

Report of Health and Wellbeing Improvement Manager (East North East Area)

Report to Inner North East Area Committee

Date: 30th January 2012

Subject: Health & Wellbeing Update Report

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	X <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes X <input 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 X <input type="checkbox"/> No

Summary of main issues

1. Update of national agenda
2. Update/progress of work over last year
3. Future Plans

Recommendations

1. The Area Committee is asked to note the information in the attached report and provide suggestions for building on and further developing health improvement work in Inner North East Area.

1 Purpose of this report

- 1.1 The purpose of this report is to outline how the national agenda is shaping the work of the East North East Health and Wellbeing partnership and provide a progress report on how key health issues are being addressed in the context of the Inner North East Leeds Area Committee.

2 Background information

- 2.1 New local partnership arrangements for health and wellbeing were established by Healthy Leeds in 2009, following extensive consultation, which proposed the need to focus service delivery at a more local level. The development of the three local health and wellbeing partnerships complements existing themed partnerships. These are based on area committee boundaries and are supported by Health and Wellbeing Improvement Managers, joint funded by the Council and Leeds PCT.
- 2.2 In the East North East Area, the core Health and Wellbeing team resource consists of Liz Bailey (Health and Wellbeing Improvement Manager) and Janet Smith (Health Improvement Officer). There is no non HR financial support attached to these posts.
- 2.3 Following political changes at a national level in 2010, Primary Care Trusts will be abolished in 2013 and accountability for the delivery of public health will move to Local Authorities, supported by jointly appointed Directors of Public Health. Dr Ian Cameron took up this position in Leeds during November 2010.
- 2.4 Clinical Commissioning Groups, which include secondary care clinicians and nurses will commission healthcare services, based on the health needs assessments of their local populations. A new Leeds Health and Wellbeing Board, met in shadow form in October 2011 and it will be involved 'throughout the process' of GPs developing their commissioning plans. The Health and Wellbeing Board may refer plans back to the clinical commissioning group, or the NHS Commissioning Board for further consideration. A key function of the Health and Wellbeing Board is to produce a Joint Strategic Needs Assessment, which will be the primary document for agreeing the Joint Health and Well Being Strategy for the City.
- 2.5 The terms of reference of the Health and Wellbeing Partnerships, which are chaired by a member of a Clinical Commissioning Group, have recently been amended to take into account the changing health improvement landscape. The partnerships will now become integral for delivery of the work of the Health and Wellbeing Board.

3 Main issues

- 3.1 The East North East Health and Wellbeing Partnership has been working to progress three main priorities for action across the ENE area: to contribute towards tackling child poverty, primarily around increasing uptake of free and paid school meals, to prevent and reduce the impact of Chronic Obstructive Pulmonary Disease and to increase the levels of physical activity across the area.

- 3.2 Progress has been made on free school meals. Over the past year, the group has worked with the School Meals Policy Adviser to raise awareness of the issues, train key personnel and ensure schools and parents are more engaged. Increasing free school meal uptake has subsequently become much higher profile and now has delivery and outcome mechanisms within the financial inclusion strand of the child poverty action plan. Locally and city wide, the 'Be Healthy' Challenge - a lifestyle focused whole school event, now includes school meal based activity and signposting eligible, but non claiming individuals to appropriate assistance is now included in NHS third sector contracts. As a result of the Health and Wellbeing Improvement Manager's contribution to the child poverty needs assessment, this work has recently been expanded towards supporting families with complex needs. An outcomes based accountability session has been held and an action plan/programme of work is now being developed. This work will include delivery across Inner North East.
- 3.3 The Joint Strategic Needs Assessment has now produced MSOA level data, which has identified a number of health issues in MSOAs across the area, that were previously hidden in larger data sets (appendix B of accompanying JSNA paper). Whilst Chapeltown has been, and will continue to be the focus of a number of targeted health initiatives, Meanwood 6 Estates has now also been identified as an MSOA with a number of particular health needs, requiring attention.
- 3.4 During the next twelve months, the team will build on existing work, developing targeted action according to need and where appropriate, look towards rolling out successful aspects of work developed elsewhere in East North East Area and Leeds as a whole.
- 3.5 The JSNA has now highlighted, within Meanwood 6 Estates higher prevalence and aged standardised rates of COPD and smoking than the Leeds average.
- 3.6 Smoking is the single biggest preventable cause of ill health and mortality, including from COPD and other respiratory disease, cancer and coronary heart disease. Therefore, putting in place action to reduce smoking and managing smoking related conditions is a particular priority.

Prevalence of smoking across the East North East Area 2011

Ward	Smoking Prevalence %
Killingbeck & Seacroft	34.55
Burmantofts & Richmond Hill	34.12
Meanwood 6 Estates	32.2
Gipton & Harehills	30.33
Chapeltown	24.9
Chapel Allerton Village	17.2
Moortown Central	15.96
Wetherby West	11.3
Alwoodley West	9.7

Source: Leeds JSNA and NHS Leeds 2011.

3.7 A targeted piece of work called 'Meanwood Quitter' is starting in January 2012, aimed at encouraging smokers to quit. This is a partnership approach including Zest Health for Life, NHS Airedale, Bradford and Leeds Neighbourhood Team, Neighbourhood Management, ENE Homes, Schools and Children's Services.

3.8 The Seacroft community wide programme to tackle Chronic Obstructive Pulmonary Disease will shortly be evaluated, with a view to rollout of successful aspects to other neighbourhoods, including Meanwood. A partnership between NHS Leeds, Leeds Community Healthcare Services, the NHS Stop Smoking Service, Space 2, the Local Authority, South Leeds and North Leeds Clinical Commissioning Group is delivering a combination of prevention, self care management and early diagnosis services.

This includes:

- 36 families have undertaken to have a smoke free home. Ways to encourage follow up of participating individuals to fully quit smoking are now being considered.
- Lifestyle and self management support for COPD patients to reduce risk of re-admission to hospital is being funded by the Inner East Area Committee and delivered by Space2 and the British Lung Foundation. Respiratory Nurses are evaluating physiological and psychological changes throughout, to assess the health effectiveness of this approach. This model, once evaluated will be considered for rollout to other areas.
- A pilot programme to assess the effectiveness of a COPD screening tool to identify and manage the disease early is being run in Bellbrooke Health Centre and Chapeloak Surgery. This is administered by the NHS Stop Smoking Service and if successful, depending on GP engagement and resources, this work could be rolled out to Meanwood.
- Awareness raising events – in approximately 4 hours, 80 individuals were advised about lung health, 5 with higher than expected lung age were detected, 5 were referred onto pulmonary rehabilitation and 6 were referred to their GP for further investigation. 1 person was referred to hospital for chest X ray as a result of 'Got a cough, get a check' information.
- A community focused inhaler technique DVD is now being developed to help people with COPD or asthma self manage their condition. Incorrect use of inhalers is a common reason for exacerbation of symptoms and admission to hospital. Once developed (by March 2012), the DVD will be available for use across the East North East area.
- A young people's survey is being developed and will be administered shortly. This aims to find out what type of stop smoking services young people would access and what would likely encourage them to stop smoking. This information will be used to help develop young people friendly initiatives.
- Meanwood has been selected to be an Integrated Health and Social Care Demonstrator site, focusing on people with long term conditions (separate paper to be presented by relevant officers). This project will contribute towards

meeting some of the needs highlighted in the MSOA profiles for the Inner North East.

3.9 In Chapeltown, a number of activities have developed through the infant mortality demonstration site, including:

- 78 smokefree homes promises have been made across Chapeltown since April 2011.
- 16 frontline staff from Chapeltown attended 'links between housing and infant mortality' training.
- Work by the NHS Neighbourhoods team increased uptake of Healthy Start vitamins from 338 to 436. The Chapeltown model was rolled out across Leeds and has led to NHS Leeds having the highest uptake of vitamins across Yorkshire.
- A multi agency referral tool, developed in South Leeds will be piloted in Chapeltown shortly. This will improve access for vulnerable families to a number of preventative services.
- Making Every Penny Count events have been held at Chapeltown and Meanwood Children's Centres. This raised awareness among local families around financial support services and provided information around cooking on a budget and low cost leisure activities available locally.
- NHS Leeds commissioned a 4 week cook and eat programme in Chapeltown, delivered by Feel Good Factor.
- A new series of antenatal sessions have been developed by midwives at Chapeltown Children Centre. Feel Good Factor are providing nutrition and healthy eating sessions as part of the programme.
- Three local Third Sector organisations, including Northcall and Feel Good Factor now have four members of staff trained by the LCC Health Improvement Team to deliver Healthy Living Interventions to the local community which contribute to East North East health improvement work.
- A telecare awareness event for professionals working with vulnerable groups was held in January 2011. 20 people attended and are now able to make appropriate referrals.

4 Physical activity

4.1 Work has been done to help reduce the -16.59% physical activity participation gap between limiting disabled people and the rest of Leeds and the-13.43% gap between people aged 55 and over and the rest of Leeds (Active People Survey 2009). With 17,178 disabled people in Leeds (Metro 2010), and the consequences of an inactive lifestyle towards developing overweight, obesity, diabetes, coronary heart disease and some cancers, the health benefits of a more active disabled population are considerable.

4.2 Several initiatives around increasing physical activity have been delivered.

- As a result of East North East Partnership activity, the Leeds Card Extra application process has been amended so disabled people from across Leeds, including from Inner North East can now access Local Authority Sports and Leisure Centres, confident that their helper, if required to enable them to participate, will be admitted free of charge and without challenge.
- Previously exempt carers from Inner North East can now obtain more affordable admission to leisure centres and cultural opportunities. An Adult Social Care, Carer's Assessment has now been introduced as a criterion for obtaining a Leeds Card Extra. Work is now developing with Leeds Involving People and Carers Leeds, to ensure that this information is publicised widely and relevant individuals are supported to benefit from the changes.
- The wellbeing portal on www.wellbeingleeds.com and www.wellbeingleeds.co.uk has been designed and set up to enable local people and professionals to identify local healthy living opportunities, including physical activity, healthy eating, stop smoking, alcohol and substance use etc. This is being publicised amongst professionals who are disseminating to local people.
- More free physical opportunities for vulnerable groups, including those from the Inner North East have been developed. Several volunteer walk leader training sessions have been delivered, 25 walk leaders have been trained and several new walks are being developed/ supported including a Physically Disabled and Able Bodied Group (PHAB), Touchstone (mental health), Space 2, Feel Good Factor, and a Sikh Elders Group.
- A Walk 4 Life Day walking event in Roundhay Park attracted 22 people from the East North East area.

5 Supporting families with Complex Issues

- 5.1 This work is at an early stage, but is intended to improve partnership working and communication between agencies, reduce duplication of effort and maximise limited resources. The child poverty needs assessment identified a need to address wider factors which can be a cause, or effect of poverty. These factors, which often co-exist, include alcohol and drug use, domestic violence, and mental health issues. These factors which impact negatively on a child's welfare should be tackled, as well as raising income through employment, training and benefit uptake.
- 5.2 An outcome based accountability session took place in October 2011 and an action plan is being drawn up with relevant partners. The Health and Wellbeing Partnership will be a key vehicle in driving delivery of this project.

6 Corporate Considerations

- 6.1 The work of the health and wellbeing partnership corresponds with the White Paper published by the Department of Health "Equity and Excellence: Liberating the NHS" (2010), the Public Health White Paper, Healthy Lives, Healthy People 2010 and the move towards localism. There is a greater emphasis on delivering

services around local needs, especially for those that have the greatest health and wellbeing inequalities. The newly published MSOA profiles will enable more effective targeting of resources in the future. A new public health function will be implemented in the council with an associated challenge to ensure that health becomes everyone's business.

6.2 Consultation and Engagement

6.2.1 The work has developed on the basis of previous consultations and involvement of stakeholders, including Third sector organisations who work with community groups and active involvement from individuals themselves.

6.3 Equality and Diversity / Cohesion and Integration

6.3.1 The main thrust of the work is aimed towards reducing health inequalities and as such primary consideration has been to meet the particular needs of especially vulnerable groups.

6.4 Council policies and City Priorities

6.4.1 The work is developing in line with the City Priority plan and the Health and Wellbeing Strategy.

6.5 Resources and value for money

6.5.1 This work has taken place with few additional resources and relies heavily on partnership approaches.

6.6 Legal Implications, Access to Information and Call In

6.6.1 None.

6.7 Risk Management

6.7.1 None.

7 Conclusions

7.1 The Area Committee is asked to consider the opportunity to incrementally build on the current work.

8 Recommendations

8.1 The Area Committee is asked to note the information in the attached report and provide suggestions for building on and further developing health improvement work in Inner North East Area.

9 Background documents

9.1 None, but the committee is asked to note Appendix B of the JSNA report.