

**Report of: South East Area Health and Wellbeing Partnership**

**Report to: Inner South Area Committee**

**Date: Wednesday 8<sup>th</sup> February 2012**

**Subject: South East Health and Wellbeing Partnership Progress Update**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Beeston & Holbeck City & Hunslet Middleton Park
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? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Summary of main issues**

1. The area health and wellbeing partnerships provide a local strategic forum and network, ensuring that partnerships between local area committees, NHS Leeds and Clinical Commissioning Groups are maintained and strengthened, as well as ensuring that plans are clearly aligned to citywide and local priorities. Key programmes of work being supported and prioritised by the South East health and wellbeing partnership are outlined along with progress.
2. The joint strategic needs assessment (JSNA) and middle super output area (MSOA) health area profiles for 2011/12 have recently been published. The key health issues these outline are to be taken into account by the health and wellbeing partnership in determining future priorities for the inner south area.

## **Recommendations**

1. Members of the area committee to note progress being made on addressing health inequalities within inner south through the work of the area health and wellbeing partnership.
2. Members to consider area health profile findings and shape local priority setting and service delivery.

## **1 Purpose of this report**

- 1.1 To provide an update for the Area Committee on activity being undertaken by the south east area health and wellbeing partnership.
- 1.2 To share with the Area Committee members, middle super output area (MSOA) health profiles developed by NHS Leeds. To highlight key evidence and provide an understanding of significant issues relating to health and wellbeing of those living in the inner south area.

## **2 Background information**

- 2.1 The area health and wellbeing partnerships provide a local strategic forum and network, ensuring that partnerships between local area committees, NHS Leeds and Clinical Commissioning Groups are maintained and strengthened, as well as ensuring that plans are clearly aligned. They also facilitate opening up of information and networks to ensure that local views and needs from particular parts of the city and communities of interest are integral to citywide strategies and plans. The interdependency between different agencies is recognised and better outcomes for communities can be achieved by working together in a more productive way.
- 2.2 The partnerships use evidence from NICE (national institute for clinical excellence) and, more locally, joint strategic needs assessment (JSNA) area profiles to spread good practice from localities to the rest of the city and ensure successful implementation of citywide programmes in localities. The MSOA area health profiles for 108 neighbourhoods in Leeds were recently completed and are being used to inform both the updated joint strategic needs assessment and the area health and wellbeing partnerships.
- 2.3 Four overarching priorities from the area locality based health and wellbeing programme were identified last year and continue to be applied across all three area partnerships.
  - Ensure commissioned services and local service delivery better meets needs of communities living in deprived neighbourhoods.
  - Ensure translation of citywide priorities into actions at a local level.
  - Reduce health inequalities gap between deprived communities and the rest of Leeds through strengthening partnerships, building health capacity and maximising resources.
  - Improved communication channels and community engagement through locality partnership arrangements.
- 2.4 City priorities plan for 2011 to 2015 has also now been endorsed and the following are the agreed priorities and headline indicators in brackets that the area partnerships will be taking into account in setting their future focus:
  - Help protect people from the harmful effects of tobacco (reduce the number of adults over 18 that smoke).
  - Support more people to live safely in their own homes (reduce the rates of emergency admissions to hospital and to residential care homes).

- Give people choice and control over their health and social care services (increase the proportion of people with long term conditions feeling supported to be independent and manage their condition).
- Make sure that people who are the poorest improve their health the fastest (reduce the differences in life expectancy between communities and in healthy life expectancy within communities).

### 3 Main issues

- 3.1 The South East area health and wellbeing partnership has undertaken its annual review of activity under these overarching priorities and is now in the process of determining future priorities for 2012/13.
- 3.2 The focus over the last year has been on developing a multi agency referral scheme (**MARS**). The aim of this was to increase access to and take up of preventative services through the development of a universal checklist that could be used opportunistically within targeted neighbourhoods or targeted population groups. A pilot was undertaken in Belle Isle and evaluated with reports presented to both the health improvement board and locality working programme board, with a view to endorsing and rolling out this approach through key local health related programmes such as infant mortality.
- 3.3 **Early Diagnosis and Intervention of Lung Cancer** was another key programme. The focus of this was to reduce high levels of lung cancer related deaths through early screening. The programme which was set up to offer free walk in screening facilities for people over 50 who have had a cough for 3 weeks to get an x-ray done in the 2 centres in Middleton and Seacroft. Materials used for marketing included postcards, posters on the back of buses, beer mats and pharmacy bags, as well as presentations to local groups. Self referral rates have fluctuated over the course of the year, but have averaged between 50 and 60 per week recently. Peaks in these rates appear to coincide with stories in the local press. Overall St Georges has been more heavily used with almost 1,000 chest x-rays performed so far. To date, 14 cases of lung cancer have been diagnosed through these self-referral chest x-rays which is approximately 1%. The programme has been running for a year and the decision is to extend to May 2012 to engage further the target group.
- 3.4 **Reducing Alcohol Related Community Safety Issues** is another theme. The following gives a snapshot of the work taking place under this theme.
- reducing high intensive users (HIUs) of hospital services through a multi agency support package. Focus is on people who have attended A & E on 5 or more occasions. 5 GP practices (2 of which are in inner south) are to take part in phase one.
  - raising awareness of key services has been done through sharing with various agencies a local Leeds directory. Services having also joined up to provide reciprocal training to their staff teams bringing together linked agendas including alcohol and domestic violence.
  - to progress activity around community engagement, awareness raising and addressing social norms the group have put together a bid for funding to Drinkaware. Additional to this has been involvement in wider promotion through

alcohol awareness week and plans to evaluate effectiveness of approaches is taking place in preparation for next year.

- the capacity building work undertaken by trading standards in Middleton is being extended to run until July 2012 with a continued focus on underage sales, encouraging reporting via community newsletters. The team is also looking to deliver some sessions in schools and through local events inviting people to become health champions. Following findings in the area health profiles proposals to extend the scheme to cover Belle Isle North are also underway.
- developing a cumulative impact policy for the area has been put on hold pending new legislation next year. In the meantime sessions are to be run for staff and separately for Councillors and community members on 'making a good representation' at licensing panel. Also discussions are taking place led by trading standards with new retailers in the area to try and restrict opening hours for alcohol.
- improve workforce health with major retailers has been taken forward through local workshops with small retailers and a virtual network established for Middleton.
- addressing under age drinking and anti social behaviour is another theme for the group. A successful project the police are running in Rothwell and Morley is to be rolled out to inner south areas starting with Middleton, which entails a referral process with letters being sent to parents.

### 3.5 Communications/Community Engagement

- The portal [www.wellbeingleeds.com](http://www.wellbeingleeds.com) now up and running was developed by partners to provide staff and local residents with an umbrella site for Leeds health and wellbeing activity. Further index categories are continuously being added as more agencies become aware and see the benefit of connecting. A marketing strategy is being developed which includes using 'lifechannel' screens in GP practices and providing access to GPs on their own home pages. Enhancing usage by council services is also being explored.
- **Citizens panel** development is still underway. The Council are currently undertaking recruitment process for panel members. The health and wellbeing questionnaire for this is in draft form and will be shared shortly with partners for their views. Resources for managing the analysis have now been confirmed by NHS Leeds and it is hoped the first survey will run in 2012.
- The **standardised local health and wellbeing questionnaire** developed by our team in South for staff to use at local community engagement events can now be accessed through the Councils 'talking point' system. The evaluation of findings from the first year of the trial of the questionnaire was well received by the ASC equality performance group, as well as being used by NHS colleagues as part of the qualitative feedback for the JSNA. Other teams across the city are now using this to engage with targeted communities such as BME communities in Hyde Park. In South the area management teams are to use it at their events and with local groups to gain feedback on local needs. The intention will be that the partnership could annually consider feedback from the qualitative feedback as well as quantitative data.

3.6 For 2012/13 the following priorities have also been agreed by the partnership:

- **Community Capacity Building Programme** – the focus of which is to engage local

people interested in learning more about their health and wellbeing and sharing and cascading messages to their family and friends through becoming local volunteer health champions.

- **Improved Referral Pathways between commissioners and providers** is another area that the partnership recently agreed they wish to work on to prepare for changes taking place within public health and GP commissioning responsibilities.
- Finally the partnership are supporting the **Transformation Programme** – with a focus on establishing integrated health and social care teams initially in 3 demonstration sites. The area chosen in south by the Leeds South and East Leeds clinical commissioning group is Garforth and Kippax. Once the model has been developed it will gradually be rolled out across the city. The key outcome is to predict using GP practices data potential people in need of future long term care and undertake some early intervention prevention support. A full report on this programme will be shared with area committees at a future meeting.

3.7 The **MSOA health area profiles** have been analysed by staff and key messages emerging for inner south will be taken into account by the area health and wellbeing partnership in agreeing future programmes. See separate paper.

## **4 Corporate Considerations**

### **4.1 Consultation and Engagement**

4.1.1 The south east partnership in determining their objectives have engaged key partners and considered both local and citywide emerging priorities. These are reviewed on an annual basis with the support of area committee health champions.

### **4.2 Equality and Diversity / Cohesion and Integration**

4.2.1 The focus for the partnership has been to address health inequalities and tackle causes of premature mortality through local programmes.

### **4.3 Council Policies and City Priorities**

4.3.1 The partnerships work directly contributes to the city wide health and wellbeing priorities of reducing smoking and tackling health inequalities through addressing the needs of the poorest the fastest.

### **4.4 Resources and Value for Money**

4.4.1 Much of the work has been to add value and enhance existing programmes and to look at ways of doing things differently within existing resources.

### **4.5 Legal Implications, Access to Information and Call In**

4.5.1 None.

### **4.6 Risk Management**

4.6.1 None.

## **5 Conclusions**

- 5.1.1 The work of the south east area health and wellbeing partnership has successfully demonstrated the benefits of collaborative working. The approach has been one of early intervention and prevention through developing new ways of working and improving communications and community engagement.

## **6 Recommendations**

- 6.1.1 Area Committee members note progress being made by the SE health and wellbeing partnership.

## **7 Background documents**

- 7.1.1 MSOA health area profiles and city priority plan 2011 to 2015.