



Leeds
CITY COUNCIL

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Report of the East North East Health and Wellbeing Improvement Manager

Outer North East Area Committee

Date: 25th October 2010

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

Electoral Wards Affected:
All Outer North East wards

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 Outer North East Leeds are being addressed. It details the work that the Health and Wellbeing Manager is developing with key partners and how this is being translated locally, together with some examples of projects that are running in the Outer North East Area.

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 Outer North East Leeds Area Committee

3.0 Background Information

- 3.1 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.

- 3.2 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.
- 3.3 The three Health and Wellbeing Managers have four overarching priorities around their role of improving health as follows:
 - Improving 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
- 3.4 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.
- 3.5 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 Harrand is the health champion for Outer North East Leeds and is invited to take local issues to and from the partnership.
- 3.6 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.
- 3.7 In September 2010, the Local Government Improvement and Development (formally IDEA) conducted a Healthy Communities Review for Leeds. 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 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 Outer 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.
- 4.2 The Outer North East Area is one of the most affluent areas of Leeds. It scores well, compared to inner city areas on many aspects of health and wellbeing. However, the Moortown (Lingfields/Cranmer Bank area, which adjoins the Inner North East Area, houses a substantial sub population of older people living on a low income in smaller semi detached homes (48.2%) compared to 4.6% in Leeds as a whole and 29.8% of single elderly people living in council flats compared to 2.1% in Leeds as a whole (Acorn 2009). There is a smaller (7.9%), population of singles and single parents in high rise estates in Moortown Lingfield/Cranmer Bank compared to 1.4% in Leeds as a whole.
- 4.3 Social profiling by Acorn (2009) describes the two main sub sections of the population as a mix of post industrial pensioners with long term illness (37%) and less affluent neighbourhoods, high fast food and sedentary lifestyles (30.1%). Smaller sub groups consist of deprived neighbourhoods with poor diet and smokers (11.2%), disadvantaged neighbourhoods with poor diet and severe health issues (14.4%) and a smaller population of multi ethnic groups with high smoking prevalence and high fast food consumption (7.4%).
- 4.4 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. Targeted measures to improve the wellbeing of elderly people around affordable warmth, independent living and reducing social isolation are also required.
- 4.5 The Health and Wellbeing Improvement Manager undertook a consultation exercise at the Ramgharia temple on 2nd March 2010. This gathering, which was drawn from all over Leeds revealed a general consensus that health action should focus 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 for action on the Health and Wellbeing Manager's overall work plan at Appendix A.
- 4.6 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. For example GP Consortia priorities around smoking related disease has resulted in a number of partners including NHS Leeds, Seacroft Neighbourhood Manager, Health Trainers, 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 in Seacroft under the 'team neighbourhood' approach. The Health and Wellbeing Manager is also working to link frontline family support workers and parents, Education Leeds, Healthy Schools, head teachers and school meals services in order to develop a community approach towards increasing free school meal uptake in Burmantofts and Richmond Hill. Both these pieces of work are testing models, which once evaluated can be rolled out city wide.

- 4.7 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 and acting on the expressed needs of the local population. Developing innovative initiatives that can help build the capacity of local people to tackle their health needs and secure, through the Health and Well being Partnerships, the commitment of a wide range of partners, can 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.
- 4.8 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 to 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 Outer North East Area as a whole.
- 4.9 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 and the range of medical conditions that are inactivity related. Therefore work to increase physical activity levels across all social groups and age ranges has been prioritized in the Outer North East area. This aims to reduce overweight, obesity, coronary heart disease, diabetes, stroke and some cancer risk.
- 4.10 A number of initiatives aimed at increasing physical activity are progressing.

Physical Activity

- 4.11 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.
- 4.12 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
- 4.13 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.
- 4.14 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 so 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 currently excluded carers to access the Leeds Card Extra discount card have been negotiated. This initiative will be advertised and available to those living in East North East wedge, including the Outer North East by Spring 2011
 - 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.

4.15 A multi agency group consisting of LCC Adult Social Care, Carers' Leeds, NHS Leeds, METRO, Leeds Card and City Developments has been convened to address these barriers and so promote social inclusion and reduce inequalities in health.

Older People

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

- The team arranged an affordable warmth presentation for 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 their own '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 230
- 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 around smoking related disease is being used to inform commissioners around user needs and to assist providers, including Maecare deliver on their commissioned work around keeping people out of hospital.

Food and Nutrition

4.17 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

NHS and partners

4.18 Other partners are delivering health based work in the area, including:

- NHS Leeds are offering vascular checks to adults aged 40-74yrs 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.
- Very early discussions are underway with Leeds Community Healthcare Stop Smoking Service to assess the feasibility of establishing a stop smoking clinic in the Meanwood/Moor Allerton area
- Outer North East area health infrastructure has strengthened over the past twelve months with a health and wellbeing network established nearby in Meanwood. This is 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. Zest Health for Life have run Change4Life Family fun days and taken families on a seaside trip in the Moor Allerton/Moortown area during 2010. NHS Leeds will now work with these organizations to develop their future delivery plans.

Next steps

- 4.19 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 mortality from circulatory disease will be progressing and the learning from initiatives in other areas will be informing practice in Outer North East.
- 4.20 Existing data gathering processes do not always provide information that is meaningful and accurate enough for monitoring purposes. However baselines have been set where possible and postcode data is now being collected to monitor progress. Work to increase the accuracy of data reporting is ongoing. However, the current position with the mainstream initiatives is detailed below:

Initiative	Baseline 2010 for LS 17	Target	Current position
Affordable Warmth	2009 full year figures being compiled 99 city wide referrals from 01-04-10 to 08-10-10	TBC	6 individuals from LS17 have been referred Apr-Oct 2010. Targeted interventions e.g. 'Winter Warmer' events planned to further contribute to the 240 vulnerable people to be referred into energy saving grants by March 2011
Telecare/Telehealth	230 in receipt of telecare interventions up to June 2010	TBC	Programme of interventions being planned
NHS Healthchecks	-	TBC	Data collected at practice, not postcode/ward level. Work to obtain meaningful figures underway

5.0 Implications For Council Policy and Governance

5.1 None identified

6.0 Legal and Resource Implications

6.1 Currently minimal. This work is developing through establishing partnerships and resource sharing

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 this work has required efforts to build up a picture of the East North East wedge and has started to tackle some of the issues identified. The momentum of this work will increase over the next twelve months as the Health Improvement Officer provides extra capacity and partnerships for health are strengthened. A selection of activities, which are running in Outer North East area are shown at appendix B

8.0 Recommendations

- 8.1 The Outer 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 Outer North East Health Champion.

Background Documents

1. The Annual Report of the Director of Public Health in Leeds 2009
2. 2009 Population ACORN Profiles
3. Implementing the Leeds Joint Strategic Needs Assessment Framework 2009
4. Leeds Health and Wellbeing Partnership Plan 2009-2012
5. Davis (2009) Essential Evidence on a Page-No 8
Physical Activity: The best buy in public health-but most undervalued

Appendix B

Selected Activities running in Outer North East area.

1. Zest Health for Life Activities (Tel 0113-2406677)

Salsacise and Weight Management

Runs at Northcall Community Centre, Cranmer Bank on Monday mornings, 9.00-10.30, £1 a Week

'All Being Well' walking group

Contact Maureen on 0113-2406677

2. Chapel Allerton & Beyond Walking Group. No special equipment is required just sensible shoes and a bottle of water. To suit all abilities including new starters. Walks last no longer than 1 hour

Contact Vicky Ann Johnson

Volunteer Walk Leader
Chapel Allerton and Beyond Walking Group
32 Henconner Crescent
Chapel Allerton
Leeds
LS7 3NS

Telephone:

07748674964

Email:

vickyann.johnson@yahoo.co.uk

3. Neighbourhood network at Leeds Jewish Welfare Board

Runs at Marjorie and Arnold Ziff Centre, 311 Stonegate Road, LS17 6AZ
Telephone 2684211

4. Neighbourhood Network at Moor Allerton Elderly Care

57, Cranmer Bank, Leeds LS17

Tel 0113- 2660371 or e mail info@maecare.org.uk

Provides healthy living activities including exercise class and walking group. Also Volunteer Car Scheme and support for people who have had a stroke through the stroke club

Activities in Wetherby

5. Wetherby in Support of Elderly (WISE)

One Stop Centre, Wetherby, LS22 6NL

Tel 01937-588994 or e mail info@w-ise.org.uk

- . Provides signposting to healthy living activities

General Public

6. www.walkit.com Website to enable general public to use active transport for short journeys. Provides directions from one postcode to another