Health & Wellbeing in York

Joint Strategic Needs Assessment (JSNA) 2012

Executive Summary

DRAFT: For Comment Only

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Health and Wellbeing in York
The 2012 Joint Strategic Needs assessment for the City of York

Introduction

Welcome to this third Joint Strategic Needs Assessment (JSNA) for the City of York.

Building from previous assessments, this document aims to provide a comprehensive local picture of the health and wellbeing needs of all the people who live in York. It will inform the development of future strategies, help us to decide our local priorities, and influence how we spend the money allocated to us.

We hope that you will find the assessment both interesting and useful. We have tried to keep it readable, although some parts are necessarily quite technical in nature. There are four main sections: a snapshot of who lives in York; a look at “wellbeing” in its widest sense; our lifestyles; and finally a profile of our health.

This document confirms that, overall, York is a great place to live. Most people who live here have good health and wellbeing. However, this does not apply to everyone: some people in our city experience poorer health and wellbeing outcomes. This may be down to their needs, their circumstances, or simply where they live. Tackling health inequalities is likely to be a top priority for our future work.

So what happens next? The Shadow Health and Wellbeing Board is responsible for developing York’s first Health and Wellbeing Strategy, which will take into account the recommendations from this JSNA as well as other relevant recent reports, including *the York Fairness Commission: A Fairer and Better York, 2011*, and *the Independent Review of Health Services in North Yorkshire and York August 2011*. We aim to have our Health and Wellbeing Strategy in place by the summer of 2012.

We hope you find this report both informative and thought provoking.

Health and Wellbeing in York
The Joint Strategic Needs Assessment 2012

Executive Summary: Findings and Recommendations

Introduction

1. This Joint Strategic Needs Assessment provides a comprehensive analysis of the health and wellbeing needs of York's population and will be used to inform the development of the first health and well being strategy, local priorities and commissioning decisions. The findings and recommendations are therefore of value to all partners and organisations in the statutory, voluntary and independent sectors who work to improve health and wellbeing in York.

2. This local assessment of the health and wellbeing needs of people in York builds from previous JSNAs and is based on the most up to date population-level data and needs analyses available at the point of production. It combines a mix of quantitative and qualitative data, and where possible has incorporated community perspectives. In undertaking this JSNA, consideration has been given to other relevant initiatives, including but not limited to the York Fairness Commission and the North Yorkshire Review undertaken by NHS Yorkshire and Humber.

3. This document summarises some of the findings from the four main sections of the JSNA and incorporates the emerging recommendations. A full JSNA report is also available which gives the detail, context, data and sources from which this summary and recommendations emerge.

Findings

4. In general, York is a great place to live. Most people experience good outcomes in relation to their health and wellbeing, aspects of which are better than across the rest of the country. However there are pockets of deprivation in York, and some people experience poorer health and wellbeing outcomes because of their needs, circumstances and location.

York's population

5. The mid-year population estimate for York in 2011 was 202,447. The population has increased at a rate of twice the national average. The birth rate has actually declined compared to 2009. It is therefore assumed that 90% of the increase in population numbers is due to migration. The number of households in York is expected to increase by 37% from 2008 to 2033 with the largest increase predicted to be in households where the head of household is aged over 85 years.

Black and minority ethnic people

6. There is a rapidly growing black and minority ethnic population in York with 78 different first languages being spoken in the City. This group is comprised primarily of settled black and minority ethnic people, but will also include migrant workers.

7. Estimates suggest that there are in the region of 330 Gypsy and Traveller households in York; approximately 40% of this community are mobile, with around 60% remaining in the City for longer periods of time. Health and educational outcomes within this group are often poor.

Lesbian, gay, bisexual, and transgender people

8. Estimates vary as to the extent of this population, but it is clearly a significant subset of the overall total. The needs of this group differ depending on the stage of life of the person. Young people can experience difficulties at school, including homophobic bullying, and mental health problems. Older

lesbian, gay and bisexual people are more likely to live alone and are less likely to have children and see biological family members on a regular basis, potentially being more reliant on external services to meet their health and wellbeing needs in later life.

Children and young people

9. 250 York children are looked after (in care) and are likely to have complex health and wellbeing needs as a consequence of their life experiences. It is estimated that between 1,000 and 2,000 children experience some form of disability in York with nearly 4000 children having special educational needs. Four in ten disabled children live in poverty nationally.

10. There are approximately 300 young people aged 16 to 18 in the city who are not in employment, education or training (NEET), 32 % of whom are young disabled people, compared to 22% nationally. There are more young people who are NEET living in areas associated with poverty and deprivation.

11. There is a large student community in the City associated with the local Colleges and Universities whose needs are seen to be becoming more complex. Homelessness, housing matters, and mental health issues have emerged as prominent areas of need.

Carers

12. There are approximately 17000 adult carers in York (9% of the adult population) and numbers are expected to rise along with the expected rise in the local elderly population. This group face challenges in maintaining employment and in caring for family members. It is estimated that there are between 342 and 1600 young carers in York.

Offenders

13. The York and North Yorkshire Probation Trust currently works with approximately 690 adult offenders. Many of these have needs arising from mental ill health, and the use of drugs and alcohol, which are also relevant to the female prisoner population at HMP Askham Grange. Young offenders are more

likely to be looked after and experience poverty and poor educational outcomes.

Adults and older people

14. People with physical and learning disabilities may be amongst the most vulnerable and marginalised in society. They are more likely to live in poverty and have lower incomes and are less likely to have educational qualifications and be economically active. In 2001, 12,506 working age adults in York considered they had a health problem or limiting long term illness. In 2010 there were 250 deaf people of all ages and 916 registered as hard of hearing. In 2011, 495 people in York were registered as blind and 525 were registered as partially sighted.

15. The number of older people is expected to increase by over 30 per cent in the next 20 years, with the largest rise predicted in those aged 85 and over. This reflects national trends and will have major implications for the future provision of adult health and social care services. York has the second highest proportion of patients discharged to residential homes and the highest rate of delayed transfers of care in the region.

Social and place wellbeing

16. There are well recognised links between deprivation, vulnerability, opportunity, health and wellbeing outcomes. Some people in York experience poorer health and wellbeing because of these factors.

Economy

17. The city has a strongly performing economy and continues to attract investment. However, the current economic climate is uncertain, presenting challenges across all sectors and for individuals. The city currently supports more than 80,000 jobs and contributes £3bn of value to the national economy. The average annual income of York residents is just below the national average at £25,524.

Employment

18. Unemployment has increased since 2005 but is lower than the national rate. Generally the level of qualifications and skills gained by York people is high, but differences exist between the most and least deprived areas in the city.

19. The number of workless households has increased, though York has the second lowest proportion of workless households in the region and compares well nationally. Unemployment and associated financial difficulties can place significant strain upon the mental health of individuals.

Community wellbeing

20. Although York is in the top 10 cities in terms of equality between its residents, there are still areas where significant inequalities exist. The 2008 Place Survey identified three wards (Acomb, Guildhall and Westfield) where low levels of community cohesion were reported; these wards also have relatively high levels of deprivation.

21. The local voluntary and community sector experiences comparatively high levels of volunteering. There are currently 22 international, 108 national and 627 local charities based in York and 4,164 trustees of registered charities live in the city.

Deprivation and inequality

22. York is ranked the fourth least deprived city in England. Using national measures, the most deprived wards in York have been identified as Westfield, Guildhall, Clifton, Heworth and Hull Road. The least deprived wards are Derwent, Haxby and Wigginton, Heslington, Heworth Without and Rural West York. The effects of deprivation include a reduction in life expectancy, higher crime, less material wealth and often a poverty of aspiration and opportunity. In 2009 an estimated 4705 children were living in poverty in the city. Child poverty is prevalent in all wards but is heavily concentrated in some of the most deprived wards.

Environment

23. Living in a safe and pleasant environment can have a positive impact on health and wellbeing; conversely high population density, poor urban design, noise and traffic have a negative impact on healthy life expectancy. Local climate studies indicate that by 2050 York may experience more extreme weather conditions, including more rainfall, drier summers and wetter winters.

Transport

24. As a relatively compact city, accessibility to services is better in York than in many other areas. Car ownership is lowest in some of the more deprived areas to the East (Heworth) and the West (Acomb, Clifton, Westfield) of the City. Accident levels across the city are reducing, although there are still more than 60 individuals killed or seriously injured on York's roads each year.

Education

25. Educational attainment is a key factor in maximising opportunity. York is one of the best performing cities in the UK for primary and secondary education, with 83% of all secondary school pupils attaining five A*-C grades at GCSE. However, there is an attainment gap between children in York who are eligible to receive free school meals and those children who are not eligible, although this gap is reducing. The University of York was ranked 121st in the Time Higher Education 2011-12 World University Rankings and 43rd overall in Europe

Housing

26. Housing is a key social determinant of health and has the potential to impact on physical and mental health and wellbeing. In the current economic climate new housing supply is likely to remain constrained. In 2011 there were approximately 3,000 households on the York Housing Register. Most dwellings in York are maintained to a relatively good standard. Where problems do exist they tend to be in privately rented dwellings, in inner city areas and are occupied by vulnerable households or the elderly. Around one third of households in York

incorporate an adult over pensionable age, although most homes in York were not designed to meet the needs of an ageing population.

Crime and disorder

27. Overall crime in York fell by 5% between 2009 and 2011. York has lower levels of alcohol related crime than the national average. Levels of hate crime are also comparatively low; where they occur, they are mostly racially related. There were around 3,000 reports of domestic violence made to the police during 2010/11 in York, the emotional and physical effects of which can be enduring for the adults and their children.

Lifestyles in York

28. Although the following lifestyle risk factors are considered in isolation, the same individual can experience multiple risk factors.

Smoking

29. Smoking is one of the major causes of preventable morbidity, mortality and long-term health conditions. It is estimated that during 2010/11 18.5% of the population of York over the age of 18 years were smokers, which is significantly lower than the England average. Local smoking in pregnancy rates continue to improve.

Physical activity

30. Physical activity contributes positively to the prevention and management of many chronic diseases and conditions. In 2010 it was estimated that approximately 40% of York's population were undertaking insufficient physical exercise to maintain a healthy lifestyle. This figure may be even higher.

31. 63.2% of primary school pupils and 47.6% secondary school pupils walk to school, higher than the respective England averages. York also has a higher percentage of pupils who cycle to school. York was designated a Cycling City between

2008 and 2011, and is regarded as one of the country's premier cycling cities.

Healthy eating

32. In adults, healthy eating can help to manage weight and improve overall wellbeing. It can also reduce the risk of developing illness and serious disease. There are few measures of eating habits available at a local level, but modelled estimates suggest that 28.3% of adults eat the recommended 5 portions of fruit and vegetables per day. This estimate is not significantly different to the England estimate.

Obesity

33. Being overweight or obese increases the risk of a wide range of conditions. Obesity levels are rising nationally and represent one of the biggest challenges to the future health of the population. Modelled estimates suggest that 23% of adults in York are obese, which is comparable to the national average. However, the prevalence based on GP data is less than half of this value. This suggests that there may be a substantial number of individuals who are not known to services. There is a link between levels of obesity and deprivation.

Alcohol

34. Alcohol consumption is a major health concern and also features in crime and disorder, hospital admissions and coping with stress. For the majority of indicators relating to alcohol harm, York compares favourably to the national average. However modelled estimates suggest that 26.3% of York residents may consume at least twice the daily recommended amount of alcohol in a single drinking session which is significantly higher than the national average. York Hospital found that there were 3280 alcohol-related hospital attendances in York in 2011 and established a clear link between a person’s multiple hospital admissions and alcohol and substance misuse.

Substance misuse

35. Estimates suggest that there were 933 individuals using opiates and / or crack in York in 2009-10, during which time there were 809 users in structured treatment. This population suffers with both physical and psychological illness and social problems as a consequence and possible cause of their substance misuse. The health and wellbeing needs of this group can be significant and complex.

Health Profile

Life Expectancy

36. Generally, the health of the residents of York is very good, with life expectancy and disability-free life expectancy being significantly higher than that of England for both men and women. However, there is a marked difference between the most deprived 20% and the rest of the city.

Neonatal health

37. The infant mortality rate for York for 2007-9 was 5 deaths per 1,000 live births, and appears to be stable compared to previous estimates. Low birth-weight has an impact of the whole life course of an individual; the proportion of low birth-weight babies in the most deprived 20% was significantly higher than for the rest of the city. External factors influence birth weight, including smoking, maternal nutrition and alcohol consumption and may represent opportunities to target interventions in this area.

Teenage pregnancy

38. The teenage pregnancy rate in York has reduced by more than 21% over the period 1998 to 2009 compared to a reduction of more than 18% for England for the same time period. In 2009

there were 27 conceptions per 1,000 females aged 15 to 17 years of age in York.

Dental health

39. At March 2011, more than half of the North Yorkshire and York population had seen an NHS dentist in the previous 24 month period and this was lower than the England average. Just under 50% of adults and more than 68% of children had seen an NHS dentist, both figures lower than England averages. On 1st July 2011 there were more than 7,000 individuals on the NHS dentistry waiting list from the Selby and York area, more than 40% of whom had been waiting for 7 months or more.

High blood pressure

40. High blood pressure (hypertension) is one of the causes of premature mortality and morbidity that is most amenable to treatment. The prevalence of hypertension in the registered population of York has steadily risen to a level of 12.5% in 2010/11, but has remained significantly lower than the England average of 13.5%. This is likely to be lower than the true prevalence.

Diabetes

41. The prevalence of diabetes in the registered population of York appears to have increased slightly to 4.4%, which could be attributed to an increase in prevalence or an increased level of awareness of the condition. 51% of those individuals diagnosed with diabetes had good long-term blood sugar control (as measured by HbA1c) though this was below the England average of 54.2%. The proportion of diabetic patients who experienced good blood pressure control (78.2%) was lower than the England average (81.2%). It would appear that improvements could be made with regard to blood sugar and

blood pressure control amongst those patients diagnosed with diabetes.

Circulatory disease

42. Circulatory disease accounted for approximately one third of all deaths in England and Wales during 2009 -10. Since 1995, mortality rates due to circulatory diseases have been dropping in York. For the period 2007-09, the mortality rate for men was significantly lower than the England average, but there was no significant difference for women. The rate of mortality from circulatory diseases is more than 60% higher in the most deprived 20% of the city compared with the least deprived.

Chronic obstructive pulmonary disease (COPD)

43. The recorded prevalence of COPD has been steadily rising in York from 1.3% of the registered population in 2006-07 to 1.4% in 2010-11. There appears to be no relationship between deprivation levels and *prevalence* of the condition. However when considering the COPD *mortality rate*, there is a striking relationship, with people in the most deprived 20% of the city having a mortality rate more than four times that in the least deprived.

Cancer

44. The cancer incidence rate for the period 2007 - 09 for York in the under 75 age group was higher than the England rate, whereas our age-standardised mortality rate due to cancer for the period 2007 to 2009 has steadily reduced and was lower than the England rate for the same period. Mortality from lung cancer shows a marked relationship with deprivation, with people in the most deprived 20% of the city experiencing a mortality rate of more than 2.5 times that of the least deprived.

Screening

45. The NHS North Yorkshire and York cancer screening programmes have a higher uptake than the England average; however in both breast and cervical cancer screening uptake is reducing.

Severe and enduring mental illness

46. Estimates for the prevalence of severe and enduring mental illness suggest that there are likely to be 304 individuals with one of these conditions. Data obtained from GP records identified a recorded prevalence of 0.7% on 2010-11, compared to the England prevalence of 0.8%. This would equate to approximately 1,400 individuals.

Dementia

47. The recorded prevalence of dementia is 0.4%, compared to 0.5% for England. However, this may not represent the true prevalence of dementia as families and carers may not always access support and services. This is an area which may benefit from further investigation given the expected increase in older adults over then next two decades.

Mild-moderate mental illness

48. Estimating the prevalence of low-level mental illness is challenging as many individuals present to health services with problems related to social or professional functioning rather than discussing these problems in terms of mental ill health. Data recorded by GPs suggests that the prevalence of depression is 12.7% in York, which is significantly higher than the England prevalence of 11.2%. Given the associations with mental wellbeing, this may be an area that requires further thought and investigation.

Sexual health

Chlamydia

49. The proportion of young people aged 15-24 years who were screened under the National Chlamydia Screening Programme increased from 16% to more than 27% over the period 2009 to 2010 however this remains below the England levels. The diagnosed prevalence of chlamydia has increased to 1900 per 100,000 young people aged 15-24 years; however, this probably relates to increased uptake of the service.

HIV/AIDS

50. Over the period 2002 to 2010 there has been a significant rise in the prevalence of HIV. This may have been influenced by improvements in the management of HIV that have dramatically improved people's chances of survival.

Emerging recommendations

51. There is much excellent work already under way across the city that impacts on the health and wellbeing of our residents. The recommendations made below seek to place a sharper focus on recurring themes that are emerging through our assessment of local needs. The intention is that these recommendations will inform the priorities of the new Shadow Health and Wellbeing Board.

Early intervention

52. Running throughout this JSNA report is the principle of intervening early in order to achieve better outcomes and reduce costs. This applies to health education programmes to encourage people to maintain healthy lifestyles; equally, it applies to pathways designed to help people receive support to live in their own homes for as long as possible, rather than having no choice but to enter hospital when a crisis occurs. These principles are well understood, but they are not always translated into commissioning decisions and the design of services.

53. ***We recommend that the principle of early intervention informs every commissioning decision taken within York, and that partnership working to achieve this end is regarded as the norm not the exception.***

Reducing health inequalities

54. A key strand running throughout this JSNA has been the relationship between disadvantage, poor health and wellbeing, and lower life expectancy. It is surely a major challenge to all commissioners that in a relatively prosperous city, there is still a gap of nearly ten years in life expectancy for males depending on where they live. The recommendations below will contribute in different ways to the reduction of health inequality.

55. ***However we also recommend that all activity concerned with planning, strategy, commissioning and service provision, incorporates objectives aimed at tackling health inequalities as a matter of course.***

Place and inequality

56. Most people living in the city can expect to have a good quality of life and experience positive health and wellbeing. We know, however, that parts of the City are in the 20% most deprived in the country and that people living in these areas experience higher levels of inequality in health, wellbeing and opportunity.

57. ***We recommend that active consideration is given to tackling the many and complex issues faced by people living in the most deprived areas of the city. This would involve communities working alongside statutory, voluntary and independent partners.***

Mental health

58. In the process of collating information for this JSNA, it became evident from many sources that there are significant and unmet levels of mental health need across the city, particularly at the lower levels of complexity and severity. However, it has not been possible at this time to establish a comprehensive picture of mental heath needs across the city. Nor is it possible therefore to asses the adequacy of provision, beyond reflecting practitioner opinions that there are gaps in provision in this area, particularly in respect of lower level mental health needs. Through the process of compiling this JSNA, one of the most consistently and strongly articulated areas of priority has been to develop a better picture of mental health needs and to improve the ability to meet those needs. It is worth noting that improving mental health outcomes is a stated priority for the York Fairness Commission and is also a priority emerging from the recent review of health services in York and North Yorkshire.

We make the following recommendations:

59. ***That work be undertaken to establish a full and holistic picture of mental health needs across the whole population and in relation to specific groups of people (including the Gypsy and Traveller community, looked after children, teenage mothers, people with autism, parents experiencing stress, people misusing substances, people who are unemployed, older adults including those with dementia and carers) in order to inform future planning and commissioning activity.***

60. ***That active consideration is given to the provision of a range of comprehensive community based, early intervention support and services.***

61. ***That active consideration be given to joining up more closely the children's and adults' mental health agendas and work streams in order to support a closer focus on early intervention, prevention and transition.***

62. ***That service planning takes account of the mental health needs of the ageing population, with particular reference to loneliness and the growing number of people with dementia.***

An ageing population

63. Population estimates forecast an increase in the older population in York, particularly in those aged 85 and over. The recent review of health services in York and North Yorkshire also identifies priorities in this area. The prevalence of long-term conditions rises as people grow older and therefore it would be reasonable to expect increasing need in this area.

In relation to the ageing population, we recommend that:

64. ***A comprehensive picture of prevalence and need is established in relation to the physical and mental health needs of this group. Work is underway to capture***

information beyond those who receive adult social care services;

65. ***The implications of an increasingly ageing population are systematically considered in planning and commissioning activity, including in the areas of mental health, physical and learning disability, maintaining independence, loneliness and carers;***

66. ***There is a particular focus on reducing the impact of ill-health and falls in older people, providing community-based responses in responding to long term conditions and in preventing admissions to hospital;***

67. ***Homes and neighbourhoods are designed and adapted to accommodate needs associated with the needs of ageing and independence.***

Preventing premature deaths

68. Most premature deaths in York occur as a result of circulatory disease and cancer. Action can be taken to minimise the impact of these conditions.

We therefore recommend sustained focus and targeting in relation to the following areas:

69. ***Identification of the accurate prevalence of high blood pressure and appropriate management of this condition;***

70. ***Tackling circulatory diseases, including heart disease and stroke (the modifiable risk factors for which are generally lifestyle orientated, including smoking);***

71. ***Reducing the impact of cancer through maintaining and improving the uptake of screening, early diagnosis and appropriate treatment;***

72. ***Reducing levels of respiratory disease, including chronic obstructive pulmonary disease (COPD), the main risk factor for which is smoking.***

Lifestyles

73. There is a clear link between lifestyles and health and wellbeing outcomes. Aspects of lifestyle are considered to be risk factors for a range of conditions and diseases that limit both quality of life and life expectancy. People can be helped to change lifestyle behaviours and patterns. Smoking is implicated in the development of many long-term conditions and several cancers. The associations between smoking and deprivation are also well recognised.

74. Obesity is also a major risk factor in disease development, which has been recognised as an issue nationally. Active and healthy lifestyles are promoted in many ways across the city, including through initiatives aimed at particular groups of people, the Healthy Schools programme and schemes such as Cycling City and Intelligent Travel York. Whilst obesity levels amongst children compare well nationally, it is expected that levels of obesity across the whole population will continue to rise unless vigorous preventative action is taken.

75. The misuse of alcohol is linked to the following groups: looked after children and care leavers, offenders, parents coping with stress, people with mental health needs. A similar picture has emerged in relation to substance misuse where there are links with the same population groups.

We therefore recommend that:

76. ***Local data is collected and aggregated to establish an accurate picture in relation to the prevalence and impact of the misuse of alcohol and drugs. (Note: an alcohol needs assessment for York is already under way as is a needs assessment relating to young people and substance misuse);***

77. ***A comprehensive local picture of obesity amongst adults and children is established;***

78. ***There is continued support for initiatives aimed at increasing levels of physical activity across the whole population and that priority is given to vulnerable groups.***

Employment opportunities

79. Being employed provides income and opportunity, and will of course help increase people's self esteem and access to social networks. Employment opportunities are becoming increasingly compromised at this time of economic difficulty, and have remained particularly limited for some groups of people.

80. ***We recommend that action is taken to explore and increase employment opportunities for the following groups of people: people with physical and learning disabilities – both young and older, young people, adults who may be returning to work (including rehabilitation back to work following illness) and people who misuse substances.***

Housing

81. Having a safe home that is appropriate to a person's need is a central to good health and wellbeing. There is a clear link between poor and inappropriate housing and poor health outcomes.

82. ***We recommend that the housing needs of key groups of people are considered in the context of service planning and provision, including older people, families, people who have mental health needs, young people, Gypsies and Travellers, students, people with physical and learning disabilities, black and minority ethnic households and the ageing population.***

The JSNA process: data

83. It has been difficult to obtain data about the health and wellbeing needs of some population groups. Detailed information is often held at the individual case level, but is not aggregated to the population level. In some areas there is an absence of local data and there is a reliance on modelled estimates. In these cases it has not been possible to establish an accurate picture of local need and identify improvement or deterioration in outcomes and trends. Some data sets may improve as the activities and priorities of the new Vale of York Clinical Commissioning Group become established and joint working with local partners develops.

84. ***We recommend that data collection and aggregation be improved in agreed priority areas of need in order to more accurately inform the picture of local health and wellbeing need, ongoing JSNA activity and planning and commissioning activity. This JSNA has highlighted the need for aggregate data in respect of the following specific groups: looked after children and care leavers, carers and young carers, people who have disabilities, people with mental health needs, older people, offenders and people who misuse substances. The following areas would benefit from accurate local data profiles: adult obesity, alcohol and related activity, high blood pressure, coronary heart disease, stroke, chronic obstructive pulmonary disease (COPD).***

The JSNA process: local perspectives

85. A key strand of the JSNA is to reflect local perspectives about health and wellbeing from across the community, including feedback from patients and vulnerable groups. We acknowledge that our approach to gathering this information has been only partly successful and as a consequence this strand of our JSNA in underdeveloped. This is definitely an area for development for future JSNA activity and will be of broader interest to the Shadow Health and Wellbeing Board, particularly given plans to establish the local HealthWatch service.

86. ***We therefore recommend that further work is undertaken to establish a full picture of community engagement / consultation / feedback activity and to develop clear***

mechanisms for ensuring that local perspectives inform the JSNA process.