

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

Report to Outer North East Area Committee

Date: 22nd October 2012

Subject: ENE Health and Wellbeing Partnership 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.

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 Outer 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 Outer 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 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 (JSNA).
- 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 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 Outer North 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 Wellbeing strategy for Leeds. This report starts to highlight the benefit of this.

3. Main issues

- 3.1 Nine Medium Level Super Output Areas (MSOAs) make up this Area Committee, most of which 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.
- 3.2 Age standardised rates of cancer and coronary heart disease are generally much lower than Leeds as a whole and much lower than deprived Leeds. Coronary heart disease has a close association with deprivation, as well as key lifestyle factors such as smoking, being overweight and excessive alcohol use.
- 3.3 However, a number of Medium Level Super Output Areas (MSOA) have pockets of relative deprivation. Two in particular, Moor Allerton (Aldertons,

Cranmers, Lingfields, Fir Trees and Tynwalds) and Wetherby East (Wetherby East of the B6164, Thorp Arch village and the nearby trading estate) have more mixed populations and this manifests itself in more pressing health issues.

- 3.4 Moor Allerton, is the top Medium Level Super Output Area in this Area Committee for premature deaths, but life expectancy for both sexes is similar to that of Leeds as a whole (JSNA 2011). Although life expectancy is similar to Leeds as a whole, cancer is a key cause of premature mortality for males. Chronic Obstructive Pulmonary Disease (COPD) and diabetes prevalence and age standardised rates are all slightly higher than for Leeds as a whole.
- 3.5 Moor Allerton, as an area does have higher levels of deprivation and this translates into slightly higher than Leeds smoking, obesity and admissions to hospital for alcohol related conditions rates.
- 3.6 Excessive alcohol use is more prevalent than the Leeds average in a number of Outer North East communities. Wetherby East, Thorp Arch and Walton MSOA, has the highest rates of female alcohol specific admissions to hospital (5.7 against 3.8 in Leeds), both sexes (31.2 against 18.7) and female alcohol attributable admissions to hospital (6.4 against 4.8). Moor Allerton Medium Level Super Output Area has slightly higher than the Leeds average rates of alcohol attributable admissions to hospital (21.6 against 18.7). All other Medium Level Super Output Areas in the Area Committee are similar to, or below the Leeds average.

3.7 Actions

- 3.8 The East North East Health and Wellbeing Partnership 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 JSNA.

4. Moor Allerton Partnership

- 4.1 During 2012, work has developed from the Moor Allerton Partnership Health Needs Assessment, which was completed by the team's Health Improvement Officer in late 2011. Actions from this were incorporated into the Neighbourhood Improvement Plan and a number have been completed, including compiling a directory of services to help professionals to signpost to local services and holding a health and money awareness day for the community at Moor Allerton Library on Friday 28th September 2012.
- 4.2 The event, engaged a wide range of stallholders, who provided one to one assistance to 37 people and enabled the local community to increase their health literacy around accessing NHS services, booking hospital appointments and the role libraries can play to help individuals increase their knowledge around health, as well as having health checks and speaking to benefits and employment advisers.

Healthy Lifestyles

5. Obesity

- 5.1 Across this area, obesity prevalence and age standardised rates are lower than the Leeds average. This is to be expected, given that obesity is inversely related to affluence. However, Moor Allerton has both rates higher than the Leeds average and Wetherby East, Thorp Arch and Walton MSOA, has prevalence and age standardised rates that are running close to the Leeds average.
- 5.2 Three volunteer health-walk leader courses have been delivered in 2012, a total of 36 volunteers leaders trained, 13 of those from the following in ENE 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 Outer North East residents attend these walks on a regular basis, they do increase capacity for free, lower intensity physical activity for the most sedentary and vulnerable groups in our communities.
- 5.3 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 have been from the East North East area and work is starting to try to increase uptake in this area.
- 5.4 40 children from Allerton CE Primary worked with Space2 Community Arts Organisation to develop music and stage sets for the Recipe for Life activities and a group of boys performed dance on the night. These children were also able to benefit from a demonstration by members of the Seacroft 'Breathe' Group of correct inhaler technique for those with asthma, or Chronic Obstructive Pulmonary Disease.

6. Smoking

6.1 Smoking is the single biggest preventable cause of ill health and mortality, including Chronic Obstructive Pulmonary Disease, cancer and coronary heart disease. Whilst not a huge issue, compared to rates in Inner City Areas, Moor Allerton, has smoking rates slightly higher than the Leeds average and a Chronic Obstructive Pulmonary Disease age standardised rate of (1,833 per 100,000 against 1,557 per 100,000) in Leeds as a whole and prevalence of 2.2, against 1.8 city wide.

6.2 The table below shows mortality from different types of cancer as a percentage of all cancer deaths in each area committee, ranked by the percentages for Leeds overall. The top 3 types of cancer are the same for each area committee and for Leeds overall. Therefore, early detection programmes in Lung, Breast and Colorectal cancer are deemed appropriate within any area committee and provide evidence to support health promotion programmes aimed at preventing the causes of these cancers.

Table 1. Types of cancer mortality as percentage of all cancer mortality 2005-2009 by area committee

	<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%

6.3 Partners attending the Moor Allerton Partnership are now aware of local NHS Stop smoking services and have leaflets to help them signpost smokers on.

6.4 An intervention at the Children’s Centre ‘Play and Stay’ group engaged 20 adults, 8 of whom were smokers. All of these were signposted to the service and of the 3 who agreed to be followed up, one had made a successful quit attempt.

6.5 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.

7. Alcohol

7.1 Alcohol consumption is implicated in obesity, stroke and development of certain cancers. 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. High alcohol related

hospital admissions have been identified in a number of outer North East communities.

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

Table 1. Alcohol Specific Admissions to hospital (Wetherby East, Thorp Arch and Walton MSOA, 2009-10)

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

Table 2. Alcohol Attributable Admissions to hospital (Wetherby East, Thorp Arch and Walton MSOA, 2009-10)

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

- 7.3 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 19-25th November 2012. 20 people have so far applied to attend the first briefing and planning is underway to provide information and support to other frontline professionals such as the Wetherby and Harewood tasking group, in order to initiate action.
- 7.4 LCC library services are also engaged and will raise awareness of issues around excessive alcohol use in both their community and mobile libraries.
- 7.5 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 3. Alcohol Attributable Admissions to Hospital (Moor Allerton MSOA 2009-10)

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

- 7.6 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.

8. Healthy lifestyles Service

8.1 Leeds North Clinical Commissioning Group has implemented a Healthy Lifestyles incentive 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. NHS Leeds (Public Health) has also funded a 'Healthy Lifestyle Service to compliment the smoking cessation and weight management services. An adviser is based in Wetherby Surgery to cover the Wetherby area.

9. Place Shaping

9.1 As a result of the Localism Bill, which gained Royal Assent on 15th November 2011, Neighbourhood Planning for sustainable development, which will protect assets for future generations and improve the quality of life for local people, is beginning to gain momentum. Several areas in the Outer East have formally requested to be designated as a Neighbourhood Planning including Aberford, Barwick in Elmet & Scholes, Boston Spa, Bramham, Clifford, Linton, Shadwell, Thorp Arch and Wetherby).

9.2 The Walton Neighbourhood Plan, which is one of the first to be developed in Leeds, has enabled the local community to genuinely get involved to help shape the area where they live and work.

9.3 The plan intends to improve health in a number of ways, including:

- Deliver physical improvements which encourage a more active lifestyle for all sections of the community-improving and joining up paths suitable for walking and cycling and riding, so improving connectivity between the village, local workplaces and neighbouring towns and villages.
- Encouraging active transport to help people maintain a healthy weight, exercise safely away from traffic and reduce pollution through car use.
- Reduce the impact of exhaust on individuals with respiratory conditions and reduce the carbon footprint of the village.

9.4 The Health and Wellbeing Manager is providing input to a city wide event around Neighbourhood Planning on October 8th 2012, with a view to encouraging more communities to consider the wider health aspects of planning on their communities wellbeing and the Walton Neighbourhood Plan has been submitted for inclusion as a good practice case study in the 2012 Director of Public Health report.

10. Wider determinants of Health

10.1 **Welfare reforms**

10.1.1 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.

10.2 Wrap up Leeds'

10.2.1 Wrap up Leeds is a scheme to enable vulnerable households to access home insulation measures. In the Outer North 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
Alwoodley	180	88	38	89	9	42
Harewood	58	31	13	19	2	13
Wetherby	60	31	15	22	1	14
Total	298	150	66	130	12	69

11. Corporate Considerations

11.1 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.

11.2 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'

12. Consultation and Engagement

12.1 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.

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 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 ENE (in addition to the £20,000 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 the opportunity to incrementally 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 Outer North East Area.

20. Background documents

20.1 None.