Leeds CITY COUNCIL

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Report of Cllr Harrington Inner East Health and Well Being Lead

Report to Inner East Area Committee

Date: 5th December 2013

Subject: Area Public Health update

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): Burmantofts & Richmond Hill, Gipton & Harehills, Killingbeck & Seacroft	☒ 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 Inner 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 Inner 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 principle in all outcomes 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.

3.6 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

4.1 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

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

6 Council policies and City Priorities

6.1 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

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

8 Legal Implications, Access to Information and Call In

8.1 None.

9 Risk Management

9.1 None

10 Conclusions

10.1 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

11.1 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

Inner East Area Committee Health and Wellbeing Need and Activity 2013

This paper details the current position of health status of the Inner East population. Trend data has been used where possible, to compare over time.

1. Overarching Indicator-Life Expectancy

This Area Committee has a generally younger age structure and a greater proportion of children than that of Leeds as a whole. In terms of ethnicity, there is a lower proportion of the population that is of white background (55%) than Leeds (66%) and a greater proportion from Asian background (14%) than Leeds as a whole (6%). There is a greater proportion of Black background (9%) than Leeds as a whole (3%). Whilst there is some variation of the health and wellbeing across the Area Committee it tends predominantly towards ill health. Just over 70% of the population live in areas of Leeds that fall into the 10% most deprived in England. The English Indices of Deprivation attempt to measure a broader concept of multiple deprivation, made up of seven distinct domains. These are: income deprivation, employment deprivation, Health deprivation and disability, education skills and training deprivation, barriers to housing and services, living environment deprivation and crime**.**

Life expectancy within the 12 MSOAs is below the Leeds average and almost half of these MSOAs have life expectancy below the deprived Leeds average. Data from 2009-11, shows life expectancy for all people in Lincoln Green and Ebor Gardens as the 2nd lowest life expectancy in Leeds at 72.4yrs, compared to deprived Leeds at 76.4yrs.

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

In terms of premature mortality, i.e. deaths under 75yrs, from all causes, the directly standardised rates, which take account of the age structure of a population, are, for both men and women, in all parts of the Area Committee, above the Leeds average. In the worst affected MSOA (Lincoln Green and Ebor Gardens) female mortality at 421 per 100,000, is above even the deprived Leeds female rate of 344 per 100,000. This is up from the 2006-2008 average of 384 per 100,000. Similarly, the male rate in this MSOA at 611 per 100,000, is higher than that for deprived Leeds males (550 per 100,000) but down from the 2006-2008 figure of 621 per 100,000.

Seacroft North rates for men (635 per100,000) and Gipton South for women (444 per 100,000) are also high rated MSOAs for under 75ys mortality, both having the highest rate for the area and almost the highest in Leeds. However these have reduced, when compared to the 2006-2008 average of 738 per 100,000 and 470 per 100,000 respectively.

In terms of the main causes of premature mortality primarily cancer, respiratory and circulatory disease, almost all MSOAs in this Area Committee have higher rates than Leeds overall. Harehills-Comptons, Sutherlands and Nowells has the second highest female premature mortality rate from cancer (215 per 100,000. This is up from 153 per 100,000 between 2006 and 2008. The male rate of 176 per 100,000 is down slightly from the 183 per 100,000 over the 2006-2008 average. Elsewhere across the Committee rates

range from 215 per 100,000 to 95 per 100,000 (women) and between 227 per 100,000 and 105 per 100,000 for men.

Gipton South has the highest female cancer mortality rate in the city (215 per 100,000) up from 159 per 100,000 compared to the 2006-2008 average and 147 per 100,000 in deprived Leeds. Seacroft North has the 2nd highest male circulatory and respiratory disease mortality in the city. Respiratory disease mortality for men in the highest rated MSOA (Lincoln Green and Ebor Gardens) at 134 per 100,000 is twice that of the rate for deprived Leeds (63 per 100,000) and almost twice as high for women 70 per 100,00 against 42.

Action to prevent these conditions across the Area Committee should therefore be considered as a key priority in the coming years.

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 far more people smoking across this Area Committee (32,736 per 100,000) near to 33,572 per 100,000 in deprived Leeds. This is likely to be a key factor in the high proportion of deaths from respiratory disease, cancers and coronary heart disease across the Area Committee. Likewise obesity rates, which contribute to diabetes, cancers and coronary heart disease are much higher across the Area Committee (26,127 per 100,000) than Leeds overall (21,526 per 100,00) and very close to deprived Leeds rate of 26,150 per 100,000.

Chronic Obstructive Pulmonary Disease is, again overall across the Area Committee much higher at 2,856 per 100,000 than the Leeds rate at 1,540 per 100,000 and only slightly below the deprived fifth at 2,934 per 100,000. 2013 has seen a considerable amount of effort towards raising awareness of COPD, a number of lung health events have been held and most recently a number of Third Sector partners have been trained to take the 'Know It Check It Treat it' awareness campaign work forward. However, high rates of smoking, COPD, other respiratory disease and cancer suggest that action to prevent take up and maintenance of smoking should still be a key concern for the Area Committee.

Coronary heart disease rates are also high, being only just below the deprived Leeds rate (3,383 per 100,000 against 3,402).

Recorded diabetes is very high at 5,291 per 100,000 compared to deprived Leeds (5,464). This includes areas of very high prevalence e.g. Harehills & Harehills Triangle, where public health awareness raising work has been delivered over the past year. High recorded rates can be viewed in a positive light as individuals, once presenting themselves and being diagnosed, can be better managed, with less likelihood of the condition deteriorating or leading to other serious events e.g. heart attacks.

4. Alcohol Admissions

Increasing alcohol use and alcohol related harm is a concern, both nationally and locally. Within this Area Committee, alcohol specific admissions to hospital rates are all above those of deprived Leeds. Male rates in the highest MSOA in the area at 20.6 per 100,000 compare to a deprived Leeds score of 14.5 per 1000 and female rates (8.2 per 1,000) are above Leeds deprived rate of 6.3 per 1,000. However in 2009-10 male rates in the Lincoln Green and Ebor Gardens MSOA were 18.5 per 1,000 and the female rate was 5.4 per

1,000, so the rates have increased. Work that can prevent alcohol related harm has begun in targeted areas of East North East, including Lincoln Green and Ebor Gardens, as well as area wide activity. This may be an area that the Area Committee feels should have extra attention.

5. Best Start-Childhood Obesity

The picture around children's weight in this Area Committee is mixed. Ward data shows that over a three year period, the proportion of children who are a healthy weight at reception year has gone up slightly (71.3% to 72.0%), However, this is not reflected across the whole of the Committee as in Burmantofts and Richmond Hill and Gipton and Harehills, the rate has decreased slightly. Killingbeck and Seacroft however, has seen healthy weight increase from 70.3 % to 74.1%. At year 6, again healthy weight across the Inner East Area has increased from 58.7% to 60.8%. However, the Burmantofts and Richmond Hill rate has increased from 59.8% to 62.1% and Gipton and Harehills from 54.7% to 59.4%. Unfortunately Killingbeck and Seacroft appears to lose its gain, the rate reducing from 62.7% to 61.7%.

The proportion of obese children in Inner East generally has also fallen, across both reception year and year 6 from 14.1% to 13.8% and from 24.4% to 22.3% respectively. However, whilst Gipton and Harehills, saw a fall from 14.9% to 12.6%, reception year children in Burmantofts and Richmond Hill and Killingbeck and Seacroft have increased weight. In terms of year 6 children the picture is again mixed, with a slight increase in obese children in Burmantofts and Richmond Hill, a reduction in Gipton and Harehills and a very slight drop in Killingbeck and Seacroft.

The proportion of overweight children in both reception year and year 6 has dropped across the Inner East. The proportion of overweight children has dropped in Burmantofts and Richmond Hill from 15.1% to 13.8% and again at Yr 6 from 16.7% to 14.4%. However in Gipton and Harehills, the proportion of overweight children in reception year has increased from 10.8% to 13.2% and again in year 6 from 15.4% to 16.0%.In Killingbeck and Seacroft Ward, the proportion of overweight children in reception year has fallen from 16.3% to 12.1%, but by year 6 the rate has increased slightly from 13.2% to 13.7%.

It is currently difficult to draw any conclusions from this data, except that efforts to encourage children and their families to become and remain physically active and eat as healthily as possible within the current economic climate, should be continued.

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

Data around mental health need 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 Inner East Leeds will be taken into consideration, when advertising and delivering this activity.

7. Place based work and wider determinants of health

Throughout the year, a number of other work streams have been progressed through wider partnership action and measures designed to help reduce poverty in a challenging economic climate.

Acting on information gathered as part of the last Child Poverty Needs Assessment, a number of actions have been delivered, or are being planned, which aim to improve parental mental health, reduce substance use dependency and reduce domestic violence. A number of Third Sector organisations have been encouraged to ensure they are trained e.g. ENE Homes, Shantona, and all of the Children's Centres in Inner East now have the Domestic Violence Quality Mark.

In terms of mental health, 5K locality monies will be used to deliver a series of sessions aimed at local families to help them manage everyday stresses. Basic suicide awareness training has also been promoted and supported and this will be repeated, particularly as the Welfare reforms progress. A number of awareness raising sessions and training sessions around welfare reforms have been delivered.

Links have been made with a number of food banks, and work is progressing to ensure families using these facilities can access other services and properly utilise the foodstuffs they receive, in order to access a healthier diet.

A set of joint Health/Children's Services best practice guidelines is being developed to help teams design and deliver free school meals activities during school holidays. These are intended to provide children with nutritious food during the holidays, when families on free school meals have to find extra money to pay for food, safeguard vulnerable families from family conflict/domestic violence and also help children maintain their academic position during a long break.

The east North East locality Public Health team has also developed a strong partnership with the Centre for Innovation in Health Management around trialling local ways of co-producing health with professionals and community members. This is a participatory way of working, which adopts the rationale that where professionals and users co-design co- deliver and co-resource solutions, then everyone gets a better deal (including better health outcomes for users and a better provider experience for professionals).

The group has worked with alcohol and drug service users to design an integrated model of service delivery, that can enable community members to be active in their recovery (whatever their particular condition may be). A series of visits to best practice projects, including Bromley by Bow in London took place and an event in Seacroft (attracting 53 participants) in August 2013 led to a number of community ideas feeding into the refreshed Drug & Alcohol Strategy. A number of groups are subsequently progressing local actions. This includes a commitment to make a Bromley by Bow model work in inner East Leeds. With this in mind, conversations around possible links with Citizens@leeds and collaborative working with GPs at Oakwood Lane practice have enabled this group to secure community space and closer working with the health practitioners.

The table below shows health activity that has taken place, or is in the process of being developed in Inner East over the last year. This activity has been planned on the basis of the information presented in the 2011 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, smoking/older people and long term conditions/health protection/mental health/children, or the detail of the public health work within North CCG.

East North East Health and Wellbeing Activity 2012-2013

Inner East Area Committee

MSOA	Evidence of need	Activity	Outcomes
Burmantofts Chapeltown and Harehills Gipton Richmond Hill Seacroft	Priority areas have multiple health issues that respond best to partnership approaches	Public Health leadership and input to local health improvement groups	A co-ordinated response to locally identified health issues
Inner East	Smoking rate of 32,736 per 100,000	Stoptober Campaign activity High profile campaign aimed at encouraging smokers to stop for 28 days, providing impetus to quit permanently	Reduction in smoking prevalence (results will show in next quarter's monitoring)
Inner East	Smoking rate of 32,736 per 100,000,	Zest and Space2 are commissioned by public health to deliver healthy living activity and support people to make healthy lifestyle changes, including signposting and referrals through to healthy living and health protection services	Reduction in smoking prevalence
Inner East	Smoking rate of 32,736 per 100,000,	Young people's attitudes to smoking questionnaire developed, administered and analysed	Valuable insight to enable more responsive activity to reduce smoking prevalence in young people
Inner East	Smoking rates of 29,169 per 100,000, and 23,862 per 100,00 respectively are the highest in the Inner North East Area Committee Under detection of early stage COPD	Know It, Check It, Treat It Campaign-roll out of developmental work in Seacroft. Third sector and frontline staff trained to deliver community events, designed to raise awareness of Chronic Obstructive Pulmonary Disease (COPD). Lung health checks and signposting to GPs, Stop Smoking,	13 people trained to increase number of people referred to health services during early stage of disease resulting in more effective professional and self- management Events running October, November and December

MSOA	Evidence of need	Activity	Outcome
		Chest X ray etc	
Inner East	Individuals living in deprived Leeds are more likely to seek help for lung cancer late when treatment options are limited	Got a Cough, Get a Check Campaign Feel Good factor commissioned by Public Health to raise awareness around the signs and symptoms of lung cancer and increase access to early chest X ray	More lives saved through early treatment
Harehills	There is sufficient evidence that the use of niche tobacco products causes cancer in humans and can lead to nicotine addiction similar to that produced by cigarettes. Authorities such as Manchester report a 40% increase in shisha smoking in just two years	Commissioned Trading Standards to raise awareness of dangers of Niche tobacco and especially Shisha Two thirds designed for community members Train the trainer events also to build staff capacity	659 members of the public and 96 professionals in Harehills and adjoining area have been reached. More than 100 awareness raising activities have led to heightened awareness around the dangers of niche tobacco Enforcement activity in Harehills has led to one successful prosecution Evaluation report has shown need for wider work and case is being built for continuation of activity and roll out
Harehills	Needs assessment showed that older people living in Harehills were socially isolated and experienced reduced access to services	Public Health and partners developed a directory of services which was distributed throughout the community	Older people are informed about local health and wellbeing services
Inner East	Higher levels of alcohol specific admissions to hospital Training devised as a result of non-clinical professionals wishing to help those using alcohol to be able to	Training for non-clinical professionals to deliver Audit C in January 2014-identify, support and signpost/refer people who are drinking above recommended	Agencies in daily contact with individuals will be able to identify and refer people before they become dependent drinkers

MSOA	Evidence of need	Activity	Outcome
	keep within limits and access appropriate	limits appropriately	
Inner 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	111 police staff across whole of ENE have 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
Burmantofts and Richmond Hill	The 2011 JSNA identified this area as having high rates of alcohol relate admissions to hospital	Burmantofts and Richmond Hill Alcohol Group established and delivering actions in accordance with multi agency partnership plan	Locally relevant actions to reduce the harm caused by alcohol
Lincoln Green	The 2011 JSNA identified this area as having high rates of alcohol relate admissions to hospital	East Leeds Health for All have developed a peer led alcohol support group as part of public health funded locality contract	The project is showing good promise with a number of individuals accessing the project and stabilising drinking/engaging and a small number are entering detox services
Inner East (Part of ENE wide activity)	Welfare Reforms are leading to more families in poverty and resorting to riskier high interest loans	A Raising Awareness of Illegal Money Lending session was held in June 2013.	30 staff from across ENE Leeds attended Raised awareness of issue and support available
Inner East (Part of ENE wide activity)	Welfare Reforms are leading to more families in poverty and resorting to riskier high interest loans	An illegal money lending clip has been shown on Life Channel in GP Practices and Health Centres including Inner North East.	50 practices in ENE participated. Facts around illegal money lending and local support services highlighted
Lowest 10% SOAs in ENE		Public Health and Area Committees have jointly funded Feel Good Factor to support	624 people reached 5 budgeting courses delivered 29 people completing

MSOA	Evidence of need	Activity	Outcome
		the most vulnerable and hard to reach residents around Welfare Reforms	budget course 10 people supported to open Credit Union account Onward signposting and referrals
Nowells	Increased opportunities for community members to receive key health messages from non-health professionals Increased capacity in the wider public health workforce	A half day 'Health is Everyone's Business' training session was delivered to housing staff working in the Nowells area and more generally across ENE Leeds in October 2013	19 staff trained-follow up will ascertain how training has been implemented
Harehills	High recorded rates of diabetes	Feel Good Factor were commissioned (6K) by Public Health to raise awareness of Type 2 diabetes in Harehills and Chapeltown A further 2K to respond to needs of cooking skills to prepare diabetes friendly culturally acceptable foods	10 Health Champions/Activators trained, 12 awareness sessions held (4 in Chapeltown), 184 people provided with information and 101 'pass it on' messages delivered. 1 referral to weight management service and 8 signposts 8 champions affected by diabetes recruited 2 training sessions by Diabetes UK held 2 events planned by champions
Cross Green (Health involvement only just beginning)	Lower life expectancy and higher pre mature mortality from all causes	Supporting the health aspects of the Sustainable Communities Investment Programme	Building focused investment is strengthened by people focused activity
Inner East	Public Health commission Third Sector organisations to deliver specific healthy living/health and wellbeing activity in lowest 10% SOAs in ENE Leeds	Zest working in Richmond Hill, Osmondthorpe and Halton Moor Feel Good Factor/Hamara in Harehills East Leeds Health For All in	Organisation monitored quarterly to ensure specifications being met

MSOA	Evidence of need	Activity	Outcome
		Burmantofts/Bayswater Space2 in Gipton and Seacroft	
East North East	Families on free school meals struggle to feed their children during school holidays	In partnership with Children Leeds, compiling set of best practice guidance for clusters/agencies to use when providing FSM school holiday activities	Children are able to learn Children stay safe Children have the best start in life
Seacroft	Local service users needs, were not being met in a way that promotes recovery from ill health and addiction, enables them to use experience to help others and re-integrate them into community life	Took the principles behind the Leeds Co-producing Health to develop a locally based model of integrated working between GPs/health professionals, wider services and the local recovering community	Individuals can access a number of health and non-health services which support individuals and families to develop resilience, improve self-care and reintegration into community life Results in a healthier community