

Report of Director of Public Health

Report to Outer East Area Committee

Date: 18th March 2014

Subject: Area Public Health update

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): Crossgates & Whinmoor, Garforth & Swillington; Kippax and Methley and Temple Newsam.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 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 East Area Committee and set the scene for future progress.

2 Background information

- 2.1 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.
- 2.2 Simultaneously the 3 Clinical Commissioning Groups (CCG) became responsible for commissioning healthcare services, based on the health needs assessments of their local populations. Leeds South & East CCG covers this area. The Consultant in Public Health for the South East is also on the Board and Executive of the CCG.
- 2.3 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 people's 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 Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWBS), 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 SE Area Lead Members for Health and Wellbeing are supported by the Consultant in Public Health for the SE and the Area Health and Well Being Improvement Manager. The Area Health and Well Being Improvement 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 Area Health and Wellbeing Partnership arrangements have recently been reviewed and revised structure of an Area Health and Wellbeing Executive Group has been established. 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 South and East 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.

12 Background documents

- 12.1 None.

¹ The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

Outer East Area Committee Health and Wellbeing Summary Findings from MSOA health profiles

1. Overarching Indicator - Life Expectancy

The health and wellbeing of the population in Outer East contains very wide variation across the full range of Leeds, tending slightly towards ill health. Around 10% of the population live in areas of Leeds that fall into the 10% most deprived in England*.

Life expectancy within the 12 MSOA areas making up the outer east Area Committee area ranges very widely from nearly the shortest life expectancies in Leeds to almost the longest. At best the *East Garforth* MSOA has female life expectancy of almost 87 years (the 14th highest in the city) whereas the *Allerton Bywater, Methley and Mickletown* MSOA figure is the 8th shortest in the city at 78.4 years.

The age structure of the outer east population bears little resemblance to that of Leeds overall, with a larger elderly population proportion and fewer adults under 40. GP recorded ethnicity shows the Area Committee to have larger proportions of “White background” (78%) than Leeds (66%) and lower proportions of all other groups. However 17% of the GP population in Leeds have no recorded ethnicity which needs to be taken into account here.

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 almost all parts of the Outer East area below the Leeds average for men and women. The areas of *Halton Moor, Wykebecks* MSOA stands out as having mortality rates very close to the Deprived Leeds figure for both women and men.

Cancer mortality rates in the Outer East area also vary across the full Leeds range, again with the *Halton Moor, Wykebecks* MSOA for all sexes exceeding the rate for Deprived Leeds.

Circulatory disease mortality shows a pattern tending towards the healthy end of Leeds ranges, with the exception of *Allerton Bywater, Methley and Mickletown* MSOA having a male circulatory disease rate close to that of Deprived Leeds.

Similarly Respiratory disease rates for both sexes are in line with the rest of Leeds with the exception of *Halton Moor, Wykebecks* which are above the Deprived Leeds rates for men and women.

3. Lifestyle Behaviours

Smoking prevalence in the Outer East area is all below the Leeds average, except for two areas: *Halton Moor*, *Wykebecks*, and *Swarcliffe*, who exceed the rate for the most deprived fifth of the population and come close to being highest in the city.

Obesity rates are largely above the Leeds average, with the same two MSOAs again exceeding the deprived quintile rate, *Swarcliffe* being the 2nd highest in the city.

Chronic Obstructive Pulmonary Disease (COPD) Two parts of the Outer East area have COPD rates that stand out as higher than most, and again they are *Halton Moor*, *Wykebecks*, and *Swarcliffe*. Coronary Heart Disease and cancer rates in the Area Committee area are very well dispersed around the breadth of Leeds, the same two MSOAs stand out as almost the highest in the city prevalence is almost entirely grouped around the high end, above the Leeds average.

Alcohol specific admission rates are widely spread, many being below the Leeds rate, and few above it. The *Halton Moor*, *Wykebecks* MSOA stands out as having the 4th highest female admission rate in the city. It also has a very high rate for men, as does *Swarcliffe*.

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

Data around mental health need across Leeds shows a greater level of need in areas of high deprivation, both for common mental health problems (depression & anxiety) and severe mental illness, which is reflected across the SE Leeds population. There is a citywide partnership group and one of the key actions they are progressing is the production of a directory of resources which once completed will be communicated through events in localities run by the area health and wellbeing team.

5. Place based work and wider determinants of health

Several national reports including 'the Marmot' report stress as well as lifestyle behaviours the impacts social, environment and economic situations have on people's health. The Leeds city Joint Health and Wellbeing Strategy includes a number of priorities that focus on wider determinants of health. Priorities such as 'giving children the best start in life', addressing the issues of fuel poverty, unemployment and financial poverty are all factors that impact on wellbeing.

The table below shows local health and wellbeing activity that has taken place over the last year and/or is in the process of being developed by the South East health and wellbeing team. This activity has been planned on the basis of the information presented in the 2011 Joint Strategic Needs Assessment.

Also on appendix B is a table listing all SE CCG GP practices and includes information of commissioned healthy living services provided within practices.

Leeds South & East Area Health and Wellbeing Team

The South and East Locality Team activities contribute to delivery of the Leeds Joint Health and Wellbeing Strategy 2013 -2015.

Priorities are determined through engagement with citywide and local governance arrangements in particular through the area health and wellbeing partnership, area committees and area leadership team.

Activity focusses on health improvement and wider determinants of health initiatives.

Key Outcomes from Health and Wellbeing Strategy Supported by Locality team are:

- People will live longer and healthier lives.
- People’s quality of life will be improved by access to quality services.
- People will live in healthy and sustainable communities.

Strategic Priorities	Our priorities	Actions 2013/14	Progress Update
<p>H&WB plan: Support more people to choose healthy lifestyles</p>	<p>Alcohol and related Community Safety Harm Reduction Programme.</p>	<p>Local licensing policy framework drafted for reducing and placing restriction measures on off licenses in LS10/11 to be endorsed by LCC.</p>	<p>South Leeds Licensing Framework in place and being implemented, with restriction measures applied to all new and revised applications.</p>
		<p>To develop local arrangements to reducing high intensive users of hospital admissions through multi agency work between police and treatment support providers.</p>	<p>LYPFT and LTHT agreed to a data sharing agreement and data being reviewed to establish need for joint work.</p>
		<p>Establish arrangements to support domestic violence cases where alcohol is a contributory factor to access treatment support through referrals from Police Safeguarding team using audit c toolkit. Strengthen alcohol treatment support take up through link to fixed penalty notices.</p>	<p>Police safeguarding team trained and making referrals to ADS using audit c assessment toolkit. Quarterly monitoring activity underway with 12 referrals made in the first quarter but only 1 attended. Therefore fixed penalty notice approach agreed as incentive to waive on attendance for treatment support.</p>

	Reducing Harmful Effects of both Cigarette Smoking and Niche Tobacco use.	Run promotional awareness raising campaigns on dangers of Niche Tobacco (chewing products such as paan and water pipes/shisha).	<p>Promotional materials produced and shared with dentists, pharmacies and GP practices in target neighbourhoods, also campaign messages aired through local radio station.</p> <p>74 frontline staff and 534 residents so far updated with further sessions planned. 13 users accessing cessation support.</p> <p>'A report has been produced by LCC Health and Safety Team entitled 'Shisha smoking and smoke free legislation'. This report went to October's Licensing Committee and was well received, with members being supportive of the work that is taking place.</p> <p>In May the Health and Safety team successfully prosecuted two shisha bar owners and the team have also identified 24 shisha premises across the city. Advisory/compliance visits to these premises have been carried out with an information pack being left for the premises owner.</p> <p>In July Health and Safety visited one premises with the Police and in November led three multi agency visits involving the Police, Licensing, Planning, HMRC and Trading Standards. Multi agency group established and enforcement pilots planned.</p>
		Reducing smoking prevalence rates	<p>Promoting key messages locally using a range of medias e.g. Stoptober programme.</p> <p>Developing revised smoking at work guidance for LCC workforce to include no use of any tobacco products to take account of smokeless tobacco items such as e-cigarettes, shisha pens.</p>
	Promoting Healthy Weight Programme to address Obesity	Awareness raising and capacity building activity being developed to increase take up of existing and new provisions.	Promoting 'Leeds let's get active' and bodyline on referral schemes.
		Developing new approaches taking best practice from elsewhere e.g. take away free zones; good food programmes etc.	Evidence gathering for developing a supplementary policy to the core strategy to restrict numbers of takeaways near schools underway. Also looking at replicating best practice learning on work with existing takeaways to improve nutritional value of hot meals.
H&WB plan: Ensure people have equitable access to screening and prevention services to reduce premature mortality	Community Capacity Building	Support the development and development / delivery of the integrated health and social care initiative, supporting engagement with local community and voluntary sector organisations.	Garforth Network actively participating in the programme. Connections being made with other organisations to develop peer learning opportunities.
	Build local workforce capacity	Delivery of 'health is everyone's business' briefings locally to frontline workers.	HIEB briefings planned to train up Leeds social sector housing provider staff.
		Run local topic based training to cascade key messages and enhance signposting residents to prevention and early intervention support.	Briefings run on a number of key priority topics (see alcohol; mental health etc) for the south east area as a whole involving a range of partner agencies and their local workforce.

H&WB plan: Improve people's mental health and wellbeing	Addressing Findings from Mental Health needs assessment and Suicide audit	Develop shared understanding of current local service provision and how to access.	Mapping work underway linking in with review of MIND website. Agreed to run local event in South East once directory completed to promote and signpost to services.
H&WB plan: Increase advice and support to minimise debt and maximise peoples income	Welfare reforms and financial inclusion activity supported	Linking with SE area welfare reforms working group and SE debt forum.	Actively engaged in welfare reforms group activity. Including supported to access public health funding to commission financial fitness programme and debt forum work.
		Local activity to promote welfare reforms changes and financial inclusion.	Commissioned Aire Valley Homes to establish computer access points.
		Commissioning financial fitness project.	Commissioned West Yorkshire Trading Standards to deliver financial fitness programme.
		Identifying and mapping IT access points for local communities in preparation for universal credit.	Completed IT mapping supporting promotion.
		Promoting and signposting to financial inclusion advice services.	Secured SE CCG funding to enhance local advice and financial support services in local primary care and community settings.

*Please note this table does not include all the citywide Public Health work programmes and commissioned services which will impact on the Area Committee.

SE GP Practices - Healthy Living Services

Practice code	Lead GP	Practice name	Deprivati on rank scale	Register ed smoking advisors in practice	No. of people SETTING QUIT DATE (in-house and specialist service)	% of practice smoking population setting QD (NICE recommends 5%)	Health Trainer on site	No. of people accessing a Health Trainer	Healthy Lifestyle advisor on site	No. of people accessing Healthy Lifestyle Advisor	Alcohol worker (ADS) on site	CAB worker on site	Health Check target	Health Check carried out
B86007	Roberts JH and Partners	Windmill Health Centre	43		93	4.1%			Yes	50			449	306
B86009	Lewis PD and Partners	Manston Surgery	62	Yes	74	7.6%							388	468
B86036	James D and Partners	Gibson Lane Medical Centre	104	Yes	34	2.3%			Yes	23			729	611
B86037	Malhotra A	Radshan Medical Centre	87		4	1.1%							101	74
B86055	Eastwood PG and Partners	Ashfield Medical Centre / The Grange	46		65	5.0%	Yes	30			Yes		333	231
B86048	Porter KG and Partners	Garforth Medical Centre / Elmwood surgery/ Jessamine Cottage	104	Yes	62	3.7%			Yes	32			808	505
B86092	Pearlman AD and Partners	Kippax Hall Surgery	104	Yes	37	4.7%					Yes		290	82
B86089	Khan OD and Partners	Nova Scotia Medical Centre	83	Yes	13	1.2%							318	109
B86658	Davis SM and Partners	Moorfield House Surgery/ The Surgery Aberford	95		5	0.8%							285	114
B86648	Rose DM and Partner	The Family Doctors Austhorpe view	75	Yes	27	8.1%							183	222
B86670	Mossad MG	Whinmoor Surgery	65		10	2.5%							103	128

Y00683	Grange Medicare Ltd - Swillington	Swillington Health Practice	104		12	3.9%					Yes		75	47
B86075		Colton Mill Medical Centre / Grange Medical York Rd	53		35	1.8%			Yes	22			646	322
B86043	Renwick SJK & Partners (IE)	Halton Clinic (B)												
B86016	Darbyshire PH & partners (IE Shafetesbury)	Chuchview View Crossgates (B)												