

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



Context

What are the big issues to tackle?



Picture of health and wellbeing



Action

How do we tackle them?



Joint Health and Wellbeing Strategy



Kirklees Outcomes

Approved by the Kirklees Health and Wellbeing Board (28/09/17)

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

Moving to an asset approach

Starting with what's strong not what's wrong

Moving from JSNA to JSA

The 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 a need?

Needs range from basic survival needs (common to all human beings) satisfied by necessities, to cultural, intellectual, and social needs (varying from place to place and age group to age group).

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 and networks, 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 an asset approach can be embedded in Kirklees:

- Understand what is already working and generate more of it
- Involve the 'whole system' from the beginning
- Work together to design in what is needed to achieve shared outcomes and design out the things that are stopping these being achieved

Just some of the local assets contributing to our health and economy



Premier League football team Huddersfield Town...



...and Super League rugby team Huddersfield Giants



Well connected by road and rail



Gold rated University of Huddersfield (winner of 2017 Global Teaching Excellence Award) and other high-performing educational establishments



Town halls and libraries



Leisure facilities and parks



Shopping centres



Places of worship



World-leading engineering and manufacturing companies



Multiple organisations and partnerships working to improve health & social care



Peak District National Park and other green spaces

More local assets built on people helping people



Over 100 registered voluntary organisations and 1000+ unregistered voluntary organisations



Support for self-care: MyHealth Tools, Expert Patient Programme, Wellness Hub



Asset-based community development (ABCD): start with what's strong, not what's wrong



Lifelong learning: Community Learning Trust, Workers' Educational Association, University of the Third Age, College of the Community centres



Arts and culture: galleries, theatres, festivals, designers



People: Large numbers of highly motivated individuals across Kirklees



Sharing community resources: Comoodle
Making better use of under-used stuff, space, skills



Volunteers and social action: Volunteering Kirklees



Schools as community hubs



Places and spaces: Creative Kirklees



Social prescribing

What assets are there already?
What is building strength around
the issue?

What else is happening around the
issue?

What else could we be doing?
How could we do it?

What the KJSA is telling us
is a problem and what
might help:

What is strong?

What is wrong?

What might be helping?

What other assets and support
are there?

What is the gap between what we
know is happening and the issue?

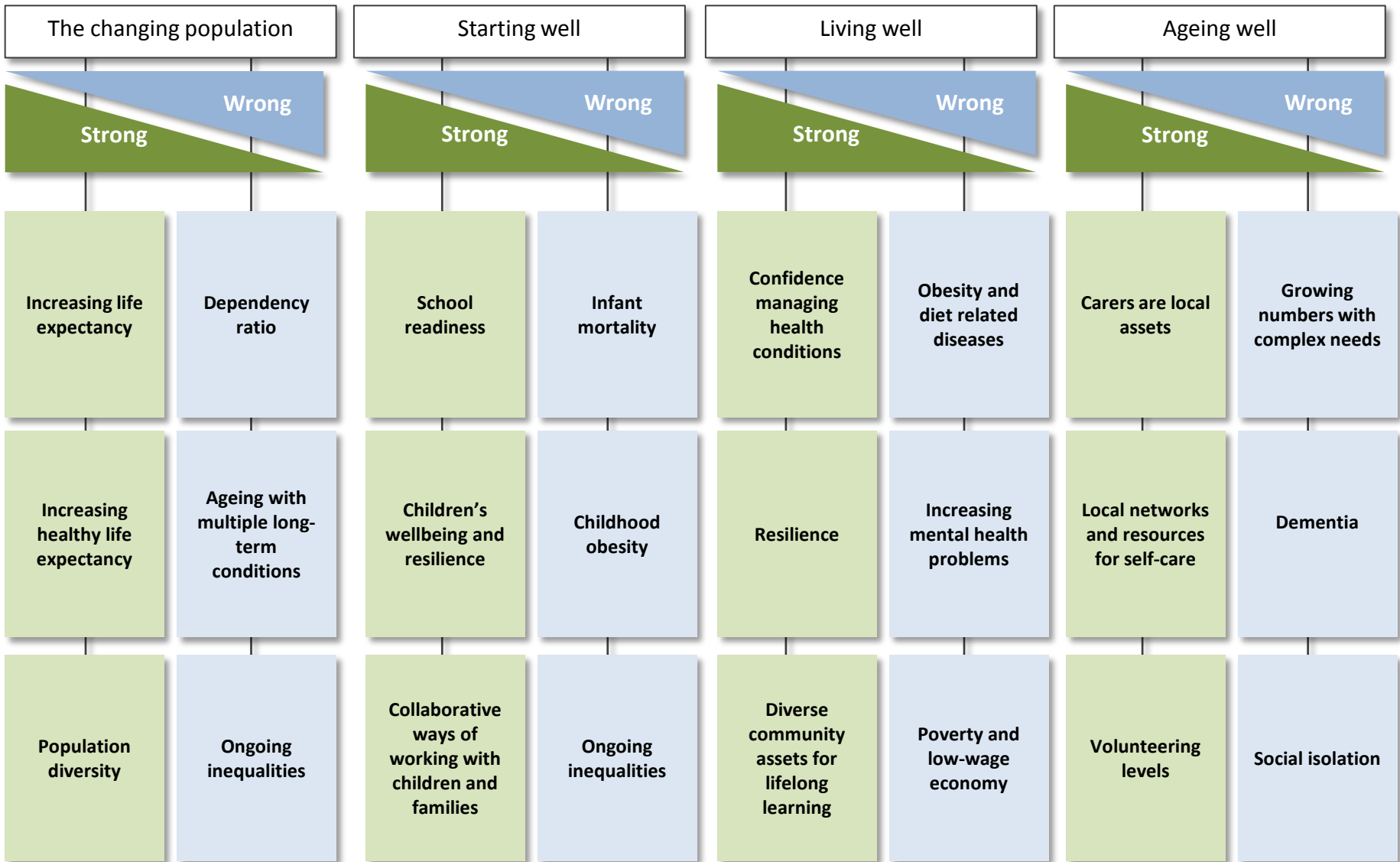
What potential need has
the KJSA highlighted?

This template is available via the [‘People helping people’](#) section of the KJSA. It supports discussion of assets/ strengths alongside needs and inequalities. It is particularly useful for place-based working and exploring what is happening/ can be done to improve outcomes for people and communities.

What sort of things
might work?

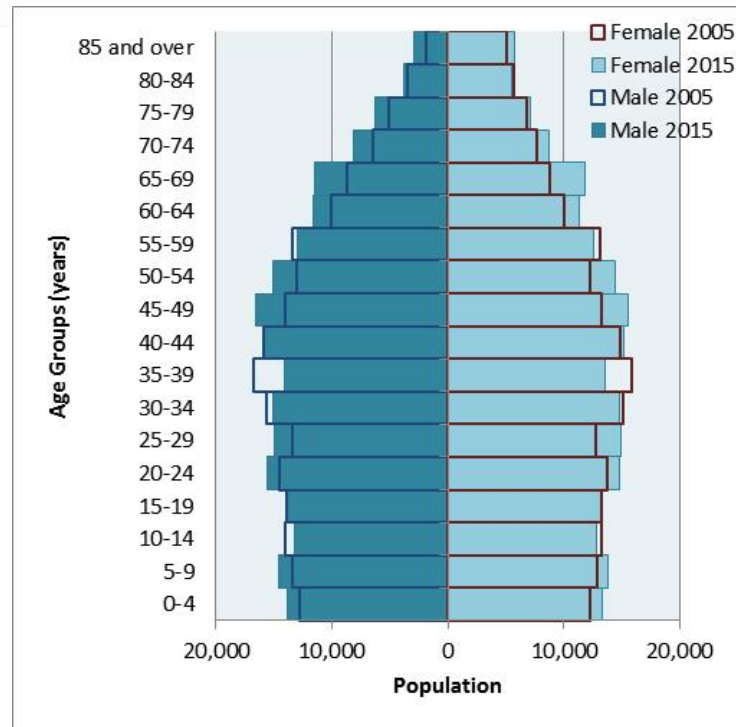
Remember each idea should:

- Provide opportunities for people to have a say
- Build people’s skills and knowledge
- Enable people to interact more with others



Population

Above average birth rates and an increase in the older population will impact on 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	+6,089
65-84	+11,253	+20,582
45-64	+14,975	+1,680
25-44	-1,027	-3,316
18-24	+4,027	+1,603
Under 18	+3,529	+6,908

Increases in older population and under 18s predicted to continue

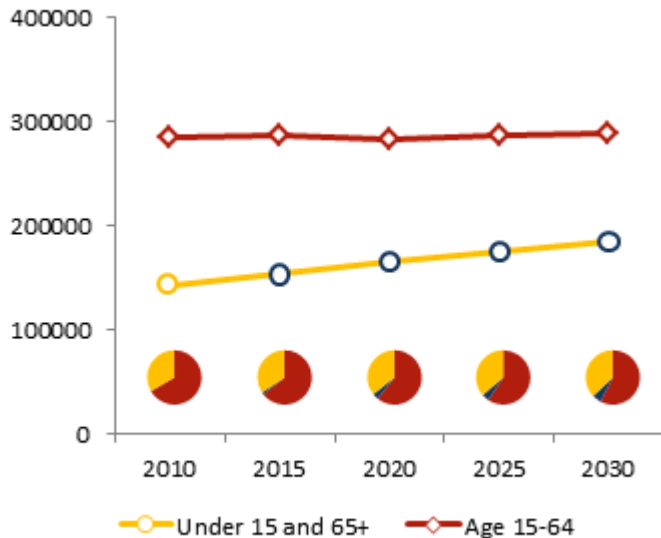
No overall increase predicted for ages 18-64



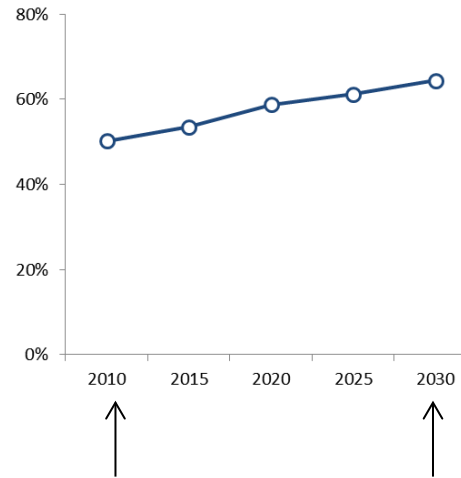
Dependency ratio

In Kirklees the dependency ratio is predicted to rise from 53% in 2015 to 64% by 2030

The **dependency ratio** is the proportion of people who are too young or too old to work.



Red pie segment: Population aged 15-64
 Yellow segment: 2010 population aged < 15 and 65+
 Blue segment: additional dependent proportion compared with 2010



Dependency ratio:

$$\frac{\text{Population} < 15 \text{ and } 65+}{\text{Population aged } 15-64}$$

In 2010:	100	→	199
	People of non-working age	Supported by	People of working age
In 2030:	100	→	155

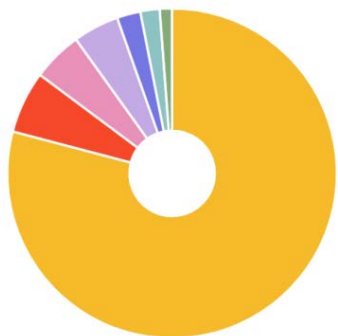
So what?



Children and older people use health and social care services more than working age people so the demands on services are likely to increase. However, many older people are healthy and want to be economically active.

Ethnicity

Kirklees ethnic groups (2011 census)



White	79.1%
Pakistani	6.1%
Indian	4.9%
Kashmiri	4.5%
Mixed	2.3%
Black	1.9%
Other	1.2%

White British
77% || 60%
Total population | School children

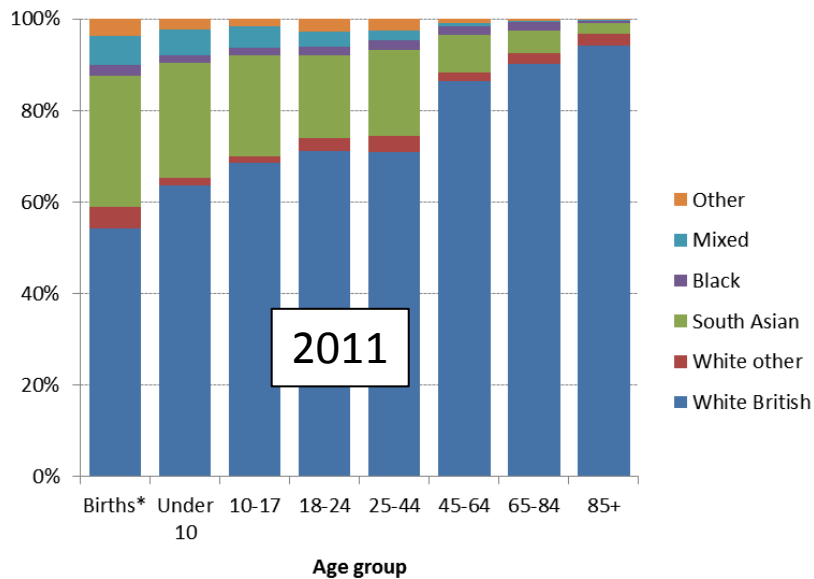
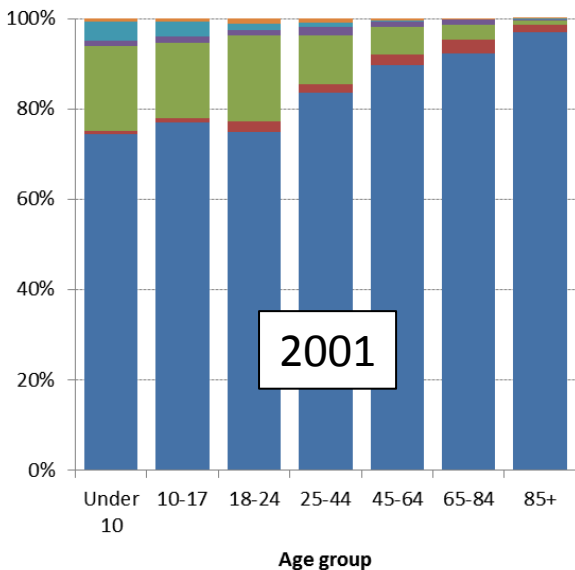
Pakistani
1 in 10 || 1 in 5
People | Mothers of new babies

English is not the first language for almost 1 in 3 primary school pupils

Non-English spoken languages



Ethnicity by age group



* Birth ethnicity uses mother's ethnicity (births 2016/17)

Between 2001 and 2011 the proportion of minority ethnicities has increased, particularly in the younger age groups

% of under 18s that are S Asian:
19% | **24%**
2001 | 2011

Ethnicity

Ethnicity in Kirklees

Ethnicity

1 dot = 10 people

White British

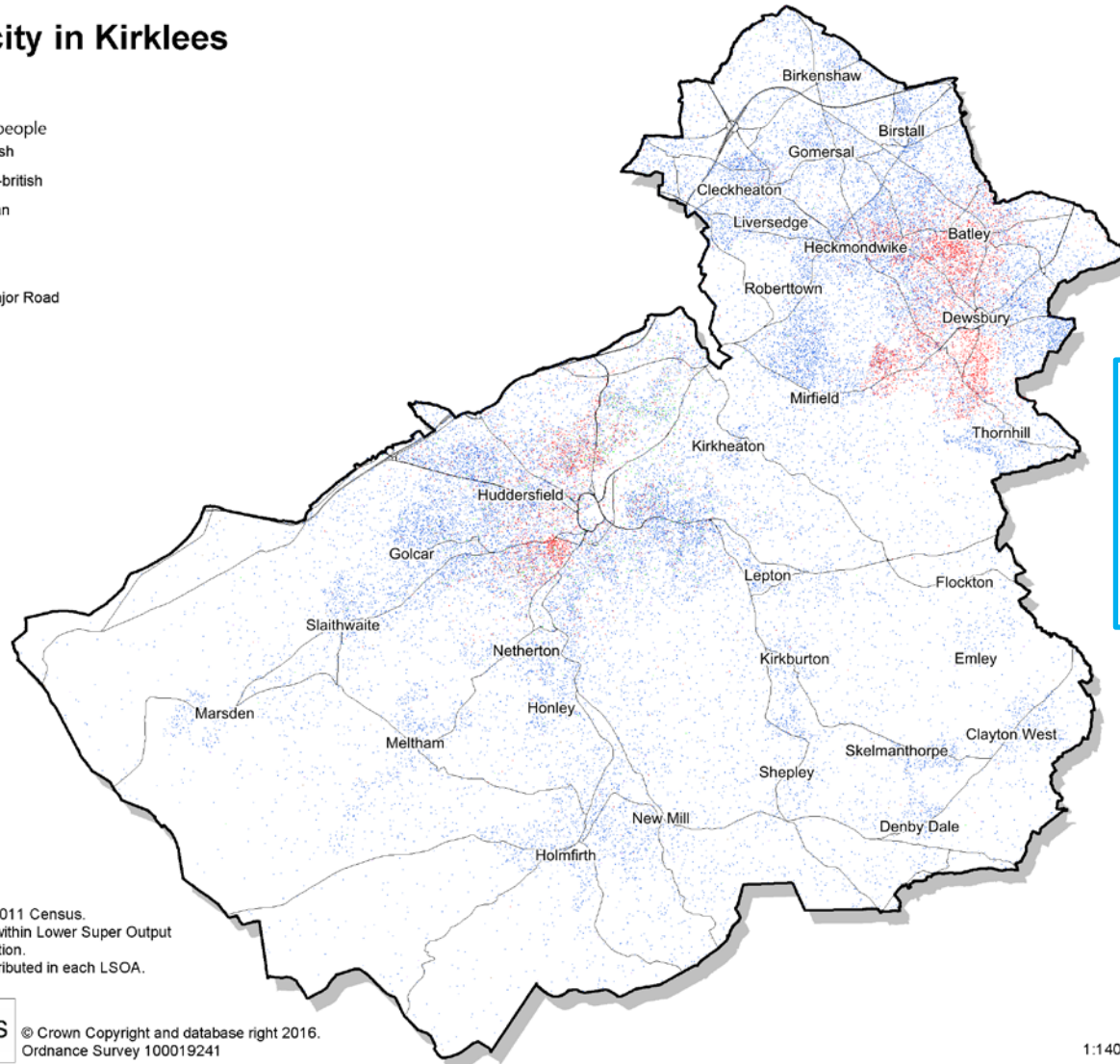
White non-British

South Asian

Black

Mixed

Major Road



Some parts of Kirklees much more ethnically diverse than others

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



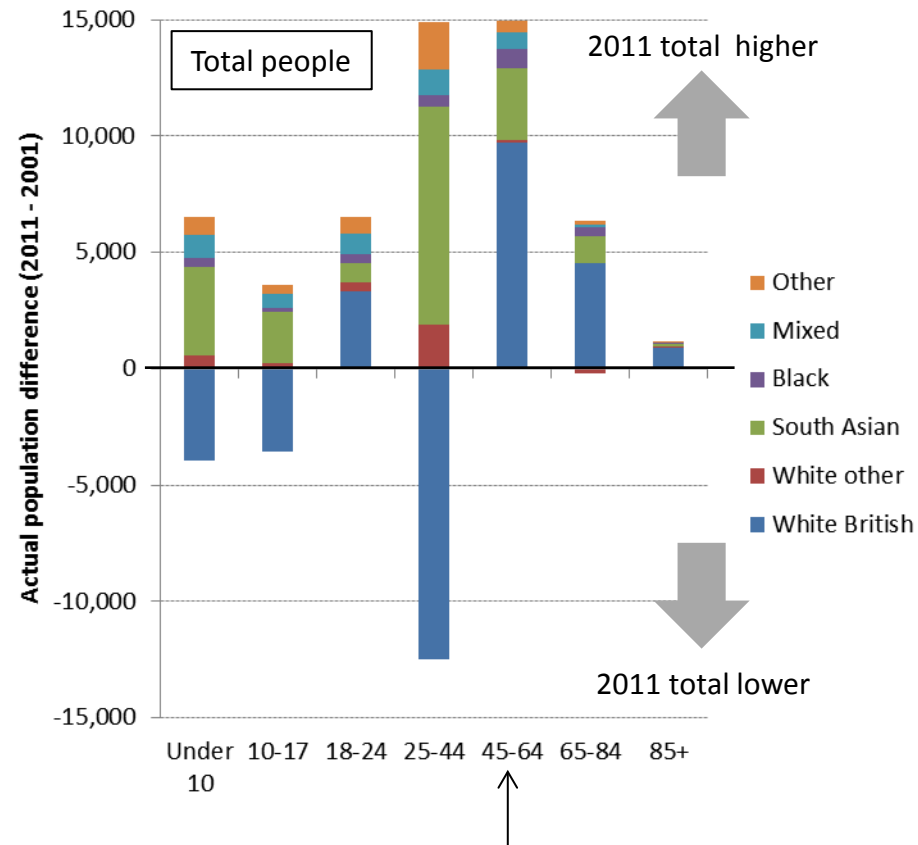
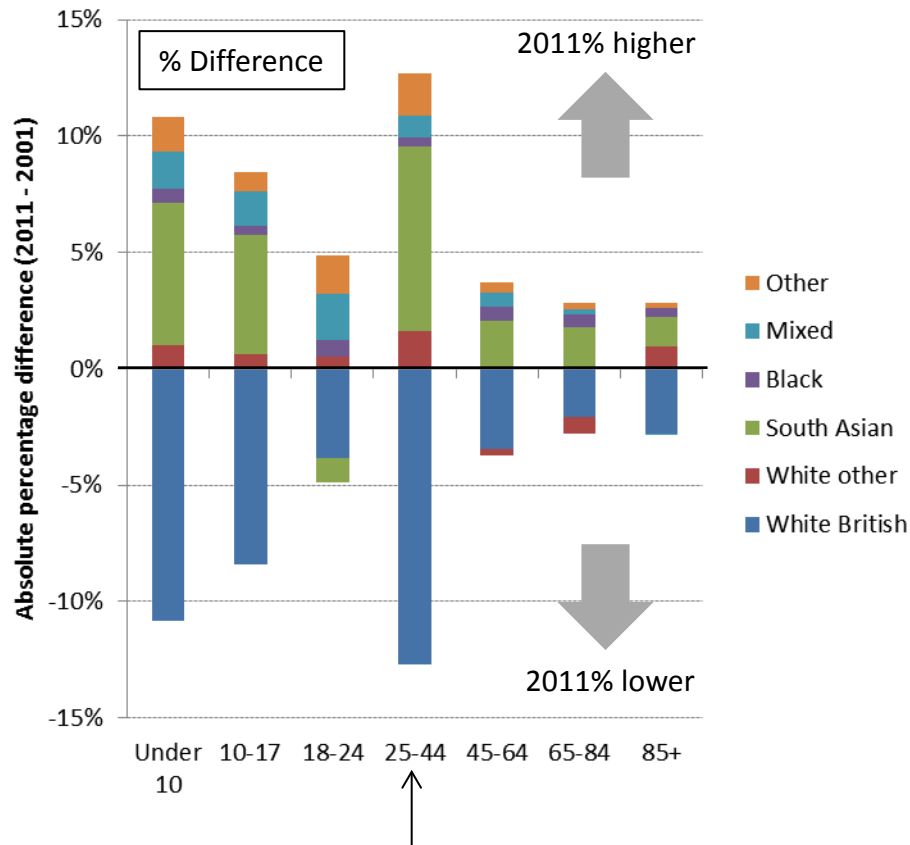
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Ordnance Survey 100019241

1:140,000

Kirklees Public Health Intelligence

Ethnicity and age

Population differences by age and ethnicity (2001 to 2011)



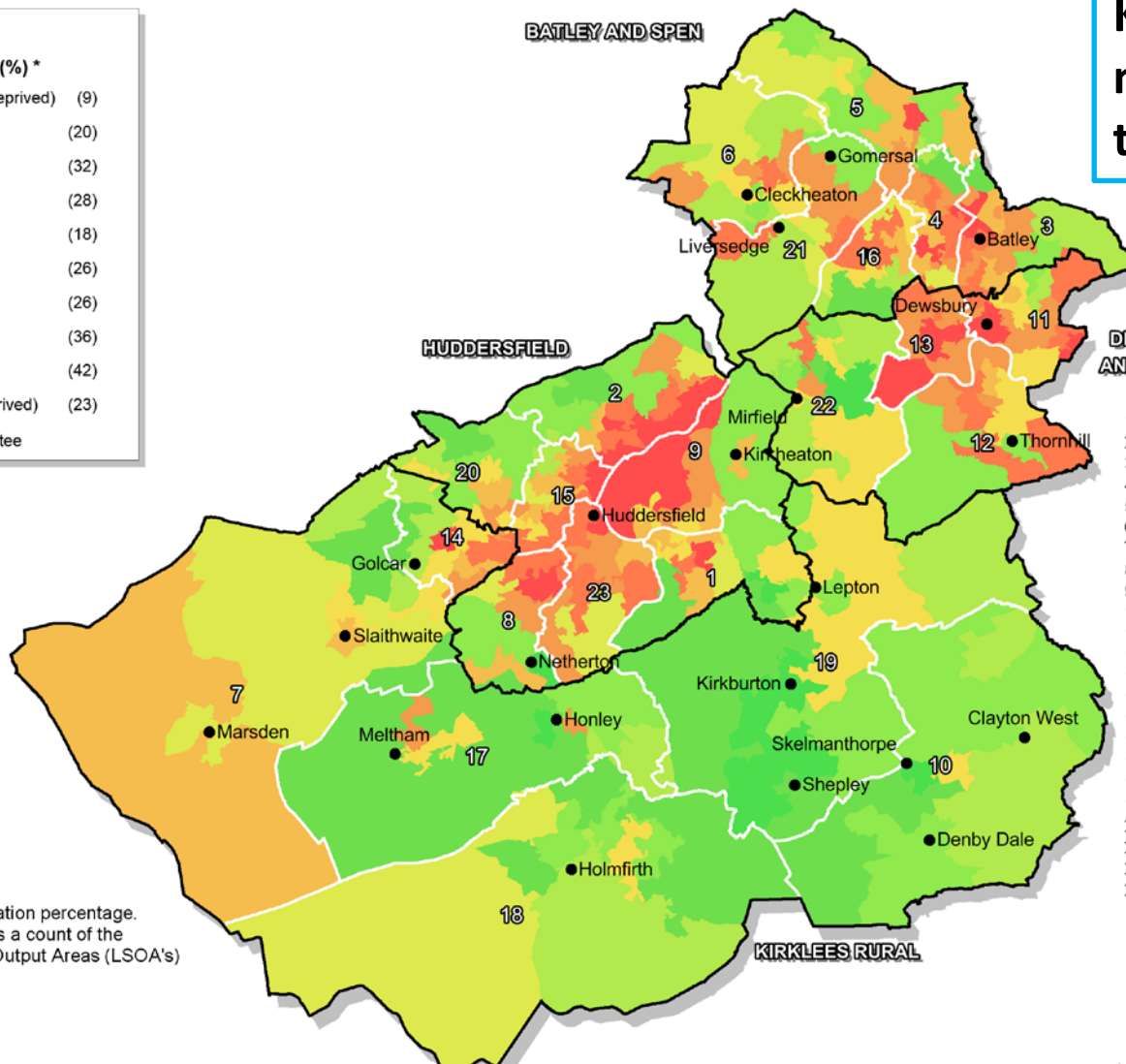
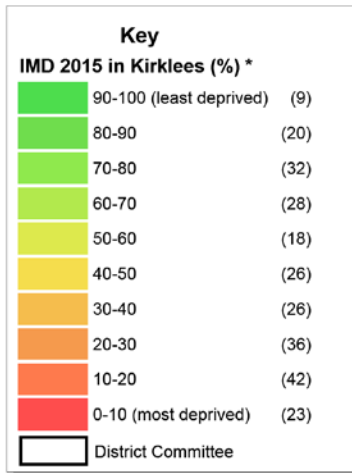
- Proportion of White British people in each age group has decreased
- Largest proportional increases for South Asian people

In real terms, total number of White British people has increased amongst older adults (age 45+)

Although the ethnic profile of those aged 25-44 has changed the most, the total number of people in this age group has changed very little

Understanding inequalities

Index of Multiple Deprivation 2015 (%) in Kirklees

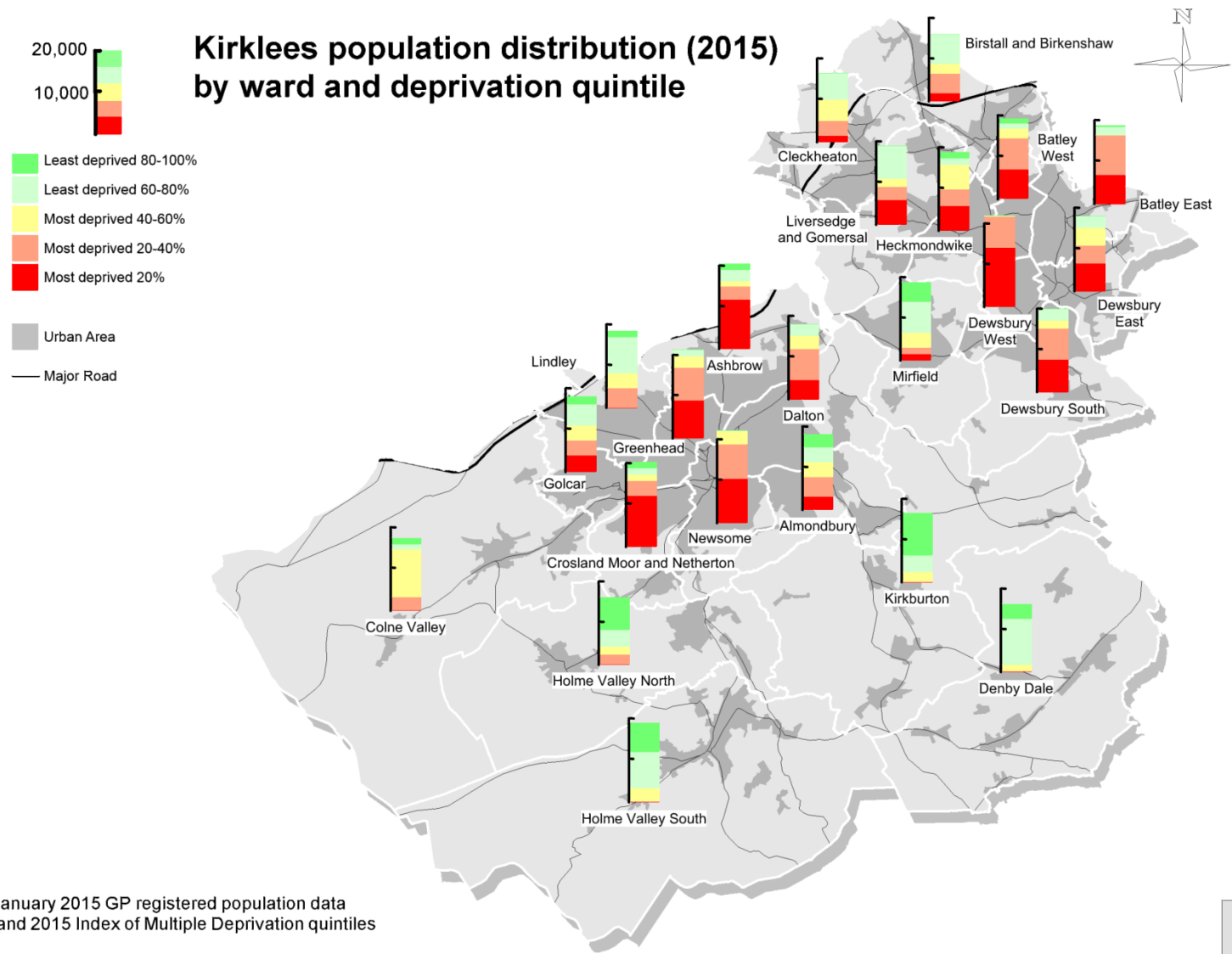


Some parts of Kirklees are much more deprived than others

There are many similarities between the urban centres of Huddersfield and Dewsbury

* 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.

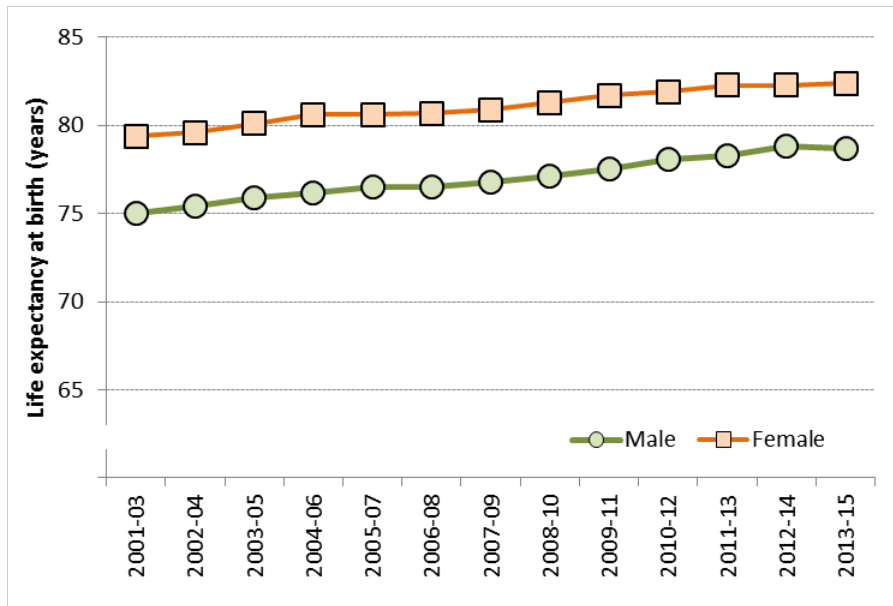
Understanding inequalities



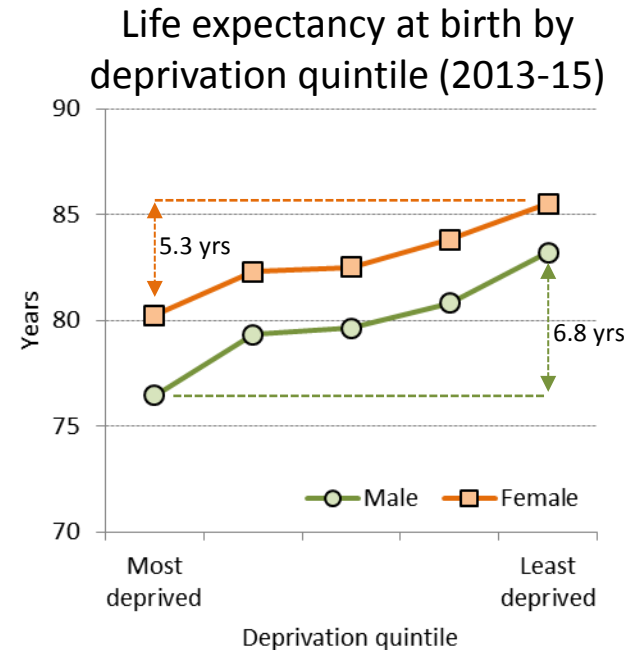
January 2015 GP registered population data
and 2015 Index of Multiple Deprivation quintiles

Understanding inequalities

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 shows an increasing trend. In 2013-15 **life expectancy at birth** in Kirklees was 79.4 years for males and 82.6 years for females.



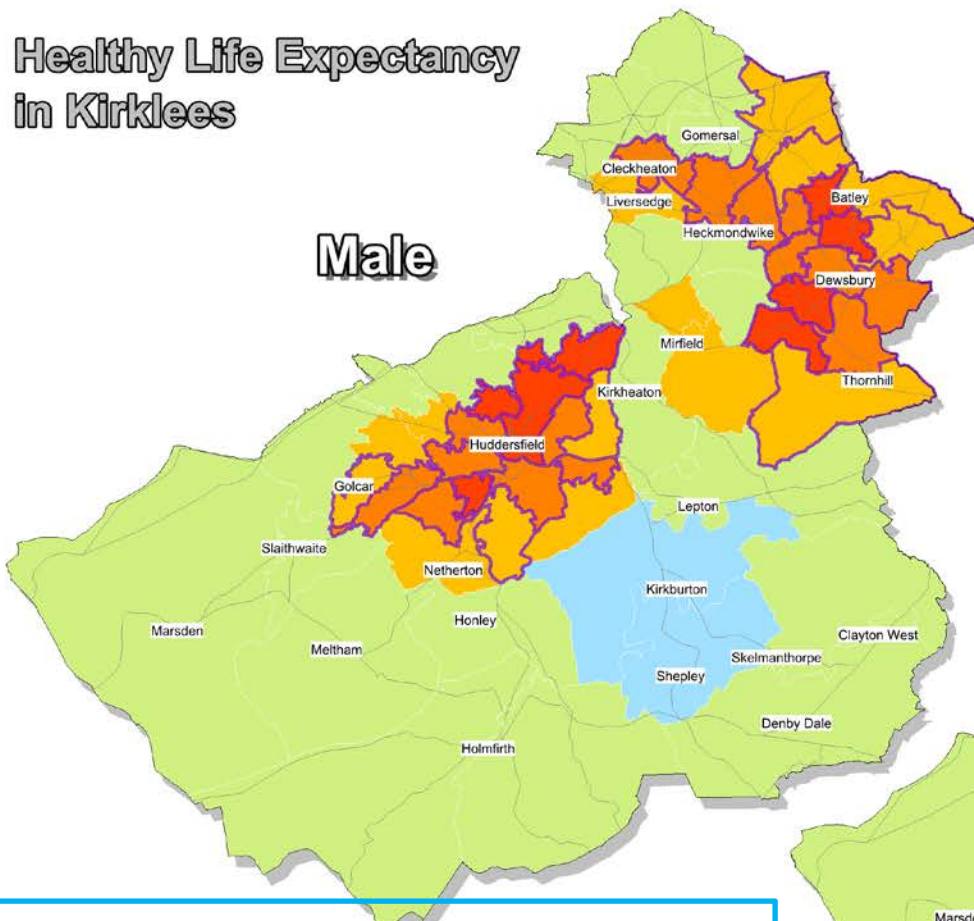
But there is a clear **social gradient** for life expectancy.

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 2013-15 this difference was **6.8 years for males** and **5.3 years for females**.

Understanding inequalities

Healthy Life Expectancy in Kirklees

Male



Healthy Life Expectancy (years)

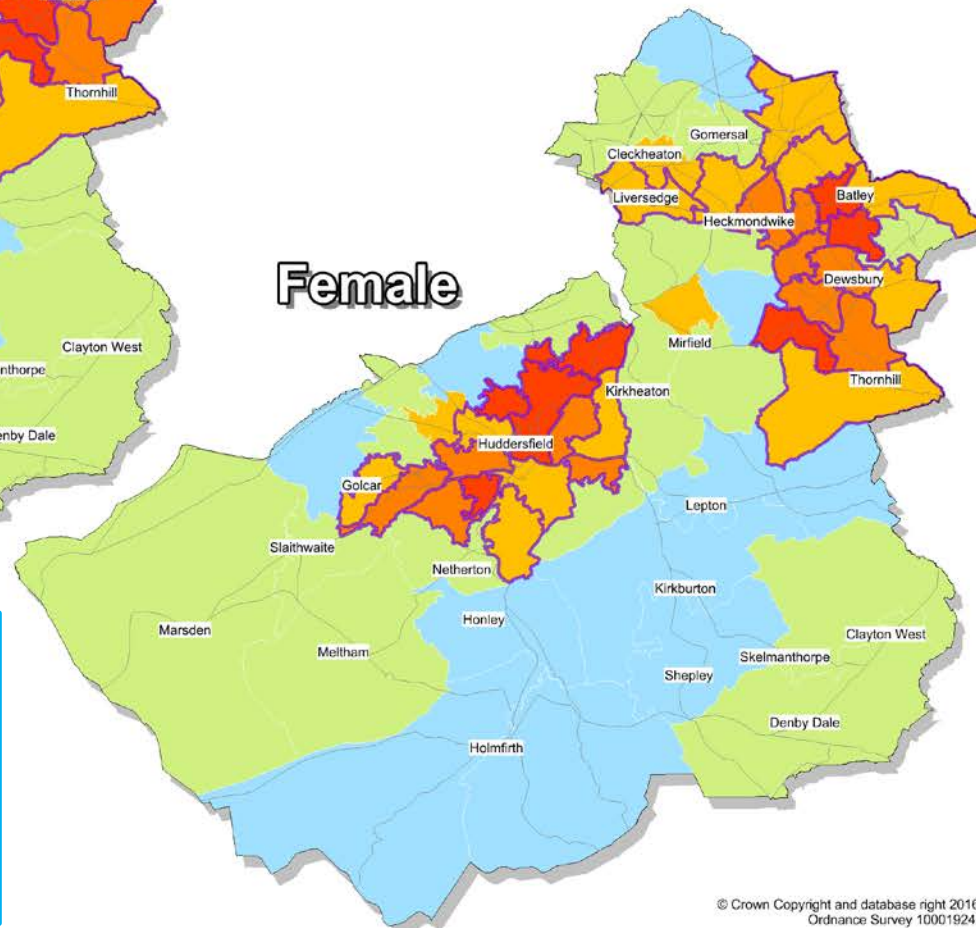
2009-2013



Significantly Lower than England average

Major Road

Female



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.

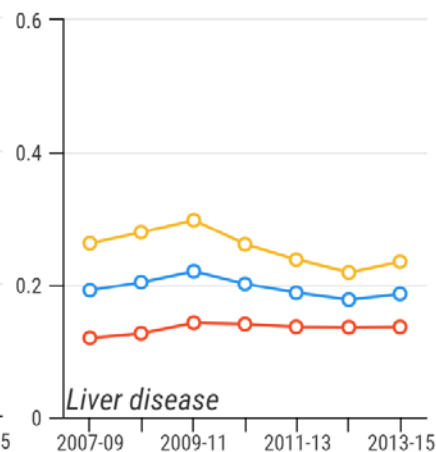
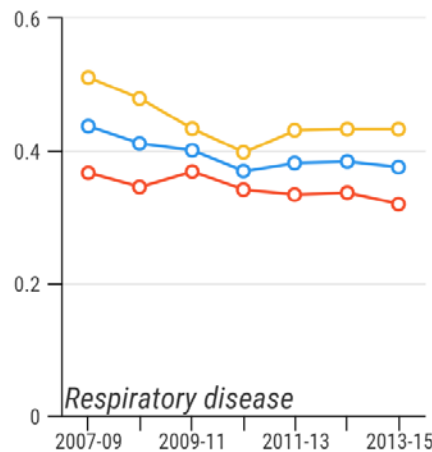
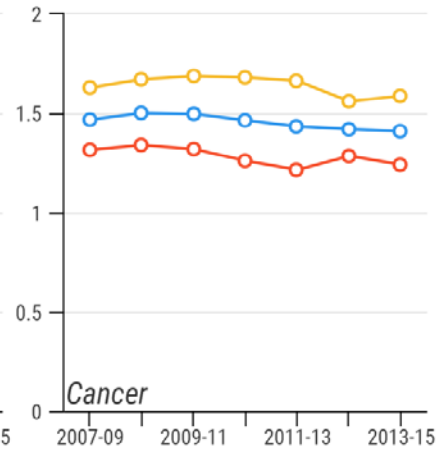
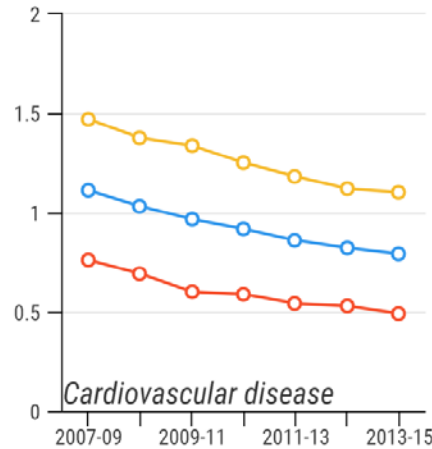
Causes of death

Most common causes of death

Kirklees 2006-2015

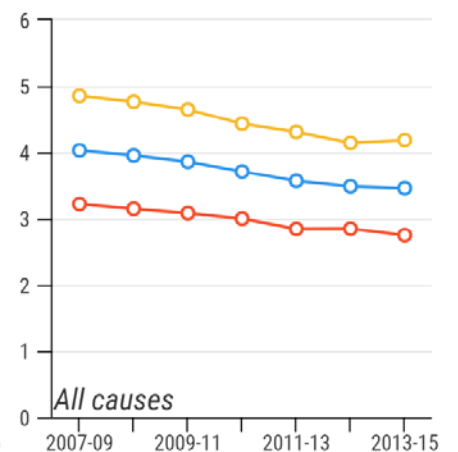
(% of total deaths)

1. Circulatory system (31%)
2. Cancer (26%)
3. Respiratory system (14%)
4. Mental/behavioural disorders (5%)
5. Digestive system (including some liver diseases) (5%)
6. Symptoms not elsewhere classified (4%)
7. Nervous system (4%)
8. Genitourinary system (2%)
9. Endocrine/metabolic diseases (2%)
10. Intentional self-harm; Assault (1%)



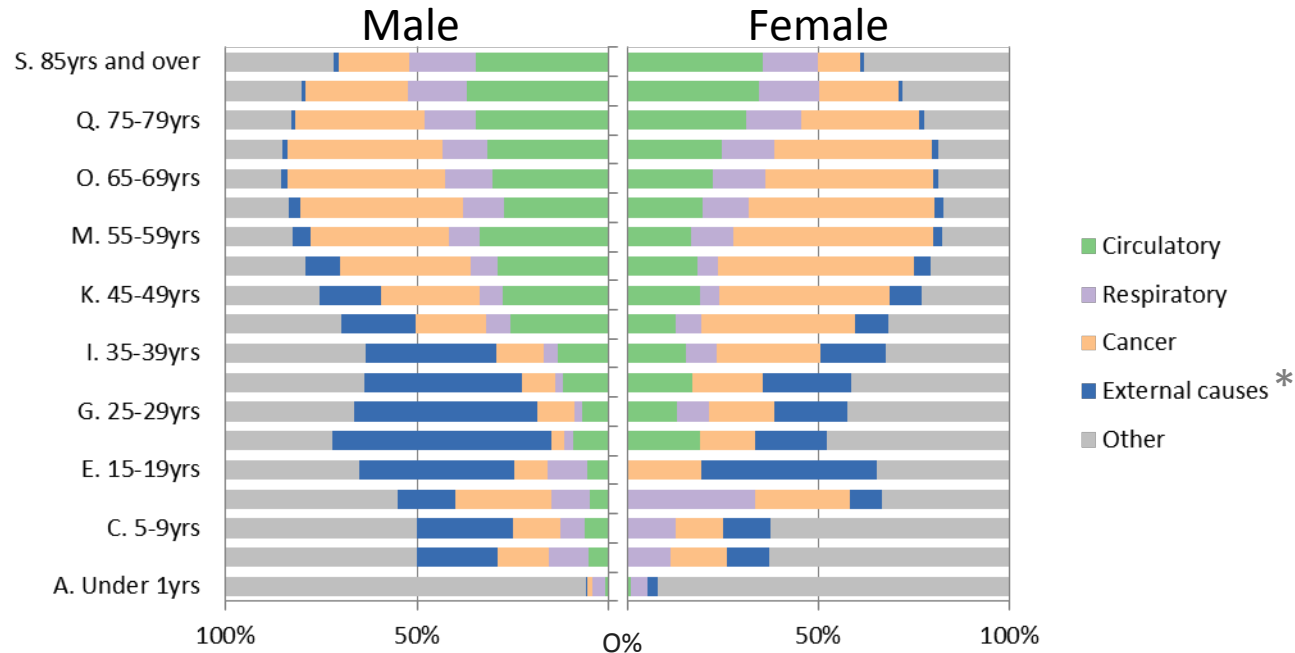
Directly standardised mortality rates
Under 75 years
per 1000 population

- Male
- Female
- Persons



Deaths by age and sex

% of deaths in each age group by underlying cause of death, Kirklees 2006-2015 (PCMD)



Cancer accounts for
2x the number of deaths from circulatory disease
3x the number of deaths from external causes



For **men** of the same age, **external causes*** account for almost double the number of deaths as **cancer**

*External causes are factors external to the body, such as accidents, assault and intentional self-harm

Key indicators and inequalities

How does Kirklees compare with the Yorkshire & Humber region and England/UK on key indicators of health and wellbeing?

Better than **national** average

MMR vaccinations
 Successful completion of alcohol treatment
 Hospital stays for alcohol-specific conditions (under 18s) ♂ ♀
 Hospital stays for self-harm ♂ ♀

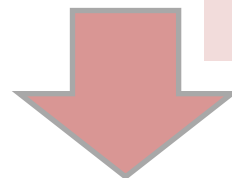


Better than **regional** average

Children in poverty
 Mortality from preventable causes ♂ ♀
 First time entrants to youth justice system
 Pupil absence

Worse than **national** average

Proportion of adults eating 5 fruit and veg a day **W SA B 55-79** ♂ ♀
 Low birth weight **MD**
 Obesity in 10-11 year olds **SA B MD** ♂ ♀
 TB incidence **MD**
 A&E attendance for those aged 1-4 ♂ ♀
 Infant mortality **MD**
 Under 18 conceptions **MD**
 Recorded diabetes



Worse than **regional** average

Injuries due to falls in those over 65 years ♂ ♀

Key to inequalities in Kirklees comparing demographic group to overall population (**red** worse, **green** better)

<u>Ethnicity</u>	<u>Sex</u>	<u>Deprivation</u>	<u>Age</u>
W White	♂ Male	MD Most deprived	55-79 Ages 55-79
SA South Asian	♀ Female	LD Least deprived	
B Black			

Starting well



Infant mortality rates in Kirklees are amongst the highest in the region

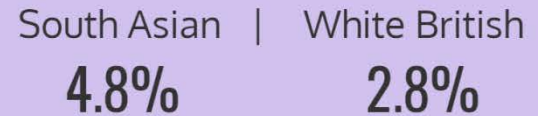
However rates have reduced by a third in the last decade:



Rates are highest in the most deprived areas

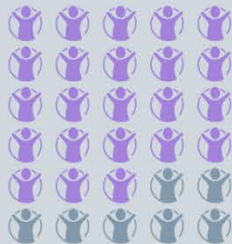
Kirklees has one of the highest rates of low birth weight term babies in the region

Rates in 2015/16 are higher for South Asian mothers compared with White British mothers:



Healthy weight

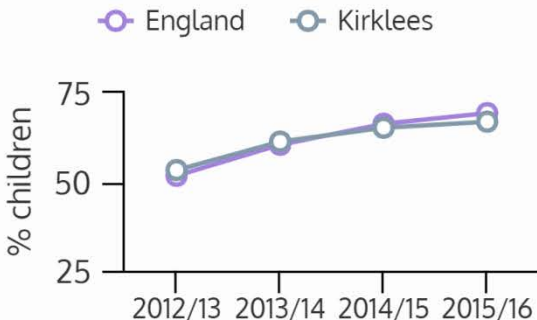
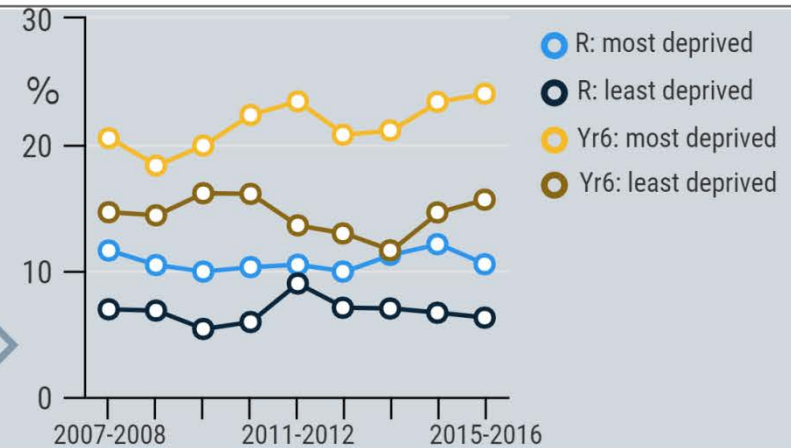
Reception age:
23 out of 30



Year 6 children:
19 out of 30



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, but below England value



Pupil absence levels are better than the regional average



60% achieve 5+ GCSE (A*-C)



Girls outperform boys






67% | 53%



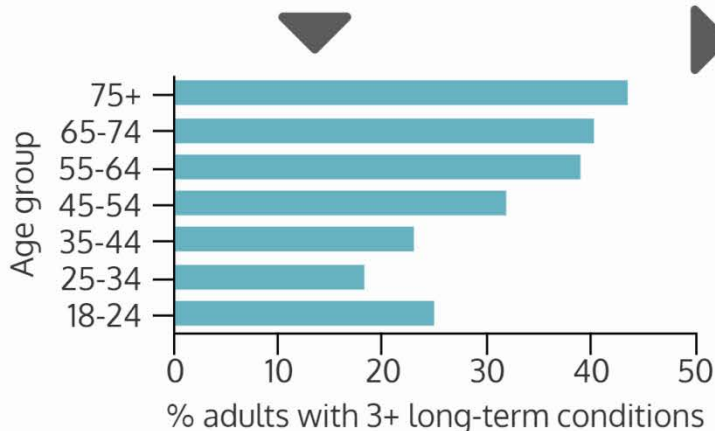
Least deprived outperform most deprived

77% | 45%

Long-term conditions

		All adults	Age 18-64	Age 65+	White	Asian
Anxiety/depression		1 in 3	1 in 3	1 in 5	1 in 3	1 in 4
Cardiovascular disease		1 in 4	1 in 7	1 in 2	1 in 4	1 in 5
Musculoskeletal/rheumatological		1 in 6	1 in 8	1 in 3	1 in 6	1 in 8
Sciatica/lumbago/backache		1 in 6	1 in 6	1 in 5	1 in 6	1 in 9
Long-term pain		1 in 7	1 in 7	1 in 5	1 in 7	1 in 7

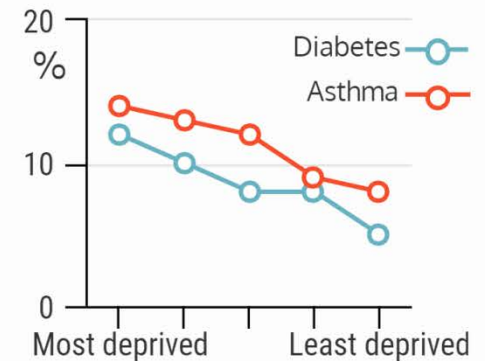
Co-morbidity (having multiple conditions) is most common in older age groups



29,988
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

Diabetes and asthma strongly correlated with deprivation



The diabetes rate in South Asians is **double** the rate for White British people

Disease and risk factors



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

Kirklees adults are **heavier** in 2016 than in 2012

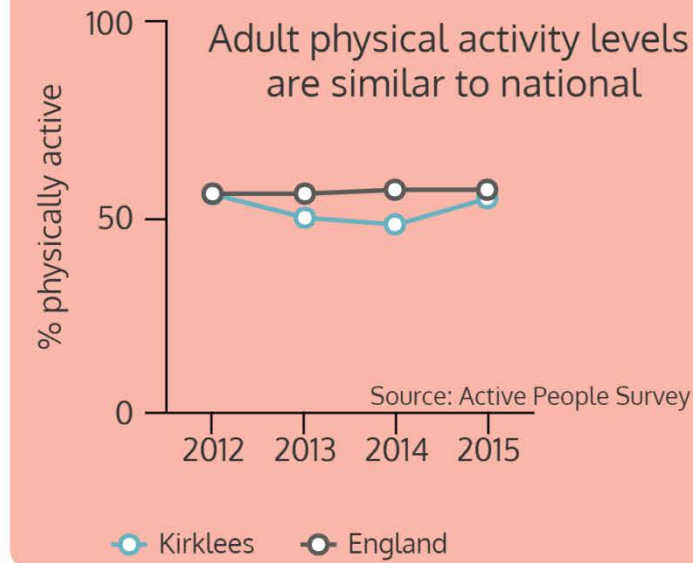
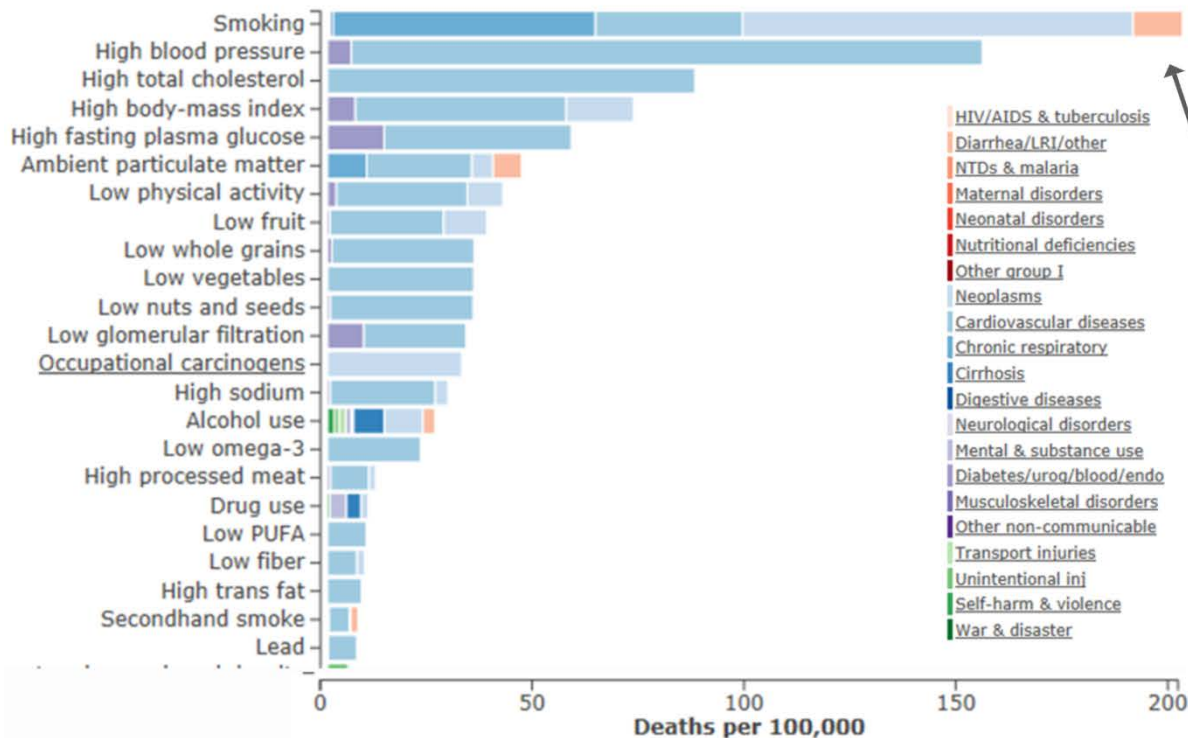


Over half are overweight



1 in 5 are obese

Risk factors attributable to most deaths in Yorkshire & the Humber (2015)



Smoking is the highest risk factor for death in our region

Source: Institute for Health Metrics and Evaluation (GBD 2015) <https://vizhub.healthdata.org/gbd-compare/>

Mental health & emotional wellbeing



Good mental health is vital for

- Good physical health
- Positive relationships & friendships
- The fulfilment of potential

Factors supporting good mental health include:



Five ways to wellbeing

High-risk groups include: Substance misusers, LGBT, homeless, victims of abuse, people with personality disorders, refugees and asylum seekers, pregnant women and new mothers, offenders



The story in Kirklees...



Adults

1 in 3

adults have a mental health condition (up from 1 in 5 in 2012)



Poor mental health is more common in carers, younger adults and those living in more deprived areas or social rented housing



Almost **half** of people that never exercise have a mental health condition



Children



87% are happy with what they have (money & things they own)

29% lose sleep at least 1-2 days/week

23% : Low <-- Wellbeing score --> High : 17% of Yr 9 & 11 pupils

Feeling lonely/isolated most/all of the time:

17%

vs

3%

of those with...

of those without...

a mental health condition



25% of those with a long-term health condition rate their happiness level as high (compared with 41% without a LTC)

Dementia accounts for more years of disability than any other condition

1 in 16 people aged 65+ in Kirklees are estimated to have dementia

— Cases of dementia are expected to **double** by 2030 —

Kirklees has one of the lowest suicide rates in the region The rate is significantly higher for males than females

Ageing well



People are living longer than ever before and there is a wide variation in how people experience later life.

66% of males & 59% of females aged 50+ are ABOVE a **HEALTHY WEIGHT**
 56% of males & 46% of females under 50

There are around **440,200** people living in **Kirklees**



84% of people aged 50+ have a **LONG-TERM CONDITION**
 Half are not receiving any support with their LTC
 67% of those under 50



1 in 4 people aged 50+ suffer from a **MENTAL HEALTH CONDITION**
 1 in 3 of those under 50

86% of people aged 50+ feel confident in managing their own health
 88% of those under 50

Older Carers
 1 in 4 females & 1 in 5 males aged 50+ provide unpaid care
 That is about **33,000** people

1 in 8 aged 50+ is a smoker

1 in 6 under 50

Intention to quit decreases with age



1 in 4 aged 50+ regularly exceeds safe drinking levels

1 in 5 under 50

34% of males & 15% of females are more than twice as likely than females to exceed safe levels

2 in 3 aged 50+ walk for travel or leisure weekly

1 in 8 never achieve the recommended level of physical activity

Falls

The proportion of people who have recently had a fall increases with age



3 in 10 broke a bone as a result of their fall

Environment

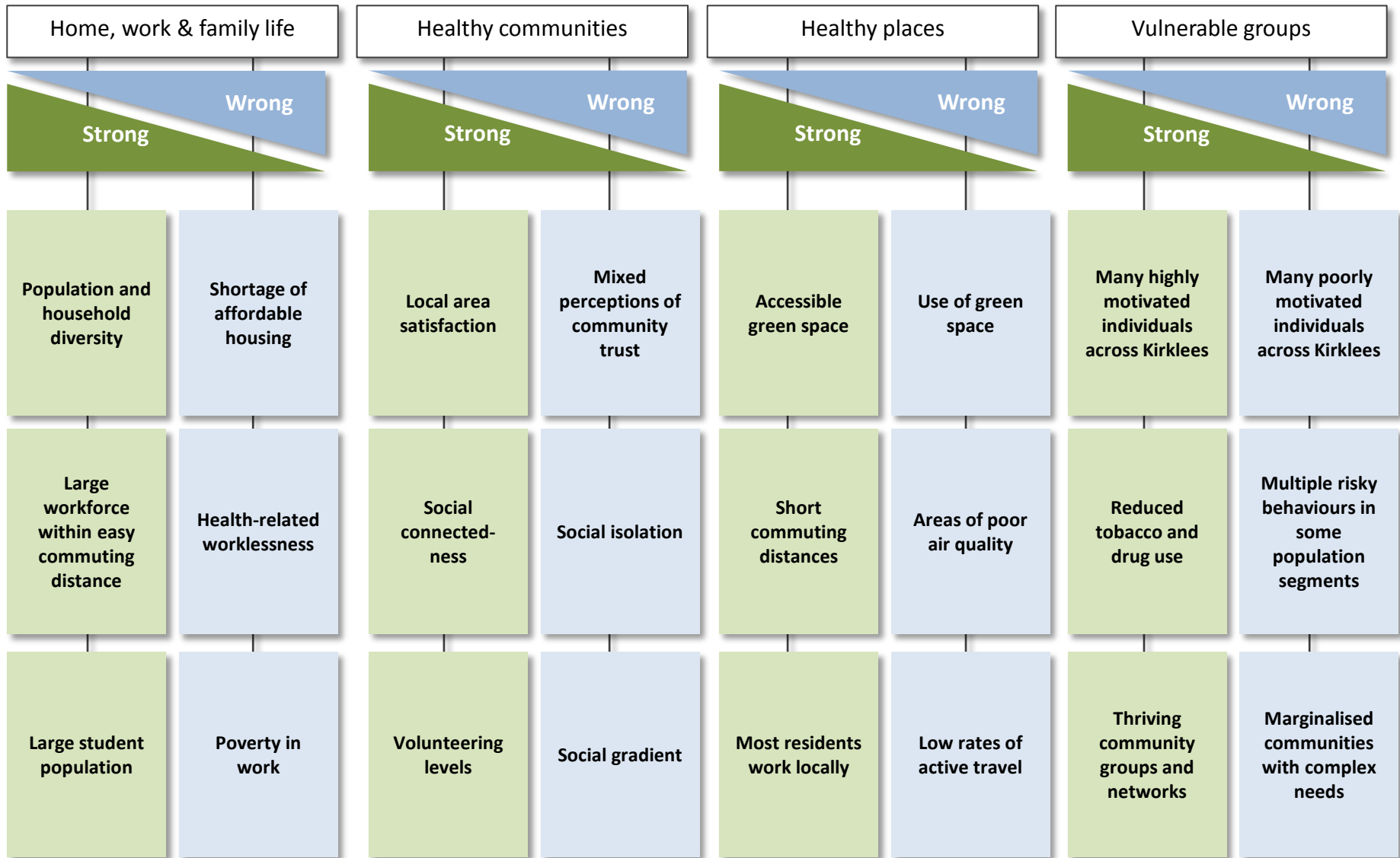
96% of people aged 50+ have access to green space within a mile of home

2 in 3 use them at least monthly

Employment

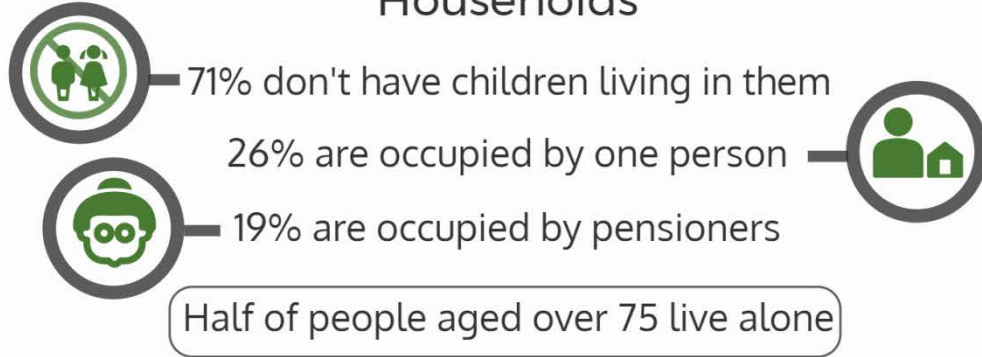
Proportion of people in later life who work:

50-54	15 in 20
55-59	13 in 20
60-64	9 in 20
65-69	3 in 20
70+	1 in 20



Home, work & family life

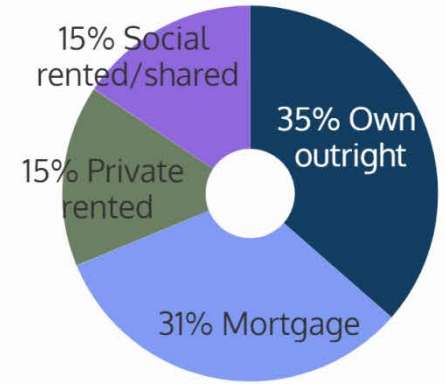
Households



Housing



Tenancy



Source: CLiK survey 2016

Work



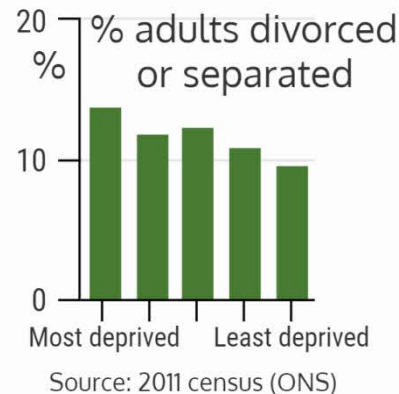
9 in 10 say their present home is suitable for their needs

Unemployed/low income households least likely to agree



Over half of all poverty is now found in working households

Family life



In Yorkshire & The Humber **14.4%** of children are in households that are workless

Source: 2016 annual population survey (ONS)

Healthy communities



Most (93%) adults do not feel lonely or isolated



Least likely to feel lonely/isolated: ~ Aged 55-74
 ~ White ethnicity
 ~ Living in rural Kirklees



However... **1 in 3** { - Adults with bad/very bad health
 - Adults not working due to ill health/disability

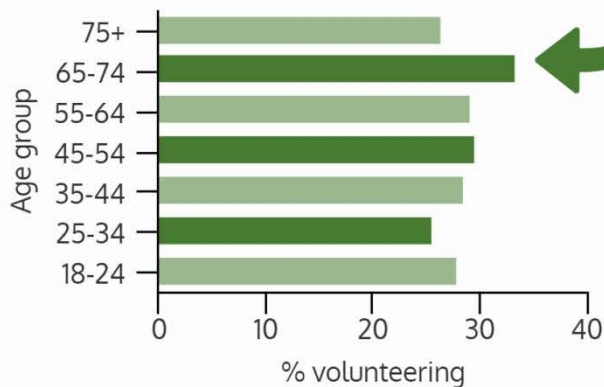
...feel lonely/isolated most/all of the time

Single parents and single-person households are **more likely** to feel lonely/isolated



1 in 4 Adults volunteer at least monthly

Volunteering levels are highest at retirement age



Having children in the household increases levels of volunteering

Source: CLiK survey 2016

Volunteering is associated with:



Social connectivity



Wellbeing



Resilience

Perceptions of trust between local people:

Age			Deprivation quintile	
18-44	45-64	65+	Most deprived	Least deprived
49%	52%	61%	37%	75%

People of **South Asian** ethnicity more likely to say local area is a place where people treat each other with respect and consideration



Indian | Pakistani | White British

75% | 66% | 62%

The Kirklees figure is significantly higher in 2016 than 2012

The proportion of people very satisfied with their area in 2016 (35%) is significantly higher than in 2011 (22%)

Healthy places

Mode of travel to work



1 in 17
on foot



1 in 100
by bicycle

4 in 10

adults walk/cycle for travel in a typical week (only 4% cycle)

1 in 3

young people travel actively (bike or walk) to school



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 6 people use outdoor space for exercise/health reasons



1 in 26 of annual deaths in people over the age of 30 are caused by air pollution

Most likely to walk/cycle for travel: { Younger adults, People on low incomes, Those from more deprived areas

People in Huddersfield more likely to walk/cycle for travel
Kirklees Rural more likely to walk/cycle for leisure

Adults of White ethnicity are twice as likely to do any cycling as Asian adults

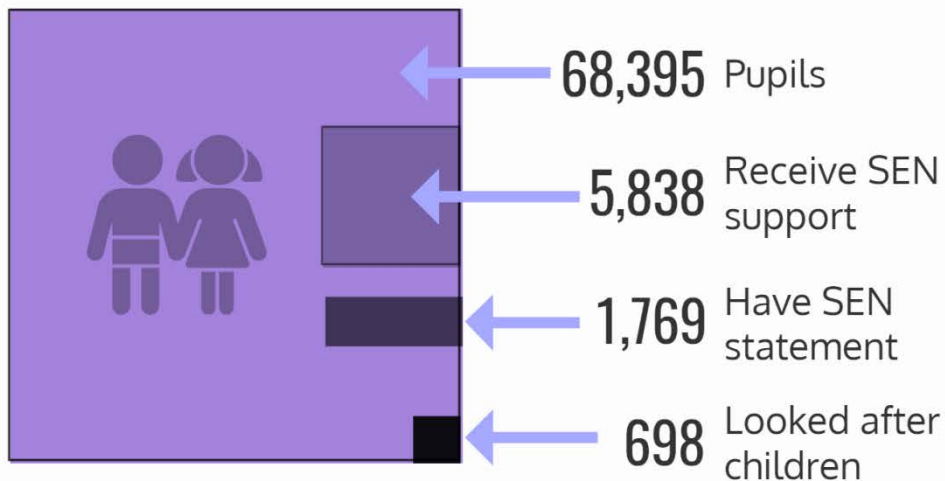
10%



5%

Vulnerable groups

Children



 **1 in 12** Children are carers

311 Young people (under 18 yrs) supervised by Youth Offending Team (2015/16)



 Women **12,020** | Men **8,501** Estimated number of victims of domestic abuse in Kirklees

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

Adults



60,525

people provide unpaid care



1 in 6 Adults are carers



54,500

working age people are disabled

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

892

People with community orders or suspended sentences supervised by Kirklees Community Rehabilitation Company

711

Asylum seekers in Kirklees

131

People will be housed through Syrian resettlement programme



An estimated **2 in 3** refugees are suffering from anxiety & depression

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

Data sources

Slide	Description	Source
8,9	Actual population (2002, 2005, 2010, 2015) Projected population (2020, 2025, 2030)	GP registered population (WYCSA) ONS projections (2014)
10-13	Population ethnicity Mother of new baby ethnicity School children ethnicity and non-English first language Non-English spoken languages	ONS, Census (2001, 2011) Calderdale & Huddersfield Foundation Trust, Mid-Yorkshire Health Trust (2016/17) School census (Jan 2017) Information from Kirklees Council Community Languages Service
14	Index of Multiple Deprivation 2015	Department for Communities and Local Government
15	Index of Multiple Deprivation 2015 Actual population (2015)	Department for Communities and Local Government GP registered population (WYCSA)
16	Life expectancy	Mortality from Primary Care Mortality Database (2001-15); Population from GP registers
17	Healthy life expectancy	Data from ONS (2009-13) at Middle Layer Super Output Area
18-19	Mortality rates, causes of death	Primary Care Mortality Database (dates as specified)
20	Key indicator comparison to regional and national levels	Range of sources and dates, collected together on Public Health Outcomes Framework web site and Kirklees Health Profile
21	Infant mortality rates Low birth weights Healthy weight children School readiness Pupil absence GCSE results	Mortality from Primary Care Mortality Database (2013-15); Live births from ONS (2013-15) Calderdale & Huddersfield Foundation Trust, Mid-Yorkshire Health Trust (2015/16) National Child Measurement Programme (2015/16) Department for Education (2012/13 – 2015/16) School census (2015/16) Kirklees Council Children & Young People team, 2015/16
22	Long-term conditions	Current Living in Kirklees (CLiK) adult population survey (2016)
23	Diet and burden of disease Risk factors Physical activity levels Adults overweight/obese	Global burden of disease study 2013 (available here) Institute for Health Metrics and Evaluation (GBD 2015) (available here) Active People Survey, Sport England Current Living in Kirklees (CLiK) adult population survey (2016)

Data sources

Slide	Description	Source
24	Good mental health and risk factors Child indicators Adult indicators (excluding dementia) Dementia Suicide rate	Citations in Kirklees Mental Health Needs Assessment (to be published 2017/18) Kirklees Children and Young People's Survey (2014) Current Living in Kirklees (CLiK) adult population survey 2016 Projecting Older People Population Information (POPPI) (accessed Oct 2016, available here) Public Health England (based on ONS source data) (2013-15)
25	Ageing well	Current Living in Kirklees (CLiK) adult population survey (2016)
27	Households, tenancy and housing suitability Housing Tenancy and housing suitability Work Long-term sick Feeling lonely/isolated Poverty Divorce/separation rates Children in workless households	Current Living in Kirklees (CLiK) adult population survey (2016) Kirklees Strategic Housing Market Assessment (2015, available here) Current Living in Kirklees (CLiK) adult population survey (2016) NOMIS (https://www.nomisweb.co.uk/) (12 months to Sep 2016) NOMIS economic inactivity data (12 months to Sep 2016) Current Living in Kirklees (CLiK) adult population survey (2016) Monitoring Poverty and Social Exclusion 2012 (Joseph Rowntree Foundation, available here) ONS, Census (2011) ONS, Annual Population Survey (2016)
28	Feeling lonely/isolated; Volunteering levels; Issues of trust	Current Living in Kirklees (CLiK) adult population survey (2016)
29	Mode of travel to work (adults) Mode of travel to work (Children) Perceived traffic issues Commute by car Use of outdoor space Deaths caused by air pollution Adults walking/cycling for travel/leisure	ONS, Census (2011) Kirklees Children and Young People's Survey (2014) West Yorkshire Police and Crime Commissioner Public Perception Survey (Mar 2016) ONS, Census (2011) Natural England: Monitor of Engagement with the Natural Environment (MENE) survey (2015/16) Department for Environment, Food & Rural Affairs (2015) Current Living in Kirklees (CLiK) adult population survey (2016)
30	Adult unpaid carers; segmented indicator information Child unpaid carers Working age disabled people Adults with learning disabilities Looked-after children SEN Victims of domestic abuse Asylum seekers and Syrian refugees	Current Living in Kirklees (CLiK) adult population survey (2016; 2012) Kirklees Children and Young People's Survey (2014) Current Living in Kirklees (CLiK) adult population survey (2016) Projecting Adult Needs and Service Information (PANSI) website (www.pansi.org.uk) Department for Education (2015-16, available here) School census (2016) Kirklees Council, Domestic Abuse Strategy 2015-18 (available here) Kirklees Council, 2017