Leeds CITY COUNCIL

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Report of Cllr N Buckley Outer North East Health and Well Being Lead

Report to Outer North East Area Committee

Date: 2nd December 2013

Subject: Area Public Health update

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☒ Yes	☐ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

Area Committees now have one Councillor with a remit for Health and Wellbeing. It is a key role in influencing and participating in health and wellbeing decisions and reducing inequalities in health. It enables the Area Lead to understand the linkages between the citywide Joint Health and Well Being Strategy steered by the Health and Wellbeing Board and locality level actions addressing local needs within an area committee.

The Area Committee is asked to:

- Note the new arrangements in Leeds City Council around providing local leadership for public health
- Understand the role of the Area Lead member for Health and Wellbeing
- Note the public health work that is currently being delivered in the Area Committee boundaries
- Note how public health work in the Outer North East Area is developing

Recommendations

The Area Committee is requested to note the changes in terms of Leeds City Council's responsibility around public health; recognise and support the Area Lead member for Health and Wellbeing role and make suggestions for future development of the public health agenda

1 Purpose of this report

1.1 The purpose of this report is to outline the action being taken to discharge the Statutory responsibilities of Leeds City Council, to lead and deliver the public health agenda, raise awareness of the Area Lead member for Health and Wellbeing, inform the Area committee of the current position regarding public health work in the Outer North East Area Committee and set the scene for future progress.

2 Background information

2.2 Following political changes at a national level in 2010, Primary Care Trusts were abolished in spring 2013 and accountability for the delivery of public health moved to Local Authorities, supported by the appointment of a Director of Public Health, Dr Ian Cameron.

2.3 Simultaneously the 3 Clinical Commissioning Groups became responsible for commissioning healthcare services, based on the health needs assessments of their local populations. Leeds North CCG cover this area. The Consultant in Public Health for the ENE is also on the Board of the CCG.

2.4 The Health and Wellbeing Board is now a statutory committee of Leeds City Council and has a range of statutory functions including publishing a Joint Strategic Needs Assessment (JSNA), a Joint Health and Wellbeing Strategy (JHWBS) and reviewing / monitoring the extent to which Clinical Commissioning Groups and the Local Authority have taken due regard of the JSNA and the JHWBS in their commissioning plans. It will also encourage integrated working and a partnership approach in relation to arrangements for providing health, health-related or social care services.

3 Main issues

3.1 Leeds City Council now has a new responsibility to provide local leadership for public health, underpinned by new statutory functions, dedicated resources and a broader expert public health team. A ring fenced grant, transferred to the Local Authority will deliver Public Health Outcomes across four domains: Improving the Wider Determinants of Health; Health Improvement; Health Protection ;Healthcare Public Health

There are five mandated services which have been transferred:

- Protecting the health of the local population
- Ensuring NHS commissioners receive the public health advice they need
- Appropriate access to sexual health services
- The National Child Measurement programme
- NHS Health Check

One of the Best Council objectives is focused on providing high quality public health services. This will be measured by 5 indicators; an increase in successful completion of drug and alcohol treatment; increase in the number of people

accessing stop smoking services; increase in HIV testing in men who have sex with men; increase in uptake of the NHS Health Check in areas of greatest health inequality; and that each LCC directorate and CCG business plan includes action that contributes to the health and well-being strategy priorities.

3.2 A Health and Wellbeing Board has now been established as a statutory committee of Leeds City Council and it has published a Joint Health and Wellbeing Strategy for Leeds (2013 – 2015). The overall vision is that Leeds will be a healthy and caring city for all ages, with a working principle that our actions will ensure that people who are the poorest will improve their health the fastest.

It has 5 Outcomes:

People will live longer and have healthier lives
People will full, active and independent lives
People's quality of life will be improved by access to quality services
People will be involved in decisions made about them
People will live in healthy and sustainable communities

And four commitments:

- Support more people to choose healthy lifestyles
- Ensure everyone will have the best start in life
- Improve peoples mental health and wellbeing
- Increase the number of people supported to live safely in their own home

3.3 A review of area working was accepted at full Council on the 22nd May 2013 and Area Leads for Health and Wellbeing (ALHWB) have been created which are intrinsically linked to the area committee structure. This role provides a Member focus on Health and Wellbeing, supports the area committee Chair and maintains close links with Cllr Mulherin, the Executive Member for Health and Chair of the Health and Wellbeing Board.

3.4 The role provides the opportunity to continue to impact positively on local people's lives by:

- Making sure and checking that actions are being taken to improve the health and wellbeing of local people
- Including the JSNA and Joint Health and Wellbeing Strategy, in priority setting across the area committee and ensuring the implementation of the Joint Health and Wellbeing Strategy at local level through the active engagement of elected members and local authority services.
- Providing local leadership to improve "the health of the poorest, fastest" in line with our ambition to be the best city for health and wellbeing.
- Ensuring a focus on delivery of the four commitments of the JHWBS at a local level
- Championing partnership working and the integration of health and wellbeing / healthcare services and initiatives by building links with local GPs and CCGs and the third sector

- Working closely with other Area Leads e.g. for Children's Services and Adult Social Care to ensure work is co-ordinated and makes sense for local people and communities.
- Identifying, understanding and helping address the health and wellbeing needs of local people and the issues and barriers they encounter, and ensuring that local issues are recognised in health assessment, planning and decision-making at a citywide level.

3.5 The 3 ENE Area Lead Members for Health and Wellbeing are supported by the Consultant in Public Health for the ENE and the Area Health and Well Being Improvement Manager. The Area Health and Well Being Manager post and that of the corresponding Health Improvement Officer is now incorporated within the locality Public Health team led by a Consultant in Public Health (Chief Officer)

Activities from the last year are reported on is shown at Appendix A, along with an update on public health data

The Health and Wellbeing Partnership is currently being restructured to become an Area Health and Wellbeing Executive Group. This will accommodate and strengthen reporting arrangements between neighbourhood Health and Wellbeing Partnership Groups and will be a sub group of the Area Leadership Team. It will also provide support for the Area Leads to exert influence in terms of Health and Wellbeing at local and citywide level through the Health and Wellbeing Board

Corporate Considerations

The revised working arrangements have been drawn up as a direct response to ensure Leeds City Council can effectively discharge its new responsibility in terms of improving public health.

4 Consultation and Engagement

There has been considerable consultation with stakeholders within Leeds City Council, the Health and Wellbeing Board and Leeds North Clinical Commissioning Group. There hasn't been formal consultation with the public, but the new arrangements are intended to provide a greater accountability for delivery of community felt needs and outcomes

5 Equality and Diversity / Cohesion and Integration

The new arrangements are not envisaged to impact adversely, or reinforce inequalities of health for any group.

6 Council policies and City Priorities

The work is developing in line with the City Priority plan, the leadership of the Chair of the Health and Wellbeing Board and the Health and Wellbeing Strategy

7 Resources and value for money

It is not anticipated that this way of working will incur any additional resources.

8 Legal Implications, Access to Information and Call In

None

9 Risk Management

None

10 Conclusions

This way of working is expected to provide the Area Committee with a comprehensive and regular account of health and wellbeing activity taking place in the local area. It provides the local Health and Well Being Area Leads with a key role in influencing and participating in health decisions and reducing inequalities in health. It also enables the Area Health and Well Being Lead Member to understand the linkages between and champion broader approaches to tackle the wider determinants, lifestyle factors and inequalities in healthcare through partnership approaches at a locality level.

11 Recommendations

The Area Committee is requested to note the changes in terms of Leeds City Council's responsibility around public health; recognise/support the Area Lead for Health and Wellbeing role and make suggestions for future development of the public health agenda

APPENDIX A

Outer North East Area Committee Need and Activity 2012/13

1. **Overarching Indicator - Life Expectancy**

This Area Committee has a generally older and healthier population overall and fewer adults aged under 40yrs than Leeds as a whole. The majority of individuals (70%) are of White background and life expectancy is generally high. Data from 2009-11, shows life expectancy at birth in the best scoring MSOA (Wetherby West) is high at 88.3yrs (all persons) compared to deprived Leeds at 76.4yrs (all persons) but there is still variation with the lowest scoring MSOAs (Wetherby East, Thorp Arch and Walton and Moor Allerton) having shorter life expectancy, the lowest of which is 77.2yrs.

2. **People will live longer and have healthier lives -Premature mortality**

There is also some variation in terms of premature all-cause mortality (deaths under 75yrs). Moor Allerton has the highest premature mortality rate for the Area Committee with a rate of 320 per 100,000(Directly Standardised Rate), compared to 449 per 100,000 for deprived Leeds and 123.6 per 100,000, for Wetherby West.

In terms of the main causes of premature mortality (Cancer/Circulatory disease and Respiratory disease) mortality rates are below the rates for the deprived areas of Leeds, and on a downward trend. However, there is still great variation across the Area Committee with rates highest for circulatory disease and cancer in Moor Allerton and for respiratory disease in Wetherby East, Thorp Arch and Walton. Women living in this area have a particularly high respiratory mortality rate, which is higher than that of deprived Leeds, but not reflected in the recorded rate of COPD or smoking in the area.

3. **Choosing Healthy lifestyles and access to screening -Recorded Prevalence**

GP (Directly Standardised Data) 2012-13, (which only reflects patients recorded on the GP system), shows considerably fewer people smoking than in deprived Leeds, fewer obese adults and fewer individuals with Chronic Obstructive Pulmonary disease. However, when taken at MSOA level, Moor Allerton MSOA has 24,157.6 per 100,000 people defined as obese, compared with 21,525.6 per 100,000 in Leeds residents generally and 26,150 per 100,000 in Leeds deprived.

In terms of smoking, Moor Allerton's rate of 24,019 per 100,000 is the highest in the Outer North East Area Committee, but still low, compared to the Leeds deprived rate of 33,572 per 100,000. This also translates into higher rates of Chronic Obstructive Pulmonary Disease in this population (1878.0 per 100,000) compared to the rest of Outer North East, but not compared to deprived Leeds, which has a rate of 2,933.8 per 100,000 .

Diabetes rates are also considerably lower than the deprived fifth of Leeds, but again with the exception of Moor Allerton MSOA, which is almost as high as the Leeds deprived rate. However, high recorded rates can be seen in a positive light, if the outcome is lower premature mortality. For example, Alwoodley West has the lowest premature mortality from cancer in the Area Committee, but the highest recorded (DSR) rate.

4. Alcohol Admissions

In terms of alcohol specific admissions to hospital, rates for the Area Committee generally are not particularly high, compared to the Leeds deprived rate of 10.6 per 1,000 (All persons), but there is wide variation. The Wetherby East, Thorp Arch and Walton (All persons) rate, is far higher than other MSOAs at 7 per 1,000 and particularly compared to Bardsey at 1.3 per 1,000. The female rate in the highest MSOA, is, at 5.7 per 1,000, just below the Leeds deprived rate of 6.3 per 1,000. Reducing alcohol related harm in specific areas and sub populations therefore appears to be one of the main issues for this Area Committee and is an area of work where the East North East Public Health Team has targeted staff/agencies working in Outer North East.

5. Best Start - Childhood obesity

In terms of obese children aged 10-11yrs, the Outer North East Area Committee shows an increase in healthy weight children from 64.4% in 2009/10 to 70.5% in 2011/12. It shows a decrease in obese children of the same age, but also a trend towards an increase in underweight children over the same period.

In terms of reception year children there is an increase in obese children from 5.7% to 6.8% and a slight decrease in healthy weight children. The trends are not consistent and the percentage increase/decreases are small, but more work with families and young children in relation to physical activity and healthy eating would be beneficial.

6. People's quality of life will be improved by access to quality services
Improving peoples' mental health

Some work around mental health, based on local health needs assessment has been developed and is continuing under the support of Northcall. Data around mental health needs across Leeds, including East North East has recently become available and once this has been analysed, will be used to inform future work. 5K public health locality funding has been allocated across the ENE area to fund mental health awareness training and needs in the Outer North East will be taken into consideration, when advertising and delivering this activity.

7. East North East Public Health Area specific activity 2012-2013.

The table below shows public health activity that has taken place, or is in the process of being developed in Outer North East over the last year. This activity has been planned on the basis of the information presented in the 2012 Joint Strategic Needs Assessment.

Please note this does not include all the citywide Public Health work programmes and commissioned services which will impact on the Area Committee (e.g Healthy living /alcohol, drugs, and smoking/older people and long term conditions/health protection/mental health/children**),** or the detail of the public health work within North CCG.

Outer East Area Committee

MSOA	Evidence of need	Activity	Outcomes
Moor Allerton	Smoking rate of 24,019 per 100,000, is the highest in the ENE Area Committee.	Stoptober Campaign High profile campaign aimed at encouraging smokers to stop for 28 days, providing impetus to quit permanently.	Reduction in smoking prevalence.
Moor Allerton	Health Needs Assessment showed mental ill health in community was a key concern of agencies working in the neighbourhood.	Delivered a 'Changing Minds' course Spring 2013. Evidence provided through Health Needs Assessment supported funding for continuation.	16 people attended the sessions. 6 elected to continue meeting to self- support via Northcall. Northcall now has 12 more people participating in further course.
Lingfields / Cranmer Bank - Moor Allerton	Within the 10% most deprived areas nationally.	Commissioning of Zest to deliver specific healthy living / health and well-being activity in the lowest 10% SOAs in ENE Leeds.	Delivery of physical activity sessions, cook and eat sessions; promoting social inclusion, financial inclusion and addressing fuel poverty. Supporting people to access other services.
Lingfields / Cranmer Bank - Moor Allerton	Within the 10% most deprived areas nationally	Parent and children physical activity sessions during June/July 2013.	38 hard to engage individuals took part in a variety of physical activities which were designed to improve parent/child interaction. Was successful and intention to repeat 2014.
Moor Allerton	Partly within the 10% most deprived areas nationally.	Public health support and advice to Moor Allerton Partnership.	Work of partnership is evidence and needs based.
Wetherby Moor Allerton	Higher levels of alcohol specific admissions to hospital. Training devised as a result of non-health professionals wishing to help those using alcohol to be able to keep within limits and access appropriate help when necessary.	Training for non-health professionals to deliver Audit C in January 2014-identify, support and signpost/refer people who are drinking above recommended limits appropriately.	Agencies in daily contact with individuals will be able to identify and refer people before they become dependent drinkers.
Wetherby	Higher levels of alcohol specific admissions to hospital	Alcohol Awareness Briefing to Wetherby Tasking Team 22nd November 2012. Discussed local situation & possible action Updated about alcohol awareness week activity and discussed further training needs	15 Task Group members attended and felt that further training would be beneficial Audit C training for non-clinical professionals now arranged on the back of this briefing (January 2014). Currently have 41 individuals signed up for this training

MSOA	Evidence of need	Activity	Outcomes
Wetherby / Bardsey / Scarcroft	Wider support for older people.	Facilitated a workshop for the Integrated health and Social Care Team and local GPs with WISE and Carers Leeds focussed on providing holistic support for older people.	Bid from WISE has been put forward for increased activity from the recurrent ASC funding.
Wetherby	High rates of alcohol related admissions to hospital highlighted in 2011 JSNA.	Supported the case for more resource to be allocated to enable people with alcohol dependencies receive timely and convenient treatment.	Change in service provision - ADS (Alcohol and Drugs brief interventions service) now sited in Wetherby Health Centre. Healthy Lifestyle service also now running service from here.
Outer East North East-Part of ENE wide activity	Higher levels of alcohol specific admissions to hospital.	Partnership between WYMP, ADS, LCC Community Safety and Public Health now permits individuals committing appropriate alcohol related offences to attend an alcohol awareness course, resulting in FPN waiver.	Relevant police staff across whole of ENE now trained to refer. Scheme launched September 2013. Intended to reduce the number of individuals drinking at higher than recommended levels and reduce repeat alcohol related Anti-Social Behaviour.
Outer East North East-Part of ENE wide activity		A Raising Awareness of Illegal Money Lending session was held in June 2013. An illegal money lending clip was shown on Life Channel in GP Practices and Health Centres including Outer East.	30 staff from across ENE Leeds attended. 50 practices in ENE participated. Facts around illegal money lending and local support services highlighted.
Outer East North East-Part of ENE wide activity	Increased opportunities for community members to receive key health messages from non-health professionals.	A half day Health is Everyone's Business training session was delivered to housing professionals on 24th October 2013.	19 staff trained-follow up will ascertain how training has been implemented.
Wetherby	Cold and damp housing has adverse effect on family physical and mental health.	Promotion of fuel poverty measures.	8 households from Wetherby assisted with fuel poverty measures between Apr 2012 - Apr 2013. Fewer adverse events through respiratory disease and admissions to hospital through cold related illness.