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

Key challenges

K J S A

Context

Picture of health and wellbeing

Action

What are the big issues to tackle?
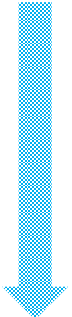
How do we tackle them?

Joint Health and Wellbeing Strategy

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
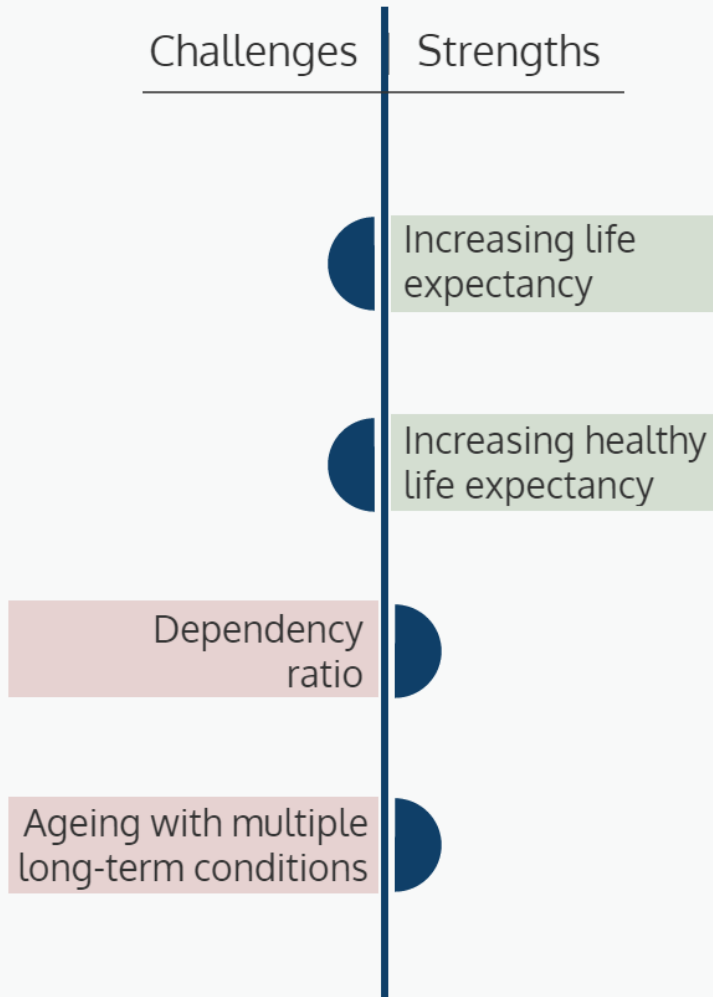
Key challenges

- 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	
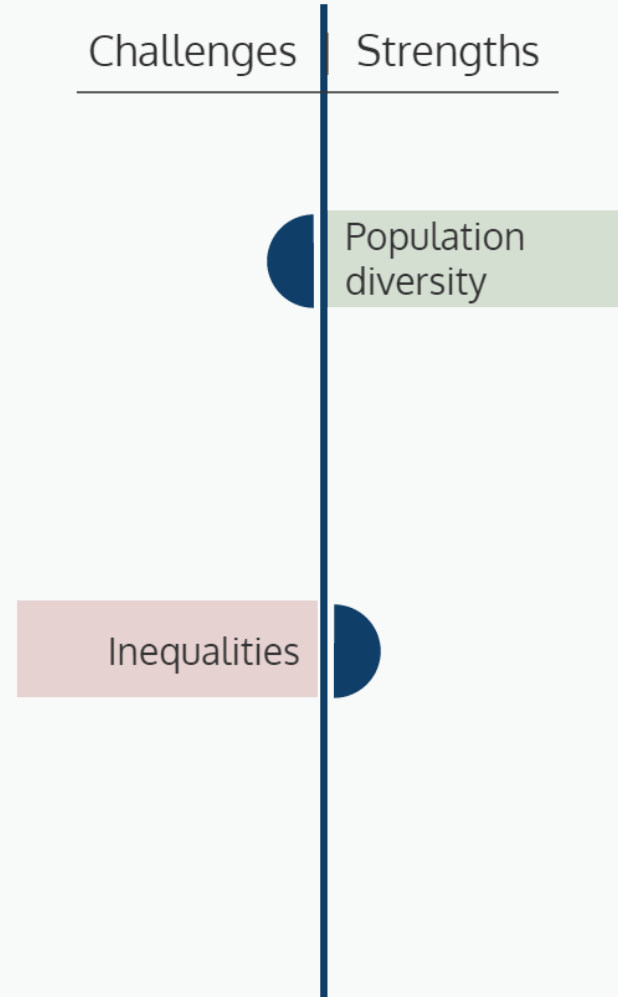
Above average birth rates and an increase in the older population will have implications for the local economy and the health and social care system
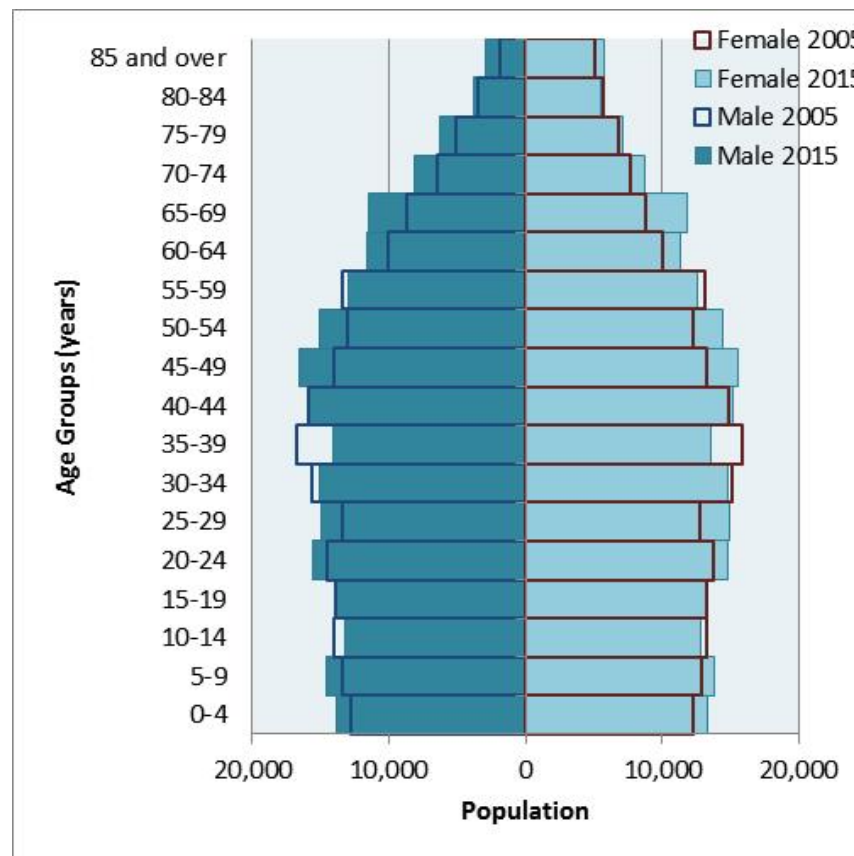
Over the last 10 years the age profile of Kirklees has changed

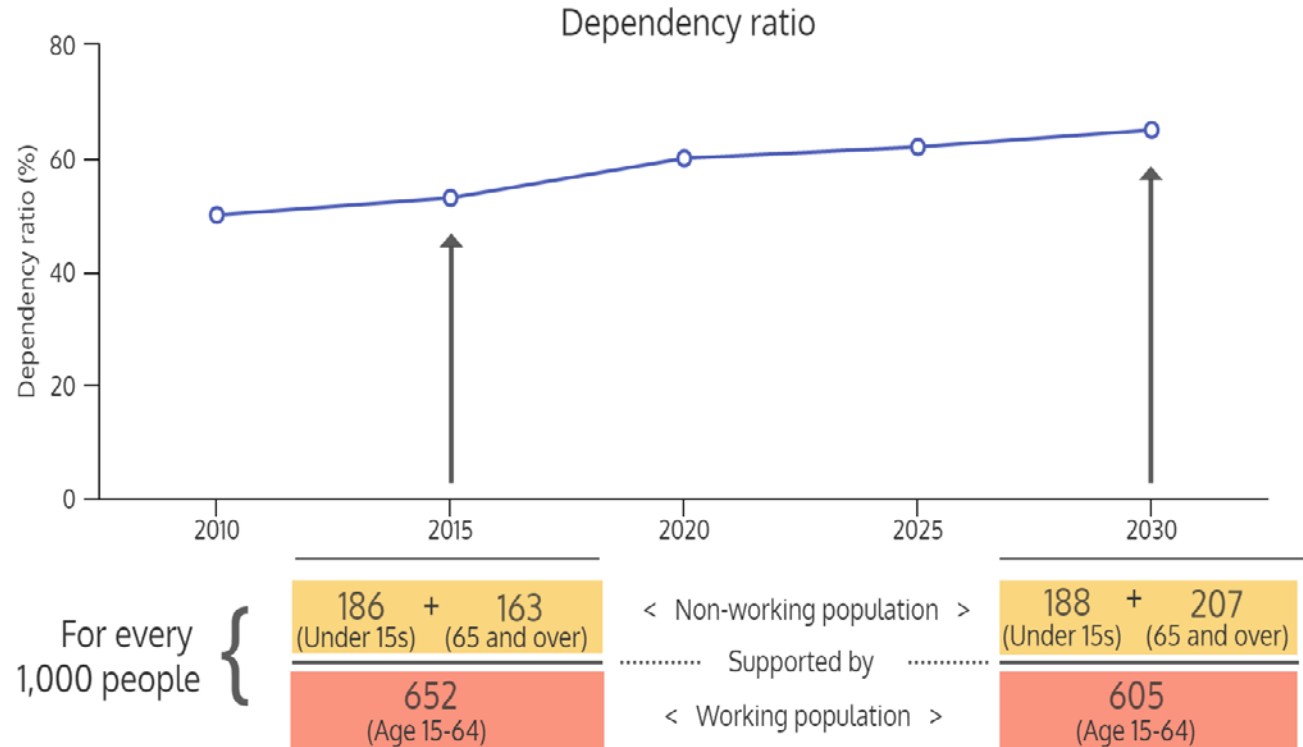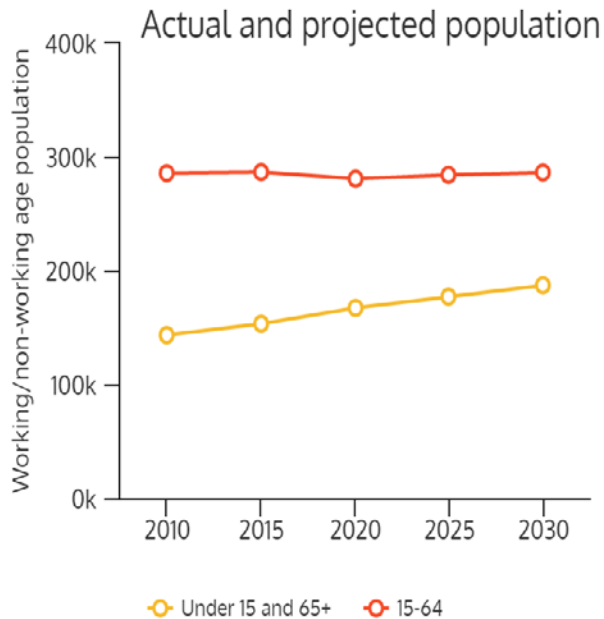| Age | Difference | |
---	From 2002 to 2015	From 2015 to 2030
85+	+1,495	+6,886
65-84	+11,253	+19,673
45-64	+14,975	-249
25-44	-1,027	-2,425
18-24	+4,027	+707
Under 18	+3,529	+8,858

Increases in older population and under 18s predicted to continue

No overall increase predicted for ages 18-64

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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.

Actual and projected population

Working/non-working age population: 400k, 300k, 200k, 100k, 0k

2010 2015 2020 2025 2030

-O- Under 15 and 65+   -O- 15-64

Dependency ratio

Dependency ratio (%): 80, 60, 40, 20, 0

2010 2015 2020 2025 2030

For every 1,000 people {

2015: 186 + 163 (Under 15s) (65 and over) < Non-working population >
652 (Age 15-64)   .... Supported by .... < Working population >

2030: 188 + 207 (Under 15s) (65 and over)
605 (Age 15-64)

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.

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

Kirklees ethnic groups (2011 census)

1.2 %
1.9 %
2.3 %
4.5 %
4.9 %
6.1 %
79.1 %

- White
- Pakistani
- Indian
- Kashmiri
- Mixed
- Black
- Other

Non-English spoken languages

Vietnamese Mandarin
Hungarian
Pashto French
Farsi Polish Latvian
Somali
Spanish Dari Tigrinya German
Arabic Urdu Kurdish
Bangla
Slovak Lithuanian
Albanian Pahari
Cantonese Amharic
Oromo Czech
Italian Thai
Punjabi Romanian
Swahili Russian
Dutch Portuguese Turkish
Gujarati

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

Ethnicity
1 dot = 10 people

- White British
- White non-british
- South Asian
- Black
- Mixed
- —— Major Road
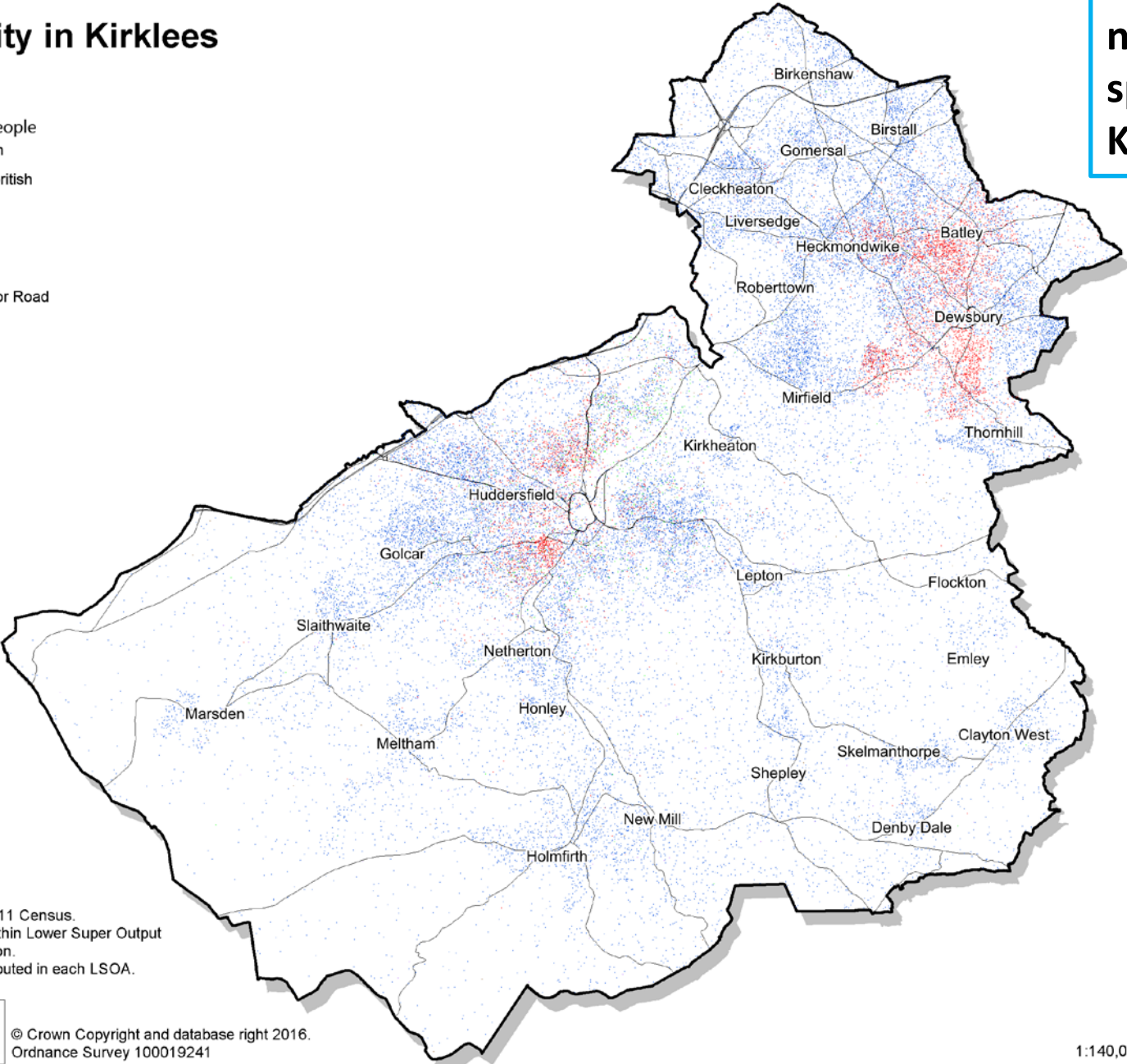
Ethnicity data from 2011 Census.
1 point = 10 people within Lower Super Output
Area (LSOA) population.
Points randomly distributed in each LSOA.

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Ethnic groups are not uniformly spread across Kirklees

Kirklees Public Health Intelligence

1:140,000

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Index of Multiple Deprivation 2015 (%) in Kirklees

Key

IMD 2015 in Kirklees (%) *

90-100 (least deprived)	(9)
80-90	(20)
70-80	(32)
60-70	(28)
50-60	(18)
40-50	(26)
30-40	(26)
20-30	(36)
10-20	(42)
0-10 (most deprived)	(23)

☐ District Committee

Some parts of Kirklees are much more deprived than others

BATLEY AND SPEN

HUDDERSFIELD

DEWSBURY AND MIRFIELD

KIRKLEES RURAL

Gomersal · Cleckheaton · Liversedge · Batley · Dewsbury · Thornhill · Mirfield · Kirkheaton · Huddersfield · Golcar · Slaithwaite · Netherton · Marsden · Meltham · Honley · Lepton · Kirkburton · Clayton West · Skelmanthorpe · Shepley · Denby Dale · Holmfirth
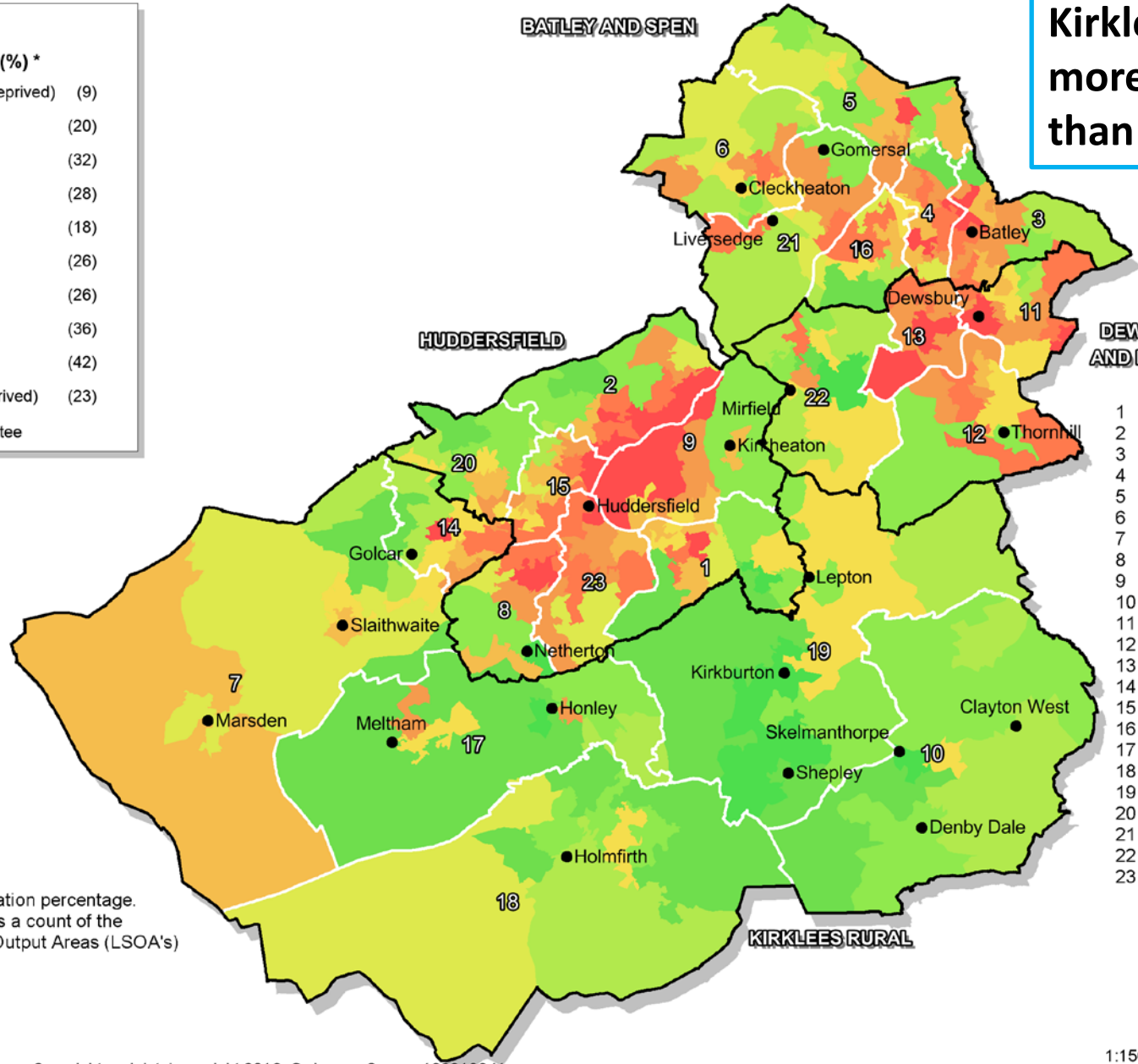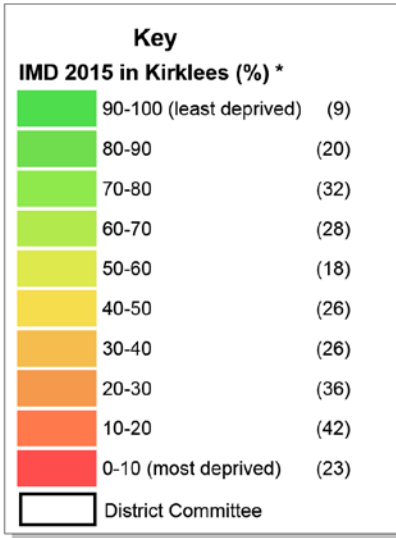
1 Almondbury
2 Ashbrow
3 Batley East
4 Batley West
5 Birstall and Birkenshaw
6 Cleckheaton
7 Colne Valley
8 Crosland Moor and Netherton
9 Dalton
10 Denby Dale
11 Dewsbury East
12 Dewsbury South
13 Dewsbury West
14 Golcar
15 Greenhead
16 Heckmondwike
17 Holme Valley North
18 Holme Valley South
19 Kirkburton
20 Lindley
21 Liversedge and Gomersal
22 Mirfield
23 Newsome

* 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.

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Kirklees Public Health Intelligence

1:150,000

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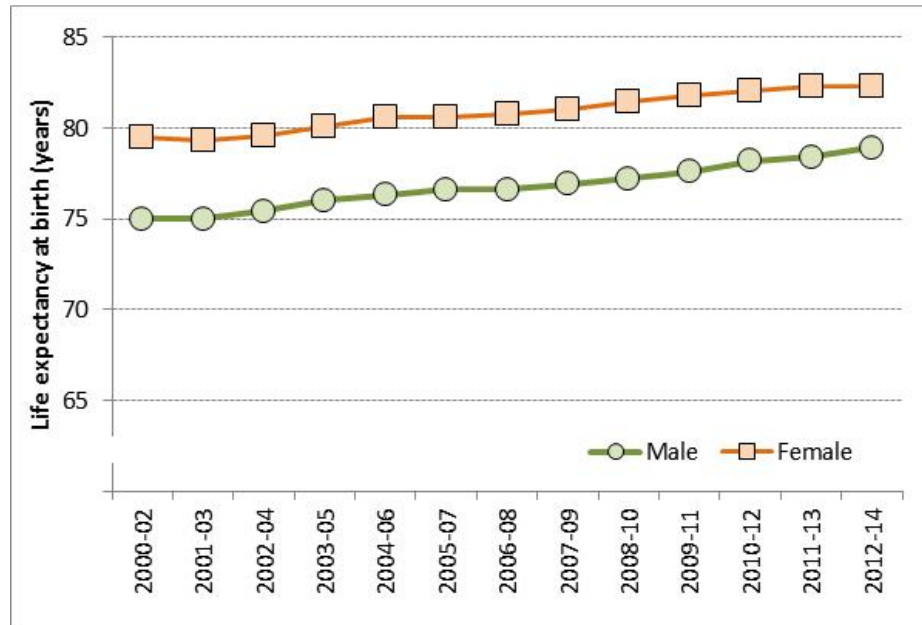
Life expectancy continues to increase. In 2012-14 **life expectancy at birth** in Kirklees was 79.3 years for males and 82.4 years for females.
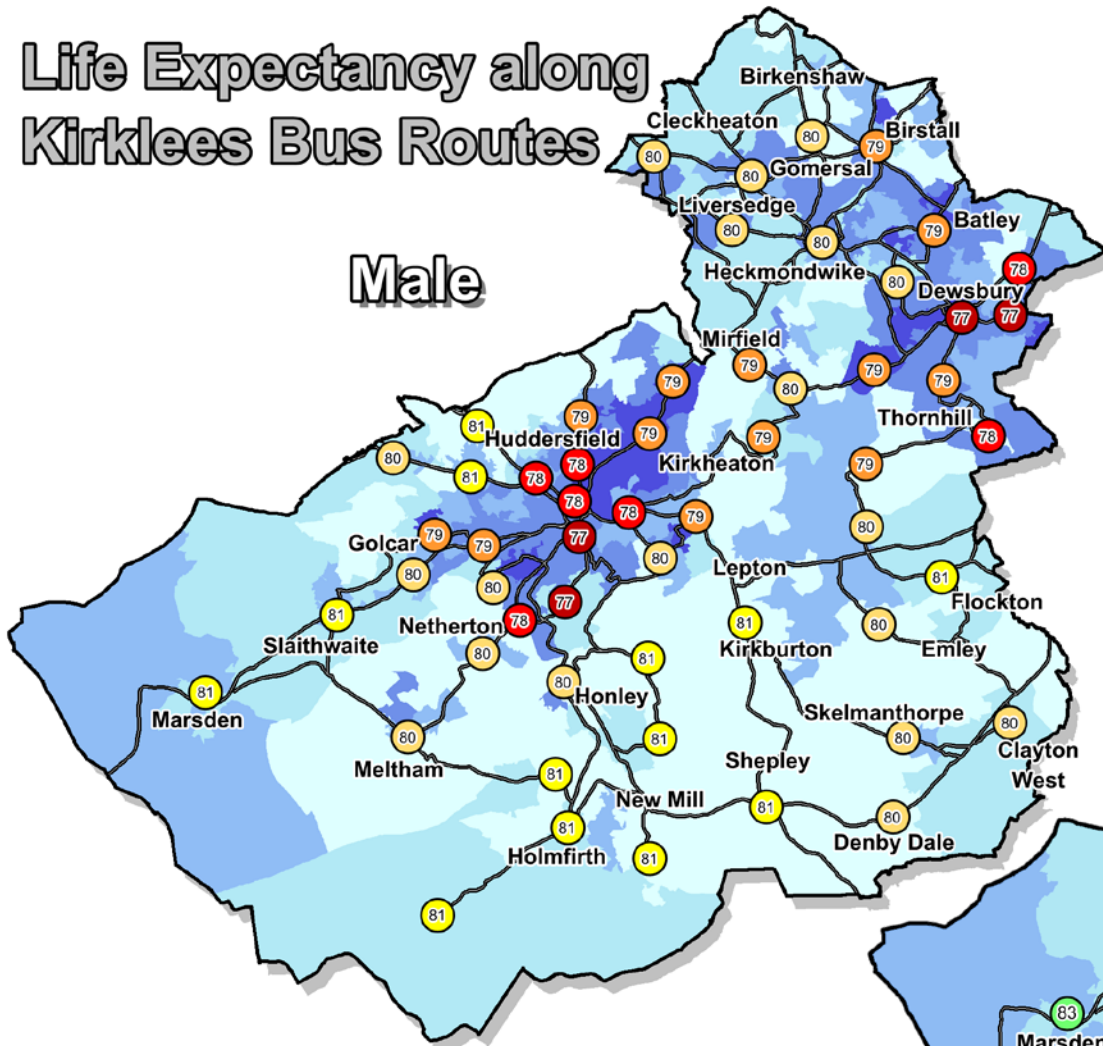

Male life expectancy at birth, Kirklees (2012-14)
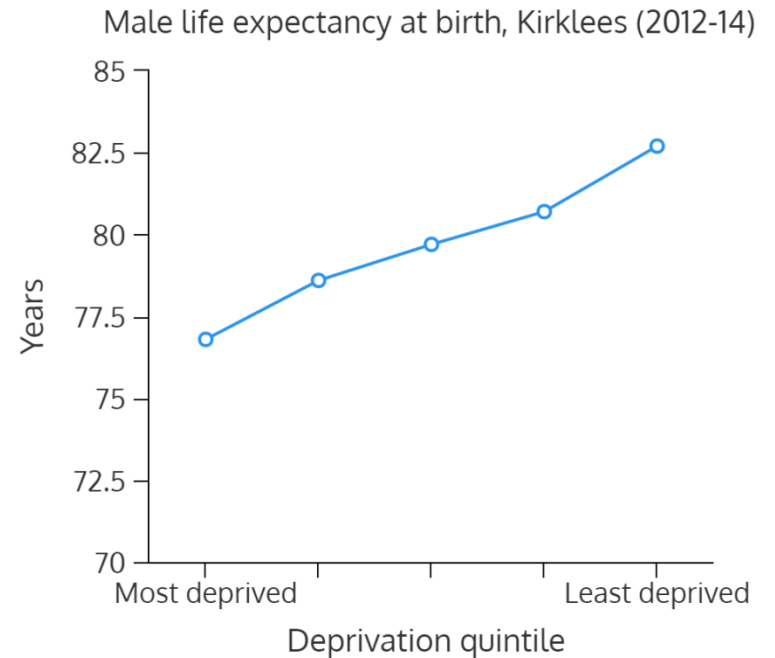
But there is a clear **social gradient** for life expectancy.

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.**
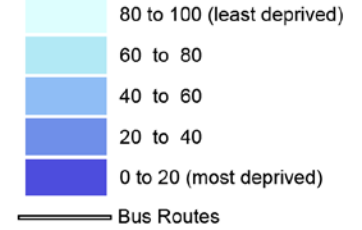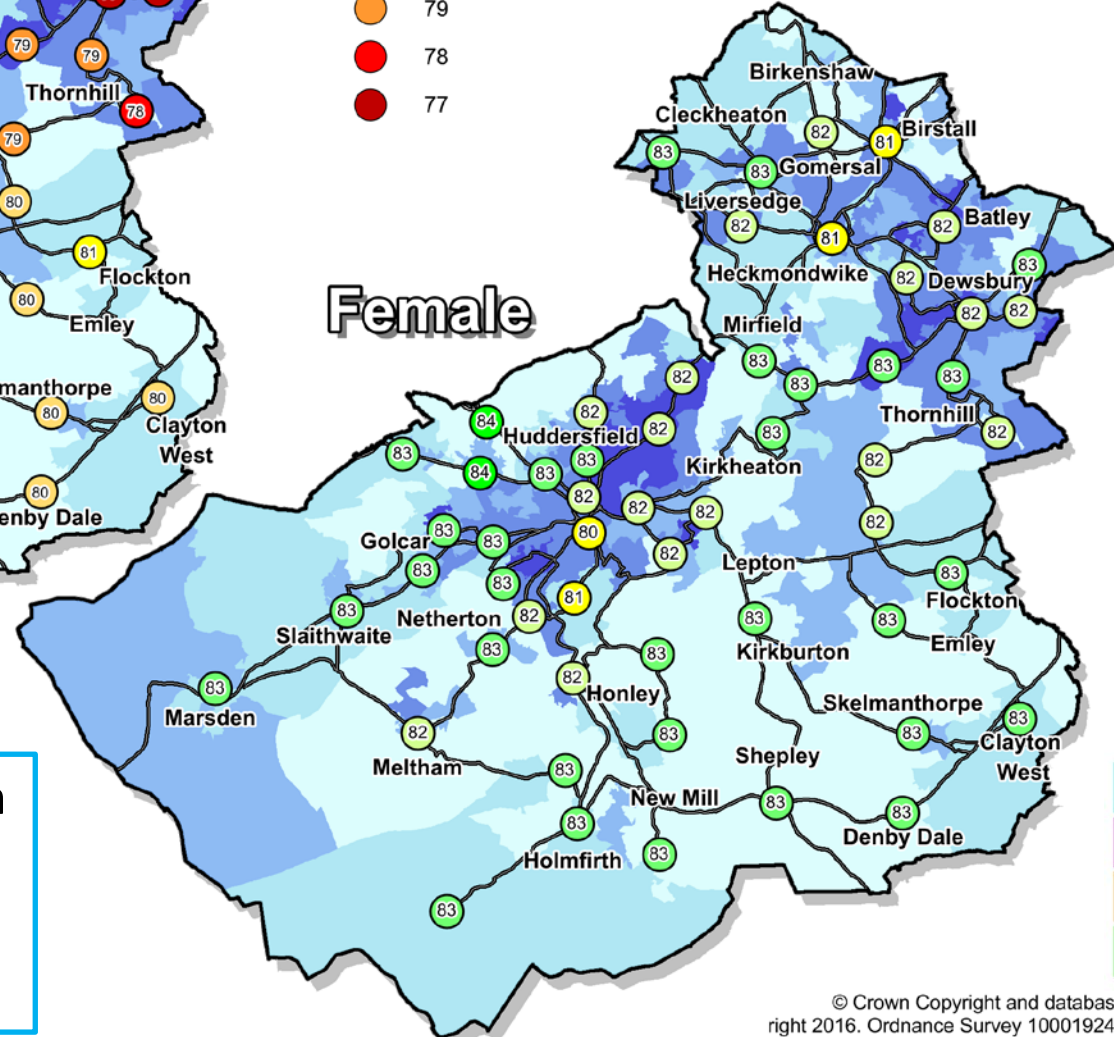
Life Expectancy along Kirklees Bus Routes

Male

Female

Life Expectancy at Birth
2012-2014

- 84
- 83
- 82
- 81
- 80
- 79
- 78
- 77
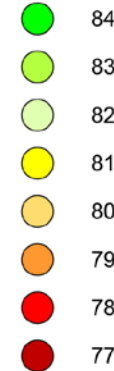
Index of Deprivation 2015 (%)
Quintiles

- 80 to 100 (least deprived)
- 60 to 80
- 40 to 60
- 20 to 40
- 0 to 20 (most deprived)
- —— Bus Routes
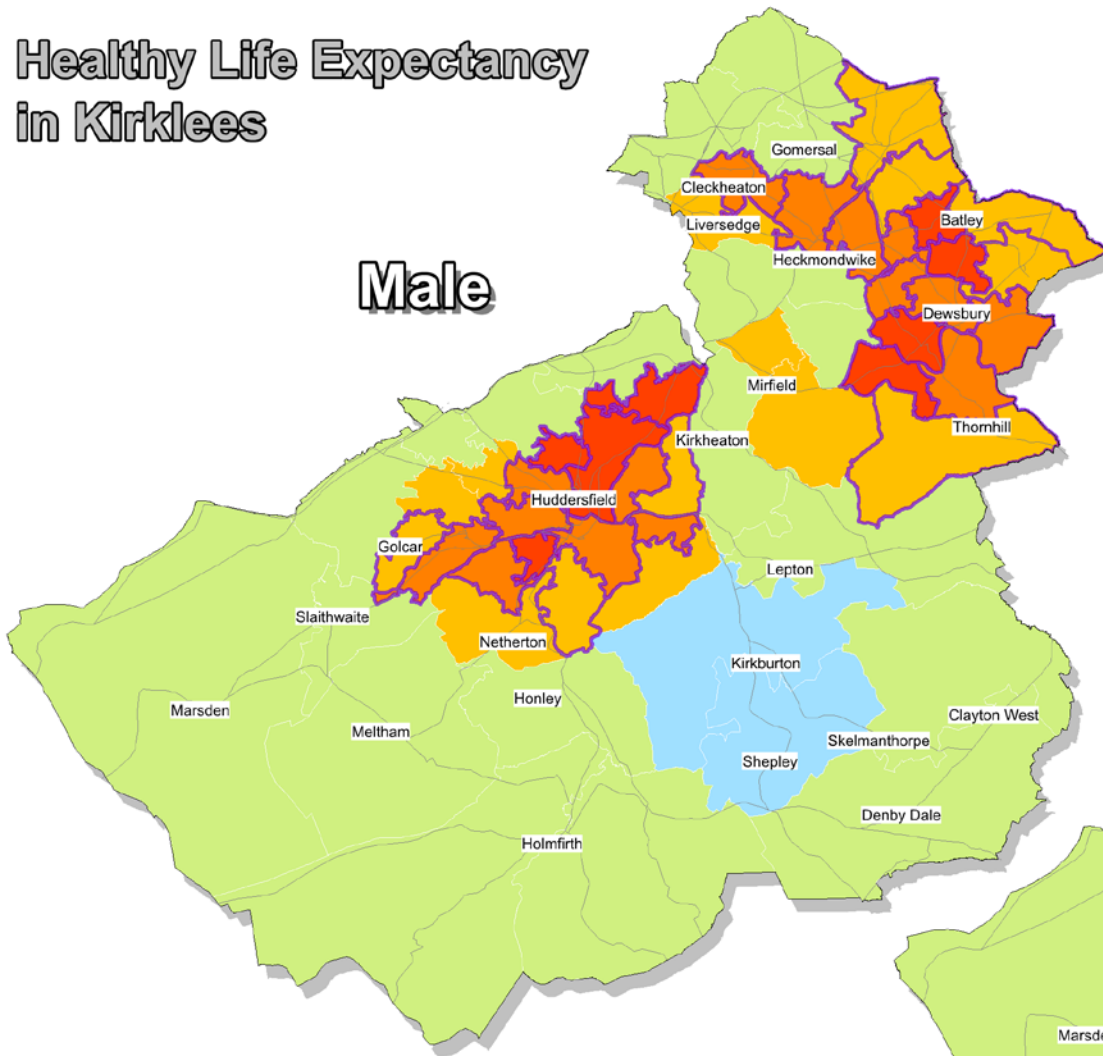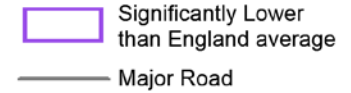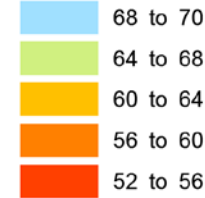
These maps illustrate the inequalities in life expectancy between the most and least deprived parts of Kirklees, particularly for men.
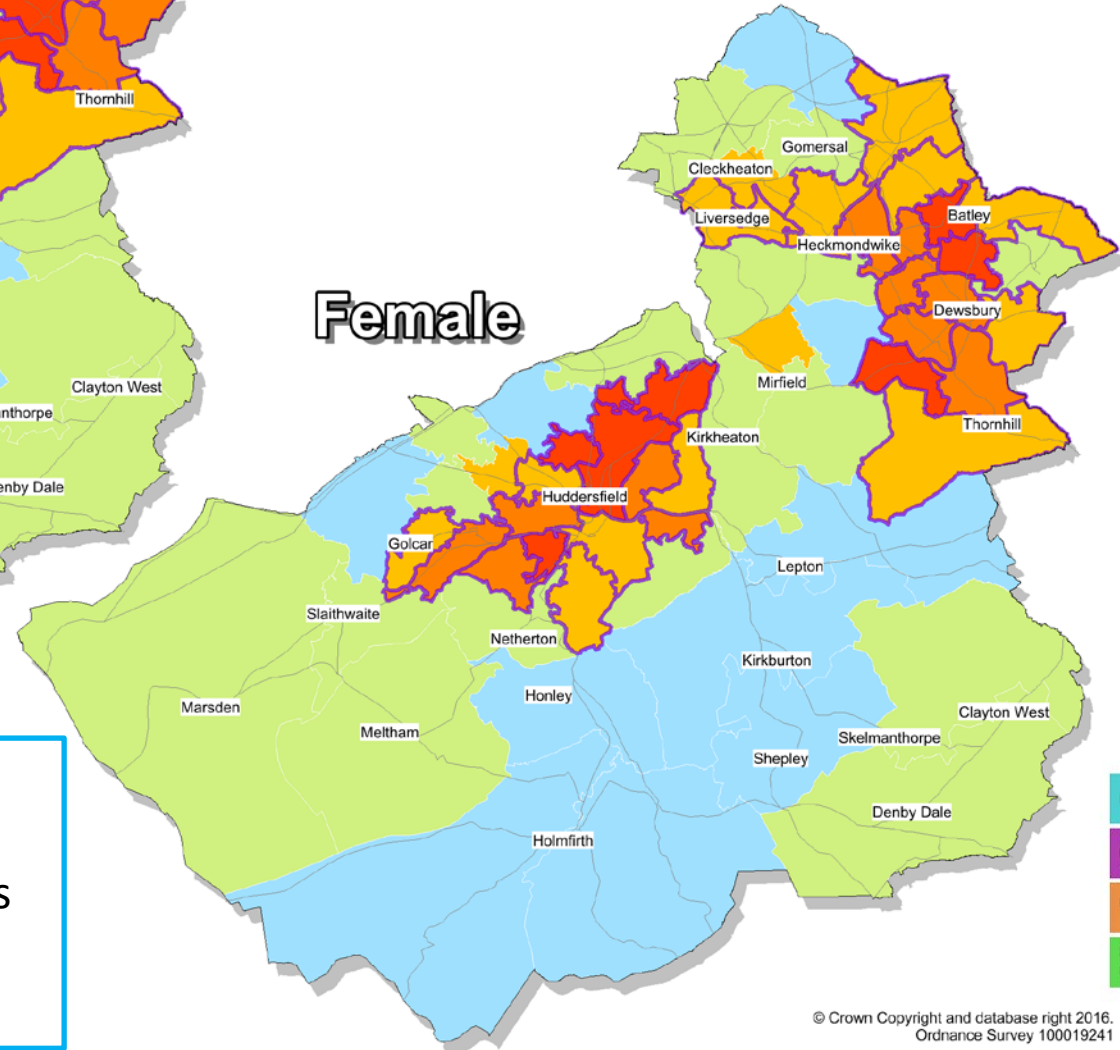
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Healthy Life Expectancy in Kirklees

Male

Female

Healthy Life Expectancy (years)
2009-2013

- 68 to 70
- 64 to 68
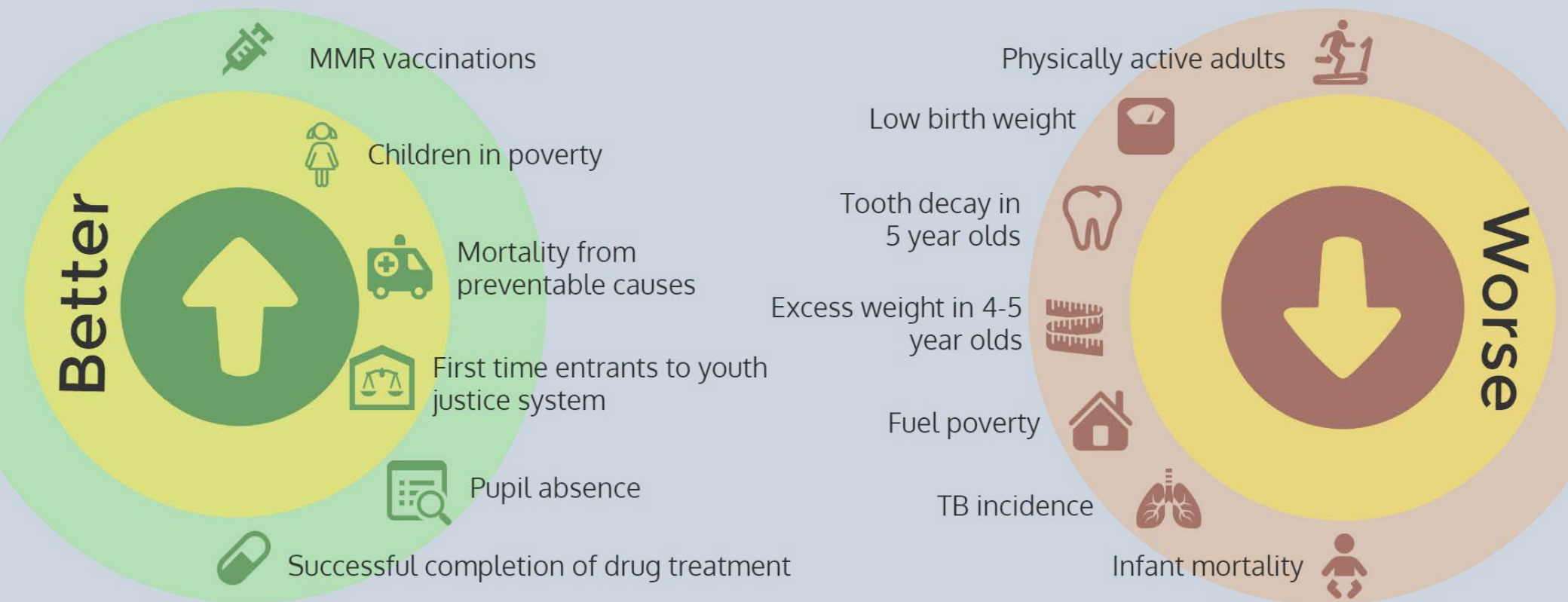- 60 to 64
- 56 to 60
- 52 to 56

Significantly Lower than England average

Major Road

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.

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

Better

- MMR vaccinations
- Children in poverty
- Mortality from preventable causes
- First time entrants to youth justice system
- Pupil absence
- Successful completion of drug treatment

Worse

- Physically active adults
- Low birth weight
- Tooth decay in 5 year olds
- Excess weight in 4-5 year olds
- Fuel poverty
- TB incidence
- Infant mortality

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

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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

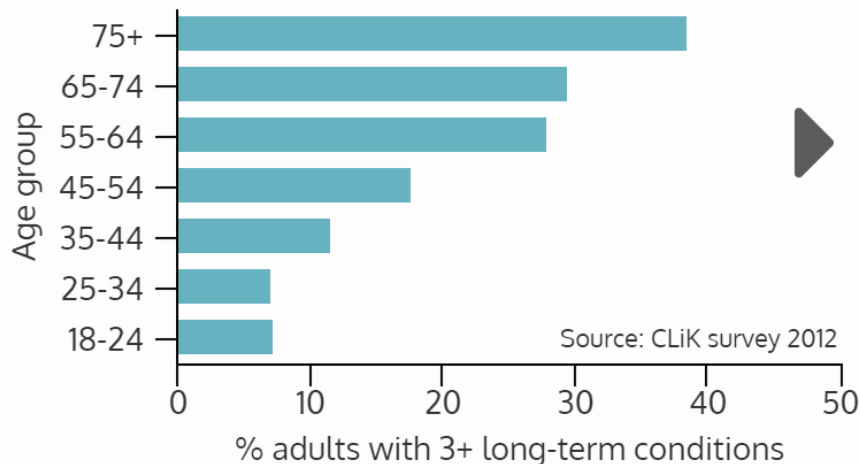|	Under 65s	Over 65s	Over 75s	
📋	1 in 20	1 in 6	1 in 6	Diabetes
♥	1 in 33	1 in 6	1 in 5	Heart disease
🫁	1 in 71	1 in 15	1 in 14	Chronic lung disease
⛈	1 in 8	1 in 5	1 in 4	Long-term pain

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

Mental health problems are most common in younger adults

Depression/anxiety

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

Age group
- 75+
- 65-74
- 55-64
- 45-54
- 35-44
- 25-34
- 18-24

% adults with 3+ long-term conditions
0   10   20   30   40   50

Source: CLiK survey 2012

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

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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	

KJSA

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Home, work & family life

Households

60% don't have children living in them

24% are occupied by one person

16% are occupied by pensioners

Housing

1,630 new homes need to be provided each year

£ 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

1,049 new affordable homes are required to meet need

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

Family life

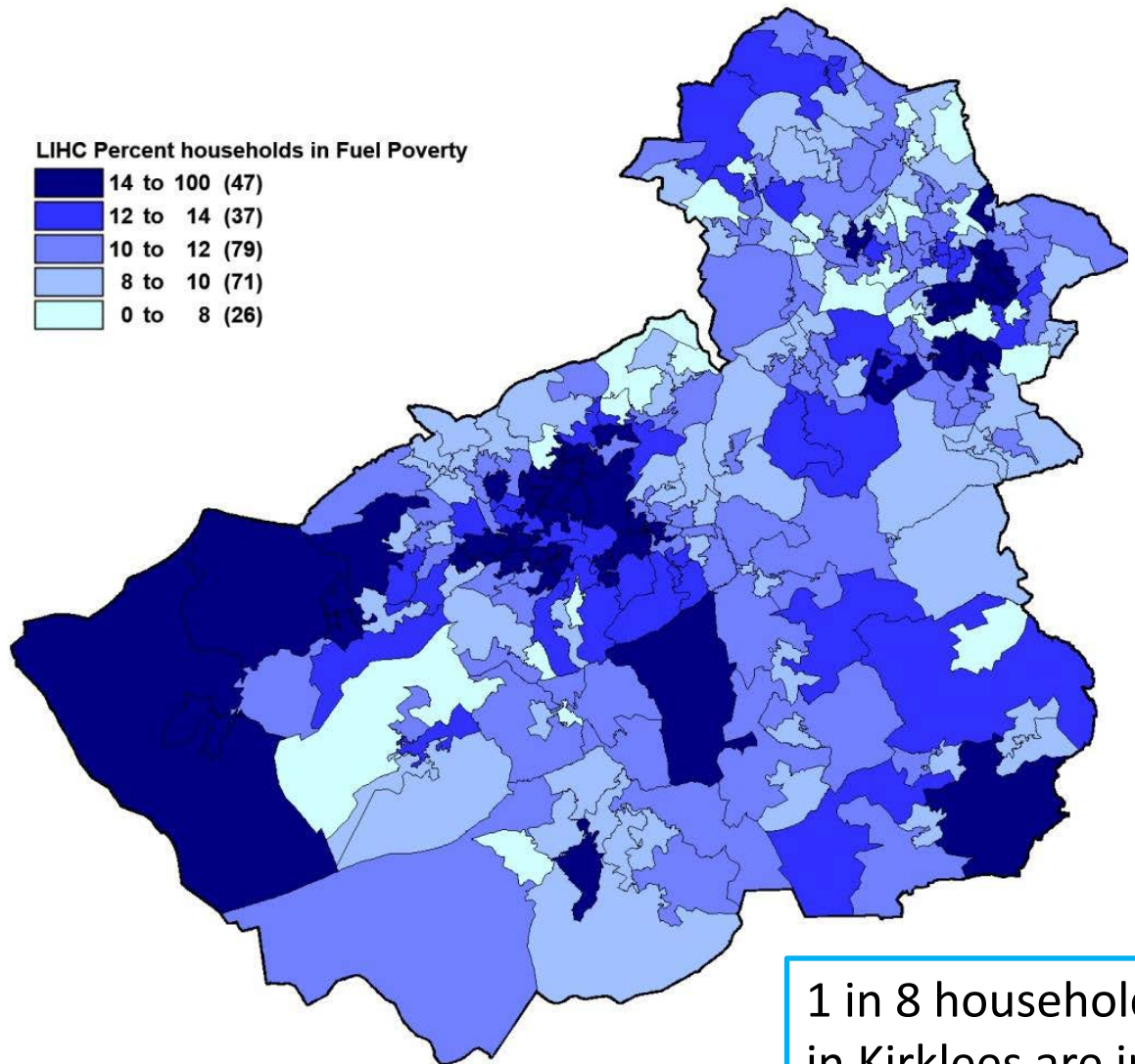**2 in 5** children experience family breakdown (at least half of which occurs by age 3)

KJSA

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

Low Income High Cost (LIHC) Fuel Poverty Indicator in Kirklees by LSOA - 2011 (Based upon DECC data, published August 2013)

LIHC Percent households in Fuel Poverty
- 14 to 100 (47)
- 12 to 14 (37)
- 10 to 12 (79)
- 8 to 10 (71)
- 0 to 8 (26)

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1 in 8 households in Kirklees are in fuel poverty

Healthy communities

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

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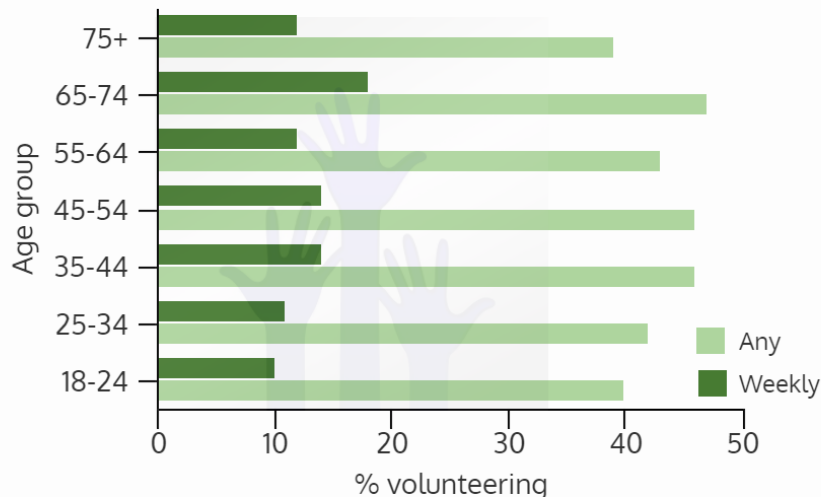- Adults not working due to ill health/disability

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

60% of people aged over 75 live alone

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%**

Age group:
- 75+
- 65-74
- 55-64
- 45-54
- 35-44
- 25-34
- 18-24

% volunteering: 0, 10, 20, 30, 40, 50

Legend: Any / Weekly

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

% physically active

75
50
25
0

2012 2013 2014

○ Kirklees   ○ England

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

One of the worst rates in the region

Emotional wellbeing

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

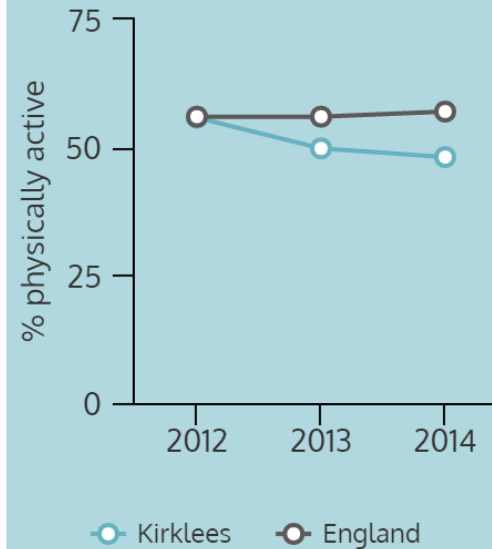Of those adults who had taken time off work due to ill health

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

Kirklees has the lowest rate of suicide in the region (7.9 per 100,000)

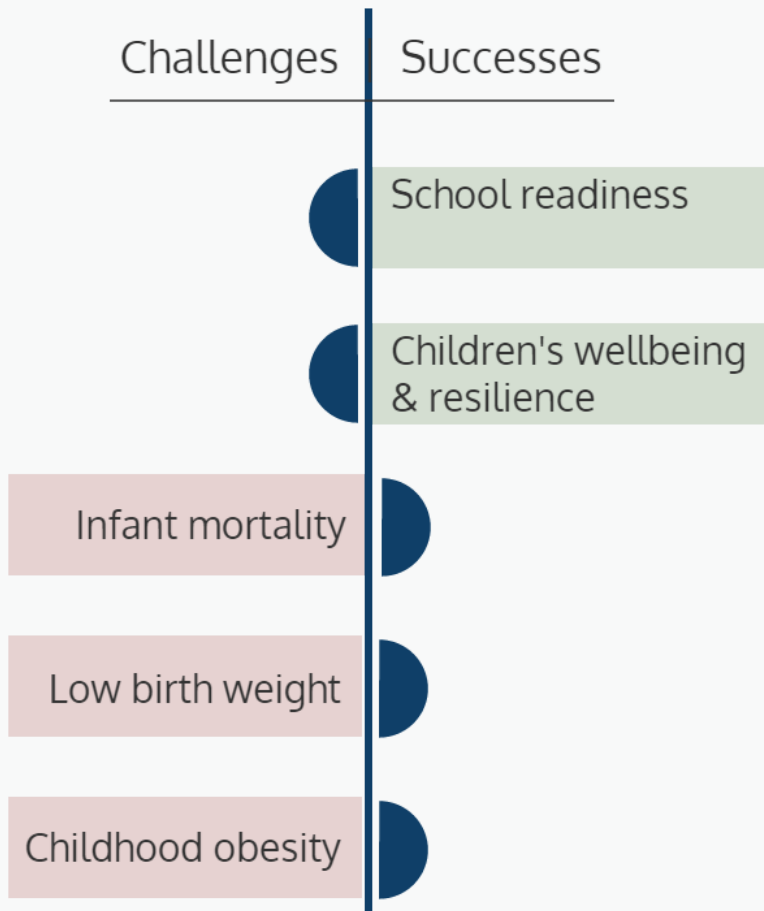but **every suicide is a tragedy** and affects many people

KJSA
Updated April 2016

Importance of starting well

Challenges	Successes
	School readiness
	Children's wellbeing & resilience
Infant mortality	
Low birth weight	
Childhood obesity	

Clustered behaviours/vulnerable groups

Challenges	Successes
	Highly motivated individuals in all parts of Kirklees
	Reduced drug use amongst children & adults
Multiple risky behaviours	
Vulnerable groups with complex needs	
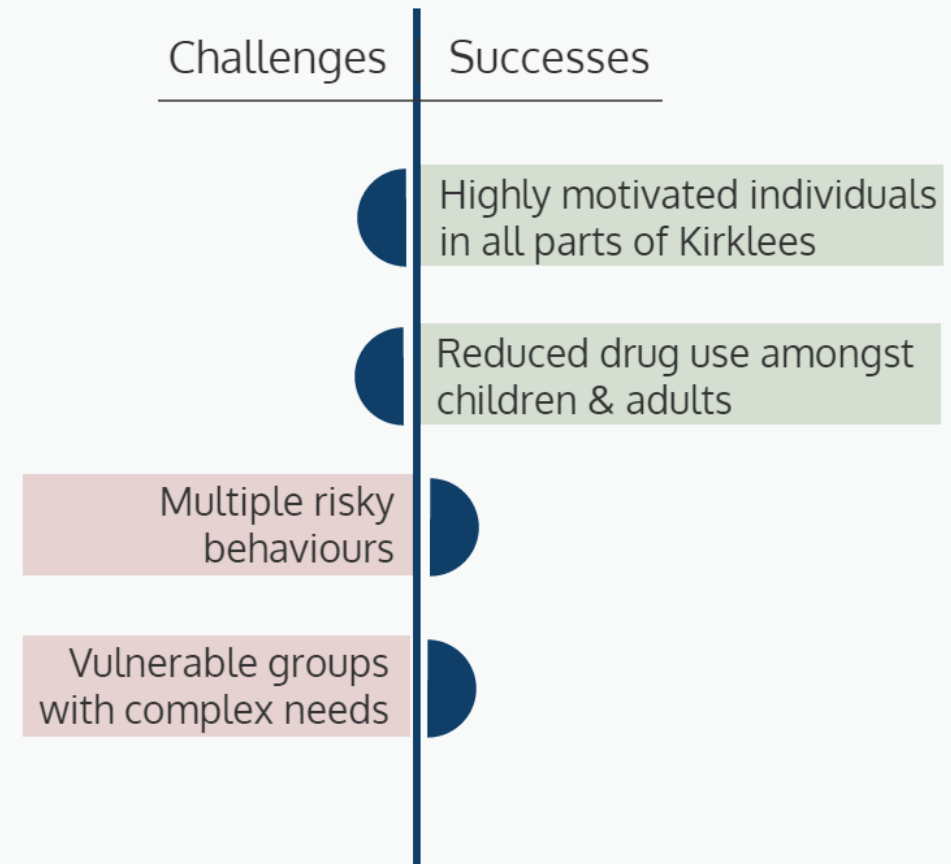
Starting well

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
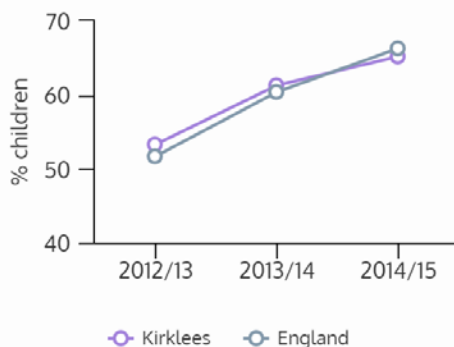
Reception age children: **3 in 4**

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

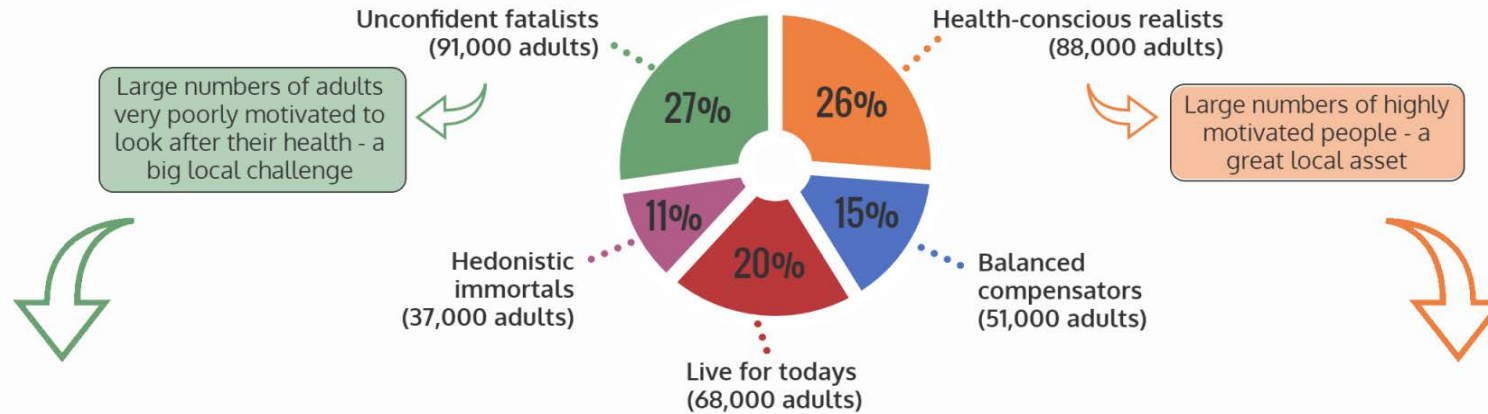### School readiness

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)

% children

70
60
50
40

2012/13   2013/14   2014/15

-o- Kirklees   -o- England

Clustered behaviours

Unconfident fatalists (91,000 adults)

Health-conscious realists (88,000 adults)

Large numbers of adults very poorly motivated to look after their health - a big local challenge

Large numbers of highly motivated people - a great local asset

27%

26%

11%

15%

20%

Hedonistic immortals (37,000 adults)

Balanced compensators (51,000 adults)

Live for todays (68,000 adults)

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'.

KJSA

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 4 are smokers
(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 6 have very poor social connectedness
(compared with 1 in 10 of all adults)

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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

Updated April 2016

Data sources

Slide	Description	Source
5,6	Actual population (2002, 2005, 2010, 2015) Projected population (2020, 2025, 2030)	GP registered population (WYCSA) ONS projections (2012)
7,8	Population ethnicity Mother of new baby ethnicity School children ethnicity and non-English first language Non-English spoken languages	ONS, Census (2011) Calderdale & Huddersfield Foundation Trust, Mid-Yorkshire Health Trust (2014/15) School census (Jan 2015) Information from Kirklees Council Community Languages Service
9-11	Index of Multiple Deprivation	Department for Communities and Local Government
10,11	Life expectancy	Mortality from Primary Care Mortality Database (2012-14); Population from GP registers (Jul 2013)
12	Healthy life expectancy	Data from ONS (2009-13) at Middle Layer Super Output Area
13	Key indicator comparison to regional and national levels	Range of sources and dates, collected together on Public Health Outcomes Framework web site
14	Long-term conditions	Current Living in Kirklees (CLiK) adult population survey (2012)
16	Households Housing Work Long-term sick Feeling lonely/isolated Poverty Family breakdown	Council Tax records (Jul 2015), available through Kirklees Observatory Kirklees Strategic Housing Market Assessment (2015, available here) NOMIS (https://www.nomisweb.co.uk/) NOMIS economic inactivity data (12 months to Sep 2015) Current Living in Kirklees (CLiK) adult population survey (2012) Monitoring Poverty and Social Exclusion 2012 (Joseph Rowntree Foundation, available here) Callan S. Centre for Social Justice, Breakthrough Britain, Family Breakdown; 2006
17	Fuel poverty	Department of Energy & Climate Change, Low Income High Cost indicator at LSOA level (2011)
18	Feeling lonely/isolated Volunteering levels; Issues of trust	Current Living in Kirklees (CLiK) adult population survey (2012) 'Your Place Your Say' local survey (2011)

Data sources (continued)

Slide	Description	Source
19	Mode of travel to work (adults)	ONS, Census (2011)
	Mode of travel to work (Children)	Kirklees Children and Young People's Survey (2014)
	Perceived traffic issues	West Yorkshire Police and Crime Commissioner Public Perception Survey (Sep 2015)
	Commute by car	ONS, Census (2011)
	Use of outdoor space	Natural England: Monitor of Engagement with the Natural Environment (MENE) survey (2013/14)
	Deaths caused by air pollution	Department for Environment, Food & Rural Affairs (2013)
20	Diet and burden of disease	Global burden of disease study 2013 (available here)
	Physical activity levels; Adults overweight/obese	Active People Survey, Sport England
	Emotional wellbeing	Current Living in Kirklees (CLiK) adult population survey 2012
	Suicide rate	Public Health England (based on ONS source data) (2012-14)
22	Infant mortality rates	Mortality from Primary Care Mortality Database (2012-14); Live births from ONS (2012-14)
	Low birth weights	Calderdale & Huddersfield Foundation Trust, Mid-Yorkshire Health Trust (2014/15)
	Healthy weight children	National Child Measurement Programme (2014/15)
	School readiness	Department for Education (2012/13 – 2014/15)
	Pupil absence	School census (2013/14)
	NEET	Department for Children, Schools and Families (Jan 2016)
23	Segment population numbers	Current Living in Kirklees (CLiK) adult population survey (2012)
	Healthy Foundations background information	Department of Health (research report available here)
24	Adult unpaid carers; segmented indicator information	Current Living in Kirklees (CLiK) adult population survey (2012)
	Child unpaid carers	Kirklees Children and Young People's Survey (2014)
	Working age disabled people	Current Living in Kirklees (CLiK) adult population survey (2012)
	Adults with learning disabilities	Projecting Adult Needs and Service Information (PANSI) website (www.pansi.org.uk)
	Looked-after children	Department for Education (figure at 31/03/2014, available here)
	SEN	Kirklees Council internal figures (TRIBAL system)
	Probation Service	Probation Service (Apr 2012)

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