

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

Report to Inner East Area Committee

Date: 18th October 2012

Subject: Update Report

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<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 to local staffing.**
- 2. Update/progress of work since last report.**
- 3. Future Plans.**
- 4. Recommendations.**

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 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 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 aim to strengthen 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 Public Health responsibility will transfer from the NHS to Leeds City Council in April 2013 and the NHS Public Health Neighbourhoods team, existing Health and Wellbeing team and the Public Health Clinical Commissioning Group (CCG) 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 CCG.
- 2.3 The future aim is to provide the area committee with a more comprehensive report of actions taking place within Inner East Leeds, 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 Twelve MSOAs make up this Area Committee, all of which are amongst the most deprived in Leeds. Although Harehills is the 7th most deprived in Leeds, it is in fact the most successful of the Inner East Middle Super Output Areas. Lincoln Green and Ebor Gardens is the most deprived, being 4th poorest and the least successful in this Area Committee.
- 3.2 High prevalence of alcohol specific and alcohol attributable hospital admissions is a common theme across four MSOAs (Cross Green, East End Park and Richmond Hill, Lincoln Green and Ebor Gardens, Seacroft North and Gipton South).
- 3.3 Smoking and smoking related conditions such as Chronic Obstructive Pulmonary Disease, Coronary Heart Disease and Cancer are prevalent in Gipton South and

North, Seacroft South and North, Cross Gates and Killingbeck and Harehills, Compton, Sutherlands and Nowells. All the Inner East MSOAs have much worse overall health status than the rest of Leeds.

3.4 The East North East Health and Wellbeing Partnership, which has recently appointed Councillor Roger Harington as its health champion to strengthen links between the partnership and the Inner East 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 around young carers, improving communication between agencies and improving staff support 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 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.

Healthy Lifestyles

4. Obesity

4.1 Seacroft South has the highest aged standardised rates of obesity (33,843 per 100,000 against 24,260 in Leeds as a whole) across the Inner East Area, against Seacroft North at 32,886 per 100,000, but Seacroft North has the highest GP recorded prevalence at 29.9 against Leeds (20.8). Both measures in both neighbourhoods are above Leeds as a whole. All other Inner East MSOAs have prevalence rates and/or age standardised rates that are above the Leeds rates, except Harehills and Harehills Triangle, which both have rates that are closer to the Leeds average.

This is surprising, considering the high prevalence of diabetes, particularly Harehills Triangle (6.0 against 3.9 in Leeds), which is strongly associated with obesity.

4.2 Childhood obesity -Targeted work to prevent and treat childhood obesity is underway in both the CHESS cluster and Richmond Hill area. This is in line with the citywide 'Can't Wait' childhood obesity strategy and action plan and aims to develop models of work and learning that can be rolled out to the rest of the city. Each area has a multi-agency Change4Life steering group and action plan, which will add value to work already underway and inform new projects. For example in Richmond Hill, all 3 primary schools are aiming to make local parks healthier

parks. In Harehills, a pilot scheme to increase referrals to the 'Watch it' weight management service is starting this term. Local VCFS organisations are working with NHS Leeds to produce an Islam and child health fact sheet and training has taken place in both areas to increase the knowledge, skills and confidence of frontline staff in supporting families of overweight children.

- 4.3 Adults- Volunteer Healthwalk training is being planned for Autumn half term to increase capacity for a regular healthwalk in Seacroft, to serve the 'Breathe' Group, Space2 and Moresdale Lane Surgery. Three courses have been delivered in 2012 and a total of 36 volunteer leaders trained, 13 from local groups and 9 from the Ventures Citywide Learning Disability Service. Whilst it isn't possible to say how many inner East residents attend these walks on a regular basis, they increase local 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. 12% of participants were from the East North East and efforts are now being made to increase the proportion of participants from this area
- 4.5 The 'Back to Front' project is helping 142 people in Harehills, Richmond Hill and Burmantofts, to grow food in their front gardens. Around 21% of people of people contacted already grew some food but 41% would like to grow more, or start growing food at home. This project encourages a healthier diet and increased physical activity and addresses barriers, including lack of money, time, space and know how. The project has:
- Set up three local demonstration gardens.
 - developed a number of tools to assist the cultural change (newsletters, cards, videos).
 - Created a constituted community group, which has secured Jimbo's funding to recruit families to become back to front growers.
- 4.6 Third sector funded work - Hamara, (under commission from NHS ABL Public Health) deliver physical activity sessions for up to 50 women. From this emotional health and wellbeing work has developed. One to one, and group sessions around relationships, stress, emotional health and confidence building take place every week. 5 volunteers have been recruited to assist the group.
- 4.7 Feel Good Factor workers and volunteers supported the Olympic torch event and organise women's aerobics and yoga at Harehills Primary School and women only swimming sessions.
- 4.8 Change4 Life branding and resources are used by partners within the Inner East area

5. Smoking

- 5.1 Smoking tobacco is a key risk factor for coronary heart disease, cancer, stroke and respiratory disease and work to reduce the numbers of tobacco smokers is ongoing.
- 5.2 Recorded prevalence of smoking, coronary heart disease and chronic obstructive pulmonary disease (COPD) are all high in Seacroft North, but age standardised rates of COPD at 3,803 per 100,000 are highest in Compton, Sutherlands and Nowells, followed by 3,779 per 100,000 in Gipton South,, compared to the Leeds average (1,557 per 100,000).
- 5.3 The ENE Health and Wellbeing Partnership recognised and highlighted the importance of Leeds City Council employees, as leaders for local communities modelling health promoting behaviour. It is working with LCC 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 promotes non smoking as the 'norm' within the organisation, making efforts to encourage local people to stop smoking, more credible.

Work in the Inner East around smoking has included:

- A questionnaire designed and administered in partnership with the youth service Space2 and Connexion staff to help identify why young people smoke, what they smoke, what they would find useful to help them to stop and feedback around the usefulness of plain packaging on cigarette packets.
- Social norms work in schools and community.
- Road shows at community venues in partnership with respiratory nurses and the stop smoking service. Raising awareness, testing lung age against chronological age and signposting to GPs, pulmonary rehabilitation or stop smoking service.

Table 1. Outputs from two 3 hour awareness raising events around stop smoking and Chronic Obstructive Pulmonary Disease in Seacroft

No with higher than expected lung age	Number referred to a GP	Number signposted to smoking cessation	Number referred to pulmonary rehab/respiratory team	Number referred to Seacroft Hospital for chest X ray	Number provided with information
12	14	12	8	1	92

- 5.4 Although the following table shows that number of people in Seacroft successfully quitting smoking at four weeks, through the NHS Stop Smoking Service and overall, has increased over the last year, smoking prevalence remains high. In Seacroft North, prevalence is between 37.8 and 38.7 and Seacroft South between 37.2 and 38.9, against between 22.4 and 23.1 in Leeds as a whole (JSNA 2011).

Table 2. Smokers living in LS14 Smokers quitting at 4 weeks Quarter 1 2010/11 compared with Quarter 1 2011/12.

Specialist Service			
2010/11		2011/12	
Quit Date Set	4 Week quits	Quit Date Set	4 Week quits
331	183	335	217
Registered Advisors			
2010/11		2011/12	
Quit Date Set	4 Week quits	Quit Date Set	4 Week quits
81	56	53	34
Overall Figures			
2010/11		2011/12	
Quit Date Set	4 Week quits	Quit Date Set	4 Week quits
412	239	388	251

Source: Leeds NHS Stop Smoking Service (2012).

- 5.5 The use of Niche tobacco is prevalent in the South Asian community with chewing and smokeless tobacco being extremely popular. The incidence of mouth cancer is significantly greater in South Asian women, who are the biggest users of niche tobacco in the UK, but the use of shisha, or water pipe smoking is also growing in popularity, particularly amongst young people.
- 5.6 A Kirklees project found there is little awareness of the dangers of chewing tobacco or using shisha and young children may be allowed to participate, it being thought of as a safe alternative to cigarettes. In fact, one shisha session can contain the same amount of smoke as 100 cigarettes.
- 5.7 Building on this learning, work is beginning in Harehills and Beeston to brief frontline staff, raise awareness of the dangers of niche tobacco and signpost/encourage users to access the Stop Smoking Service trained advisor, or specialist help for signs of oral, or other cancers. Linkages between professionals are being maximised by partnering with Leeds Metropolitan University, police, trading standards and neighbourhood managers, who often have enforcement issues with shisha premises and also by developing work with mosques, the leaders of which can disseminate messages through the Muslim community to other local areas.
- 6. Alcohol**
- 6.1 Alcohol consumption is implicated in obesity, stroke, liver disease and development of certain cancers. Alcohol specific and alcohol attributable hospital admissions, which are higher than the Leeds average, have been identified in a number of ENE communities and work to address this is being

prioritised. As well as impacting on health service resource, there may be complexity in terms of domestic violence, mental health, worklessness and poverty, all of which impact on personal and family life.

- 6.2 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 An Alcohol Awareness event, organised by East Leeds Health For All was held in Lincoln Green on 22nd May 2012. 50 people engaged on the day and 6 participants offered input into peer group activity. All had direct or indirect experience of alcohol abuse.
- 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 exploring how digital technology, could assist dependent drinkers to adhere to treatment regimens- saving NHS and community safety resources and helping service users into recovery. A trial by NHS Bolton 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 highly alcohol dependent neighbourhood.
- 6.6 Healthy lifestyles – Leeds North Clinical Commissioning Group has implemented a scheme in all its practices to increase referrals to healthy lifestyle services. Each practice has an individual target based on need and evidence. The outcomes of this can be reported to a future area committee.

7.1 Premature mortality, early identification and effective management of Cancer, Chronic Obstructive Pulmonary Disease and Diabetes

Cancer

- 7.11 Table 3 shows the number of deaths from different types of cancer, as a percentage of all cancer deaths in each area committee, ranked by the percentages for Leeds overall.
- 7.12 The top 3 types of cancer are the same for each area committee and for Leeds overall. As deaths from lung cancer are particularly high in inner East Leeds, it illustrates support for early detection programmes in lung, breast and colorectal cancer and provides evidence to support health promotion programmes aimed at preventing the causes of these cancers.

Table 3. Types of cancer mortality as percentage of all cancer mortality 2005-2009 by area committee. (Source: NHS ABL 2012).

	<i>OW</i>	<i>OS</i>	<i>ONW</i>	<i>ONE</i>	<i>OE</i>	<i>IW</i>	<i>IS</i>	<i>INW</i>	<i>INE</i>	<i>IE</i>	<i>Leeds</i>
Lung	29%	27%	23%	23%	28%	38%	39%	27%	20%	35%	29%
Breast	9%	10%	12%	11%	9%	6%	7%	10%	8%	6%	9%
Colorectal	6%	9%	8%	6%	9%	5%	9%	11%	9%	9%	8%
Oesophagus	4%	6%	4%	3%	6%	3%	4%	7%	5%	5%	5%
Prostate	3%	4%	4%	3%	4%	5%	3%	4%	6%	3%	4%
Stomach	2%	4%	4%	3%	4%	2%	6%	4%	4%	4%	4%
Skin	2%	2%	1%	2%	2%	1%	2%	1%	2%	2%	2%
Cervical	1%	1%	1%	0%	1%	1%	1%	1%	1%	1%	1%
<i>other</i>	42%	36%	41%	43%	37%	38%	33%	39%	46%	35%	39%
All	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

7.2 NAEDI Lung Cancer early identification work – Inner East

- 7.2.1 Further funding from NHS Airedale Bradford and Leeds has enabled Community Health Educators (CHE's) based at Feel Good Factor (FGF) to continue developing and delivering work in Inner East Leeds to help increase early detection of lung cancer. Training was delivered on 12th June 2012 to a new cohort of 20 CHEs (covering Inner East and Inner South Leeds).
- 7.2.2 This consisted of group work and formal presentations from the NHS Consultant Chest Physician and Communications team. Two lung cancer patients, who had been diagnosed, via the walk-in centres, provided a question and answer session.
- 7.2.3 Over quarter one (April – June 2012), the team has made 109 (81 female / 28 male) community contacts informing members of the public about the project and passing on referral cards and merchandise.
- 7.2.4 Postcodes analysis shows the majority of contacts made were from within Inner East, with others from close lying areas where residents are likely to pass to and from Inner East on a regular basis.
- 7.2.5 A range of activity and innovative approaches to target communities, raise awareness around the signs and symptoms of lung cancer and signpost individuals to the walk-in chest x-ray clinic at Seacroft Hospital have been used, including:
- Local events and galas to raise awareness around the campaign and key messages.
 - Information stalls at local supermarkets e.g. Tesco Seacroft which have high footfall of customers living within the target population.
 - Work with local taxi ranks who provide all drivers with campaign materials to hand out to customers.
 - Attend local community groups to raise awareness around the campaign and key messages.
- 7.2.6 An evaluation report will be brought to the Area Committee

when released.

- 7.2.7 Leeds North CCG 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 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.

7.3 Chronic Obstructive Pulmonary Disease

- 7.3 1 The Seacroft pilot project around COPD identification and management, which was supported by £3,000 Inner East Wellbeing Funding, has resulted in a successful new peer support and exercise group, called 'Breathe' which has a regular membership of 17 chronically ill people.
- 7.3 2 Evaluation showed improvements in physical activity, mental health, coping strategies and self reported wellbeing outcomes and the group is now operating independently, having attracted £1500 of further funding to continue and expand its activities. Members of the group have recently been asked to speak at a professional forum at Moresdale Lane Surgery, with a view to strengthening referrals from Primary Care.
- 7.3 3 A community focused inhaler technique DVD, developed by this group requires a few adjustments and this can then be used across the patch to help people with COPD or asthma self manage their condition.
- 7.3 4 The COPD early identification screening tool pilot, initiated by the Health and Wellbeing partnership and administered by the stop smoking service has identified, in Bellbrooke surgery, 28 patients over a 3 month period, who have symptoms indicative of COPD. Undiagnosed 'missing millions' is a huge issue, both nationally and locally and up to now, patients have often been identified, only when lung function has been considerably compromised.
- 7.3 5 Learning from the pilot is now being incorporated into a systematic approach to increasing COPD early identification in areas of high deprivation within Leeds including several in Inner East. This work, funded by Public Health, will facilitate access to a managed pathway and provide better quality of life for patients, as well as reduce future expenditure for health services. The outcome of this can be reported to a future committee.

7.4 Diabetes

- 7.4 1 Responding to the JSNA information, a one year, diabetes awareness raising, signposting and early management project, funded by £6,000 Public Health monies, is being delivered by Feel Good Factor in Harehills and Chapeltown. Networks of religious leaders and institutions are being exploited in order to ensure dissemination of messages within the Muslim and African Caribbean community, who live outside these areas .

- 7.4 2 Since August 2012, information on diabetes has been provided to 46 people within two settings, Hovingham School 'Catch' event and the Dosti Group based at Chapeltown. Dosti is the first group to have received the 'pass the key messages on to 5 other people' intervention and the results of this are awaited.
- 7.4 3 A further 2 more group activities are planned to take place before the end of September including one to one sessions with mothers who attend Choto Moni – a mother and toddler group and 3 sessions have been booked for October including a Sunday session at the Ramgharia temple.
To date 3 volunteers have been recruited to support the project.

8. Wider determinants of Health

8.1 Welfare reforms

- 8.1 1 The Area Leadership Team is focusing on raising awareness of the potential impact of the Welfare Reforms Act and a time limited project team, including members of the ENE 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.

8.2 'Wrap up Leeds'

- 8.2 1 Wrap up Leeds is a scheme to enable vulnerable households to access home insulation measures. In the inner East area, the following measures have been installed.

Table 4. Wrap up Leeds installation measures 2011-2012

Ward	Households with measures installed	<60mm loft Insulation	>=60mm loft Insulation	Cavity wall Insulation	Adult Social care Referral	Fire safety Check referral
Burmantofts and Richmond Hill	276	189	53	96	4	69
Gipton & Harehills	141	60	31	87	4	37
Killingbeck & Seacroft	402	213	78	215	5	87
Total	819	462	162	398	13	193

9. Neighbourhoods Work

- 9.1 The Harehills Healthy Living Partnership Group is, consulting older people around health activities they would like to access, developing work to provide health support and information to Roma communities and supporting the Polish Advocacy Bureau to signpost the Eastern European Community to services. It is also developing an Harehills Asset Audit, which will facilitate future planning and communication.

10. Corporate Considerations

- 10.1 The work of the health and wellbeing partnership embraces the White Paper published by the Department of Health "Equity and Excellence: Liberating the NHS" (2010) and the move towards localism. There is more emphasis on delivering services around local needs, especially for those that have the greatest health and wellbeing inequalities.
- 10.2 The MSOA 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'

11. Consultation and Engagement

- 11.1 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.

12. Equality and Diversity / Cohesion and Integration

- 12.1 The work aims to reduce health inequalities and as such primary consideration has been to meet the particular needs of especially vulnerable groups.

13. Council policies and City Priorities

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

14. Resources and value for money

- 14.1 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 ENE (in addition to the £20K for welfare reform work) and funding is frequently sought from external sources, via opportunistic bids.

15. Legal Implications, Access to Information and Call In

15.1 None.

16. Risk Management

16.1 None.

17. Conclusions

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

18. Recommendations

17.2 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 East Area.

19. Background documents¹

19.1 None.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.