

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

Report to Inner North East Area Committee

Date: 15th October 2012

Subject: Update Report

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): Chapel-Allerton; Moortown; Roundhay	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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. Update of impact of national agenda and changes on local staffing.
2. Update/progress of work since last report.
3. Future Plans.

Recommendations

4. 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 update the Area Committee on the impact of national changes on the local agenda, which 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 Local partnership arrangements for health and wellbeing, which were established by Healthy Leeds in 2009, have now been enhanced by Area Leadership Teams, which strengthens service delivery at a more local level. A shadow Health and Wellbeing Board has been meeting since October 2011 and a review is currently assessing how the locality partnership structures can best help address its health agenda, via the Joint Health and Wellbeing Strategy, based on the Joint Strategic Needs Assessment.
- 2.2 In preparation for the transfer of Public Health responsibility from the NHS to Leeds City Council in April 2013, the NHS Public Health Neighbourhoods team, existing Health and Wellbeing team and the Public Health Clinical Commissioning Group team are now being managed as a single resource. Lucy Jackson (Consultant in Public Health) heads up the East North East Locality Team with Liz Bailey (Health and Wellbeing Improvement Manager), managing Louise Cresswell, Stephanie Jorysz (Health Improvement Specialists), Janet Smith (Health Improvement Officer) and Zaheda Noor (Health Improvement Practitioner). Two other members of the new team focus on the public health role of health care and are based within Leeds North Clinical Commissioning Group.
- 2.3 The future aim is to provide the area committee with a more comprehensive report of actions taking place within the Inner North East, due to these changes. This will include base line indicators for key outcome measures and trend data in line with the Joint Health and Well being strategy for Leeds. This report starts to highlight the benefit of this.

3 Main issues

- 3.1 Ten Medium Super Output Areas make up this Area Committee with a distinct contrast between the affluent Medium Super Output Area's of Moortown Central (99th poorest) and Roundhay (83rd poorest), which have health status above that of Leeds as a whole, and the deprivation, with associated poor health and wellbeing indicators for Chapeltown (8th poorest). The main areas of concern for Chapeltown are diabetes prevalence and premature mortality rates for men from circulatory disease and for women from cancer. Meanwood Six Estates is (22nd poorest) and compared to the Leeds average, high rates of smoking, obesity and alcohol related hospital admissions tend to suggest that future health needs will be high.
- 3.2 The East North East Health and Wellbeing Partnership, which has recently appointed Councillor Bill Urry as its health champion to strengthen links between

the partnership and the Area Committee, is continuing to work to address the wider factors that impact on health and healthy lifestyles for example by:

- contributing towards reducing child poverty, including tackling substance use, domestic violence, mental ill health and alcohol addiction, benefiting from city wide thinking through the Child Poverty Strategic Outcomes Group, Families First, the Free School Meals Group and the Co-producing Health in Leeds group. A number of new actions, such as ensuring Young Carers, who are eligible for free school meals are systematically identified and enabled to take up their entitlement, that communication between agencies is improved and that the wider workforce is more supported by having access to safeguarding guidance through supervision, are being delivered through a locally developed multi agency action plan.
- The partnerships' priority around Chronic Obstructive Pulmonary Disease has progressed and a number of new priorities have recently been identified:
 - Obesity.
 - Raising awareness of the risk factors and signs and symptoms of diabetes.
 - Reducing alcohol use, in communities with highest need as identified by the Joint Strategic Needs Assessment (JSNA).

4. Healthy lifestyles

4.0 Obesity

- 4.1 In Inner North East, the two Medium Super Output Areas, which have higher prevalence of obesity are Chapeltown and the Meanwood Six Estates. As a signal of future health problems due to obesity, diabetes prevalence is also slightly higher in Meanwood Six Estates (at 4.2-4.3) and Chapeltown considerably higher at 5.6 and 6.0 (this partly reflecting the ethnic origin of the community) against the Leeds average of 3.6-3.9. A number of work-streams, including increasing families' access to a free school meal during holiday periods are being considered, once the necessary resources can be identified.
- 4.2 The Harehills diabetes project, which is raising awareness of prevention, signs and symptoms and signposting to relevant services is reaching into Chapeltown, to complement the ongoing increasing physical activity approach,
- 4.3 Three volunteer health-walk leader courses have been delivered in 2012, a total of 36 volunteer leaders trained, 13 of those from the following in East North East area: Wykebeck Valley Pride, Parivar Lunch Club, Migrant Access Project, Touchstone BME Mental Health, Hamara ECHO Centre and 9 from the Ventures Citywide Learning Disability Service. Whilst it isn't possible to say how many inner North East residents attend these walks on a regular basis, they do increase capacity for free, lower intensity physical activity for the most sedentary groups in our communities.

- 4.4 Four Healthy Living training courses have been delivered. These provide frontline workers (employees and volunteers) with increased knowledge and skills in passing on consistent messages around physical activity, healthy eating and food hygiene. 14% of participants were from the East North East area and efforts to increase the proportion of participants from this area will be made.
- 4.5 A partnership project between Zest and Leeds credit union engaged 10 previously unengaged people in cooking and budgeting skills for 8 weeks.
- 4.6 Change4 Life is a national campaign to encourage people to take small steps to improve their health. Change4 Life branding and resources are used by partners within Meanwood.

5.0 Smoking

- 5.1 Smoking tobacco is a key risk factor for coronary heart disease, cancer, stroke and respiratory disease and work to reduce the number of smokers is ongoing. Smoking prevalence in most of the Medium Super Output Areas in Inner North East Area Committee is lower than, or similar to the Leeds average. This is true even of some of the most deprived Medium Super Output Areas e.g. Chapeltown, where age standardised rates mirror the Leeds average. The exception is the Meanwood Six Estates, where smoking prevalence (32.2 compared to 23.0) and age standardised rates are both higher than the Leeds figure.
- 5.2 The East North East Health and Wellbeing Partnership recognised and highlighted the importance of Leeds City Council employees modelling health promoting behaviour as leaders for local communities. The team is working with Leeds City Council Human Resources to update and strengthen the Smoke free Workplace Policy, which now encompasses a pro-active approach to protecting the health of smokers, as well as non smokers, many of whom not only work, but live in local communities. It also promotes non smoking as the 'norm' within the organisation, making our attempts to encourage local people to stop smoking, more credible.
- 5.3 The Meanwood Healthy Living Group is working to address health needs in Meanwood. Partners, including Zest Health for Life, NHS Airedale, Bradford and Leeds Public Health Neighbourhoods team; East North East Homes and Education Leeds delivered a programme of 'stop smoking' activities and promotion, which started in January 2012. The programme included a 'local champion' campaign called Meanwood quitter. This linked stopping smoking with financial savings made. Promotional information was distributed to over 500 people and 150 meaningful promotional interventions were made. This programme is increasing the profile of Leeds Stop Smoking Services, promoting smokefree homes to families and raising awareness of men to the benefits of stop smoking through men's social venues.
- 5.4 Whilst some health issues are geographically defined, others disproportionately affect certain sub groups. The use of Niche tobacco is prevalent in the South Asian community and the incidence of mouth cancer is significantly greater in South Asian women, who are the biggest users of niche tobacco in the UK. However the use of shisha, or water pipe smoking is also growing in

popularity, particularly amongst young people.

- 5.5 Work around this issue is developing in Harehills and Beeston and linkages with religious institutions/leaders and mechanisms such as community leadership teams and local health and wellbeing networks will be exploited to enable relevant messages to be transmitted effectively through affected communities across geographical boundaries.

6.0 Alcohol

- 6.1 Alcohol consumption is implicated in obesity, stroke and development of certain cancers. Alcohol related hospital admissions have been identified in a number of East North East communities, including Meanwood Six Estates and Chapeltown, where alcohol specific admissions are higher than the Leeds average and the attributable admissions slightly above the Leeds value.
- 6.2 Unfortunately, a bid submitted in Spring 2012, to Communities and Local Government which would have enabled this work to progress more quickly, was unsuccessful, but front line staff briefings, to enable staff to signpost and advise appropriately are now being arranged, in readiness for Alcohol Awareness Week in November. 20 people have so far applied to attend the first briefing.
- 6.3 Zest Health for Life have undertaken awareness raising events around safe drinking levels in Meanwood social venues that attract a high proportion of men e.g. working men's and cricket clubs.
- 6.4 Work is also underway, to support individuals who are high intensive users of healthcare services, to reduce the impact of their addiction.
- 6.5 The Health and Wellbeing Improvement Manager and partners are starting to explore how digital technology, could assist dependent drinkers to adhere to treatment regimens, thus saving NHS and community safety resources and helping service users into recovery. This approach has been trialled very successfully by NHS Bolton with increased client engagement with alcohol services and increased retention on the aftercare programme from 42% to 75%. A group from Leeds is visiting the project, with a view to attempting replication in a high alcohol dependent neighbourhood.
- 6.6 Healthy lifestyles – Leeds North Clinical Commissioning Group has to put in place a scheme this year with all its practices to increase referrals to healthy lifestyle services. Each practice has an individual target based on need and evidence. The effect of this can be reported to a future area committee.

7.0 Premature mortality, early identification and effective management Chronic Obstructive Pulmonary Disease

- 7.1 Meanwood 6 Estates has higher prevalence and age standardised rates of Chronic Obstructive Pulmonary Disease (2.3 against 1.8), which is linked to the higher smoking rates (32.2 compared to 23.0) than the Leeds average. However, the Chronic Obstructive Pulmonary Disease prevalence is still below that which,

8.2 Leeds North Clinical Commissioning Group have conducted a practice peer review this year focussing on lung, ovarian and late presentation of all cancer. This will help to share effective ways of ensuring early identification. Learning from the NAEDI (focussing on the early identification of lung cancer) project in East and South Leeds is also taking place, Training for Leeds North practices on the bowel cancer screening programme was held in September.

9.0 Reducing Infant Mortality

9.1 Chapeltown is benefiting from delivery of a comprehensive action plan, in line with national actions to reduce the gap in infant mortality. Actions for 2012-13 include:

- 17 Moses baskets placed with families at risk of co-sleeping due to poverty/overcrowding.
- Comprehensive menu of training and actions in line with the Infant Mortality Scarf diagram to support a range of staff to take action around reducing infant mortality.
- Partners from NHS Airedale Bradford and Leeds and Archway are exploring e learning training around housing systems and processes for frontline staff who work with families.

10. Wider determinants of Health

10.1 Welfare reforms

10.1 1 The Area Leadership Team has chosen to focus on raising awareness of the potential impact of the Welfare Reforms Act and a time limited project team, including members of the East North East public health team and area management have put together a local level action plan. A series of briefings attracting 80 staff have been delivered for East North East frontline services.

10.2 'Wrap up Leeds'

10.2 1 'Wrap up Leeds' is a scheme to enable vulnerable households to access home insulation measures. In Chapel Allerton, Moortown and Roundhay, the following outcomes have been delivered:

Ward	Households with measures installed	<60mm loft Insulation	>=60mm loft Insulation	Cavity wall Insulation	Adult Social care Referral	Fire safety Check referral
Chapel Allerton	264	133	52	154	9	57

Moortown	226	125	39	103	7	39
Roundhay	135	75	26	69	8	40
Total	625	333	117	326	24	136

10.3 Unemployment and poverty

10.3 1 An initiative with Leeds City Council Jobs and Skills and Zest Health for Life engaged 6 people in an intensive 'Giz a Job' course. People who were long term unemployed all moved forward to either volunteer, apply for training or apply for jobs.

10.4 Social isolation

10.4 1 Social isolation in the elderly is an issue in Meanwood and a number of initiatives are addressing this problem:

- The Young at Heart Olympics, enabled older people to socialise, have fun and participate in a number of physical activities
- Zest has engaged older people, who have not previously been involved in community activities over the summer. 60 people attended day trips.
- Zest support older people to keep physically active; socially engaged and well by facilitating a number of groups. These include dance, volunteer led social groups and walking activities, all promoting mental health, social inclusion, independence, reducing falls, preventing coronary heart disease and helping to manage chronic disease such as diabetes and increase fitness.

10.4 2 The Integrated Health and Social Care programme (focusing on people with long term conditions) started in Meanwood with the next roll out site being Chapeltown from the middle of October. A more detailed report on this project is also being presented in a separate paper. One key strand of this work is ensuring people are at the centre of their care, but supported by effective and systematic self management.

10.4.3 The Health and Wellbeing Team have mapped the wider self care opportunities in the community and worked with the Leeds Directory to incorporate this into current systems as a resource for staff and patients. Leeds Directory will continue mapping for the further rollout of the IHSC localities, including Chapeltown. Neighbourhood networks in the area (for example Meanwood and Chapel Allerton neighbourhood network) have been central to this approach. Within each integrated team there will also be a fuel poverty champion. Referral for benefits advice, support with housing, independent living etc are part of the effective interventions being supported within these teams.

11. Corporate Considerations

11.1 The work of the health and wellbeing partnership and staff team embraces 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 more emphasis on delivering services around local needs, especially for those with the greatest health and wellbeing inequalities.

11.2 The Medium Super Output Areas profiles are enabling more effective targeting of resources and the new public health function in the council is being strengthened by the Elected Members, Public Health development programme. Consequently, we can be more confident that local communities will benefit from health becoming 'everyone's business'.

12. Consultation and Engagement

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

13. Equality and Diversity / Cohesion and Integration

13.1 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 or marginalised groups.

14. Council policies and City Priorities

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

15. Resources and value for money

15.1 This work has taken place with few additional resources and relies heavily on partnership approaches. £20,000 has recently been allocated from Public Health NHS Airedale, Bradford and Leeds to support locality working in the East North East (in addition to the £20K for welfare reform work) and funding is frequently sought from external sources, via opportunistic bids.

16. Legal Implications, Access to Information and Call In

16.1 None.

17. Risk Management

17.1 None.

18. Conclusions

18.1 The Area Committee is asked to consider how elected members, partners and the wider community can build on the current work.

19. Recommendations

- 19.1 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.

20. Background documents

- 20.1 None.