Leeds CITY COUNCIL

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Report of Cllr A Sobel Inner North East Health and Well Being Lead

Report to Inner North East Area Committee

Date: 9th December 2013

Subject: Area Public Health update

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): Chapel Allerton, Moortown and Roundhay	☒ 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 Inner 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 Inner 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 covers 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 five 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 North 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 an age structure similar to that of Leeds as a whole, but with fewer young adults. In terms of ethnicity, the majority of the population is of white background (55%) and 15% Asian background. There are smaller proportions of Black (7%), Chinese and mixed backgrounds (3%) each. It has a generally healthier population overall, but with one or two deprived MSOAs that create a distinct health gap within the Area Committee. Just over 20% 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 is around the Leeds average although there are a few MSOAs with life expectancy nearer Leeds deprived average. Data from 2009-11, shows life expectancy at birth for males in the worst scoring MSOA (Meanwood 6 Estates) is the 7th lowest in Leeds at 73.1yrs compared to deprived Leeds at 74.2yrs.

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, show female rates in the worst affected MSOA (Meanwood 6 Estates) at 336 per 100,000, above the Leeds female resident rate of 211 and very close to that of deprived Leeds (344 per 100,000). However, this is down on the 2006-2008 average of 375 per 100,000. The male rate in Meanwood 6 Estates at 479 per 100,000, is much higher than that for Leeds male residents as a whole (266 per 100,000) and nearer that of deprived Leeds (550 per 100,000). This is an increase on 2006-2008 figures of 401 per 100,000. At the other end of the spectrum, Roundhay has the lowest rates in the whole city, for both men (50 per 100,000) and women (34 per 100,000).

In terms of the main causes of premature mortality, in the best MSOAs (Roundhay), cancer mortality is, for both men (16 per 100,000) and women (19 per 100,000), well below the Leeds residents rate. However, in the most deprived MSOA in Inner North East (Meanwood 6 Estates), the rate for men at 166 per 100,000 is just below the rate for deprived Leeds (175 per 100,000). This is an increase on the 2006-2008 average of 118 per 100,000. The rate for women at 156 per 100,000 exceeds the deprived Leeds rate (147 per 100,000), but this is down on the 192 per 100,000 recorded in 2006-2008.

In terms of circulatory disease, this Area Committee has again in Roundhay MSOA, the lowest female rate across Leeds (5 per 100,000), but alongside this Chapeltown males have the 5th highest rate in Leeds, scoring 196 per 100,000 against deprived Leeds at 171. This is up from the 2006-2008 average rate for males in Chapeltown of 186 per 100,000. Both male and female rates are above Leeds residents as whole, and the female rate is only just below Leeds deprived.

In terms of respiratory disease mortality at 62 per 100,000 and 39 per 100,000 respectively, both male and female rates in Meanwood 6 Estates are slightly below those of deprived Leeds. The high prevalence of smoking in the Meanwood 6 Estates, which is the highest across the Area Committee undoubtedly contributes significantly to this.

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 fewer people smoking across the Area Committee (18,272 per 100,000) compared to 33,572 per 100,000 in deprived Leeds. In Meanwood 6 Estates the rate is 29,169 per 100,000, down from 31,416 per 100,000 between 2009-2011. Likewise obesity rates are lower than Leeds overall, the exception being Meanwood 6 Estates, which at 25,139 per 100,000 is closer to Leeds deprived rate. This again has reduced from the 2009-2011 rate of 28,662 per 100,000.

Chronic Obstructive Pulmonary Disease is, again with the exception of Meanwood 6 Estates lower than the Leeds rate overall. However, high rates of smoking, COPD, other respiratory disease and cancer, for which this MSOA has the 5th highest rate in the city, together with higher obesity rates, suggests that Meanwood 6 Estates should continue to be prioritised for a number of public health interventions.

Chapeltown MSOA has a very high rate of recorded diabetes and although some related public health work has been delivered over the past year, it may be that this needs to be stepped up in the future. However, high recorded rates can also be viewed in a positive light as individuals, once diagnosed, can be better managed, with less likelihood of the condition deteriorating further 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, rates generally are considerably below Leeds deprived and male rates are just below Leeds deprived. However, female rates in Meanwood 6 Estates is considerably higher at 9.0 per 1,000 than the Leeds deprived rate of 6.3 per 1,000 and as this is exactly the same rate as 2009-10, it 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 has gone down slightly, except in Moortown Ward, where there is a slight increase. This is mirrored in Year 6 figures. It is not yet clear why on the one hand Moortown Ward has seen a reduction in overweight children in reception from 16.4% to 13.0% but at Year 6 a substantial increase from 10.1% to 17.4% was recorded.

The proportion of obese children has also reduced in the two groups, except in Chapel Allerton Ward where the proportion in Year 6 has risen from 15.3% to 20.5%. Overweight children appear to have slightly increased across the board.

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 the Inner North East 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, Black Health Initiative, and all of the Children's Centres in Inner North 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, including Leeds North 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 table below shows health activity that has taken place, or is in the process of being developed in Inner North 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 North East Area Committee

MSOA	**Evidence of need**	**Activity**	**Outcomes**
Meanwood 6 Estates Chapeltown	Priority areas have multiple health issues that respond best to partnership approaches	Public Health leadership and input to local partnership groups (BIG) and Chapeltown/ Harehills	A co-ordinated response to locally identified health issues
Meanwood 6 Estates Chapeltown	Smoking rate of 29,169 per 100,000, and 23,862 per 100,00 respectively are the highest in the Inner North East Area Committee	Zest delivered 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)
Meanwood 6 Estates Chapeltown	Smoking rate of 29,169 per 100,000, and 23,862 per 100,00 respectively are the highest in the Inner North East Area Committee	ZEST and Feel Good Factor 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
Chapeltown Roundhay	There is sufficient evidence that the use of niche tobacco products causes cancer in humans and can lead to nicotine	Commissioned Trading Standards to raise awareness of dangers of Niche tobacco and especially Shisha	2000 people have attended (659 public and 96 professionals in Harehills and adjoining areas) more than 100 awareness raising

MSOA	Evidence of need	Activity	Outcome
	addiction similar to that produced by cigarettes. Authorities such as Manchester report a 40% increase in shisha smoking in just two years	Two thirds of awareness sessions designed for community members Train the trainer events held to help build staff capacity	activities have led to heightened awareness around the dangers of niche tobacco Enforcement activity in Harehills has an impact in adjoining areas i.e. Chapeltown/Roundhay Evaluation report has shown need for wider work and case is being built for continuation of activity and roll out
Meanwood Chapeltown	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, Chest X ray etc etc	More people referred to health services during early stage of disease resulting in more effective professional and self-management 13 people from ENE Third Sector Organisations trained Events running October, November and December
Meanwood 6 Estates	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 keep within limits and access appropriate	Training for non-clinical professionals to deliver Audit C in January 2014-identify, support and signpost/refer people who are drinking above recommended limits appropriately	40 + frontline workers across ENE have applied for training. Agencies in daily contact with individuals will then be able to identify and refer people before they become dependent drinkers
Inner 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	111 police staff across whole of ENE have now trained to refer Targeted work in Stainbeck police station custody suite

MSOA	Evidence of need	Activity	Outcome
		attend an alcohol awareness course, resulting in FPN waiver	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)	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 North East (Part of ENE wide activity)		An illegal money lending clip was 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
Meanwood	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 staff working in the Meanwood area in October 2013	9 Meanwood staff trained-follow up will ascertain how training has been implemented
Chapeltown	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	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

MSOA	Evidence of need	Activity	Outcome
		cooking skills to prepare diabetes friendly culturally acceptable foods	by diabetes recruited 2 training sessions by Diabetes UK held 2 events planned by champions
Meanwood Chapeltown	Public Health commission Third Sector organisations to deliver specific healthy living/health and wellbeing activity in lowest 10% SOAs in ENE Leeds	Feel Good Factor working in Chapeltown Zest working in Meanwood	Organisation monitored quarterly to ensure specifications being met
Chapeltown	Higher than Leeds average Infant mortality rate	Continue Public Health Leadership and steer to the Chapeltown Reducing infant mortality demonstration site	Chapeltown project has contributed to the drop to 4.7 per 1000 rate of Infant mortality across Leeds. This is the lowest ever achieved
Inner North East (Part of ENE wide activity)	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