

Report of the Director of Public Health

Report to South (Outer) Area Committee

Date: Monday 31st March 2014

Subject: Area Public Health update

Are specific electoral Wards affected?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, name(s) of Ward(s): Ardsley and Robin Hood, Morley North, Morley South, Rothwell		
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

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 South 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.

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 south area 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 the majority of this area, with the exception of some parts of Morley and Ardsley ward that fall within WNW CCG boundary (see attached map appendix c). The Consultant in Public Health for the South East is also on the Board of the LSE 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 as shown at Appendix A, along with an update on public health data.

The Area Health and Wellbeing Partnership arrangements have recently been reviewed and a 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.

Outer South 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 South contains wide variation across the mid-range of Leeds. None of the population is in areas of Leeds that fall into the 10% most deprived in England.

Life expectancy within the 12 MSOA areas making up the Outer South Area Committee area are almost all clustered around the Leeds average of between 78.6 years in the lowest MSOA area to 83.9 years in the highest MSOA area.

The age structure of the Outer South population bears some resemblance to that of Leeds overall, with fewer adults under 40 than Leeds. GP recorded ethnicity shows the Area Committee area to have a slightly larger proportion of “white background” (70%) 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 South area below the Leeds average for men and women.

Cancer mortality rates in the Outer South area show Morley West* MSOA male rates to be higher than that of Deprived Leeds.

Circulatory disease rates and respiratory disease mortality in the area are both mostly around the Leeds figure.

3. Lifestyle Behaviours

Smoking prevalence in the Outer South area is mostly below the Leeds average.

Obesity rates (24%) are all within a narrow band between the Leeds rates (21%) and the most deprived fifth of the population rates (25%).

Chronic Obstructive Pulmonary Disease (COPD) and **Coronary Heart Disease (CHD)**
Prevalence of both COPD and CHD are quite widely spread in the area committee area, from very low at West Ardsley and East Ardsley to very near the highest in Leeds at Rothwell and Morley West*.

Alcohol specific admission rates are all below or around the Leeds rate, except for the Morley East and Morley West* MSOAs which have female admission rates significantly higher than the Leeds rate.

*Morley East and Morley West MSOA are part of the Morley South ward (see appendix d map).

Cancer (all types) and diabetes prevalence are mostly around the Leeds average, reflecting the older age profile of this area. Rothwell stands out as being within the highest parts of Leeds in both cases.

Although there are no direct activities in relation to cancer awareness in Morley West or Rothwell there are a number of national Be Clear on Cancer campaigns which will cover those areas. The campaigns aim to raise awareness of the different cancers with a focus on the most common cancers, breast, bowel & lung cancer. The latest campaigns are:

- 3rd Feb-16th March 2014. Focus over 70's breast campaign. Television, Direct mail & Leaflets.
- 10th - 31st March – Lung cancer campaign. Details yet to be released.

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 South East 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.

Activity such as the 'Winter Warmth Package for the Elderly' that the Area Committee funded jointly with Housing and delivered in partnership with the Neighbourhood Networks is a good example of contributing to supporting addressing reduction in excess winter deaths.

The table below shows local health and wellbeing activity that has taken place, or is in the process of being developed in Outer South over the last year. 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 the GP practices covering Outer South Area Committee area and includes information of healthy living services provided.

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
H&WB plan: Support more people to choose healthy lifestyles	Alcohol and related Community Safety Harm Reduction Programme.	Local licensing policy framework drafted for reducing and placing restriction measures on off licenses in LS10/11 to be endorsed by LCC.	South Leeds Licensing Framework in place and being implemented, with restriction measures applied to all new and revised applications. An opportunity to develop a similar framework in other key neighbourhoods where alcohol use is problematic is being explored.
		To develop local arrangements to reducing high intensive users of hospital admissions through multi agency work between police and treatment support providers.	Leeds York Partnership Foundation Trust and Leeds Teaching Hospital Trust agreed to a data sharing agreement and data being reviewed to establish the need for joint work. LSE CCG is enhancing alcohol treatment service to key practices.
		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.	Police safeguarding team trained and making referrals to Alcohol Treatment Support services 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.

	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). 4 key strands of work in the programme namely; awareness raising on dangers of niche tobacco products; tailored cessation support; briefings for frontline staff and communities; retailer education and enforcement	Promotional materials produced and shared with dentists, pharmacies and GP practices in target neighbourhoods, also campaign messages aired through local radio station. 74 frontline staff and 534 residents so far updated with further sessions planned. 13 users accessing cessation support. '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. 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. 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.
		Reducing smoking prevalence rates	Promoting key messages locally using a range of medias e.g. Stoptober programme. The NHS Healthcheck for 40+ is a key tool used by primary care to assess and refer patients to early treatment support services such as smoking cessation.
			LCC Public Health have been involved in 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.
	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 award programmes.	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.	Neighbourhood Networks participating in the programme with the aim of providing low level support to tackle isolation and need for befriending provision for older people.
		Establish volunteer health champions programme	Work has taken place to engage with the community within Morley, Gildersome and Drighlington with the aim of recruiting volunteer health champions. These champions would help to pass on simple health related messages to other members of the community. Recruitment through open community information sessions has not proved successful so we are now speaking to groups in the area to establish local partnerships with the aim of working together to put a champion programme in place.
	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 does not include all the citywide Public Health work programmes and commissioned services which will impact on the Area Committee

SE Area – GP Practices and Healthy Living Services Provision

Practice code	Lead GP	Practice name	Deprivation rank scale	Registered smoking advisors in practice	No. of people SETTING A 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	Health Check Target	Health Check carried out
B86020	Blakemore LT and Partners	Lofthouse Surgery/ The Manse Rothwell	101	Yes	40	2.80%							623	381
B86001	Haque ME	Morley Health Centre	77		29	5.27							133	92
B86006	Garrett CJJ and Partners	Oulton Medical Centre / Marsh St Surgery		Yes	77	3.97							769	543
B86057	Adams RJ and Partners	Windsor House Surgery/ Shenstone House Churlwell (W)/ Adwalton House Drighlington (W)	98		87								894	598
B86064	Elliot N and Partners	Leigh View Medical Surgery (W)	100		102	4.23							1053	762
B86067	Ledger SJ and Partners	Fountain Medical Centre	92		225	7.64							935	626
B86077	Grange Medicare Ltd	New Cross Surgery	90		46	4.66							345	85
B86101	Singh J L and Partners	Gildersome Health Centre	104	Yes	5	0.84								
B86678	Gupta F and Partners	Drighlington Medical Centre	89		4	1							146	86

Map showing MSOA boundaries

South East Management Area (black outline)
and South and East CCG footprint (blue area)



