

HEALTH AND WELLBEING BOARD: 31 OCTOBER 2023**REPORT OF THE DIRECTOR OF PUBLIC HEALTH
LEICESTERSHIRE COUNTY COUNCIL****JOINT STRATEGIC NEEDS ASSESSMENT CHAPTERS –
DEMOGRAPHY AND ORAL HEALTH****Purpose of Report**

1. The purpose of this report is to provide the Health and Wellbeing Board with a summary of the headlines, conclusions and recommendations arising from two recent JSNA chapters developed on Leicestershire's Demography and on Oral Health.

Recommendations

2. It is recommended that the Health and Wellbeing Board:
 - a) Supports the findings and recommendations of the Demography Joint Strategic Needs Assessment Chapter and approves the Chapter for publication.
 - b) Asks Strategic Planners and Commissioners to consider the various demographic changes, trends and issues arising and ensure that these are taken into consideration, where possible, in future service and commissioning plans and strategies.
 - c) Supports the findings and recommendations of the Oral Health Joint Strategic Needs Assessment Chapter and approves the Chapter for publication.

Policy Framework and Previous Decision

3. The Health and Wellbeing Board considered a report on plans for the development of the JSNA in 2022, which proposed that the JSNA would be published in subject-specific chapters throughout a three-year time-period on an iterative basis, in line with Integrated Care System (ICS) and local authority commissioning cycles. This approach was supported with the JSNA outputs agreed as:
 - Subject-specific focused chapters/narrative on an assessment of current and future health and social care needs with recommendations; and
 - Accompanying Tableau data dashboards that are updated on a regular basis to allow users to self-serve high level related data requests.

Background

4. The County Council and ICB (previously Clinical Commissioning Groups) have an equal and joint statutory responsibility to prepare a JSNA for Leicestershire, through the Health and Wellbeing Board. A separate paper on the agenda sets out further details about the JSNA development process, together with plans to refresh the JSNA work plan and reinstate a JSNA Reference Group to oversee the work.
5. The purpose of the JSNA is to help improve the health and wellbeing of the local community and reduce inequalities for all ages. It should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.
6. Analytical resources were prioritised towards the Covid-19 emergency response effort during 2020/21 and 2021/22 and hence it was not possible to maintain the JSNA refresh process during that time, in common with other areas nationally. However, following the pandemic, work has progressed to assess the data and needs, including Covid-19 impact, across a range of topics. The national 2021 Census data was released from Autumn 2022 onwards and is allowing for refresh of a number of underpinning elements of the JSNA including the overall demographic picture.

JSNA Chapter - Demography

7. A copy of the full JSNA Chapter on Demography is included in the link attached – <https://www.lsr-online.org/leicestershire-2022-2025-jsna>. A summary of the key findings is set out below and a short presentation will be given at the Health and Wellbeing Board meeting.

Summary of JSNA Demography Chapter Findings

Population

- The total population of Leicestershire in 2021 was 712,300, an increase of 9.5% since 2011. There were approximately 8,900 more females (360,600) than males (351,700).
- The male population is rising at a fractionally slower rate (9.4%) compared to females (9.6%) since 2019.
- There were 116,962 children under the age of 15 in Leicestershire in 2020 (16.3% of the population).

- Compared with England, the population of Leicestershire is older, with higher proportions of the population aged 40-64 (33% in the county compared with 32.1% in England) and 65 and over (20.7% compared with 18.4% for England).
- The largest quinary age bands in Leicestershire were 50-54 (7.3% of the total population), 55-59 (7.1%) and 45-49 (6.4%).
- Overall, the Leicestershire population is weighted towards older adults (those aged 45-59) with a considerable proportion in the 65+ age bands as a result of increased birth rate in the post-war period.
- In comparison to England, the population of the county is less likely to be very young (specifically the under 10s) and younger adults (25-39 age bands) and slightly more likely to be older adults (45-74 age bands).
- Between the ages of 0 and 29, males outnumber females in all quinary age bands. However, from the 30-34 age band onwards, females outnumber males.
- In 2021 Charnwood has the largest population (183,971) of Leicestershire districts, followed by Hinckley and Bosworth (113,640). Melton has the smallest population (51,752).
- All local authorities in Leicestershire experienced a rise in population between 2011 and 2021. Charnwood had the biggest increase with 17,871 and Melton had the lowest increase with 1,376.
- Earl Shilton ward (10,630) and Hinckley De Montfort ward (10,519) in Hinckley and Bosworth have the highest populations in the county. Wymondham ward in Melton (1,563) has the lowest population, followed by Gaddesby ward, also in Melton.
- Loughborough Oxford Street Lower Super Output Area (LSOA) has the highest population density in Leicestershire, with just over 12,800 people per km². Greater Wymondham in Melton has the lowest population density in the county, with just 20 people per km².

Population Change

Between 2018 and 2043: -

- The population of Leicestershire is projected to increase by 23.3% to 860,618 in 2043, an increase of 162,350 people. This is compared to an increase of 14.3% for the East Midlands and 10.3 percent for England.

- The greatest cumulative change by broad age is projected to occur in the 65+ age band, accounting for an additional 71,888 older people in the county by 2043.
- Leicestershire is projected to experience much higher percentage increases amongst all broad age bands than the East Midlands and England, although the difference is much smaller for older people.
- The greatest actual change is projected to occur in the 75-79 quinary age band, increasing by 20,900 people which is also the highest percentage change at 113%.
- North West Leicestershire is projected to experience the highest level of population growth; increasing by 34.4%. All Leicestershire districts are projected to increase their population at a higher rate than the East Midlands and England, with the exception of Melton and Oadby and Wigston.
- To 2043, the 65 plus age group is projected to experience large percentage growth. North West Leicestershire is projected to see the greatest percentage change in this group, increasing by 67%.

Components of Change - Fertility and Migration

- Net migration (both international and within the UK) is projected to be a much larger driver of population change compared to natural change. Net natural change in Leicestershire is projected to start to drop from 2018 onwards and is negative from 2031 onwards.
- Internal migration (people moving into Leicestershire from elsewhere in England) accounts for around 5,595 net additional people on average every year. International migration (people entering Leicestershire from outside the UK) accounts for a net addition of just over 800 people per year.
- Harborough, Hinckley and Bosworth, Melton, North West Leicestershire and Oadby and Wigston are all projected to experience flat or negative net natural change across the entire projection period. All Leicestershire districts are projected to have a net increase in population between 2018 and 2043 as a result of all migration. In Charnwood, this equates to 34,967 additional people by 2043.
- Net natural change is projected to be positive for roughly the first half of the 2018 population projections (i.e., more births than deaths), until it drops below zero in 2031 (i.e., more deaths than births), remaining constant at -470 from 2036 until the end of the projection in 2043.
- The General Fertility Rate (GFR) in Leicestershire in 2021 (53.4 per 1,000 population) is not significantly different to the rate for England (54.3 per 1,000 population).

population). Both nationally and locally, mothers aged 30-34 have had the highest birth rate over the last three years. Those aged 25-29 have the second highest birth rate, followed by those aged 35-39 years.

- The rate of live births to women below 18 years of age in Leicestershire in 2021 (1.8 per 1,000 females aged 15-17 years) is significantly better (lower) than the rate in England (3.2 per 1,000 females aged 15-17 years).

Mortality and Healthy Life

- In 2020, the directly age standardised mortality rate (ASMR) for those under 65, between 65 and 74 and between 75 and 84 all have a significantly lower rate than the national average. For those aged 85 and older, the rate is similar to the national average.
- The rate of premature mortality in Leicestershire is significantly better (lower) than the national average for persons, males and females in 2021.
- In Leicestershire, over a quarter (25.4%) of all deaths were due to cancer in 2020. This is significantly above the national percentage.
- Approximately a fifth (21.7%) of all deaths in Leicestershire were due to circulatory disease in 2020, this is not significantly different to the national rate. The percentage of deaths from circulatory disease in Leicestershire has significantly declined over the most recent five time periods.
- Over a third (40.7%) of all deaths in Leicestershire in 2021 were in hospital, followed by in the home (32.8%), care homes (20.7%), hospices (3.4%) and other places (2.3%). This pattern is reflected nationally.
- The Healthy Life Expectancy at birth for males in Leicestershire has decreased year on year since 2015-17, from 65.2 years to 62.9 years in 2018-20.
- In 2021, 16.5% of the county population considered themselves to have a condition that limited their day-to-day activities, a slight rise compared to 2011 when the figure was 16.2%.

Ethnicity, Religion and Language

- The vast majority of the county population (87.5%) belong to the white ethnic group, (including the white Irish ethnic group). This equates to almost 623,429 people. The next largest ethnic group in Leicestershire is the Asian ethnic group (8.1%), followed by the mixed or multiple ethnic group (2.2%) and the black ethnic group (1.1%).
- The largest religious group in the county is Christian (45.7%), followed by Hindus (3.7%), Muslims (2.3%) and Sikhs (1.7%). 40.3% of the population stated they had no religion while 5.5% did not state a religion.
- 95.2% of residents have English as their main language. This is followed by Polish and Gujarati (both 0.8%), Panjabi (0.6%) and Romanian (0.4%).

Gypsy and Traveller Population

- There are a total of 61 recognised gypsy and traveller sites in the county. Given issues around access, and the temporary nature of the population, it is difficult to say how many individuals or families this equates to.
- There are approximately 400 gypsy and traveller children on roll in county schools, and 77 who are home-schooled.
- Education is an issue for the gypsy and traveller community. Few children stay on at school past Year 6 and many adults are unable to read and write.
- Contrary to popular belief, many gypsies and travellers are registered with their GP and dentist. However, there is a lack of understanding around issues such as diet, smoking, sexual health, immunisation, and cancer screening.
- Mental health is also a concern within the community, with issues around depression, anxiety and suicide.
- Many gypsy and traveller families will face issues around fuel poverty, housing, and benefits.

Prison Population

- In May 2023, HMP Gartree had a population of 591 males, against an operational capacity of 608. The majority of inmates were British nationals (86%).
- Over two-thirds of inmates were White (67%), followed by Black ethnic groups 13%, 11% Asian and 6% mixed/multiple groups.

GP Registered Population

- In June 2023, the number of people registered with a GP in Leicestershire was 753,281, compared with a resident population of 712,366, a difference of 40,915. This difference is the result of a number of factors, such as changes of address, multiple registrations and out of county registrations (both in and out of Leicestershire) but also the time difference between the registered population and the census.

2019 Indices of Deprivation

- Leicestershire is not deprived overall; the county is ranked 137th out of 152 upper tier authorities in England for Multiple Deprivation, where 1st is the most deprived.
- All seven Leicestershire districts fall within the least deprived half of all local authority districts within England. North West Leicestershire is the most deprived district in the county (ranked 216th out of 326) while Harborough is the least deprived (ranked 308th out of 326).
- However, pockets of significant deprivation exist; four neighbourhoods in the county fall within the most deprived decile in England. These areas can be found in Loughborough (Loughborough Bell Foundry and Loughborough Warwick Way LSOAs) and two in the Greenhill area of Coalville.

- Just under 12,000 people in Leicestershire live in neighbourhoods falling in the two most deprived deciles nationally (out of a total population of just over 713,000). The vast majority of Leicestershire residents live in less deprived areas; over 406,000 people (57% of the total population) live in neighbourhoods falling in the three least deprived deciles nationally.

Employment and NEETs

- Fewer people in Leicestershire were considered economically inactive, 17.9%, compared to 21.5% in Great Britain. Within this group, Leicestershire had a higher proportion of retirees, 17.8% of the group compared to 13.8% nationally, but less long-term sick, 21.4% locally and 25.8% nationally.
- Leicestershire has one of the lowest NEET rates of all the county authorities in England at 1.3% of 16/17-year-olds.

Business

- Leicestershire's highest employment sector is manufacturing, followed by professional, scientific and technical. The rise of Transport and Storage has been large, with the pandemic bringing a logistics boom. The number of jobs increased by a third between 2019 and 2020. Jobs in Health have also seen a rise since 2019.
- Leicestershire is similar to the overall East Midlands profile in being predominantly micro and small businesses (97.9% and 98% of businesses respectively). Leicestershire had 31,220 active businesses in 2021, which has increased slightly since 2016 by 800 with some slight fluctuation.
- Business survival rates in Leicestershire are better than both regional and national comparisons for 3-year survival but behind both comparators for 5-year survival of businesses founded in 2016. Leicestershire has shown a fall in high growth businesses over the previous 5 years, from 155 in 2016 to 115 in 2021.

Occupations, Earnings and GDP

- Occupation data for January 2022-December 2022 shows that Leicestershire residents are much more likely to work in managerial and professional occupations (50.4% in Leicestershire) compared to other East Midlands residents (45.5%). Leicestershire residents are also more likely to work in administrative occupations and skilled trades (23.0% Leicestershire, 19.9% East Midlands). The final group, which includes process plant and machine operatives; and elementary occupations has 12.4% of the Leicestershire workforce compared to 19.2% in the East Midlands.
- Gross annual pay for Leicestershire residents is slightly above the East Midlands average but below the England average.
- GDP for Leicestershire for 2021 was £28,457 per head. This compares to £34,690 for England as a whole. GDP in Leicestershire dipped in 2020 due to the pandemic and this was also the case for the rest of England. Compared to 2019, GDP has returned to a similar level, and is £188 per head higher.

Qualifications

- Leicestershire has a lower proportion of the 16-64 population qualified to Level 4 (above 'A' Levels and in many cases will hold a degree) compared to national levels (2.9% fewer people) but the proportion is 5.0% higher than the East Midlands average. Considering Level 3 ('A' level or equivalent), Leicestershire has a higher proportion of population qualified to this level than both the Great Britain and East Midlands levels. This is also the case at Level 2 and Level 1. Fewer people in Leicestershire have no qualifications when compared to national and regional figures.

Travel to Work

- Workers in Leicestershire tend to work from home more than others. The other notable characteristic of Leicestershire workers is that a lower proportion of workers work less than 2km from home and between 2km and 5km.
- Leicestershire has the second highest proportion working between 10km and 20km from home.
- Leicestershire has the joint lowest 'passenger in car or van' (lift sharing') although several other authorities are similar (4%). Lowest 'on foot', less than half the proportion of Leicester city (6% and 14% respectively). Joint second highest 'driving a van or car' (54%). Joint lowest 'Bus, minibus or coach' (2%). The highest is Nottingham city at 12%.

JSNA Oral Health Chapter

8. A copy of the full Oral Health JSNA Chapter is set out in the link attached - <https://www.lsr-online.org/uploads/oral-health-8.pdf?v=1696331112>
9. A summary of the findings, conclusions and recommendations are set out in the section below and a short presentation, appended to this report, will be given at the Health and Wellbeing Board meeting.

Summary of JSNA Oral Health Chapter Findings

10. On behalf of the Health and Wellbeing Board the JSNA Oral Health chapter reviews the evidence base for oral health and oral inequalities. It looks at the local evidence of health inequalities using key measures such as life expectancy and healthy life expectancy.
11. Groups found to be at highest risk of poor oral health included:
 - Children with special educational needs (SEN) and Looked After Children
 - Vulnerable elderly groups (including care home residents)
 - People with disabilities
 - Prison populations
 - Military Personal

- Refugees and Asylum Seekers
 - Gypsy, Roma and Traveller Groups
 - Homeless Community.
12. There are also a range of lifestyles that were explored as they increase the risk of poor oral health these include:
- 150,000 adults and 5000 children with obesity
 - 65,450 adults who smoke
 - 66% of children not reporting eating 5 fruit or vegetables a day
 - The Human Papilloma Virus - vaccine uptake trending downwards.
13. Large oral health inequalities were found to persist in both the adult and children population. 1 in 4 adults are without 20 or more natural teeth in the most deprived areas versus 1 in 10 in the least derived areas. 1 in 4 adults in Leicestershire are likely to have one or more obvious untreated decayed teeth. It is also concerning that 14% of Gypsy or Traveller people describe their health as “bad” or “very bad”, more than twice as high as the white British group.
14. Children are three times more likely to have a tooth extracted and twice as likely to experience tooth decay in the most deprived areas compared to the least deprived areas. 11% of 3 years and 23.7% of 5-year-olds already had experience off dental decay when surveyed. From surveying 3-year-olds for oral health it was also found that 20% of children from ‘other’ ethnic groups and 18.4% of Asian/Asian British children had already experienced dental decay.
15. When implementing the recommendations certain challenges need to be considered, these centre around dental access and workforce shortage challenges with the dental workforce. At the time of writing the JSNA, 40% of dental practices were not registering any more NHS patients, 35% would only accept patients referred by another dentist and 10% of practices would only accept children.
16. The dental workforce was surveyed by the Local Dental Committee and results made available to the JSNA to understand workforce challenges and inform the JSNA recommendations. The survey found that:
- 95% (54 practices) reported difficulties recruiting dental staff.
 - 93% (41 practices) reported difficulties recruiting Qualified Dental Nurses.
 - 43% (23 practices) of those practices experiencing problems recruiting dentists report that posts had been vacant for 6-12 months.
 - 81% (35 practices) reported these DCP recruitment difficulties were affecting their ability to deliver their NHS contract.

Summary of Recommendations JSNA Oral Health Chapter

17. As a result of findings and analysis from the JSNA Oral Health chapter a range of recommendations have been developed, full details of which are available in the full JSNA chapter. Below are the summarised recommendations themselves.

Investigate access issues and work with them:

- The elderly, particularly those living alone and in residential homes
- Children living in poverty.
- Residents living in rural areas.
- Men of working age.
- Consider surveying the Gypsy, Roma, and Traveller population to obtain oral health needs and gain an understanding of barriers to oral health provision with the aim of addressing the findings.
- To explore community transport links which could positively impact residents access to dentists especially for those living in areas of high deprivation.

Support population groups at risk:

- Consider a targeted Oral Health Promotion Programme within residential homes including the Making Every Contact Count approach to support oral health and address the drivers of poor oral health.
- Consider training for care home staff in administering and supporting oral care including an analysis of their training needs.
- To explore evidence based alternative methods of delivery to support care home staff and residents if dental workforce shortages result in an inability to recruit the necessary skills.
- Consider targeted health promotion for the youngest children including a Community Fluoride Varnishing Programme targeting children with the highest need to begin with.
- To explore evidence-based alternatives to Community Fluoride Varnish that take into account dental workforce shortages.
- Explore applying to be a 'super user' to access more granular data from the results of the National Dental Epidemiology Programme (NDEP) survey to inform health promotion planning for 3- and 5-year-olds.

Promoting Healthy lifestyle choices

- Consider integrating Oral Health education into healthy lifestyle services.
- Consider ways to maintain healthy eating education in education settings.
- Consider ways to increase HPV vaccination uptake in eligible pupil populations.

- Continuation of the County Council's Oral Health improvement Team provision including supervised tooth brushing and oral health training

Increase public understanding

- Consider the need for accessible health literacy for groups known to be a higher risk of dental caries.
- Continuation of the County Council's Oral Health improvement Team provision including supervised tooth brushing and oral health training.
- Consider increasing the level of fluoridation programmes across Leicestershire.

Consultation and Patient/Public Involvement

18. The JSNA Chapters draw on a wide range of research and consultation evidence in forming their conclusions. Further details are set out in the detailed chapters attached in the links to the report.

Resource Implications

19. The recommendations in the report and JSNA Chapters are aimed at informing commissioning plans and associated budgeting processes for relevant health and care agencies. Particular recommendations may well have implications for the prioritisation of budgets across services.

Circulation Under Local Issues Procedure

None

Appendices

20. Appendix A – Presentation on the JSNA Oral Health Chapter
21. Demography JSNA Chapter - <https://www.lsr-online.org/leicestershire-2022-2025-jsna>
22. Oral Health JSNA Presentation – attached as Appendix.
23. Oral Health JSNA Chapter Draft - <https://www.lsr-online.org/uploads/oral-health-8.pdf?v=1696331112>

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Relevant Impact Assessments

Equality and Human Rights Implications

24. The JSNA chapters take due regard to the equality and human rights of different population groups. In particular, the Chapters examine sources of health inequalities and recommendations are designed to help alleviate issues created through identified Inequalities.

Partnership Working and Associated Issues

25. A broad range of partner organisations are involved in the support and care of our resident's oral health, these organisations have been consulted to understand the oral health landscape as members of the Task and Finish Group for the chapter and have been integral to shaping the recommendations resulting from the chapter.
26. With the Boards approval the recommendations will be taken forward via an action plan with partner organisations responsible engaged to implement the recommendations successfully.