

Report of: The Office of the Director of Public Health

Report to: Inner North West Area Committee

Date: 27th March 2014

Subject: Health and Wellbeing in Inner 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. Inner 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 people in Inner North West Leeds (see Appendix A).
3. Links have been made between Inner 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 Inner 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 Inner 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 Inner 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 Inner 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 Inner 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 Inner North West Leeds

	ALL	Male	Female
ALL LEEDS	79.91	78.09	81.66
Hyde Park, Burley	75.61	74.6	77.06
Little London	75.86	74.22	78.01
Little Woodhouse and Burley	77.15	77.88	76.54
Burley	78.41	76.55	80.25
Hyde Park, Woodhouse	78.59	76.29	82.19
Headingley Central	78.87	76.66	81.95
Hawthornthwaite Wood	79.18	76.36	82.06
South Headingley	79.44	76.47	83.11
Kirkstall	80.07	78.37	81.55
Tinshill	80.95	78.34	83.6
Far Headingley	81.32	79.02	83.33
Ireland Wood, Lawnswood	83.01	80.31	85.27
West Park and Weetwood	84.09	82.17	85.87

The areas with the highest levels of premature mortality (death before 75) are Hyde Park, Burley and Little London

Little London and Hyde Park, Burley are the priority areas in relation to health and wellbeing needs for area.

Priority Areas Health Improvement and Lifestyle:

2.6 Inner North West Health and Wellbeing Public Health service overview

There are a number of Public Health services in Inner 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 Inner 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 Inner North West Leeds

Area Committee	Health Trainer Service	Alcohol brief interventions (ADS) GP surgery	Smoking cessation	CAB OUTREACH / WELFARE RIGHTS SESSIONS
Inner North West	Woodsley Health Centre LS6 1SG Hyde Park	Woodhouse Health centre, LS6	Kirkstall Health Centre (LS5 3DB)	Hyde Park Surgery LS6 1SG
	Craven Road Medical Centre LS6 2RX Woodhouse	New Croft Surgery, LS18 4SE	Meanwood Health Centre (LS6 4JN)	Craven Road LS6 2RX
	Hollybank Surgery LS6 4DJ Headingley	Burley Park Medical Centre		Vesper Road LS5 3QT
				Burley Park Medical Centre LS4 2EL

- Healthchecks – In addition to the above, 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 Inner North West Area Committee will be represented by Councillor John Illingworth 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.

2.8 **Case studies** - Health and wellbeing work in Hyde Park

We recognise that health and wellbeing in Hyde Park for some Black Minority Ethnic (BME) groups is amongst the worst in Inner North West Area. This is to some extent hidden by the large, young student population that lives in the same area. GPs, Public Health and local Cllrs have, therefore, worked together on a targeted approach.

WNW Public Health team have commissioned Trading Standards to work with partners to address 'niche tobacco' in Hyde Park. 'Niche tobacco' products are mostly used by South Asian communities and include Gutkha, Zarda, Nasal snuff, Shisha or Beedi cigarettes. This is new work in Leeds and builds on established work in Bradford. This links to NHS smoking cessation services. This project has been shortlisted for a Local Government Chronicle Award and has had successful outcomes.

WNW Public Health team and WNW Area Support Team organised a workshop for local groups to provide additional support for submitting Wellbeing Fund applications to the INW Area Committee. A number of different groups – Kashmiri Elders, Dosti group, Behno group and Hindu temple - attended. The Behno group, an Asian women's group, has submitted a joint Public Health / INW Area Committee application to increase physical activity. Similarly, another joint bid has been submitted to improve sedentary lifestyles of certain groups in Hyde Park, Burley, such as taxi drivers, shop keepers and takeaway workers. This is an evidence based approach, which has worked elsewhere. This will link to Leeds Let's Get Active and other things available locally.

In addition to this, we have supported Leeds Let's Get Active community projects. These include Woodsley Road girls youth group to deliver physical activity sessions

between April – Sept 2014. A Mother & Daughter physical activity session started in January for 10wks.

Supporting Asian women's Behno group, which focuses on health and wellbeing. This has been a successful, active group. Last year, we established an Expert patients programme course (with Leeds Community Healthcare), which is a 6 session course for disabled people and people with long term health problems who want to learn to manage and improve their health. WNW Public Health team has linked Carers Leeds and Telecare (adaptations to live at home) services to this group.

Employability Event for Hyde Park BME community organised by WNW Public Health team in recognition of the impact unemployment and debt has on mental and physical health. Fifteen partner agencies promoted employment, and volunteering opportunities, alongside Public Health credit and money advice, healthy lifestyle and Niche Tobacco information. This had good outcomes and there is now a jobs and skills outreach service in Hyde Park. This will be supported by LCC Employment and Skills.

Local people in Hyde Park expressed concern about rising fuel costs. There are various schemes available to the public to support households with energy efficiency/winter warmth improvements. This includes Care & Repair's Warm Homes Service and Groundwork's Green Doctor scheme.

There are a number of Public Health commissioned services running in the Hyde Park area through local GP surgeries. These include promotion of preventative NHS services, such as NHS Healthchecks. GPs in Hyde Park, Burley (and rest of Leeds) offer the NHS Health Check programme for everyone between 40 and 74. The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Woodsley Road Practice has Health Trainer sessions to help people to develop healthier behaviour and lifestyles in their own local communities. They support the community to stop smoking, participate in increased physical activity, eat more healthily and drink sensibly. Smoking cessation sessions are also available weekly. Woodhouse Health Centre has a weekly session with Addiction Dependency Solutions (ADS) to offer shared care in assessing and screening patients for alcohol problems. They offer advice, information and support for pre-dependent drinkers and onward referral for dependent drinkers. Smoking cessation sessions are available weekly. Offers Bodyline on Referral (3 months gym membership) for patients. Craven Road Medical Practice has weekly welfare rights outreach sessions.

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 Inner 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 Inner North West Leeds.
2. To build on developing local relationships and look at new ways of working to tackle long term issues.

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
Cardiovascular Disease Cancer Excess winter deaths Long-term conditions eg COPD, Diabetes, neurological disorders, Musculoskeletal Disorders Alcohol/drug related disease Mental Health problems	Smoking Alcohol/drug consumption Inactivity Being overweight/obese Sexual Health Lack of awareness of early symptoms Not using screening or preventative services	Educational attainment Income employment decent housing community support networks safe communities language
CCG role 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	Ensure systematic approach to behaviour change in primary care Ensure access to specialist services based on need Engage with awareness and early intervention programmes and screening Advocacy and influencing all partners	Signpost to services eg debt and fuel poverty Ensure safeguarding Ensure effective partnership working Community leadership Advocacy and influence
NHS Responsibility		City Council Responsibility