

Report of: The Office of the Director of Public Health

Report to: Outer North West Area Committee

Date: 24th March 2014

Subject: Health and Wellbeing in Outer North West Leeds

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" 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

1. There have been radical changes to how health and wellbeing is led and organised in Leeds – these include the establishment of the statutory Health and Wellbeing Board, three new General Practitioner led Clinical Commissioning Groups replacing the Primary Care Trust (NHS Leeds) and the return of Public Health leadership to Local Government.
2. Outer North West Leeds has some health and wellbeing challenges. These can only be addressed by long term, effective partnership working. At a local level, links between Leeds West Clinical Commissioning Group and Leeds City Council WNW Area are developing. This partnership working is crucial to improving the health of Outer North West Leeds (see Appendix A).
3. Links have been made between Outer North West Cllrs, GPs from Leeds West Clinical Commissioning Group (LWCCG), with Public Health staff bridging between them. This Area Committee meeting is an opportunity to discuss how we can build on these links, identify common challenges and look at future ways of working.

Recommendations

1. To recognise the changes in health and wellbeing, and the challenges in Outer North West Leeds.
2. To build on developing local relationships and look at new ways of working to tackle long term issues.

1 Purpose of this report

- 1.1 To provide Outer North West Committee Councillors information on the ways health and wellbeing is led and organised in Leeds. This should provide basic background information for discussion about ways of working together at the Area Committee.
- 1.2 To look at opportunities for Councillors in Outer North West Leeds and GPs from Leeds West Clinical Commissioning Group (CCG) to work more closely together with Public Health (PH) to achieve shared objectives (see Appendix A).
- 1.3 This report will look at the following:
 - Changes in way health and wellbeing is led and organised.
 - Leeds West CCG priorities.
 - The key Outer North West challenges.
 - Case study of where Councillors, CCGs and PH have worked together.
 - Next steps and opportunities to work together.

2 Background information

- 2.1 In the past year, there have been a number of fundamental changes in the way health and wellbeing services are led and organised in Leeds. This paper will briefly set out three of the most significant ones - creation of Health and Wellbeing Boards, creation of Clinical Commissioning Groups (CCGs) and closure of Primary Care Trusts (PCTs), and the return of Public Health to Local Government.

2.2 Health and Wellbeing Boards (citywide)

- The Health and Social Care Act 2012 led to the introduction of local Health and Wellbeing Boards. These are for where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members will work together to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. The Leeds Health and Wellbeing Board formally began operating in April 2013.
- **Leeds Health and Wellbeing Board** is a key part of the ambition in Leeds to be the Best City for health and wellbeing. The Joint Health and Wellbeing Board will oversee how we continue to improve the health and wellbeing of the people of Leeds. The Joint Health and Wellbeing Strategy 2013-2015 is vital to how we will work together to make it all happen. Copies of this strategy were included in Area Committee packs.
- For Leeds to be the best city for health and wellbeing, it means making sure that people can access high quality health and social care services and that Leeds is a Child Friendly city. Economy is vital - a city that creates opportunities for business, jobs and training. It will be a city made up of sustainable communities and that will be a great place to live. In short, the vision for Leeds is that it will be a healthy and caring city for all ages. It will be a city where people who are the poorest improve their health the fastest.
- The Board is focusing on five outcomes:
 - People will live longer and have healthier lives.
 - People will live full, active and independent lives.
 - People will enjoy the best possible quality of life.
 - People are involved in decisions made about them.
 - People will live in healthy and sustainable communities.
- Cllr Lisa Mulherin chairs Leeds Health and Wellbeing Board. The Health and Wellbeing Board is made up of local elected representative, a representative of the local Healthwatch organisation, representatives of each local Clinical Commissioning Group, the local authority Director for Adult Social Services, the local authority Director for Children's Services, and the Director of Public Health for the local authority.
- To find out more about the Joint Health and Wellbeing Board and download a copy of the strategy, please click on the following link: <http://www.leeds.gov.uk/council/Pages/Best-City-for-Health-and-Wellbeing.aspx>.

2.3 Leeds West Clinical Commissioning Group

- Clinical Commissioning Groups (CCGs) are groups of GPs that, as of April 2013, are responsible for designing and monitoring local health services in England. The CCG's patients and healthcare professionals work in partnership with local communities and local authorities. On their Governing Body, CCGs have, in addition to GPs, a least one registered nurse and a doctor who is a hospital-based specialist. Groups have boundaries that will not normally cross those of local authorities. All GP practices have to belong to a Clinical Commissioning Group. In Leeds there are three CCGs covering the city: NHS Leeds West CCG; NHS Leeds North CCG; and NHS Leeds South and East CCG.
- NHS Leeds West Clinical Commissioning Group (CCG) is made up of 38 GP practices in the west and parts of outer north west and south west Leeds (see map of areas covered by the three CCGs in Leeds - <http://www.leedswestccg.nhs.uk/about-us>). NHS Leeds West CCG is the largest of the three CCGs that covers Leeds. It covers a population of around 350,000 people. From April 2013, it became a statutory organisation responsible for local health budgets and ensuring that the NHS provides high quality healthcare to those living in this area. In addition to this, it will be working with NHS Leeds North and NHS Leeds South and East CCGs to ensure that patients can continue to access NHS services when they need them. This includes hospital services; mental health and learning disability services and emergency and urgent healthcare. To find out more, please look at Leeds West CCG website - www.leedswestccg.nhs.uk.
- **Leeds West CCG Strategic Objectives (2013-16):**
To tackle the biggest health challenges in west Leeds, reducing health inequalities.
To transform care and drive continuous improvement in quality and safety.
To use commissioning resources effectively.
To work with members to meet their obligations and clinical commissioners at practice level to have the best developed workforce we possibly can.
- **Leeds West CCG Priority Health Goals (2013-16):**
Promoting **healthy living** to tackle the wider determinants of health.
Improving the **sexual health** of the population.
Proactive management for people with **long term conditions**.
Improving the **mental health** of the population.
Improving outcomes for those diagnosed with **cancer**.
Improving access to **elective** (pre-arranged, non-emergency care that includes scheduled operations) **care** services.
Commissioning an effective response to **urgent care** needs.
Improving **end of life** care of (all those with a terminal illness or terminal condition that has become advanced, progressive and incurable).

2.4 Public Health

- The evidence shows (Sir Michael Marmot's 2010 report 'Fair Society Healthy Lives,' The Marmot Review) that social, economic and environmental factors all contribute to health. Early years experiences, the amount of control that individuals have over their lives, the quality of their job, the amount of income that they receive, and the quality of their physical and social environment can all impact on mental and physical health and the length of their lives.
- Local government has a long history of working to improve the health, and reduce the inequalities, of local populations. They have the opportunity to influence areas such as housing, transport, and the quality of the local environment. The move of Public Health to local government is a positive development. Local authorities now have the opportunity to more easily tackle health inequalities in coherent and collaborative ways. Joint working is key to addressing health inequalities which are driven by a complex interaction of economic, social, and environmental inequalities.
- On the 1st April 2013 Leeds City Council took on responsibility, from the NHS, for Public Health in Leeds. Public Health is concerned with creating communities where everyone has positive wellbeing and health. It is about improving the health and wellbeing of local populations rather than treating diseases. Around 80 public health employees and approximately 102 contracts covering a range of functions were transferred to Leeds City Council.

- LCC Public Health has a number of Area Based Public Health teams each led by a Senior Public Health Specialist (Consultant in Public Health). The WNW Public Health team works closely with Leeds West CCG and other local partners to improve the health of the population in West Leeds.

Leeds City Council Public Health functions and commissioning programmes include:

- Health behaviours. Sexual health services; Obesity services; Physical activity (such as Leeds Let's Get Active); Substance misuse (drugs and alcohol); Stop smoking services and interventions.
- Primary care work with Clinical Commissioning Groups to ensure effective, population based health and social care commissioning
- Wider determinants work with housing, transport, employment, poverty and planning
- Child health programmes include: National Child Measurement Programme; Children 5-19 public health programmes.
- Public mental health.

2.5 Health & Wellbeing Challenges

The life expectancy of people in Outer North West Leeds

Life expectancy	Allpersons	Males	Females
Otley - Newalls / Weston Lane	82.4	78.6	86.2
Otley	83.2	80.7	85.3
Arthington, Bramhope, Pool and Carlton	86.6	86.6	87.3
Hawthornthwaite Village, Tranmere Park	84.7	81.1	88.1
Guiseley	79.6	78.5	80.5
Yeadon - Henshaws, Southway, Westfields	80.8	77.8	83.8
Yeadon -Rufford Park, Yeadon Tarn	84.8	82.4	87.5
Cookridge, Holt Park	86.4	85.5	87.4
Rawdon North	84.3	80.0	88.1
Adel	84.8	83.5	86.3
Horsforth - Brownberries, West End	87.0	83.6	90.9
Horsforth, New Road Side, Stanhopes and Rawdon South	83.3	80.9	85.3
Horsforth Central	81.2	79.3	83.0
Leeds	80.4	78.5	82.2
Deprived	76.4	74.2	79.0

Priority Areas Health Improvement and Lifestyle:

- The Outer North West Area has one of the largest populations in Leeds - 87,800 - which is 11.0% of the Leeds registered and resident population of 795,476. The population in this area is mainly 40 plus, with a slightly higher number of over 60s than the Leeds average.
- Each Area Committee is broken down into Middle Level Super Output Areas(MSOA). An MSOA is a geographic area designed to improve the reporting of small area statistics in England and Wales. The minimum population for an MSOA is 5000.
- In general, Outer North West Leeds has low levels of deprivation. There are groups, however, who have low levels of income. Older people have greater health and social care needs than younger people and it is important that services are appropriate for their needs.
- The relationship between poor health outcomes and deprivation is well evidenced. The major determinants of health would include educational attainment, income and work status.
- Although the general health and wellbeing of residents in Outer North West Leeds is good, there will be individuals, families and small communities that have poor health and wellbeing. The emphasis, therefore, is on finding and supporting them to live better for longer.
- Obesity. The Outer North West Area Committee has age standardised obesity rates which are generally much lower than Leeds, and much lower than that of the deprived quintile. The three

MSOA with highest age standardised (statistical method to account for different age ranges in areas) rates of Obesity are Yeadon – Henshaws, Southway, Westfields, and Otley – Newalls / Weston Lane. The latest Health Survey for England (HSE) data shows that nearly 1 in 4 adults, and over 1 in 10 children aged 2-10, are obese and the trend is set to increase. Obesity can have a severe impact on people's health. Around 10% of all cancer deaths among non- smokers are related to obesity. The risk of coronary artery disease and type 2 diabetes directly increases with increasing levels of obesity e.g. levels of type 2 diabetes are about 20 times greater for people who are very obese. These diseases can shorten life expectancy.

- Cancer. The Outer North West Area Committee has age standardised cancer rates which are generally the same as Leeds. The three MSOA with highest age standardised rates of cancer are Cookridge, Holt Park, Adel, and Rawdon North. The main risk factors for cancer are: growing older, smoking, sun, ionising radiation and chemicals, some viruses, family history of cancer, alcohol, poor diet, lack of physical activity, or being overweight. Life expectancy for people with cancer is lower in more deprived communities. The range of risk factors suggests many cancers are potentially preventable.
- Coronary Heart Disease (CHD). In addition, age standardised CHD rates are generally much lower than Leeds, and much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of CHD are Yeadon – Henshaws, Southway, Westfields, Yeadon – Rufford Park, Yeadon Tarn, and Horsforth Central.
- The Outer North West Area Committee has age standardised COPD rates which are generally very much lower than Leeds, and very much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of COPD are Yeadon – Henshaws, Southway, Westfields, and Yeadon – Rufford Park, Yeadon Tarn. In addition, age standardised diabetes rates are generally much lower than Leeds, and very much lower than that of the deprived quintile. COPD is a disease of the lungs and is a key cause of premature mortality in Leeds. It is associated with deprivation and smoking. COPD is often identified late, reducing options for management to improve quality of life or to slow down the progression of the disease. Diabetes consists of type 1 and 2. Type 2 is the most common and is strongly associated with obesity, other lifestyle factors, particular population groups and deprivation. The NHS Health Check (a vascular risk assessment and identification programme) is a systematic way of identifying people with diabetes, it is estimated that the prevalence in Leeds should be around 6.7% but the recorded prevalence on GP system for Leeds is 3.6%.
- In addition, age standardised smoking rates are generally much lower than Leeds, and very much lower than that of the deprived quintile. The three MSOA with highest age standardised rates of Smoking are Yeadon – Henshaws, Southway, Westfields, Otley – Newalls / Weston Lane, and Horsforth Central. The use of tobacco is the primary cause of preventable disease and premature death. It is not only harmful to smokers but also to the people around them through the damaging effects of second-hand smoke. Smoking rates are much higher in some social groups, including those with the lowest incomes. These groups suffer the highest burden of smoking-related illness and death. This is the single biggest cause of inequalities in death rates between the richest and poorest in our communities. Levels of smoking have fallen since the 1960s. However this decline in smoking rates has stopped and may be reversing.
- The overall alcohol specific admission rate in Outer North West Area Committee is much lower than the Leeds rate. As is normal, the Male rate is higher than the Female rate. When we look at attributable admissions, the overall rate in Outer North West Area Committee is lower than the Leeds rate. As is normal, the Male attributable admissions rate is much higher than the Female rate. The misuse of alcohol is associated with a wide range of chronic health conditions such as liver disease, hypertension, some cancers, impotence and mental health problems. It has a direct association with accidents, criminal offending, domestic violence and risky sexual behaviour. It also has hidden impacts on educational attainment and workplace productivity. Within this area, alcohol specific rates are well below average, attributable admission rates are slightly lower than the Leeds average.
- This is an area of Leeds in which a higher proportion of the population are middle aged or older. This area has a disproportionately low number of referrals for adult social care. Primary Health

Care agencies are disproportionately high referrers. This area is the highest in the city for the proportion of referrals which go on to be assessed and nearly three quarters of assessments lead to people receiving services. This is the highest proportion in the city.

2.6 Outer North West Health and Wellbeing Public Health service overview

- There are a number of Public Health services in Outer North West Leeds that focus on primary care, health behaviour and wider determinants. The WNW Public Health team work with partners and commission specific programmes to improve the Public Health outcomes of people in Outer North West Leeds. This is shown on the table as development and commissioned work. This summary is only intended to provide a brief overview of Public Health services to inform the debate at the Area Committee.

Development work		
Primary Care (What kills people now and what makes them ill)	Health Behaviour (Behaviours that are going to kill people and make them ill)	Wider Determinants of Health
GP Clinical Commissioning Group Public Health priorities Healthchecks – Health MOT for over 40s Leeds Lets Change in primary care promoting health behaviour change Self-care promotion for Integrated Health and Social Care teams	Smoking cessation services Alcohol ADS Healthy Lifestyle Service WNW alcohol working plan Leeds Let's Get Active leisure offer and community activities	Citizen Advice Bureau Capacity building re money worries Capacity building re cook and eat Capacity building re walk trainers Alcohol awareness for frontline workers
Commissioned work		
Primary Care (What kills people now and what makes them ill)	Health Behaviour (Behaviours that are going to kill people and make them ill)	Wider Determinants of Health
Patient Engagement Model in Leeds West CCG	Healthy Living Network Leeds deliver Community Health Educators sessions per year (covering alcohol, healthy eating, smoking and physical activity) in deprived neighbourhoods BARCA Leeds - Healthy lifestyle courses at a number of community venues in deprived areas of Leeds	Leeds Debt Forum and loan sharks Support for tenants in private sector re welfare reforms Men's mental health and wellbeing

2.7 Public Health services in Outer North West Leeds

Name of GP surgery in ONW Leeds	*Healthchecks	Smoking	Weight management	Alcohol services
Highfield Surgery	YES		Y	Y
Westgate Surgery	Y	Y – advisor	Y	Y
Bridge Street Medical Practice	Y		Y	Y
Guiseley & Yeadon Medical Practice	Y	Y – session	Y	Y
New Croft Surgery	Y	Y – advisor	Y	Y - advisor

(Ireland Wood and Horsforth Medical Practice)				
Charles Street Surgery	Y	Y – advisor	Y	Y
Rawdon Surgery	Y		Y	Y
Yeadon Tarn Medical Practice at Silver Lane Surgery	Y		Y	Y
Park Road Medical Centre	Y	Y - advisor	Y	Y
Moor Grange View Surgery	Y		Y	Y
Silver Lane Surgery	Y		Y	Y
Fieldhead Surgery	Y		Y	Y

- Healthchecks - **The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia.** Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.
- There is a core WNW Health and Wellbeing Leadership group, which will agree direction and drive forward local partnership delivery of Joint Health and Wellbeing Strategy focusing on outcome areas 1 (longer and healthier lives), 3 (relating to mental health and wellbeing) and 5 (health related aspects of healthy and sustainable communities).
- The Outer North West Area Committee will be represented by Councillor Graham Latty as the Health and Wellbeing Lead. The group will also include Councillor Health and Wellbeing Leads from INW, IW and OW Area Committees, Public Health Consultant WNW, Health and Wellbeing Improvement Manager WNW, Clinical Commissioning Group Public Health Lead GP, Area Leader WNW. It will meet three times a year and its first meeting was December 2013.

2.8 Case studies

Holt Park Active

Holt Park Active opened in October 2013. The leisure and wellbeing centre is a community hub where people can be active, socialise and learn something new. The centre is home to a Bodyline Gym. It also has a purpose built dance studio and multi activity room. There is also range of swimming pools. The atrium is a place to unwind and meet with friends in the cafe. Beyond this, there are a range of activities for older people, disabled people and people with learning difficulties, meaning more people will be able to use the centre and enjoy the benefits of an active lifestyle. New partnerships are forming that look at developing existing wellbeing opportunities and developing new ones. Current activities include links to local library, local nursery, music for health, sporting memories, volunteers, IT training, cooking and baking groups, further education, art groups, exercise and sports reminiscence. Recently, there was a workshop that focussed on activities to develop at Holt Park Active. These included information and advice on health, finance, safeguarding, housing, carers support, outreach activities, and community resources

Case study – opportunity to work together – Patient Empowerment Model

This proposal is for a new service to develop communities of practice to empower patients and communities to actively self-manage their health issues through peer support and to provide signposting and increase awareness and access about local services and voluntary groups in a managed way. The development supports and is in alignment with key NHS Leeds strategic objectives focusing on priority health goals relating to long term conditions, health promotion and mental health. Member practices highlighted the need for support with signposting and wanted

increased knowledge about local services and voluntary groups including those for older people and more vulnerable patients. It will be open to all practices in Outer North West Leeds.

3 Corporate Considerations

3.1 Consultation and Engagement

The Health and Wellbeing Board has consulted on the Joint Health and Wellbeing Strategy. Healthwatch represent patients views on the Health and Wellbeing Board. LWCCG have held a number of community engagement events and has a Patient Reference Group.

3.2 Equality and Diversity / Cohesion and Integration

Work outlined in report complies with The Equality Act 2010, which requires local authorities to comply with the Public Sector Equality Duty.

3.3 Council policies and City Priorities

Health and Wellbeing City Priority Plan has been developed by members of the Health and Wellbeing Board, which includes Councillors, CCGs and Public Health.

3.4 Resources and value for money

The Office of Public Health and funding returned to the council in April 2013. It aims to spend money wisely in line with the rest of the council.

3.5 Legal Implications, Access to Information and Call In

No legal implications.
Not eligible for call in.

3.6 Risk Management

No risks identified.

4 Recommendations

1. To recognise the changes in health and wellbeing, and the significant challenges in Outer North West Leeds.
2. To build on developing local relationships and look at new ways of working to tackle long term issues.

Background documents¹

Appendix A

Appendix A

Public Health role for Local government and CCGs		
What kills people now and what makes them ill	Behaviours that are going to kill people and make them ill	Wider determinants of health
<p>Cardiovascular Disease Cancer Excess winter deaths Long-term conditions eg COPD, Diabetes, neurological disorders, Musculoskeletal Disorders Alcohol/drug related disease Mental Health problems</p>	<p>Smoking Alcohol/drug consumption Inactivity Being overweight/obese Sexual Health Lack of awareness of early symptoms Not using screening or preventative services</p>	<p>Educational attainment Income employment decent housing community support networks safe communities language</p>
CCG role	<p>Ensure systematic primary care identification and management Ensure access to specialist services based on need Ensure commissioning is informed from health need Targeting resource to areas of greatest need</p>	<p>Signpost to services eg debt and fuel poverty Ensure safeguarding Ensure effective partnership working Community leadership Advocacy and influence</p>
NHS Responsibility		City Council Responsibility