Liz Bailey, Health and Wellbeing Improvement Manager

Tel: 0113 336 7641

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

Report to Outer North East Area Committee

Date: 6th February 2012

Subject: Health and Wellbeing Partnership Update Report

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	X☐ Yes	☐ No
Are there implications for equality and diversity and cohesion and integration?	X☐ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	X☐ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	X☐ No

Summary of main issues

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

4. Recommendations

4.1. 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 Outer 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 Outer 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 2011and 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 Health and Wellbeing team 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. Although uptake has increased, the issue of free school meals and its role in promoting health and financial inclusion has subsequently become much higher profile and now has delivery and outcome mechanisms within the financial inclusion strand of the child poverty action plan. In November 2011 this issue was well highlighted, with a short clip featuring Alwoodley Primary School. This can be seen at http://www.itv.com/yorkshire/free-school-meals45783/.

3.3 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 some delivery across Outer North East.

3.4 The Joint Strategic Needs Assessment has now produced MSOA level data, which has identified a number of health issues that were previously hidden in larger data sets (appendix B of accompanying JSNA paper). This will now help to target health initiatives, to the MSOAs with the most urgent health needs.

3.5 Most of the MSOAs which make up this Area Committee are amongst the least deprived in Leeds. The population is generally older, more affluent, predominantly white British (76.7%) and lives in a more rural environment. Seven out of the nine MSOAs have 'wealthy achievers' as the predominant population group and housing is mostly owner occupied. Compared to the Inner East and Inner North East, Area Committees, health and wellbeing status and life expectancy is high.

3.6 However, Moor Allerton in particular and Wetherby East, Thorp Arch and Walton, have more mixed populations and this manifests itself in more pressing health issues. Moor Allerton, for instance, has 68.6% of its population described as 'hard pressed' by Acorn classification and only 16.4% of 'wealthy achievers'.

3.7 Whilst Wetherby East, Thorp Arch and Walton has 21.4% of 'wealthy achievers', the predominant group is 'comfortably off' (32.9). There is however a minority of 'hard pressed' families (13.7%) and 16% of 'moderate means'.

3.8 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.

3.9 The JSNA has now highlighted a number of issues within the outer North East Area, which should be noted and given attention.

3.10 Across the area, cancer prevalence in all of the MSOAs is above the Leeds average, but this is because of the older age structure of the population, which

increases the risk. Aberford, Barwick, Lotherton and Thorner and Alwoodley East, stand out as they also have age standardised rates, which are slightly higher than the Leeds average.

3.11 Smoking is the single biggest preventable cause of ill health and mortality, including Chronic Obstructive Pulmonary Disease (COPD) and other respiratory disease, cancer and coronary heart disease. Moor Allerton is the most needy MSOA in this regard and putting in place action to reduce smoking and managing smoking related conditions is a priority.

Table 1. Prevalence of smoking across the East North East Area 2011

(As at Quarter 4, 2011)

MSOA	Smoking Prevalence %
Leeds as a whole	**23.0**
Seacroft North	38.3
Seacroft South	37.3
Meanwood 6 Estates	32.2
Chapeltown	24.9
Moor Allerton	**24.8**
Chapel Allerton Village	17.2
Moortown Central	15.96
Wetherby West	11.3
Alwoodley West	9.7

Source: Leeds JSNA 2011.

3.12 Whilst COPD is not generally of great concern across the Outer North East Area, Moor Allerton, has smoking rates slightly higher than the Leeds average and consequently COPD prevalence (2.2) and age standardised rates higher than for Leeds as whole. Compared to Gipton South however, which has prevalence of COPD at 4.3, compared to the Leeds average of 1.8, it is still reasonably low.

3.13 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. 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, some of which has impacted on the Outer North East community. 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, could be rolled out to other neighbourhoods.

- Awareness raising events – On 15th and 16th July 2011, a 'Recipe for Life' arts event, which included a strong health focus, took place at the Yorkshire Playhouse. Young people and families from Seacroft and 2 groups from Alwoodley were involved as follows:

  - 11 boys from Key Stage 2 in Allerton C of E primary school boys dance club. All were identified as vulnerable in some way, many with challenging behaviour and coming from vulnerable families.

  - Allerton High Transition – a Performance Poetry group – 9 girls from 3 primary schools and 3 girls/peer mentors from Allerton High School. Again the primary girls were identified as needing additional support to make a successful transition to High School, primarily because of low self-esteem or confidence issues.
    An additional 3 Year 5 children from Allerton C of E school performed poetry on the evenings and, through Extended Services 50 parents, carers and siblings from Alwoodley attended the event as audience members on Saturday night. Extended Services provided a coach for the families to attend and the Health and Wellbeing team and respiratory nurses provided health information and checks on both nights.

  - 6 children from Allerton Primary also performed at the Alwoodley / NEXT cluster's Emotional Health and Wellbeing Event in March.

- On 16th November 2011, at Tesco Seacroft, in approximately 4 hours, 80 individuals were provided with lung health advice as follows:

Table 2.
Outputs from Tesco Seacroft event 16th November 2011

Blood Oxygen tests	Number with higher than expected lung age	Number referred to GP	Number referred to pulmonary rehab/respiratory team	Number referred to Seacroft Hospital for chest X ray	Number provided with information
9	5	6	5	1	80

- 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 across East North East Leeds.

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 Whilst obesity prevalence is not of huge concern across the patch, the exception is once again, Moor Allerton, which has prevalence and age standardised rates and obesity prevalence, which is above the city average. Raising physical activity levels has therefore been a priority.

- 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 Outer 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 Outer 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 to ensure that relevant users are aware of these opportunities is now beginning with a series of articles in publications including Leeds Involving People and Carer's Leeds.

- 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.

- More free physical opportunities for vulnerable groups, including those from Outer 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), Maecare, 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.

4.3 The MSO profiles have highlighted a number of additional issues that have previously been hidden in wider population data sets (Please see Appendix B of accompanying JSNA paper). The greatest concern is alcohol use and the impact of this, particularly in terms of alcohol attributable admissions to hospital.

4.4 Wetherby East, Thorp Arch and Walton stands out in this regard as the following figures show:

Table 3. Alcohol Specific Admissions (2009-10)

Count	This MSOA rate per 1,000	Leeds rate per 1,000
40	7.0	6.0
23	8.4	8.1
17	5.7	3.8

Table 4. Alcohol Attributable Admissions

Admissions	This MSOA rate per 1,000	Leeds rate per 1,000
All	**31.2**	18.7
Male	**38.3**	23.1
Female	**24.6**	14.4

Further investigative work needs to be done, before an appropriately targeted response can be planned.

4.5 Moor Allerton has alcohol specific admissions rates lower than the Leeds average, except for women, which is slightly above. However, of note is the alcohol attributable admissions to hospital, with all categories, but particularly for males, being above the Leeds average.

Table 4. Alcohol Attributable Admissions (Moor Allerton MSOA)

Admissions	This MSOA rate per 1,000	Leeds rate per 1,000
All	21.6	18.7
Male	27.0	23.1
Female	16.7	14.4

4.6 Bramham, Boston Spa and Clifford has alcohol specific admissions, which are below the Leeds average, but attributable admissions slightly above the Leeds average. The male rate however, at 26.8 per 1,000 people is higher than Leeds as a whole.

5 Other work that is impacting on health needs in outer North East Area

5.1 Work to support families with complex issues is at an early stage, but is intended to improve partnership working and communication between agencies, reduce duplication of effort and help 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 also 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.

5.3 The Moor Allerton Needs Assessment prepared by the Health Improvement Officer from the Health and Wellbeing team, corroborates these findings and is now being used to develop the Moor Allerton Neighbourhood Improvement Action Plan. Issues including low economic activity and low income, mental health problems, domestic violence, alcohol, cancer and smoking are perceived by professionals as being the most relevant factors which are affecting community health. Strengthening inter agency communication was also highlighted and an information directory, health fair and stop smoking activities are planned to address some of these issues.

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 forthcoming 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 Outer North East Area.

9 Background documents

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