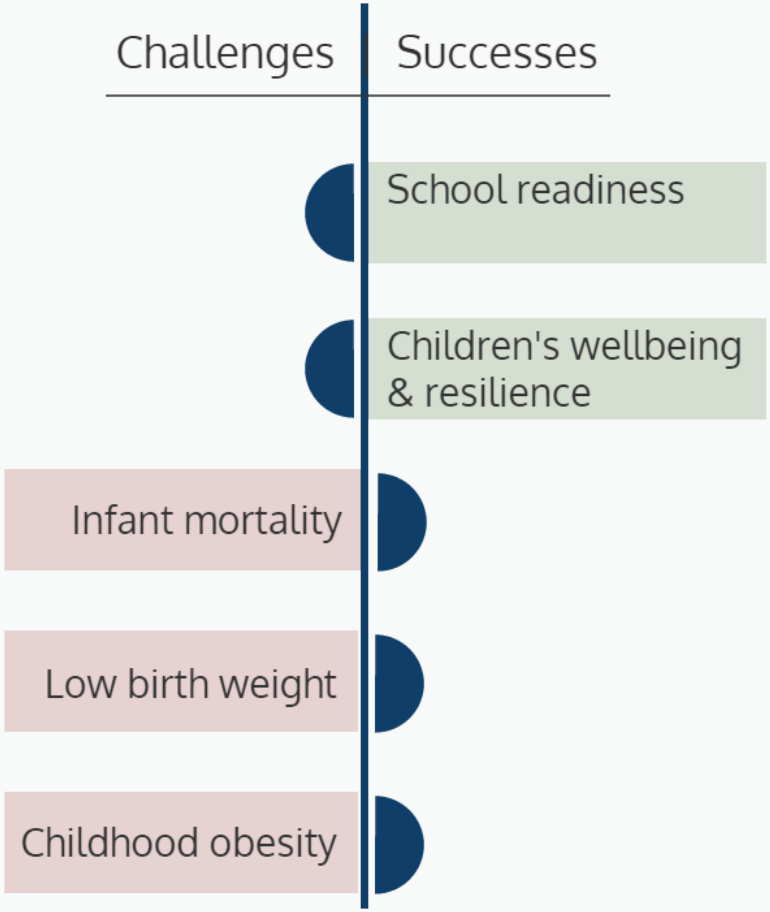
Emotional wellbeing

1 in 4 adults under 65 have experienced anxiety, depression or other mental health problem

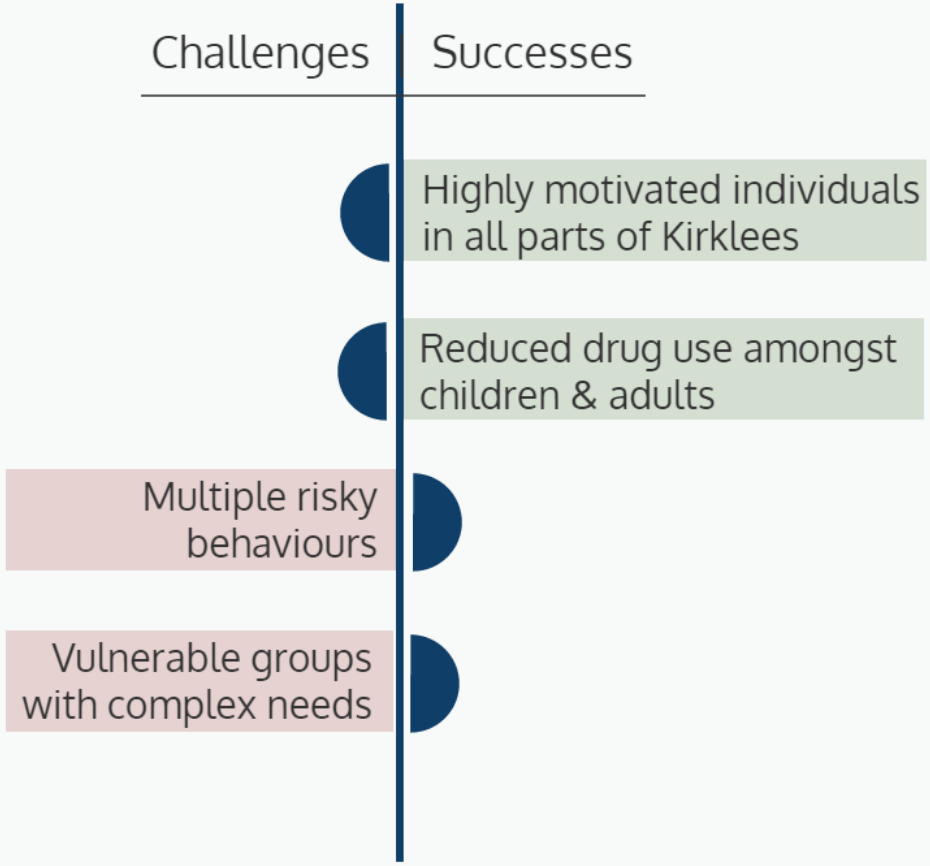
1 in 4 adults report taking time off work for stress, anxiety or depression

Kirklees has the lowest rate of suicide in the region (7.9 per 100,000) but **every suicide is a tragedy** and affects many people

Importance of starting well



Clustered behaviours/vulnerable groups



Starting well

Infant mortality

Infant mortality rates in Kirklees are amongst the highest in the region and highest in the most deprived areas

However rates have almost halved in the last decade:

2003-05 | 2012-14

8.0 ‖ **4.6**

deaths per 1000 live births

Low birth weight

Over the last 10 years, Kirklees has one of the highest rates of low birth weight term babies in the region

Rates in 2014/15 are twice as high for South Asian mothers as for White British mothers:

South Asian | White British

6.2% ‖ **2.9%**

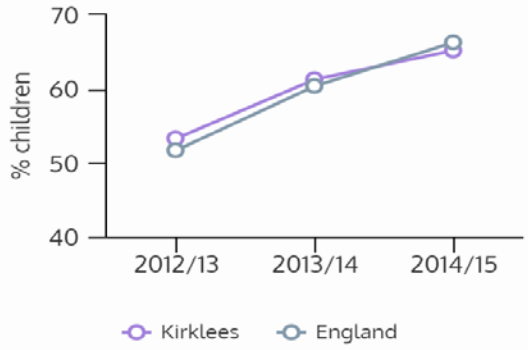
Healthy weight

Reception age children: **3 in 4**

Year 6 children: **2 in 3**

Obesity levels amongst pupils living in the most deprived decile are **double** those in the least deprived decile (Reception and Year 6)

% children achieving good level of development at end of reception is improving, in line with England value



School readiness

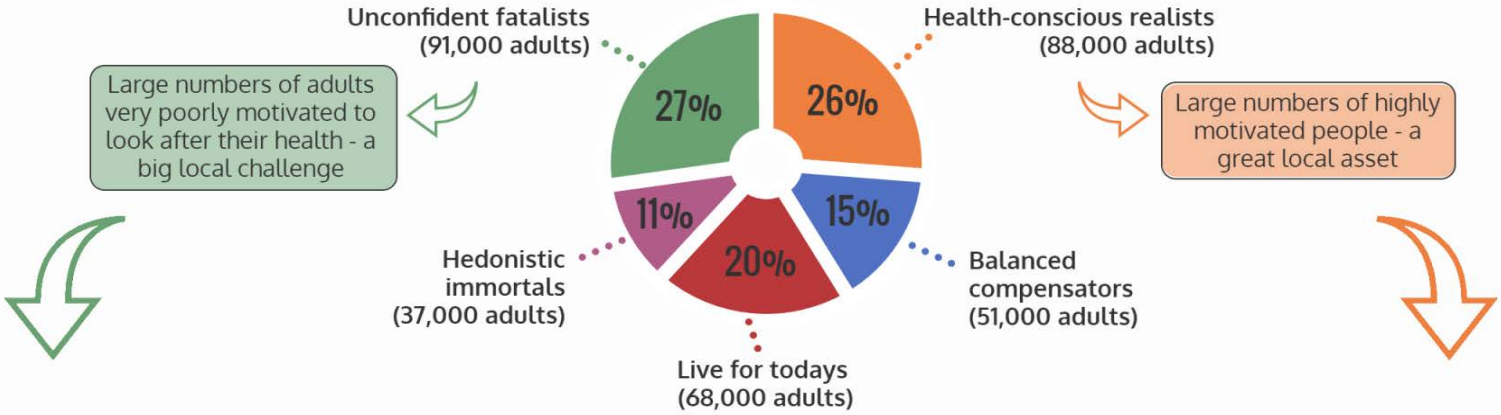
Pupil absence:

Levels are better than England, and are improving

NEET:

Proportion of NEET is steadily falling and is similar to the England average (4.8% in Jan 2016)

Clustered behaviours



Unconfident fatalists (91,000 adults):

Profile

Oldest age profile, tend to live in most deprived areas, largest proportion of workless (under 65s), similar ethnicity profile to Kirklees overall

Behaviours, motivations & risk factors

Negative perceptions of a healthy lifestyle, often fatalistic about their own health, multiple negative health behaviours (apart from alcohol), poor social connectedness

Preferred approach, format, communication and engagement

UFs are likely to need more support to take small steps in a staged and coordinated approach to tackle multiple issues. They respond better to NHS branding, peer testimonials ('people like us can change') and face to face engagement methods.

Health-conscious realists (88,000 adults):

Profile

Middle aged profile, tend to live in less deprived areas, smaller than average proportion of workless (under 65s)

Behaviours, motivations & risk factors

Highly motivated, in control of their lives and their health, positive health behaviours, better than average health & wellbeing, better than average social connectedness

Preferred approach, format, communication and engagement

HCRs are already engaged with health so are most likely to prefer an approach that is primary care based, non-prescriptive, non-medical and facilitative. They respond better to local rather than NHS/ Government branding and to messages focusing on control and individual choice.

What is Healthy Foundations?

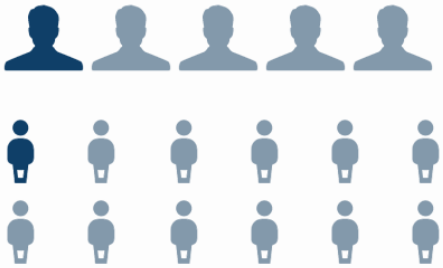
Healthy Foundations is a segmentation model originally developed for the Department of Health to provide insights for social marketing to improve the effectiveness of healthy policy, campaigns and interventions. It is built on the three core dimensions of motivations, environment and life stage. It identifies five distinct motivation segments which differentiate people based on health attitudes and beliefs. The segments are 'Unconfident Fatalists (UF)', 'Health Conscious Realists (HCR)', Balanced Compensators', 'Hedonistic Immortals' and 'Live for Todays'. These are labels used to describe the segments only **not** labels to be assigned to individuals.

So what?

Different intervention, engagement and communication formats and approaches are needed for people in each segment. This will be more effective than a 'one size fits all' approach. There are people who are highly motivated to look after their health living in **all** parts of Kirklees. In the more deprived areas, highly motivated individuals (Health Conscious Realists and Balanced Compensators) can take on the role of 'health champions'.

Supporting vulnerable groups

43,665 people provide unpaid care



1 in 5 Adults

and

1 in 12 Children

are carers

54,500 working age people are disabled

including 7,500-8,300 adults with a learning disability

Kirklees has **610** looked-after children

Out of 65,788 pupils....

4,222 receive SEN support

1,819 with SEN statement

1,880 people supervised by Probation Service

Around 91,000 adults are in the segment most poorly motivated to look after their health

Of these 91,000...

- **1 in 4** is obese (compared with 1 in 5 of all adults)
- **1 in 5** have four or more long-term conditions (compared with 1 in 11 of all adults)
- **1 in 4** are smokers (compared with 1 in 5 of all adults)
- **1 in 6** have very poor social connectedness (compared with 1 in 10 of all adults)

Key challenges

- The need to prevent and intervene early
- Narrowing the inequality gap
- Enabling people to start, live and age well
- Achieving healthy communities, houses and work
- Improving resilience and enabling healthy behaviours (e.g. diet and physical activity)

How do we tackle them?

- Redouble efforts to shift activity from reacting to preventing and intervening early
- Create environments that enable healthy behaviours
- Ensure interventions are designed and targeted to reduce inequalities
- Promote independence and resilience to start well and age well
- Ensure access to healthy housing, decent work and strong community
- Ensure changes are driven by community assets and strengths to achieve positive and sustainable outcomes

Joint Health and Wellbeing Strategy