### Kirklees overview

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# Quick summary

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# Quick summary

• The industrial heritage of Kirklees and more recent patterns of migration have contributed to the health and diversity of today's population. The size, location and range of demographic diversity makes Kirklees a unique place to live and work.

• The population is projected to increase most in those aged 65+; we will see over 30,000 more people in this age group over the next 22 years. This is important because older people are more likely to have multiple health conditions and complex needs, require different types of local facilities and greater access to services. Some parts of Kirklees have high birth rates and will see their younger population increase, which has implications for maternity and child health services and the requirement for school places.

• To achieve the vision of the people of Kirklees living in better health with less inequality, Kirklees Council and partners have signed up to seven outcomes. A set of indicators has been agreed to monitor progress against these outcomes, and ambitions will be set for these.

• The Council and partners are engaging the people of Kirklees in new and innovative ways. Community Hubs (arranged around schools), Primary Care Networks (based on clusters of GP practices), and Kirklees Places (using ward groupings), are all being used to work more effectively across the three Ps: People, Partnerships and Place, and ultimately deliver improved outcomes.

## Key messages

 In recent years, Kirklees has seen improvements in rates of: infant mortality; teenage conception; smoking; mortality from cancer (under 75s); hospital admissions for alcoholspecific conditions (under 18s). Vaccination rates remain high for most types of vaccination, compared with the national average.

 Current causes of potential concern include: low and declining physical activity levels; obesity (comparable to national figures but needs addressing); some sexual health indicators; diabetes; cardiovascular disease; tuberculosis; male suicides; young people's mental health; drug-related deaths; antimicrobial resistance; breast and cervical cancer screening rates; female healthy life expectancy; excess winter deaths. In addition Kirklees Council has declared a climate emergency to address concerns around global warming. The issue of widening inequalities is also one to keep an eye on when monitoring interventions.

 Innovations such as the sugar tax, diabetes prevention programme and mental health support teams should improve outcomes, along with a more general healthcare shift towards population health management (including shared care records), and Kirklees-specific changes including the wellness service, social prescribing, the healthy weight declaration and ongoing systems mapping work related to physical activity. References and resources

To Do:



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Back to start

### Our ambitions

### The Kirklees vision

No matter where they live, people in Kirklees live their lives confidently and responsibly, in better health, for longer and experience less inequality

Taken from the Kirklees Health and Wellbeing Plan 2018-23:

### Our ambition for population health and wellbeing

Based on our priorities, we'll be focused on making impact in the following areas and use this as a barometer for improvement in population health and wellbeing. To make the biggest impact for our population and to deliver a system impact we will focus on prevention and early intervention with each of our population cohorts to...

Healthy weight

make healthy weight the norm for the population in Kirklees, increasing the proportion of the population of who are a healthy weight in childhood and adulthood, starting with increasing the proportion of babies born in Kirklees at a healthy weight



increase the proportion of people who feel connected to their communities, reducing the proportion of people who feel lonely or socially isolated and reducing the prevalence of mental health conditions amongst our population



increase the proportion of people who feel in control of their own health and wellbeing Increase life expectancy

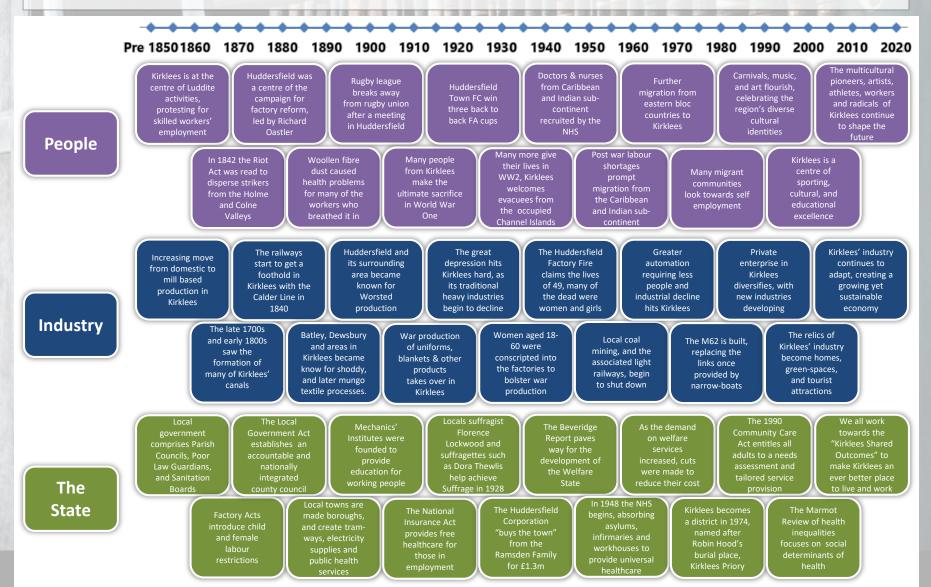
narrow the gap in healthy life expectancy between our most and least deprived communities

Striving to deliver these ambitions is a significant undertaking running beyond the duration of this plan. However, working together as a Kirklees system to deliver this plan, we will make a big impact for our population by 2023.



### A historical timeline

Some of today's health issues may be traced back to the area's industrial roots...



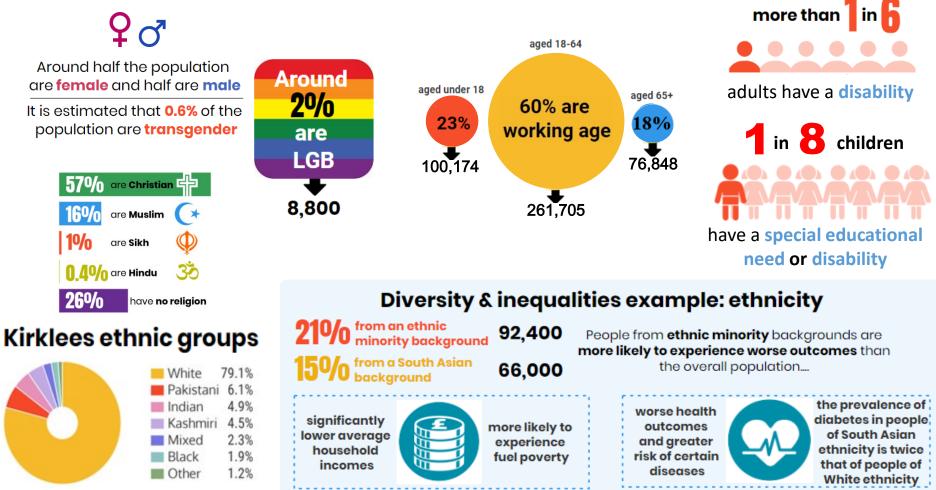


# Back to start **References and** reso Population

# Population diversity

Increased migration and economic advancement has given Kirklees a varied and diverse population, which may lead to differences and inequalities in outcomes

There are around 440,000 people living in Kirklees. Of these...

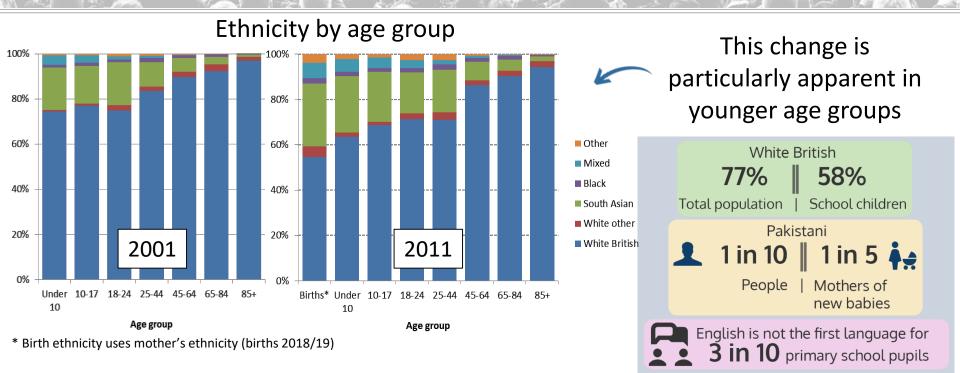


# Ethnicity: a changing picture

In 1991: 89% White, 8% Asian

In 2017: 78% White, 17% Asian

The proportion of the population of Asian ethnicity has doubled in this time



**22%** of Kirklees births in 2018 were to non-UK-born mothers

Language problems and cultural differences can affect people's health and how they interact with services

## Population projections

|                              |                 | Age 65+ shows largest increase 472,221 |                      | 221               |
|------------------------------|-----------------|--|----------------------|-------------------|
| Life stage                   | ,727            |  | • • • • • •          | <u>Difference</u> |
| ACC400K                      | 17.5% 76,848    | 110 2                                  | 14 23.3%             | +33,396           |
| Retirement (age 65+)         | 17.5% 76,848    |  | 4 23.3%              | +33,330           |
| 300 <b>300K</b>              |                 |  |                      | _                 |
| Older adult (age 45-64)      | 25.7% 112,864   |  | 36 23.4%             | -2,478            |
| 200 <b>200K</b> -            |                 |  |                      |                   |
| Younger adult (age 18-44)    | 33.9% 148,841   | 153,10                                 | 01 32.4%             | +4,260            |
| Secondary school (age 11-17) | 8.6% 37,529     | 38,52                                  | 20 8.2%              | +991              |
| Primary school (age 4-10)    | 9.3% 40,899     | 37,99                                  | 5 8.0%               | -2,904            |
| Early years (age 0-3)        | 5.0% 21,746     | 21,97                                  |                      | +229              |
|                              | 2018<br>Current | Pi                                     | <b>2041</b> rojected |                   |



### Why this matters

# Why this matters

### Large variation in birth rates across Kirklees

Highest fertility rates in Dewsbury West and Batley West: 81.7 and 76.2 births per 1000 women aged 15-44, respectively (14% of all births were in these wards in 2017)

Lowest fertility rates in Newsome and Kirkburton: 38.7 and 43.9, respectively

Any increase in the number of babies and young children has implications for maternity, midwifery and child health services, and school places

### Dependency ratio

The dependency ratio is the proportion of non-workingage people supported by people of working age

A change in the dependency ratio has economic implications and affects the types of services required by the population

> 2016 100PEOPLE OF NON-WORKING AGE SUPPORTED BY 175PEOPLE OF AGE

2041 100 PEOPLE OF NON-WORKING AGE SUPPORTED BY 146 PEOPLE OF WORKING AGE

# Older people

### An ageing population

Between 2018 and 2041, projections show an additional **33,396** people aged **65+** living in Kirklees

The proportion of the population aged **85+** will **double** in this time

Older people have different health and housing needs and require more carer support than younger people They also need different things from their local area (community facilities, transport, etc)

Amongst other things, older people are more likely to:

- Have multiple long-term conditions and complex health needs
- Visit their GP
- Stay in hospital
- Require end-of-life support



### Wider determinants of health

# The bigger picture

### What are the wider determinants of health?

As little as 10% of a population's health and wellbeing is linked to access to healthcare

Wider determinants are a diverse range of social, economic and environmental factors which impact on people's health

Social determinants of health are the conditions in which people are born, grow, live, work and age

These are shaped by the distribution of money, power and resources



This 'bigger picture' can be demonstrated by a rainbow model of health, with factors that impact on health wrapping around the individual

# Deprivation in Kirklees

New Index of Multiple Deprivation (IMD) figures were released Sep 2019

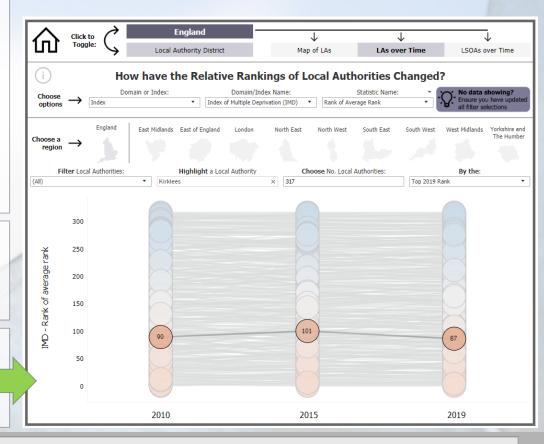
In relative terms, Kirklees is now more deprived compared with other Local Authorities in England than in 2015; work is under way to understand why

#### IMD is calculated across 7 domains:

- Income (22.5% of weighted score)
- Employment (22.5%)
- Health and disability (13.5%)
- Education, skills and training (13.5%)
- Barriers to housing/services (9.3%)
- Crime (9.3%)
- The living environment (9.3%)

The number of Kirklees LSOAs\* within the worst 10% for health remained unchanged (vs 2015)

An interactive <u>Tableau dashboard</u> is available to explore this data at various levels



\*LSOA: Lower Super Output Area, a geography covering roughly 1,500 people; there are 259 LSOAs in Kirklees

# Mapping deprivation in 2019

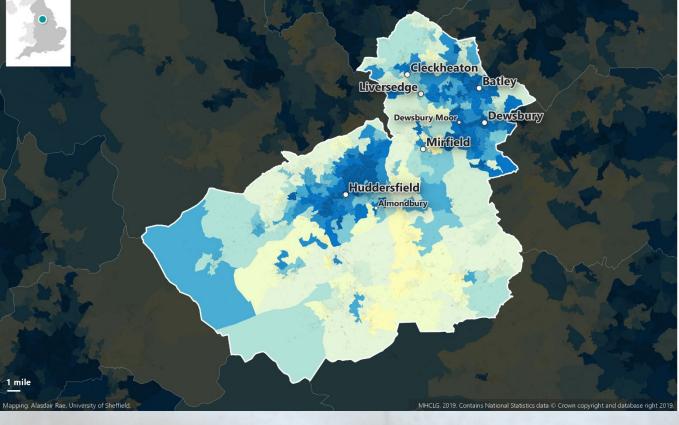
### **English Indices of Deprivation 2019 KIRKLEES**

Ministry of Housing, Communities & Local Government

% of LSOAs in each national deprivation decile

|    | 70 OT 2007 (5 III |  |  |  |
|----|-------------------|--|--|--|
|    | MORE DEPRIVED     |  |  |  |
| 1  | 12.0%             |  |  |  |
| 2  | 18.1%             |  |  |  |
| 3  | 12.4%             |  |  |  |
| 4  | 8.9%              |  |  |  |
| 5  | 10.0%             |  |  |  |
| 6  | 7.3%              |  |  |  |
| 7  | 8.5%              |  |  |  |
| 8  | 12.0%             |  |  |  |
| 9  | 6.9%              |  |  |  |
| 10 | 3.9%              |  |  |  |
|    | LESS DEPRIVED     |  |  |  |

### Local deprivation profile



What this map shows

This is a map of Indices of Deprivation 2019 data for Kirklees. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the Indices of Deprivation relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).

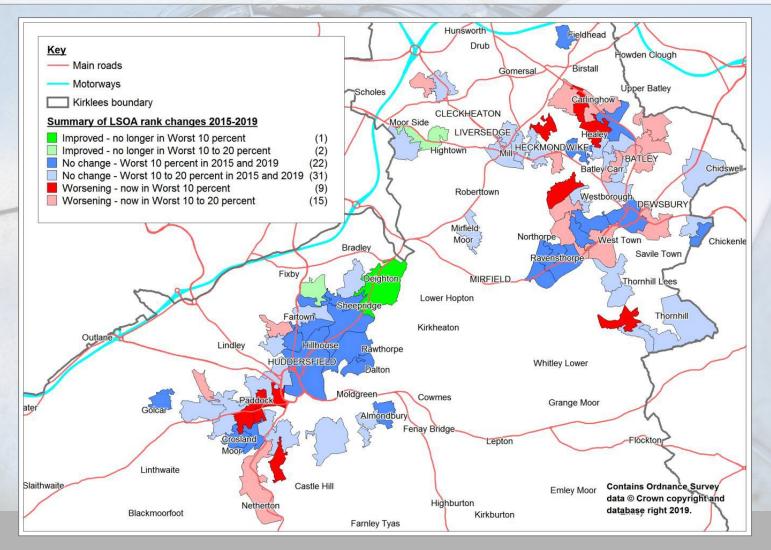
More deprived

Less deprived

**Relative level of deprivation** 

# IMD ranking changes

A small number of Kirklees LSOAs are no longer in worst 20% for deprivation; a larger number have now moved into worst 20% (compared with 2015 ranking)





References and resources

### Kirklees is different

# What makes Kirklees unique?

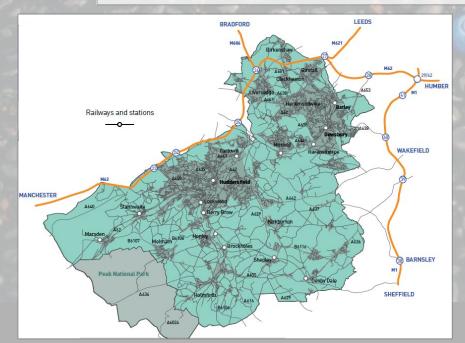
### Location and size

Third largest Metropolitan District in England (by area)

Surrounded by countryside: 11% of Kirklees is in the Peak District National Park

Proximity to M62 and M1 motorways; excellent rail links, particularly to Leeds and Manchester – popular base for commuting and wider social connections

Over 6 million people live within an hour's drive of Huddersfield; just under 6 million are within an hour of Dewsbury





The Huddersfield Blueprint is a ten-year vision to create a thriving, modern-day town centre

Health colleagues are working with planners to ensure health improvement opportunities are maximised Alongside the ongoing redevelopment of Dewsbury town centre, this will add to the unique identity of Kirklees

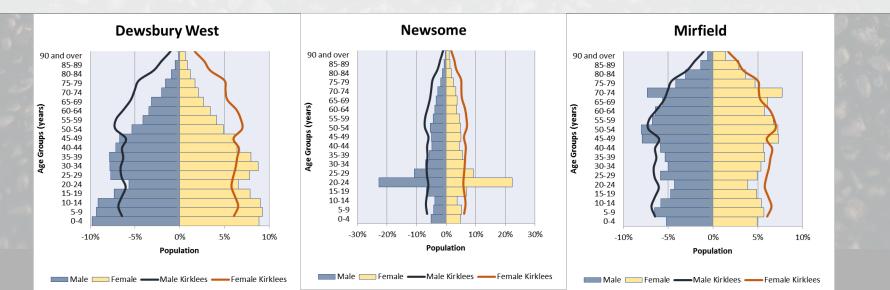
### What makes Kirklees unique?

### Diverse population

**Ethnicity:** ranges from 98% White in Denby Dale and Holme Valley South to 44% White and 54% Asian in Batley East

**Urban/rural variation:** population density varies from 2.7 persons per hectare in the most rural areas to 47.3 in the most populated urban area

Age: Dewsbury West has the youngest age profile (32% under 18 years old, 9% aged 65+); Newsome has more young adults (27% aged 18-24, a large proportion being University students); in contrast, Mirfield has 20% aged 18-24 and 24% aged 65+





#### References and resources

### Kirklees Outcomes

### Kirklees Outcomes

Partners across Kirklees have signed up to the seven Outcomes - achievement of these outcomes will ensure people are starting well, living well, and ageing well



#### Best start



Children have the best start in life



Well



#### People in Kirklees are as well as possible for as long as possible



#### Independent

People in Kirklees live independently and have control over their lives

#### Aspire and achieve

People in Kirklees have aspiration to achieve their ambitions through education, training employment and lifelong learning



#### Sustainable economy

Kirklees has sustainable economic growth and provides good employment for and with communities and businesses



#### Safe and cohesive

People in Kirklees live in cohesive communities, feel safe and are protected from harm

#### Clean and green

People in Kirklees experience a high quality, clean, sustainable and green environment

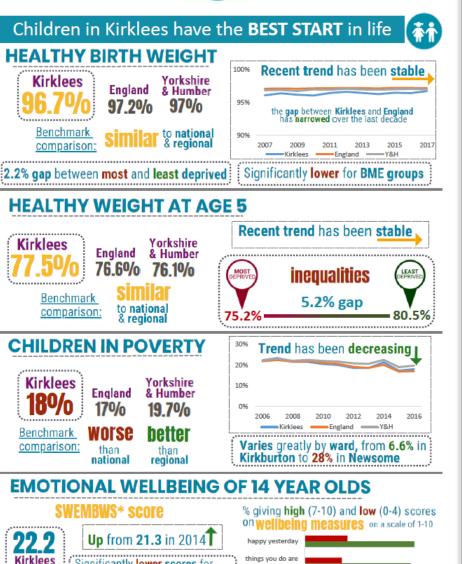
A set of high-level indicators have been agreed, to help monitor progress against these outcomes

Ambitions will be set for these indicators and will be included in the next refresh of the Health and Wellbeing Plan, incorporating inequalities where appropriate

### Outcome indicators

|      | Outcome  | Headline indicator  |  |
|------|--|---|--|
|      |  | Healthy birth weight  |  |
|      | Children have the best start in life   | Healthy weight at age 5   |  |
|      | Children have the best start in me   | Children in poverty   |  |
|      |  | Emotional wellbeing of 13/14 year olds                            |  |
|      |  | Healthy life expectancy   |  |
|      | People in Kirklees are as well as possible for as long as possible                   | Confidence managing health (w/ 3 or more LTCs)                    |  |
|      |  | Adults' emotional wellbeing                                       |  |
|      |  | Overall life satisfaction   |  |
|      | People in Kirklees live independently and have                                       | Loneliness/isolation  |  |
|      | control over their lives   | Suitable housing  |  |
|      |  | Proportion of people who live with social care support            |  |
|      | People in Kirklees live in cohesive<br>communities, feel safe and are protected from | Proportion of adults who say people get on well together          |  |
| From |  | Proportion of adults who say they feel safe in their local area   |  |
|      |  | Crime rate  |  |
|      | harm   | Proportion of people who say that ASB is a problem in their area  |  |
|      |  | School readiness at age 5   |  |
|      | People in Kirklees have aspiration and achieve                                       | Educational achievement at age 11                                 |  |
|      | their ambitions through education, training,<br>employment and lifelong learning     | People qualified to Level 2                                       |  |
|      |  | People qualified to Level 4                                       |  |
| Æ    | Kirklees has sustainable economic growth and   | Economic growth (productivity/GVA per head)                       |  |
|      | provides good employment for and with  | Gross disposable income per household                             |  |
|      | communities and businesses   | Average minimum travel time to nearest employment centre          |  |
|      |  | Overall satisfaction with local area                              |  |
|      |  | CO2 emissions   |  |
|      | People in Kirklees experience a high quality,  | Amount of household waste produced - residual household waste per |  |
|      | clean and green environment  | household   |  |
|      |  | Air quality/pollution (annual concentration of PM2.5)             |  |
|      |  | Premises with access to superfast broadband                       |  |





worthwhile

saitisfied with life

0%

20%

40%

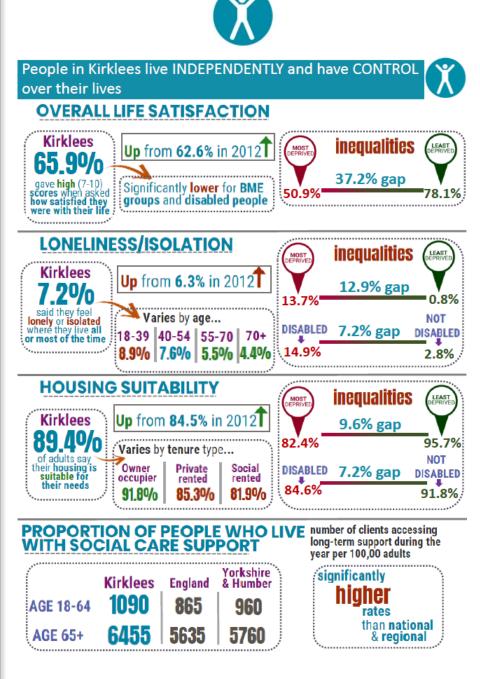
60%

Significantly lower scores for

\*Short Warwick-Edinburgh Scale: measures wellbeing by asking 7 questions about thoughts and feelings. Scores range from 7 to 35; a higher score indicates higher positive mental wellbeing.

LGBT+, mixed ethnicity and girls

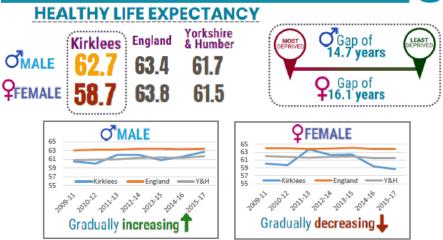
mean score





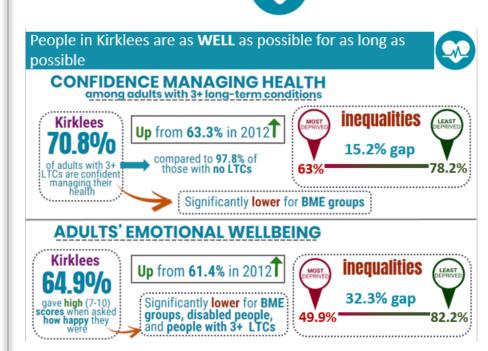
<u></u>

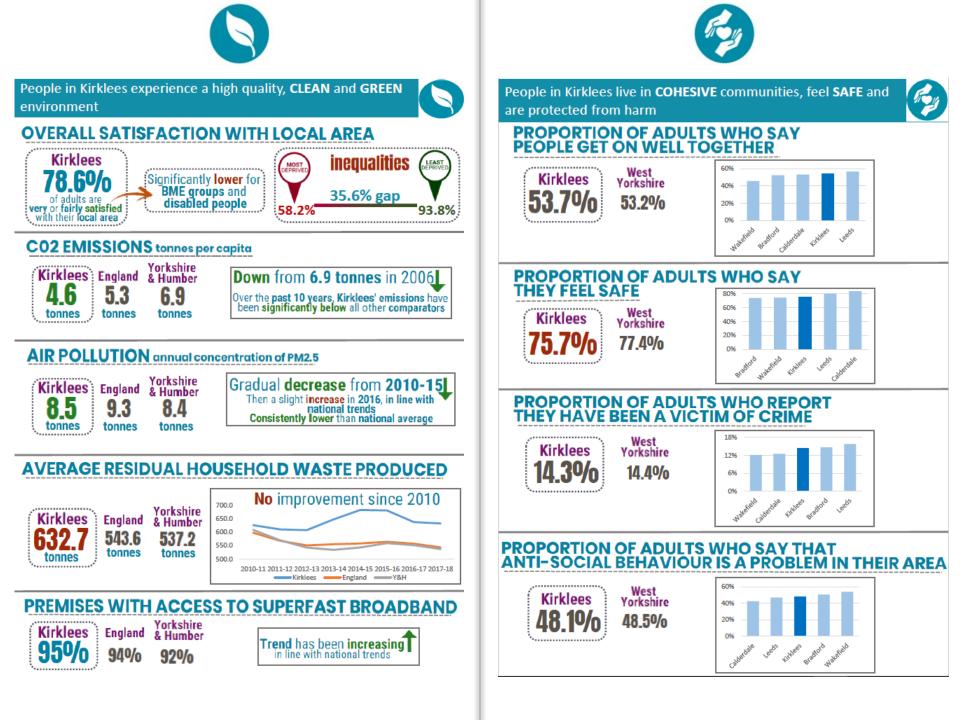
People in Kirklees are as **WELL** as possible for as long as possible



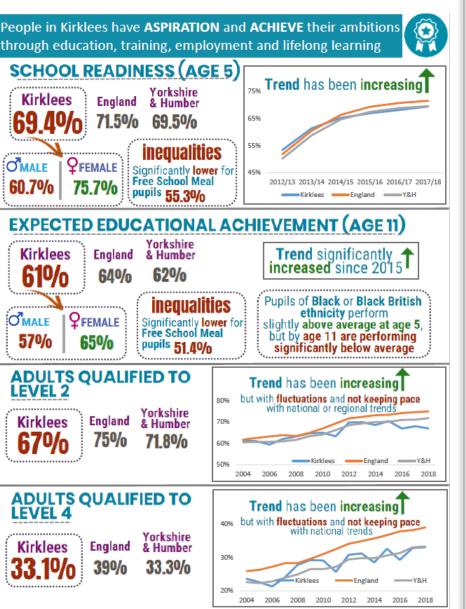
#### Life expectancy and healthy life expectancy vary significantly by ward

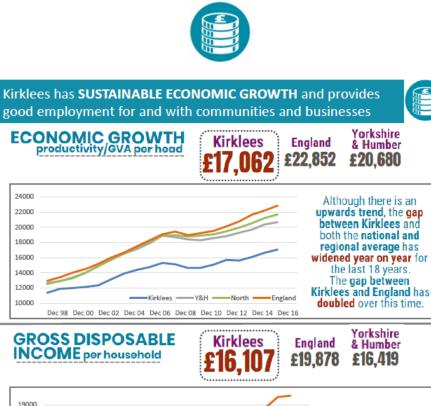


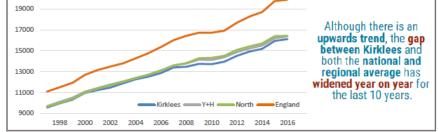












#### TRAVEL TIME TO NEAREST EMPLOYMENT CENTRE average minimum in minutes

| K<br>Public transport/<br>walking | irklees<br>10 | England<br><b>13</b> | Yorkshire<br>& Humber<br><b>13</b> | Increase in public<br>transport/walk time<br>between 2014-16, in line<br>with national trends. |  |
|-----------------------------------|---------------|----------------------|------------------------------------|--|--|
| Cycle                             | 8             | 9                    | 9                                  | No significant change in cycle and car times in  |  |
| Car                               | 7             | 8                    | 8                                  | recent years.  |  |



### Places and communities

# 'Three Ps' way of working

People: Working *with* people, not *doing to* them

Work with people and communities to solve problems and make the most of opportunities

Engage people and build relationships based on trust

Put people at the heart of decisions that might affect them

**P**artnerships: Working with partners

Businesses, the voluntary and community sectors and public bodies all have a part to play in achieving the shared outcomes

#### **P**laces: Place-based working

The people and places of Kirklees are complex and varied

People identify not just with communities but with causes, creeds and common interests

Understanding of differences, and also what people have in common, provides an opportunity to work in different ways

### Communities

### Achieving change

Communities know their own local challenges and strengths, but can't always achieve change alone

The whole system in which people live, work and play must change, and support change

Putting communities at the heart of service design and delivery can massively increase their impact

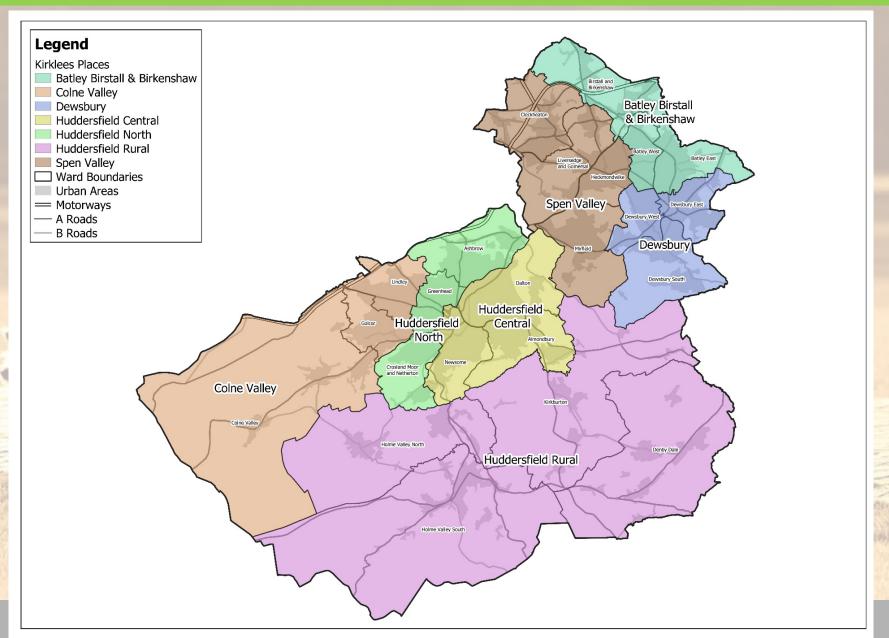
Use of local information, insight and intelligence is key

#### Work needed

Ounderstand geographical areas and the networks and assets within
 Align the whole system around local places with which people identify
 Provide tailored solutions to meet personal and local requirements

The 23 electoral wards are the basic building blocks of Council governance and have been combined into seven Kirklees Places

# 23 electoral wards & 7 places



# Community hubs

### What are Community Hubs?

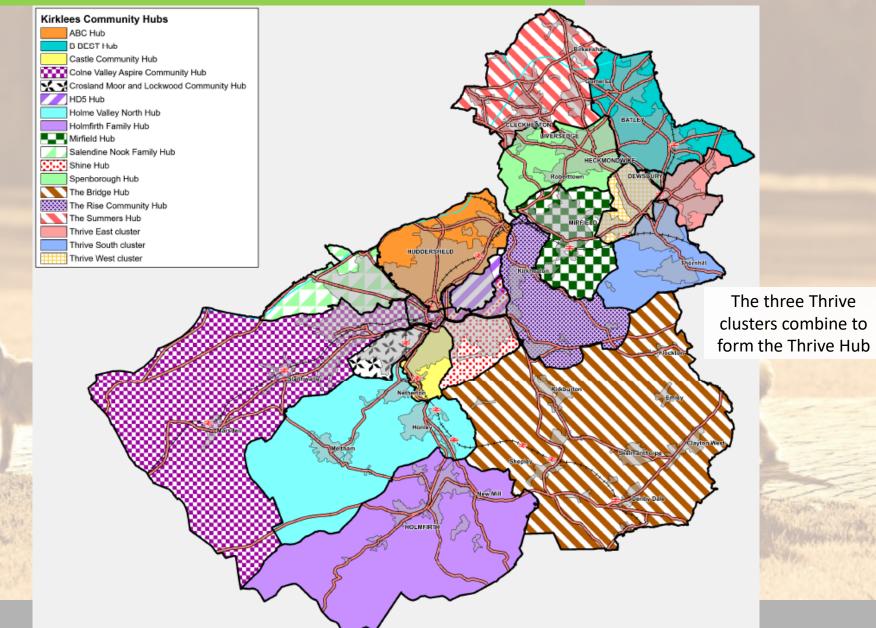
Kirklees Community Hubs have been developing organically since 2015, and are based around groups of schools as focal points for community partnerships

The work has been particularly successful in engaging partners to work to agreed principles related to whole system, place-based working and improving whole outcomes for children, their families and the community

#### Hub outcomes

Hubs use a Community-Led Outcomes Based Accountability (CLOBA) approach to identify the outcomes of most importance to communities
It is estimated that at least 4,410 individual children and wider family members have been involved in CLOBA conversations in the last 18 months
Outcomes agreed in a Community Hub become a focus for close collaboration between all stakeholders and create a sense of common purpose
Outcomes common to all Hubs include speech and language, basic securities and needs, and early years; other outcomes are Hub specific

## 16 Community Hubs



## Primary Care Networks

### What are Primary Care Networks (PCNs)?

PCNs consist of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations

Networks are based around natural local communities typically serving populations of 30-50,000 people PCNs have a greater focus on population health and addressing health inequalities in their local area, using data and technology to inform the delivery of population scale care models

#### PCNs in Greater Huddersfield

Greenwood (Ashbrow, Greenhead, Lindley) Mast (parts of Almondbury, Denby Dale, Kirkburton) Tolson (parts of Almondbury, Dalton, parts of Newsome) Valleys (Colne & Holme Valleys) Viaduct (Golcar, Crosland Moor, Netherton, parts of Newsome)

## PCNs in North Kirklees

Batley and Birstall Dewsbury and Thornhill SHAWN (Spen) Three Centres (parts of Dewsbury, Mirfield)



# What's going well

# Mortality & U18 conceptions



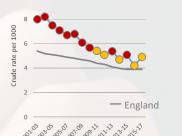


Infant mortality rates are falling...

8.2 deaths per 1000 live births in 2002-04

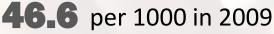
4.9 in 2015-17 (a 40% reduction)

But rates are still higher than England, and vary across Kirklees



## Teenage conceptions

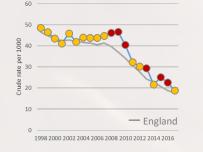
Under 18 conception rates have dropped significantly...





**18.9** in 2017 (a **59%** reduction)

This drop is in line with England values





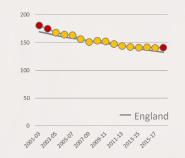
### Cancer deaths

Under 75 mortality rates from cancer have also dropped ...

**180.7** per 100,000 (DSR) in 2001-03

**41.2** in 2016-18 (a **22%** reduction)

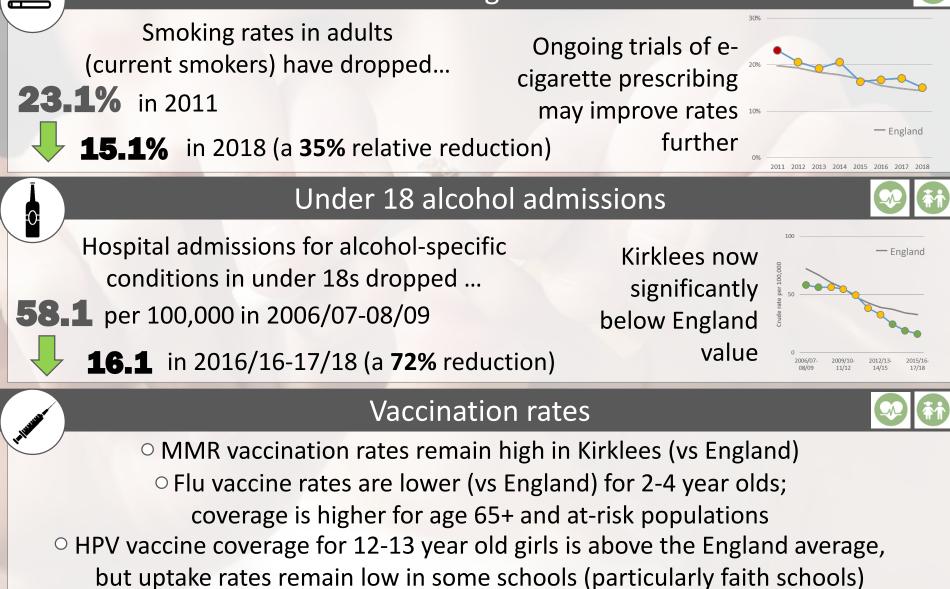
The latest figure for Kirklees is still significantly higher than England



# Lifestyle & vaccinations









## Things to watch out for

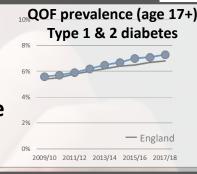
# Lifestyle

| Physical activity 🕺 🛞   |                          |   |   |  |
|---|--------------------------|---|---|--|
| Physical activity levels are declining<br>and levels of inactivity are increasing<br>22.8% physically inactive adults in 201<br>28.6% in 2017/18  | ng                       | Kirklees<br>significa<br>below Engl<br>activity l   | land 20%  |  |
| Obesity 🐼 🔂   |                          |   |   |  |
| <ul> <li>Obesity leads to over 30,000 deaths in<br/>England each year, and is a major<br/>cause of diabetes</li> <li>61% of Kirklees adults are overweight or<br/>obese (similar to national rate)</li> </ul> |                          | <b>20.7%</b> of Year 6 children in Kirklees<br>are obese, and rates are rising<br>National evidence shows younger<br>generations are becoming obese at an<br>earlier age and staying obese for longer |   |  |
| Sexua Sexua   | al hea                   | lth   |   |  |
| Rates of HIV late diagnosis are<br>rising; chlamydia screening rates<br>(age 15-24) have fallen   | 100% —<br>75% —<br>50% — | HIV late diagnosis<br>26 adults diagnosed<br>late in 2016-18  | 40% Chlamydia proportion<br>aged 15-24 screened |  |
| <b>Both</b> are <b>significantly worse</b> than the England rate/benchmark  | 25% —<br>0% —<br>2009    | — England<br>9-11 2011-13 2013-15 2015-17   | 10% England<br>0% 2012 2014 2016 2018           |  |

# Health conditions

### Diabetes

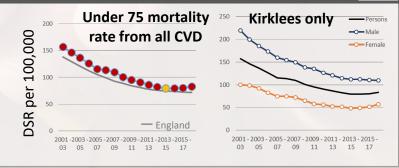
Type 2 diabetes is associated with lifestyle factors including obesity and physical inactivity, and is a major cause of premature mortality
 People of South Asian ethnicity are up to 6 times more likely to develop
 Type 2 diabetes than those of White ethnicity; rates also increase with age Kirklees has an estimated diabetes diagnosis rate of 77.2%





#### Cardiovascular disease

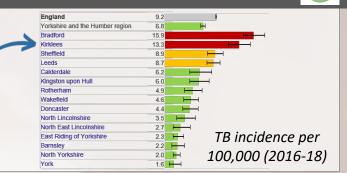
Mortality rates from CVD have declined but remain **significantly higher** than the England average Male rates are highest, but **female** rates are starting to **rise** – further investigation into this may be required



### Tuberculosis

Significant improvement since a peak of 26.3 per 100,000 in 2009-11, but current value of 13.3 per 100,000 (2016-18) is still **significantly worse** than England and the **second highest** in the region;

Only 3 of Kirklees 15 CIPFA nearest neighbours are higher

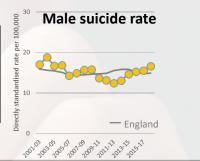


# Mental health & vulnerability

#### Male suicides

**30** male suspected suicides were reported for Kirklees by West Yorkshire Police, Jan-Oct 2019 (latest available data); much higher than the **19** reported in the whole of 2018

Male suicide rates in Kirklees are rising



#### Young people's mental health

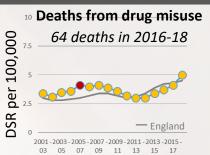
2019 Kirklees survey shows over a third of 14-year olds worry most days Girls are much more likely to worry than boys; LGBT+ worry the most

Most common worries: school work/exams; their appearance; their future

Girls are almost 4 times more likely to cut/hurt themselves if they have a problem/feel stressed (11% of girls, 4% of boys)

### Drug-related deaths

Drug-related deaths across England & Wales at their highest levels in 2018, 16% higher than 2017. Kirklees is following national trend, but has one of lowest rates in region; in Kirklees, **male** rates are **4 times higher** than female rates





# Health protection & longevity

### Antimicrobial resistance



Life expectancy

Healthy life expectancy

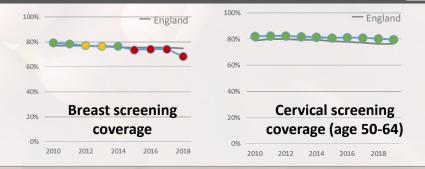
Rising antimicrobial resistance is causing people to suffer longer infectious illnesses as they become more difficult to treat; over 50,000 disability adjusted life years (DALYs) are lost to resistant infections in the UK alone Preventing and controlling infections that are likely to be treated with antimicrobials is one way of reducing the need for these medicines. The Infection Prevention and Control team in Kirklees has introduced a number of measures to support antimicrobial stewardship in health and social care settings



#### Cancer screening

Breast and cervical cancer screening rates are showing a **downward trend** 

Cervical screening rates still significantly better than England, but breast screening rates are significantly worse



## Female healthy life expectancy

Female healthy life expectancy is on a **downward trend** Difference between life expectancy and healthy life expectancy for females in Kirklees is now **23.8 years** The equivalent difference for males is 15.9 years

Further investigation is needed to understand the factors driving this trend

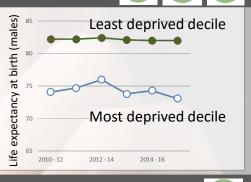
# Wider factors



## Widening inequalities

Gender inequalities have been highlighted in this overview (healthy life expectancy, CVD, deaths from drugs misuse, suicide and self-harm) In terms of socioeconomic status, there is a significant difference between life expectancy (LE) in the most and least deprived areas

This LE gap has widened in recent years, particularly for males It is important that planned interventions work to reduce inequalities





### Climate emergency

Kirklees Council declared a climate emergency in January 2019. A cross-party working group is driving positive changes including disclosing local emissions data, investing in electric vehicles and vans and encouraging green infrastructure

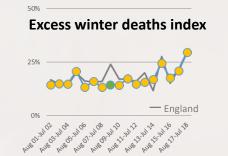
Recent initiatives include switching to LED street lights and better insulation for council properties. There is more to do, including improving recycling rates



### Excess winter deaths

The Kirklees value\* is similar to England and regional values, but increased to its highest level since at least 2001 in winter 2017/18 (29.7%)

\*Calculated as ratio of extra deaths occurring in winter months compared with expected number of deaths (non-winter)





## Making a positive impact

# Health and care

#### Population health management

This involves using aggregated data to predict, identify and manage individual health risk through a single, actionable, proactive care plan, targeting new models of care to improve population health outcomes and reduce health inequities for similar population groups.

Important aspects of population health management include:



Integrated datasets and analytics



Realigning incentives around prevention and integration, along with shared ownership of outcomes

An integrated, proactive approach to prevention and wellness for a defined population

#### Yorkshire & Humber Care Record

Five Local Health & Care Record Exemplars (LHCRE) have been established by NHS England to help local organisations move to a position where an individual's records are connected across the health and care system.

Yorkshire and Humber has LCHRE status; the local programme will:

- Support joined-up and safe care
- Enable more time to be spent on people's care
- Ensure information about people is kept in one place
- Allow data held about people to be done so in a way that is secure and confidential

An integrated care record is important to support population health management.

#### Primary Care Networks

Primary Care Networks are groups of GP practices working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas.

Each of the nine PCNs in Kirklees is developing its own set of priorities, informed by the latest available data and intelligence. Some priorities identified by the evidence are common to multiple PCNs, including diabetes (6 PCNs), obesity (5 PCNs) and mental health/depression (5 PCNs).

The PCN priorities are still to be finalised, and data/intelligence is just one aspect to be considered. Once finalised, PCNs will be encouraged to work together on shared priorities.

#### West Yorkshire & Harrogate HCP

In West Yorkshire and Harrogate, 50 neighbourhoods are bringing social, physical and mental health care closer together, and seven local health and care partnerships are being created in six defined places (including Kirklees) where council and NHS commissioners and care providers plan services together.

The West Yorkshire and Harrogate Health and Care Partnership covers a population of 2.6 million people including 260,000 unpaid carers. Around a fifth of adults have a disability and more than 200,000 are at risk of Type 2 diabetes.

Priorities include preventing ill health, primary and community care, mental health, stroke, cancer, and personalised care.

# Improving wellness locally

#### Kirklees Wellness Service

Kirklees Wellness Service is an innovative new integrated health improvement service offer for Kirklees adults who have identified a need for further help to improve their health and wellbeing. Wellness Workers and Coaches work with people using motivational interviewing and health coaching techniques to refine goals and plan change. This helps to tackle barriers, and build confidence and skills to self-manage. Examples of goals include improved emotional wellbeing, achieving a healthy weight, stopping smoking, and better management of long-term conditions.

The service was 'soft launched' in September 2019 with a view to gaining a better understanding of the user journey and identify potential sustainability issues.

#### Healthy Weight Declaration

The Healthy Weight Declaration is a policy-based approach to supporting the Kirklees population be a healthy weight. It has been approved by Cabinet and is endorsed and owned by the Health and Wellbeing Board. It was launched to partners in March 2019.

A Healthy Weight Declaration Strategic Steering Group has now been set up, and this group are in the process of developing an action plan, which will include co-production approaches with citizens, that will be a working, evolving piece of work, demonstrating the progress that is being made to help the population of Kirklees to achieve and maintain a healthy weight.

#### Social prescribing

Social prescribing is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, nonclinical services. The NHS Long Term Plan outlines a commitment to make social prescribing more accessible to patients through the provision of Social Prescribing Link Workers (SPLW) within Primary Care Networks.

Social prescribing in Kirklees will build on existing assets (including the Voluntary and Community Sector). It will also contribute to wider integration and personalised care, and will intentionally address social determinants of health such as employment, housing and poverty. Community Plus is supporting this work by providing drop-in sessions and appointments at GP practices.

#### Physical activity systems mapping

Kirklees adult physical activity rates are declining and inactivity rates are rising. Sport and wider physical activity has the potential to make positive, sustainable change to individuals' physical and mental health and contribute to many of the Kirklees Outcomes.

The 'Everybody Active' Board brought together a range of stakeholders to develop a 'whole systems approach' to tackling physical activity across the district. The local physical activity system was mapped, to help identify priorities and future planning, and ultimately raise physical activity rates.

A separate Sport England-funded pilot project will look to increase physical activity rates for those with long-term conditions.

## Other initiatives

#### Cancer screening pilots

Although there is no national lung cancer screening programme, North Kirklees CCG was selected as one of the 14 areas in the UK to pilot NHS Lung Health Checks. These checks aim to diagnose lung cancer at an earlier stage, to give treatment the best chance of success. Patients in North Kirklees should receive an invitation for the check if they are over 55 but younger than 75 years old, are registered with a GP, and have ever smoked.

To boost bowel cancer screening rates in Kirklees, an approach known as 'Call for Kit Clinics' has been successfully piloted. This project targets people who have previously missed or not completed a bowel screening kit, invites them to discuss this with a nurse, and orders a screening kit if the patient is in agreement.

#### Mental Health Support Teams

In 2019 Kirklees was selected as one of 25 areas in the country to receive 'Trailblazer' funding from the NHS to set up Mental Health Support Teams for children and young people.

Jointly delivered with the Department for Education, MHSTs will provide early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. The teams will act as a link with local children and young people's mental health services and be supervised by NHS staff. A number of individuals have now been trained as practitioners and are being deployed within selected schools.

#### **Diabetes Prevention Programme**

The cost to the NHS of Type 2 diabetes treatment is around £8.8 billion a year; strong evidence demonstrates how behavioural interventions, which support people to maintain a healthy weight and be more active, can significantly reduce the risk of developing the condition.

The NHS Diabetes Prevention Programme identifies those at high risk of diabetes and refers them on to a behaviour change programme. This is a joint commitment from NHS England, Public Health England and Diabetes UK. West Yorkshire was included in the second wave of programme roll-out, with Reed Wellbeing commissioned to deliver the service in this area since June 2017.

#### Soft Drinks Industry Levy (national)

The Soft Drinks Industry Levy (also referred to as the 'sugar tax') was introduced in April 2018 as part of the Government's childhood obesity strategy. The levy aimed to reduce national rates of obesity and type 2 diabetes (particularly in children) by encouraging companies to reformulate their products. This Levy forms part of a wider scheme by Public Health England to reduce sugar in foods and drinks by at least 20% by 2020.

Since the introduction of the Levy, average sugar content has decreased by 28% per 100 ml. The levy has also seen a consumer shift towards low-sugar or zero-sugar products across all socioeconomic groups. The impact of the levy on obesity and health are not yet known.



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| and a second          | References & additional resources   |   |  |   |  |                                 |
|-----------------------|---|---|--|---|--|---------------------------------|
| Our<br>ambitions      | Kirklees Heath and Wellbeing Plan   | 2018-23 ( <u>https://www.kirklees.gov.uk/</u>   | beta/delivering-services/pdf/kirklees-healt  | n-and-wellbeing-plan.pdf)   |  |                                 |
| Historical<br>context | <ul> <li>[accessed on 11/11/2019]</li> <li>Go Dewsbury. (2015). Local Histor</li> <li>Jane Robinson. (2018). Hearts And<br/>Transworld.</li> <li>BBC History. (2011) The Welfare S<br/>[accessed on 11/11/2019]</li> </ul>                            | y. [online] Available from <u>https://godew</u><br>/ <i>Minds: The Untold Story of the Great Pi</i><br>tate – Never Ending Reform. [online] Av  | from <u>https://www.huddersfieldhistory.org.</u><br><u>sbury.uk/heritage/local-history/</u> [accessed<br><i>lgrimage and How Women Won the Vote.</i><br>ailable from <u>www.bbc.co.uk/history/british</u><br>egic review of health inequalities in England | on 11/11/2019]<br>I <sup>st</sup> ed. London:<br>/modern/field_01.shtml | Additional resources:<br>• Huddersfield Loca<br>• <u>Go Dewsbury</u>   | al History Society              |
| Population            | <ul> <li>PANSI (Projecting Adult Needs and<br/>School census, January 2019 (Dep<br/>Ethnicity of new mothers from ma<br/>Parents country of birth, 2018, Of<br/>2018 mid-year population estimat</li> <li>ONS sexual identity report 2017:</li> </ul> | iK) survey, Kirklees Council<br>pulation Information) web site: https://<br>d Services Information) web site: https://<br>atment for Education): https://www.go<br>iternity datasets provided by Calderdale<br>fice for National Statistics<br>es, Office for National Statistics<br>https://www.ons.gov.uk/peoplepopulati<br>cation Society report 2011: https://www |  | /orkshire Health Trust, 2018/19<br>/bulletins/sexualidentityuk/2017     | See KJSA section on:<br>Population<br>Children with SEND<br>Disabled adults<br>Additional resources:<br>Office for National S<br>Nomis | K J S A                         |
| Why this matters      |   |   | es (females aged 15-44), both at Ward leve<br>0-14 and 65+. Population figures and proje   |   | Additional resources:<br>• DPH annual report 2   | 017/18: Ageing well in Kirklees |
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|                                    | References & addition   | nal resource   | S  |
|------------------------------------|---|--|--|
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| Kirklees is<br>different           | <ul> <li>Kirklees Factsheet 2018 available here:<br/>https://www.kirklees.gov.uk/beta/information-and-data/kirklees-information.aspx</li> <li>Huddersfield Blueprint details here:</li> <li>https://www.kirklees.gov.uk/beta/huddersfield-blueprint/index.aspx</li> <li>Ethnicity from 2011 Census (via Kirklees Observatory: http://observatory.kirklees.gov.uk/)</li> <li>Age from 2018 Ward-level mid-year estimates, ONS</li> </ul>   |  | Additional resources: <ul> <li>Office for National Statistics web site</li> <li>Nomis</li> </ul> |
| Kirklees<br>Outcomes               | <ul> <li>Best start <ul> <li>Healthy Birth Weight – figures and trend: Public Health England National Child and Maternal Health Intelligence Network, available via Public Health Outcomes Framework</li> <li>Healthy Birth Weight – deprivation gap: Local Maternity Data (CHFT &amp; MYHT), Kirklees Council (Public Health Intelligence), average calculated over 2012/13 – 2018/19</li> <li>Healthy Birth Weight – BME: Local Maternity Data (CHFT &amp; MYHT), Kirklees Council (Public Health Intelligence), based on data observed from 2012/13 – 2018/19</li> <li>Healthy Weight at Age 5 – figures and trend: National Child Measurement Programme, 2007/08 – 20017/18</li> <li>Healthy Weight at Age 5 – inequalities data: National Child Measurement Programme, 20017/18, Kirklees Council (Public Health Intelligence)</li> <li>Children in Poverty – figures and trend: Children (under 16) in Loew Income Families, HM Revenue and Customs (Personal Tax Credits: Related Statistis - Child Poverty Statistics), 2018 release</li> <li>Emotional Weilbeing of 14 Year Olds – SWEMBWS scores, trend, wellbeing: Kirklees Young People's Survey 2018, Kirklees Council (Public Health Intelligence)</li> </ul> </li> <li>Weil <ul> <li>Healthy Life Expectancy – figures and trend: Health state life expectancies, UK: 2015 to 2017, Office for National Statistics (ONS), available via Public Health Outcomes Framework</li> <li>Healthy Life Expectancy – nequalities: Inequality in life expectancy at birth at LA, based on 2009-13 HLE estimates and IMD 2015, available via Public Health Utoremes Framework</li> <li>Life Expectancy and Healthy Life Expectancy by ward: Ward-level life expectancy: Mortality from Primary Care Mortality Database, 2015-77. Population from ONS mid-year estimate (2016)</li> <li>Ward-level healthy life expectancy: Data from ONS, 2009-13</li> <li>Confidence managing health amongst people with 3 or more long-term conditions; Adults emotional wellbeing: Kirklees Council Public Health Helligence, Current Living in Kirklees (CLIK) adult population survey (2016)&lt;</li></ul></li></ul> | Intelligence, Current Living in Kirkle Proportion of people who live with long-term support during the year ¡ trend: Adult Social Care Activity and Safe and cohesive All data from Your Views Survey (Qr Yorkshire Aspire and achieve School readiness - % of eligible chili Foundation Stage Profile (2017/18), Expected educational achievement Assessments at Key Stage 2 (2017), Adults qualified to Level 2 and Leve Economic growth Economic growth – productivity/Gri figures and trend: Gross Value Addd Gross disposable income per house Disposable Household Income (201 Average minimum travel time (in m | at age 11 - % of eligible children: National Curriculum  |

|                                | References & additional resources   |   |  |  |
|--------------------------------|---|---|--|--|
| Places and<br>communities      | <ul> <li>Kirklees Council Corporate Plan: <u>https://www.kirklees.gov.uk/beta/delivering-services/corporate-plan.aspx</u></li> <li>Kirklees Observatory has Community Hub profiles: <u>http://observatory.kirklees.gov.uk/profiles/profile279</u></li> <li>Observatory also has useful Ward profiles: <u>http://observatory.kirklees.gov.uk/kirkleesprofiles</u></li> <li>Primary Care Network data and intelligence packs on KJSA: <u>http://observatory.kirklees.gov.uk/jsna/PCN_intelligence</u></li> </ul>  |   |  |  |
| What's<br>going well           | <ul> <li>Infant mortality: crude rate per 1000 live births (from Public Health England Fingertips site)</li> <li>Under 18 conceptions: crude rate per 1000 women aged 15-17 (from PHE Fingertips)</li> <li>Under 75 mortality rate from cancer: Directly standardised rate per 100,000 population (from PHE Fingertips)</li> <li>Smoking prevalence in adults (18+) – % current smokers (Annual Population Survey, via PHE Fingertips)</li> <li>Admission episodes for alcohol-specific conditions - Under 18s: crude rate per 100,000 (from PHE Fingertips)</li> <li>Vaccination rates (from PHE Fingertips, plus some local insight from Kirklees IPC team)</li> <li>PHE Fingertips site: <a href="https://fingertips.phe.org.uk/">https://fingertips.phe.org.uk/</a> (use search box to find indicators)</li> </ul>  | See KJSA sections on:<br>• Pregnancy and infancy<br>• Teenage pregnancy<br>• Cancer<br>• Tobacco, alcohol and drug misuse<br>• Infectious disease   |  |  |
|                                |   |   |  |  |
| Things<br>to watch<br>out for  | <ul> <li>Physically active/inactive adults (from Sport England's Active Lives Survey, via PHE Fingertips)</li> <li>National obesity statistic from PHE Health Matters (Mar 2017); Adult and child data from PHE Fingertips</li> <li>Chlamydia and HIV data from PHE Fingertips</li> <li>Diabetes: Lifestyle, ethnicity from PHE Health Matters (May 2018):<br/>https://www.gov.uk/government/publications/health-matters-preventing-type-2-diabetes/health-<br/>matters-preventing-type-2-diabetes; Quality and Outcomes Framework (QOF) prevalence (age 17+) and<br/>estimated diabetes diagnosis rate from PHE Fingertips</li> <li>Under 75 mortality rate from all cardiovascular diseases: Directly standardised rate per 100,000 population<br/>(from PHE Fingertips)</li> <li>Tuberculosis incidence rate (three year average): crude rate per 100,000 (from PHE Fingertips)</li> <li>Male suicides: Directly standardised rate per 100,000 (from PHE Fingertips); additional local data on<br/>suspected suicides provided by West Yorkshire Police</li> </ul> | <ul> <li>Young people's mental health: From 2019 Kirklees Young People's Survey, Kirklees Public Health<br/>Intelligence team</li> <li>Deaths from drug misuse: Directly standardised rate per 100,000 (from PHE Fingertips)</li> <li>Breast cancer screening coverage (% of women aged 53-70) and cervical cancer screening coverage<br/>(age 50-64) from PHE fingertips</li> <li>Life expectancy and healthy life expectancy at birth, in years (from PHE Fingertips)</li> <li>Excess winter deaths index from PHE Fingertips</li> <li>Climate emergency report:<br/>https://democracy.kirklees.gov.uk/documents/s32341/Climate%20Emergency%20report%20for%20Co<br/>uncl%20on%2013%20November%202019.pdf</li> </ul> |  |  |
|                                | PHE Fingertips site: <a href="https://fingertips.phe.org.uk/">https://fingertips.phe.org.uk/</a> (use search box to find indicators)  | KJSA     See KISA sections on:     Ecod, obesity and physical activity     Cardiovascular disease     Mental health and emotional wellbeing       Sexual health     Infectious disease     Suicide     Tobacco, alcohol and drug misuse       Diabetes     Suicide     Cancer   |  |  |
| Making a<br>positive<br>impact | <ul> <li>Population health management: https://www.england.nhs.uk/integratedcare/building-blocks/phm/</li> <li>Yorkshire &amp; Humber Care Record: https://yhcr.org/</li> <li>West Yorkshire &amp; Harrogate HCP statistics: https://www.wyhpartnership.co.uk/</li> <li>Diabetes Prevention Programme (including cost to NHS): https://www.england.nhs.uk/diabetes/diabetes-<br/>prevention/</li> <li>Mental Health Support Teams: https://www.england.nhs.uk/mental-health/cyp/trailblazers/mh-support-<br/>teams/</li> </ul>  | Soft drinks industry levy<br>• Treasury report:<br>https://www.bda.uk.com/professional/influencing/treasury infosheet on sugar levy<br>• PHE summary report (2015-2018):<br>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/<br>832618/Sugar_reduction_summaryof_progress_2015-2018.pdf   |  |  |