



Report of the east North East Health & Wellbeing Improvement Manager

Inner North East Area Committee

Date: 18th October 2010

Subject: Update on the Inner North East Health and Wellbeing Programme

Electoral Wards Affected:
Inner North East

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Council
Function

Delegated Executive
Function available
for Call In

Delegated Executive
Function not available for
Call In Details set out in the
report

1.0 Executive Summary

- 1.1 This report will outline the key health and wellbeing issues being considered by the East North East Health and Wellbeing partnership and set out how issues affecting Inner North East Leeds are being addressed.

2.0 Purpose Of This Report

- 2.1 The purpose of this report is to explain the background of the health and wellbeing partnerships and how the initial priorities are being developed in the context of the Inner North East Area Committee.

3.0 Background Information

- 3.1.1 Citywide partnership arrangements for health and wellbeing were established in 2008 to complement existing themed partnerships around children, worklessness, community safety and officer coordination groups. Consultation workshops in March 2009, involving over 150 people led to Health and Wellbeing partnerships being formed for each of the three city wedges (East North East, South East and West North West). The East North East Health and Wellbeing partnership started meeting in October 2010 and has begun to help partners to work together at the local level.
- 3.1.2 Each of the partnerships are supported by a joint funded LCC/NHS Leeds Health and Wellbeing Improvement Manager, which for the East North East is Liz Bailey. In July 2010 Janet Smith was transferred from Environmental Health Services to Adult Social Care and is now working as Health Improvement Officer to the Health and Wellbeing Improvement Manager on a number of initiatives.

3.1.3 The three Health and Wellbeing Managers have four overarching priorities around:

- Communication and community engagement
- Ensuring commissioned services and local initiatives meet the needs of deprived communities
- Translation of citywide priorities into actions at local level
- Reducing the Health Inequalities gap between deprived communities and the rest of Leeds through strengthening partnerships, building health capacity and maximizing resources

These priorities provide the framework for delivery of actions from the city wide Leeds Health and Wellbeing Partnership Plan, through the Health and Wellbeing Partnerships to Local Delivery Plans.

3.1.4 The area Health and Wellbeing Partnerships have representation from a number of key agencies including: area management, NHS Leeds, Community Healthcare Services, Adult Social Care, Children's Services, Housing, Practice Based Commissioning, LINKs and Leeds Voice Health Forum. In addition, elected member health champions from each of the ten Area Committees are also included on the partnerships. Cllr Hamilton is the health champion for Inner North East Leeds and is invited to take local issues to and from the partnership.

3.1.5 The recent white paper Equity and Excellence: Liberating the NHS, has important implications for local authorities, who will be taking on responsibilities for public health, as well as partnership working at locality level. Health decision making will be transferred to locality level through General Practice Consortia and current health budgets will be transferred from Primary Care Trusts to these bodies, which will make commissioning decisions, based on the needs of the local population. The Health and Wellbeing Partnerships, being close to local communities and in touch with key service providers, are well placed to play an important role in informing the new commissioning process.

3.1.6 In September 2010, the Local Government Improvement and Development (formally IDEA) conducted a Healthy Communities Review. This showed a need for elected members to own the emerging vision for health improvement, a need to engender a culture that health is 'everyone's' business and that whilst there are good examples of work around health in Leeds, we need to look internally at what works and 'industrialise' it.

4.0 Main Issues

4.1.1 Published data, from sources including the Director of Public Health's Annual Report, the Health and Wellbeing Partnership Plan 2009-12, and the Joint Strategic Needs Assessment (JSNA), as well as the Neighbourhood Index data was used to build a health profile of the Inner North East Area. Subsequent data is being added as it becomes available and local intelligence is being collected via consultation events. A health questionnaire, administered via the Citizen's Panel process is planned for 2011 and this will provide a more robust method of gathering data and in turn enable a more complete picture of the area and its health needs to be compiled.

4.1.2 The Inner North East Area is one of great variation. It has a high multi ethnic population in areas such as Chapeltown, in contrast to the predominantly white (92.4%) in

Moortown (Queenshill), where Acorn (2009) social profiling describes sub sections of the population as sedentary, with low fruit and vegetable intake, poor diet and smokers. This manifests as an older population with chronic ill health, particularly in terms of cardiac issues (35%).

- 4.1.3 This information suggests that health action in this particular location should focus upon encouraging more physical activity, improving knowledge, skills and attitudes around food and nutrition and encouraging more smokers to permanently quit.
- 4.1.4 The Health and Wellbeing Improvement Manager undertook a consultation exercise at the Ramgharia temple on 2nd March 2010 which revealed a general consensus between community views on health needs and the current priorities of the statutory health sector. These included issues around obesity prevention, alcohol use and smoking, although poor mental health, low income, social isolation and affordability of leisure and cultural opportunities, together with transport issues were also identified. Some of these wider determinants of health and challenges are entered onto the Health and Wellbeing Manager's overall workplan at Appendix A.
- 4.1.5 Three main initial priorities around reducing smoking related disease, increasing physical activity levels and reducing poverty were agreed through the East North East Health and Wellbeing partnership, which was challenged to use the existing resource of partners to improve health outcomes in these areas. Therefore, work has progressed faster and further where partners have felt a greater stake e.g. GP Consortia priorities around smoking related disease has resulted in a number of partners including NHS Leeds, Seacroft Neighbourhood Manager, Health For All, Adult Social Care, Seacroft/Manston School Cluster Manager, Extended Services and Space 2 coming together into a preventive tasking group which can pool expertise and resources under the 'team neighbourhood' approach in Seacroft.' The Health and Wellbeing Manager is also working to link frontline family support workers and parents, Education Leeds, Healthy Schools, head teachers, extended services and school meals services in order to develop a community approach towards increasing free school meal uptake in Burmondtofts and Richmond Hill. Both these pieces of work are testing models, which once evaluated can be rolled out city wide.
- 4.1.6 The size of the wedge, the scale of deprivation and the diversity of the population, means that there has to be a balance, between working reactively around issues that are identified by statistics, and proactively identifying the needs of the local population, building capacity to tackle those needs and through the Health and Wellbeing Partnerships engaging the commitment of a wide range of people, to help add to the evidence base, and build good community health. This, in the longer term will enable more efficient use of healthcare resources and services.
- 4.1.7 Also, a balance has had to be struck, between delivering small localized projects, targeted at a number of needy individuals within individual wards, and larger scale initiatives, based on influencing delivery of universal services. Examples of the work which the Health and Wellbeing Improvement Manager is developing is influencing leisure service provision to reduce barriers to participation by excluded groups such as disabled people and starting to join up health, social care and those services delivered by the community and voluntary sector into integrated networks, which can help reduce unnecessary hospital admissions. These mainstream services have the potential to affect larger numbers of people across the whole wedge/city and make a real difference towards narrowing the health gap between the most vulnerable people

and the rest of Leeds, as well as improving the health of the population of the Inner North East Area as a whole.

- 4.1.8 Increasing physical activity levels has been described as a 'best buy' in public health by Morris (1994) and numerous subsequent studies because of the huge numbers of people across the general population who are insufficiently physically active to benefit their health. Therefore work to increase physical activity levels across all social groups and age ranges has been prioritized in the Inner North East area. This aims to reduce overweight, obesity, coronary heart disease, diabetes, stroke and some cancer risk.
- 4.1.9 A number of initiatives aimed at increasing physical activity are progressing.

4.2 Physical Activity

- 4.2.1 The Health Improvement Officer has delivered the first of an on-going programme of health walk training and one new group in the East North East wedge has been established as a result of a session held at Shine in July 2010. The 'Chapel Allerton and Beyond' Group, meets Monday and Wednesday evenings at 6.30pm opposite Scott Hall Leisure Centre. 2 further volunteers from this group are attending the next training in October.
- 4.2.2 New health walk leaders are being supported to develop local health walks that are more appropriate and appealing to the most sedentary groups (i.e. 30 minutes duration or less). Encouraging this group to be moderately more active is more effective in improving health of the population than facilitating initiatives to enable already active people to do more
- 4.2.3 The Health Improvement Officer has trained a number of Feel Good Factor community health educators to deliver health walks. The funding for these paid sessional workers is now coming to an end and she is working with Feel Good Factor to ensure the work is sustained
New walk leaders will be recruited from the existing groups and support will be provided for them, up to and after training, which is planned for January 2011.
- 4.2.4 A distinct (-16.59%) physical activity participation gap between disabled individuals and the rest of Leeds has been identified by the most recent Active People Survey, so this group (including learning disabled), and their carers have been prioritized for action as follows:
- Adapting the health walk training to enable disabled individuals to become health walk leaders. This will increase participation by being appropriate to disabled people's needs, low cost, easily accessible and contribute towards narrowing the health gap
 - Improving access to leisure opportunities for disabled people and their carers. A number of new proxy measures, which can act as eligibility criteria for more carers to access the Leeds Card Extra discount card. This initiative will be advertised and available to those living in East North East wedge, including the Inner North East by Spring 2010

- Policy within leisure centres is generally agreed to be that carers are allowed free admission, provided they are accompanying and looking after a disabled person. However, user feedback suggests that this is not always the case, resulting in embarrassment when staff query eligibility. Work with leisure service staff and Leeds Card Extra is underway to ensure this practice does not continue
- Working with disabled and learning disabled individuals to help them be confident and safe when use public transport to leisure and cultural centres
- Working to raise the physical activity aspirations and expectations of disabled people and their carers
- Establishing a baseline for the work is proving challenging as figures obtained from leisure centres include only those who disclose disability. Work to explore how a more accurate picture of use by disabled people can be obtained and tracked is underway.

4.3 Older People

4.3.1 Work to help older people remain healthy and independent is also progressing:

- An affordable warmth presentation was given to Moor Allerton Older People's Partnership group by Care and Repair on 1st September 2010
- The Health Improvement Officer attended the Chapeltown 'Winter Warmers' event and will now assist organizations such as Maecare, Northcall and Open House to run a series of 'Winter Warmer' events aiming to reduce the number of vulnerable older people who are in living in fuel poverty.
- A presentation to frontline professionals about the benefits of telecare was delivered to the Chapeltown Health and Wellbeing Network Group on 4th August. The Health Improvement Officer is now working with Feel Good Factor to plan initiatives which can increase the number of referrals from the May 2010 baseline of 119.
- In partnership with Maecare, plans are developing to increase uptake of the Leeds Card Extra- to enable isolated and frail older people access affordable cultural opportunities as a means of improving mental health.
- Learning from the 'Team Seacroft' pilot project is being used to assist Maecare deliver on its commissioned work around keeping people out of hospital

4.4 Food and Nutrition

4.4.1 Older people are particularly vulnerable to poor nutritional status and a number of initiatives to help them access nutritious healthy and safe food are being planned for delivery during the next three months through Maecare. These include:

- Food safety training to be delivered to people who run food based initiatives e.g. luncheon clubs
- Work to improve the nutritional content of food served at the stroke club

4.5 Stroke

4.5.1 Data analysis has revealed that mortality from stroke is higher in Inner North East than the whole of Leeds (DPH Report 2009). Further analysis is underway to ascertain if geographical position, age, gender, ethnic group, or service based issues are of particular relevance and this information will be used to help us target prevention efforts more effectively.

4.5.2 Neighbourhood Index data also suggests that mortality from cancers is higher than the Leeds rate in the Meanwood 6 Estates area. The Health and Wellbeing Manager has requested a more detailed analysis from NHS Leeds and will use this information to develop an appropriate response.

4.6 NHS Leeds and Partners

4.6.1 A number of health initiatives are being progressed by NHS Leeds and other Partners including:

- Evaluation of the Infant Mortality demonstration site in Chapeltown. The indications are that this programme, has successfully contributed towards reducing the number of infant deaths from 5.9 per 1000 live births in 2005-07 to 5.2 in 2006-08
- Improving the nutritional status of mothers and babies through increasing the uptake of Healthy Start Vouchers and a variety of food based projects in Chapeltown and Meanwood, which will increase knowledge and skills around healthy eating.
- An innovative one year pilot project in Chapeltown Library, which was set up to identify glaucoma in susceptible groups has secured further funding from a drug company for eighteen months. A simple screening tool is being used to identify individuals with potential eye problems, who are then referred for a detailed examination by an eye specialist.

The referral rate is much higher than mainstream opticians and 100 clients passed through the service in the 10 months up to Aug 2010, with the clinic running for one afternoon (4 hours) a week. This strongly suggests that the service is reaching those who most need it.

There is excellent support from Leeds libraries for the project and the service will move to the new joint services centre in October 2010.

- NHS Leeds is offering vascular checks to adults aged 40-74yrs focusing on those individuals who live in the most deprived 10% of SOAs. The Health and Wellbeing Improvement Managers are assisting this work by mapping follow on activities for those who do not currently meet the threshold for clinical intervention, but are at future risk, if lifestyle is not modified.
- The health infrastructure in Inner North East has strengthened over the past twelve months with the formation of Health and Wellbeing Networks in Chapeltown and

Meanwood. These are providing an effective support mechanism for workers on the ground, encouraging sharing of good practice, facilitating information exchange and enabling the wider public health workforce to collectively identify and tackle issues, opportunities and challenges on a very local basis.

- Three third sector organizations, Shantona, Feel Good Factor and Zest Health for Life have now been returned to their current service level agreements following a review by NHS Leeds. NHS Leeds will now work with these organizations to develop their delivery plans.

4.7 Next Steps

- 4.7.1 This report details the work of the East North East Health and Wellbeing Programme, which contributes to the area delivery plan over the six months April to September 2010. The extra capacity provided by the Health Improvement Officer will enable work on the ground to progress more quickly and the planned actions described above will have delivered a number of outcomes to improve the health and wellbeing of vulnerable older and disabled people. A programme of work to address the high mortality from circulatory disease, stroke and cancers will be in place and the learning from initiatives in other areas will be informing those developing in Inner North East.
- 4.7.2 Existing data gathering processes do not always provide information that is meaningful and accurate enough for monitoring purposes and work to increase the accuracy of data reporting is ongoing. Baselines have been set where possible and providers are being asked to collect postcode data which will help identify need and progress. The current position with the mainstream initiatives is detailed below:

Initiative	Baseline 2009/10) for LS7	Target	Current position
Affordable Warmth	32	TBC	14 referrals from LS7 during 2010 Programme of targeted interventions being planned
Telecare/Telehealth	119	TBC	Programme of interventions being planned
NHS Healthchecks	-		Data collected at practice, not postcode level. Work underway to obtain an update position

5.0 Implications For Council Policy and Governance

5.1 None identified

6.0 Legal and Resource Implications

6.1 None identified

7.0 Conclusions

- 7.1 The Health and Wellbeing programme is progressing a number of actions and initiatives, in a systematic and structured fashion. The first year of work has begun to build up a picture of the East North East wedge which has enabled some of the issues identified in particular communities to be tackled. However, the momentum of this work will increase over the next twelve months as the Health Improvement Officer provides extra capacity and improved data collection and analysis enables a more targeted approach to those who are most in need.

8.0 Recommendations

- 8.1 The Inner North East Area Committee is requested to note the progress of the Health and Wellbeing Improvement Programme and use this information to supplement that brought to the Area Committee by the Inner North East Health Champion.