

Report of: Lucy Jackson Chief Officer Public Health ENE/Leeds North CCG

Report to: Outer North East Community Committee – Alwoodley, Harewood and Wetherby Wards

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For information and to note

Title: Update on Public Health Activity in Outer North East Leeds

Purpose of report

1. To bring key health and wellbeing activity and achievements of the ENE/Leeds North CCG Locality Public Health Team to the attention of the Outer North East Community Committee.
2. To make the Committee aware of the new Locality Community Health Development and Improvement Services, which becomes operational in our 10% most deprived neighbourhoods on 1st April 2017.
3. To receive comments on the programme of work being undertaken and any further key health issues that the Committee wish to draw to the team's attention.

Main issues

Health Needs

4. Since IMD 2010 there has been a 16% increase in the deprived population of Leeds.
5. The Outer North East Community Committee area contains many of the most affluent neighbourhoods in Leeds, with the exception of Moor Allerton, which in a climate of scarce and further diminishing resources, is the only focus for public health activity in this area.

6. This Medium Super Output Area (MSOA), which falls into Alwoodley Ward has a number of health domains that it scores poorly on, but the all-cause mortality rate for under 75s in the ward as a whole is 239/100,000, compared to 365/100,000 for Leeds. It is therefore significantly better than Leeds overall.
7. However, Moor Allerton MSOA scores poorly on a number of important measures of health. In this MSOA, 25.5% of Year 6 children are recorded as being obese, which is worse than 19.4% for Leeds overall.
8. In terms of adult health, 1,181 people, or 27% of the adult population were recorded as obese by Leeds GPs (Leeds overall has a lower obesity prevalence of 22%) and 401 people, or 6.0% of the MSOA population were recorded with diabetes. Although this may reflect better identification and recording of diabetes, it is higher than Leeds as a whole, at 4.8%.
9. Also in July 2016, 21% of the population aged 16 or above were recorded as smokers by Leeds GPs. That's 1,106 people. (Leeds overall has a lower smoking prevalence of 20%).
10. Although the Community Committee area has not seen the rapid growth in population, as in some other parts of Leeds, there have been some demographic changes in the Outer North East neighbourhoods. There is now 9.6% 'other white' population in Moor Allerton, compared to 8.6% in Leeds and 7.0% in the Ward as a whole. The next largest ethnic group is Pakistani, or British Pakistani at 4.9%, compared to 2.9% in Leeds and 3.7% in the Ward. However, the proportion of Indian or British Indian, the next largest BME group at 4.2% is lower than the Ward as a whole at 7.6%, but higher than Leeds at 2.2%.

Public Health Work Programmes

11. The work of the locality Public Health team has been set in the context of a commitment to allocating resources to the most deprived Medium Super Output Areas, of which there are few in Outer North East Leeds.
12. However, the Aldertons, Cranmer Bank, Lingfields, Fir Trees, Tynwalds and Deanswoods are recognised as small pockets being amongst, or sharing the characteristics of the most deprived 10% of neighbourhoods nationally in Leeds and the ENE Public Health commissioned work reflects this need, with Zest Health for Life operating in this area.
13. The re-commissioned Third Sector contracts will continue to include this small area in its future work. To note-this report does not detail all of the work of the Office of the Director of Public Health that is carried out by citywide Public Health teams.

Commissioning Activity

Re-commissioning of the Locality Community Health Development and Improvement Service

14. The review and re-commissioning of the Locality Community Health Development and Improvement Service, which is now complete, has brought together 14 previously separate contracts into three separate area based contracts. The new service, called 'Better Together' was launched on 21st February 2017, and the service will be fully operational from 1st April 2017.
15. A consortia arrangement, led by Feel Good Factor and comprising Zest Health for Life, Space 2, Shantona and Touchstone, will deliver the East North East part of this work, which has a value of £349,706 p.a across the 10% most deprived communities in East North East Leeds.
16. The review process identified an imbalance of resources across Leeds and the new contracts have resulted in a greater proportion of the resource being directed towards East North East Leeds, to reflect the greater deprivation in this area. The Moor Allerton MSOA will be included in this work.
17. The service will take a community development approach and focus primarily on tackling the wider determinants of health, with a secondary focus on lifestyle factors to reduce the health inequality gap- ensuring that those who are the poorest improve their health the fastest.
18. The service is commissioned to meet the needs of all sections of the community in a given 10% deprived neighbourhood. Newly emerging communities are a key target group for attention as the service review identified language and cultural barriers as important factors leading to adverse outcomes in terms of knowledge of and access to education, work and health services. However, the service is required to respond to the full range of local needs as presented.

Financial Inclusion

19. Most recently, Zest and the locality public health team have combined resources and secured engagement to implement a Money Buddy at two venues in the Meanwood area. Whilst the original intention was to site the worker to also draw people from the Moor Allerton area, another funding stream was secured by the Moor Allerton hub for this purpose. However, the location of the Money Buddy in Meanwood will be regularly reviewed to ensure that there is equitable access to this service.

Leeds North CCG

Social Prescribing

20. The Connect Well service in North Leeds has been running since April 2016. The service was commissioned for a period of 18 months following three successful pilots in GP practices. The Connect Well service operates through a number of Wellbeing

Co-ordinators who are based in GP practices. Some Wellbeing Co-ordinators are directly employed by practice and some are employed through a central team. However, all work together as one team.

21. Connect Well aims to provide a more holistic approach to supporting and improving a person's health and wellbeing. The service does this by providing access to an assessment process, designed to identify social and wellbeing needs. The Wellbeing Co-ordinator then links service users with community assets such as voluntary and community sector groups within the area.
22. The key areas of focus is supporting people with long term conditions, promoting mental wellbeing, assisting older people to live independently, supporting healthy living and providing access to wider social and economic support.
23. The Social Prescription service is expected to become a fully integrated patient pathway within primary care general practices and to strengthen the links between healthcare providers (especially the health and social care neighbourhood teams) and community, voluntary and local authority services that influence the public's health.
24. One of the key outcomes seen to date has been an improvement in service users mental wellbeing and emerging evidence shows a reduction in GP appointments with this cohort. The Connect Well service has been very well received by both patients and health professionals.
25. Recently the CCG agreed to extend the Connect well service for a further 12 months from Sept 2017-Sept 2018, in order to align the service with Connect 4 Health in Leeds South & East with a view to commissioning social prescribing on a citywide basis.
26. A celebration event of all 3 Social Prescribing services in Leeds is planned for the 14th March 2017, to be opened by Cllr Charlwood.

Dementia

27. A Dementia One Stop service has been established at Crossley Street Practice and people within Wetherby no longer have to travel to hospital for a Consultant review. The reviews take place twice a month within Crossley Street Surgery for people with a dementia diagnosis. There is also a Dementia café which has been established at WiSE (Wetherby in Support of the Elderly) which supports carers and promotes a few hours respite.

Pharmacy

28. A joint pharmacist has been recruited to work across all 5 practices in the Wetherby area, in turn creating capacity for clinicians to focus on other priority areas.

Conclusion

30. The report details the public health work which has been specifically focused in the most deprived areas of the Outer North East Community Committee area over the last year. This work is part of a larger programme of public health, which is led by citywide public health teams. This work will continue with key partners, both within health and across the council and the third sector, focusing on the key issues highlighted above.

Recommendations

1. To note the key work programmes of the ENE/Leeds North CCG Locality Public Health Team in the Outer North East Community Committee area.
2. To note the new 'Better Together' Locality Community Health Development and Improvement Services for the area.
3. To provide comments on the programme of work being undertaken and any further key health issues that the Committee wish to draw to the team's attention.