

Report of: The Office of the Director of Public Health

Report to: Inner West Area Committee

Date: 6th November 2013

Subject: Health and Wellbeing in Inner West Leeds

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" 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. There have been radical changes to how health and wellbeing is led and organised in Leeds – these include the establishment of the statutory Health and Wellbeing Board, three new General Practitioner led Clinical Commissioning Groups replacing the Primary Care Trust (NHS Leeds) and the return of Public Health leadership to Local Government.
2. Inner West Leeds has significant health and wellbeing challenges. These can only be addressed by long term, effective partnership working. At a local level, links between Leeds West Clinical Commissioning Group and Leeds City Council WNW Area are increasingly strong. This partnership working is crucial to improving the health of Inner West Leeds (see Appendix A).
3. Links have been made between Inner West Cllrs, the Inner West Board, and GPs from Leeds West Clinical Commissioning Group (LWCCG), with Public Health staff bridging between them. This Area Committee meeting is an opportunity to discuss how we can build on these links, identify common challenges and look at future ways of working.

Recommendations

1. To recognise the changes in health and wellbeing, and the significant challenges in Inner West Leeds.
2. To build on good local relationships and look at new ways of working to tackle long term issues
3. To get more accurate data at an area level in line with Joint Health and Wellbeing indicators. To agree which indicators to work collectively on at Inner West Area Committee.

1 Purpose of this report

- 1.1 To provide IW Committee Councillors information on the ways health and wellbeing is led and organised in Leeds. This should provide basic background information for discussion about ways of working together at the Area Committee.
- 1.2 To look at opportunities for Councillors in Inner West Leeds and GPs from Leeds West Clinical Commissioning Group (CCG) to work more closely together with Public Health (PH) to achieve shared objectives (see Appendix A).
- 1.3 This report will look at the following:
 - Changes in way health and wellbeing is led and organised
 - Leeds West CCG priorities
 - The key Inner West challenges
 - Case study of where Councillors, CCGs and PH have worked together
 - Next steps and opportunities to work together.

2 Background information

- 2.1 In the past year, there have been a number of fundamental changes in the way health and wellbeing services are led and organised in Leeds. This paper will briefly set out three of the most significant ones - creation of Health and Wellbeing Boards, creation of Clinical Commissioning Groups (CCGs) and closure of Primary Care Trusts (PCTs), and the return of Public Health to Local Government.

2.2 Health and Wellbeing Boards (citywide)

- The Health and Social Care Act 2012 led to the introduction of local Health and Wellbeing Boards. These are for where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members will work together to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. The Leeds Health and Wellbeing Board formally began operating in April 2013.
- **Leeds Health and Wellbeing Board** is a key part of the ambition in Leeds to be the Best City for health and wellbeing. The Joint Health and Wellbeing Board will oversee how we continue to improve the health and wellbeing of the people of Leeds. The Joint Health and Wellbeing Strategy 2013-2015 is vital to how we will work together to make it all happen. Copies of this strategy were included in Area Committee packs.
- For Leeds to be the best city for health and wellbeing, it means making sure that people can access high quality health and social care services and that Leeds is a Child Friendly city. Economy is vital - a city that creates opportunities for business, jobs and training. It will be a city made up of sustainable communities and that will be a great place to live. In short, the vision for Leeds is that it will be a healthy and caring city for all ages. It will be a city where people who are the poorest improve their health the fastest.
- The Board is focusing on five outcomes:
 - People will live longer and have healthier lives.
 - People will live full, active and independent lives.
 - People will enjoy the best possible quality of life.
 - People are involved in decisions made about them.
 - People will live in healthy and sustainable communities.

- Councillor Lisa Mulherin chairs Leeds Health and Wellbeing Board. The Health and Wellbeing Board is made up of local elected representative, a representative of the local Healthwatch organisation, representatives of each local Clinical Commissioning Group, the local authority Director for Adult Social Services, the local authority Director for Children's Services, and the Director of Public Health for the local authority.
- To find out more about the Joint Health and Wellbeing Board and download a copy of the strategy, please click on the following link: <http://www.leeds.gov.uk/council/Pages/Best-City-for-Health-and-Wellbeing.aspx>.

2.3 Leeds West Clinical Commissioning Group

- Clinical Commissioning Groups (CCGs) are groups of GPs that, as of April 2013, are responsible for designing and monitoring local health services in England. The CCG's patients and healthcare professionals work in partnership with local communities and local authorities. On their Governing Body, CCGs have, in addition to GPs, a least one registered nurse and a doctor who is a hospital-based specialist. Groups have boundaries that will not normally cross those of local authorities. All GP practices have to belong to a Clinical Commissioning Group. In Leeds there are three CCGs covering the city: NHS Leeds West CCG; NHS Leeds North CCG; and NHS Leeds South and East CCG.
- NHS Leeds West Clinical Commissioning Group (CCG) is made up of 38 GP practices in the west and parts of outer north west and south west Leeds (see map of areas covered by the three CCGs in Leeds - <http://www.leedswestccg.nhs.uk/about-us>). NHS Leeds West CCG is the largest of the three CCGs that covers Leeds. It covers a population of around 350,000 people. From April 2013, it became a statutory organisation responsible for local health budgets and ensuring that the NHS provides high quality healthcare to those living in this area. In addition to this, it will be working with NHS Leeds North and NHS Leeds South and East CCGs to ensure that patients can continue to access NHS services when they need them. This includes hospital services; mental health and learning disability services and emergency and urgent healthcare. To find out more, please look at Leeds West CCG website - www.leedswestccg.nhs.uk.
- **Leeds West CCG Strategic Objectives (2013-16):**
To tackle the biggest health challenges in west Leeds, reducing health inequalities.
To transform care and drive continuous improvement in quality and safety.
To use commissioning resources effectively.
To work with members to meet their obligations and clinical commissioners at practice level to have the best developed workforce we possibly can.
- **Leeds West CCG Priority Health Goals (2013-16):**
Promoting **healthy living** to tackle the wider determinants of health.
Improving the **sexual health** of the population.
Proactive management for people with **long term conditions**.
Improving the **mental health** of the population.
Improving outcomes for those diagnosed with **cancer**.
Improving access to **elective** (pre-arranged, non-emergency care that includes scheduled operations) **care** services.
Commissioning an effective response to **urgent care** needs.
Improving **end of life** care of (all those with a terminal illness or terminal condition that has become advanced, progressive and incurable).

2.4 Public Health

- The evidence shows (Sir Michael Marmot's 2010 report 'Fair Society Healthy Lives,' The Marmot Review) that social, economic and environmental factors all contribute to health. Early years experiences, the amount of control that individuals have over their lives, the quality of their job, the amount of income that they receive, and the quality of their physical and social environment can all impact on mental and physical health and the length of their lives.

- Local government has a long history of working to improve the health, and reduce the inequalities, of local populations. They have the opportunity to influence areas such as housing, transport, and the quality of the local environment. The move of Public Health to local government is a positive development. Local authorities now have the opportunity to more easily tackle health inequalities in coherent and collaborative ways. Joint working is key to addressing health inequalities which are driven by a complex interaction of economic, social, and environmental inequalities.
- On the 1st April 2013 Leeds City Council took on responsibility, from the NHS, for Public Health in Leeds. Public Health is concerned with creating communities where everyone has positive wellbeing and health. It is about improving the health and wellbeing of local populations rather than treating diseases. Around 80 public health employees and approximately 102 contracts covering a range of functions were transferred to Leeds City Council.
- LCC Public Health has a number of Area Based Public Health teams each led by a Senior Public Health Specialist (Consultant in Public Health). The WNW Public Health team works closely with Leeds West CCG and other local partners to improve the health of the population in West Leeds.

Leeds City Council Public Health functions and commissioning programmes include:

- Health behaviours. Sexual health services; Obesity services; Physical activity (such as Leeds Let's Get Active); Substance misuse (drugs and alcohol); Stop smoking services and interventions.
- Primary care work with Clinical Commissioning Groups to ensure effective, population based health and social care commissioning
- Wider determinants work with housing, transport, employment, poverty and planning
- Child health programmes include: National Child Measurement Programme; Children 5-19 public health programmes.
- Public mental health.

2.5 Health & Wellbeing Challenges

Inner West Leeds has some of the lowest life expectancy levels in the city. Reducing health inequalities takes a whole system approach and new ways of working.

	All	Male	Female
ALL LEEDS	79.91	78.09	81.66
Armley, New Wortley	74.24	70.81	78.15
Bramley	77.94	76.79	79.03
Broadleas, Ganners, Sandfords	78.09	75.14	81.73
Bramley Whitecote	78.43	75.78	80.92
Upper Armley	78.54	74.73	82.95
Bramley Hill Top, Raynville and Wyther Park	78.6	76.02	81.28
Stanningley, Rodley	78.9	78.02	79.54

The areas with the highest levels of premature mortality (death before age 75) are Armley, New Wortley; Bramley and Broadleas, Ganners and Sandfords. Inner West is an area with some of the greatest health and wellbeing needs in the city. Armley, New Wortley, Bramley and Broadleas, Ganners, Sandfords are the priority areas in relation to health and wellbeing needs for the area. Male life expectancy in Armley and New Wortley is the 2nd lowest out of the 108 MSOAs (Mid Super Output Areas – populations of 5000 people used for collecting data) of the city. The three MSOA with highest age standardised rates of Obesity are Bramley; Bramley Hill Top and Broadleas, Ganners and Sandfords. In addition, age standardised smoking rates are generally much higher than Leeds, and below that of the deprived quintile. The three MSOA with highest age standardised rates of Smoking are Armley, New Wortley; Bramley and Broadleas, Ganners, Sandfords. When we look at alcohol admissions, the overall rate in Inner West Area Committee is much higher than the Leeds rate. Within this area, both alcohol specific and attributable admission rates are higher than the Leeds average with Bramley Hill Top/Raynville/Wyther Park particularly high.

2.6 Inner West Health and Wellbeing Public Health service overview

There are a number of Public Health services in Inner West Leeds that focus on primary care, health behaviour and wider determinants. The WNW Public Health team work with partners and commission specific programmes to improve the Public Health outcomes of people in Inner West Leeds. This is shown on the table as development and commissioned work. This summary is only intended to provide a brief overview of Public Health services to inform the debate at the Area Committee.

Development work		
Primary Care (What kills people now and what makes them ill)	Health Behaviour (Behaviours that are going to kill people and make them ill)	Wider Determinants of Health
GP Clinical Commissioning Group Public Health priorities Healthchecks – Health MOT for over 40s Leeds Lets Change in primary care promoting health behaviour change Self-care promotion for Integrated Health and Social Care teams	Smoking cessation – 6 venues Alcohol ADS – 3 venues Healthy Lifestyle Service – 2 venues WNW alcohol working plan Leeds Let's Get Active leisure offer and community activities	Citizen Advice Bureau Capacity building re money worries Capacity building re cook and eat Capacity building re walk trainers Alcohol awareness for frontline workers Armley change 4 life health 3 year programme with schools. This connects to Inner West children's talking health campaign MARS programme for systematic referrals to wellbeing services
Commissioned work		
Primary Care (What kills people now and what makes them ill)	Health Behaviour (Behaviours that are going to kill people and make them ill)	Wider Determinants of Health
Self-care practice champions in Leeds West CCG	Healthy Living Network Leeds deliver 104 Community Health Educators sessions per year (covering alcohol, healthy eating, smoking and physical activity) in deprived neighbourhoods BARCA Leeds - Healthy lifestyle courses at a number of community venues in Inner West / Inner North West.	Leeds Debt Forum and loan sharks Support for tenants in private sector re welfare reforms Men's mental health and wellbeing

2.7 Lifestyle / Citizen advice / welfare rights services

Area Committee	Healthy Lifestyle Service (alcohol, physical activity / obesity, smoking)	Health Trainer Service	Alcohol brief interventions (ADS) GP surgery	Smoking cessation	CAB OUTREACH / WELFARE RIGHTS SESSIONS
Inner West	Whitehall Surgery LS12 5NR Wortley	Armley One Stop Centre LS12 1UQ Armley	Priory View, LS12 1HU	Armley Moor Health Centre (LS12 3HD)	Armley One Stop Centre,
	Hawthorne Surgery LS12 5NR Wortley	Highfield Medical Bramley LS13 2BL Bramley	Manor Park, LS12	Armley Moor Health Centre (LS12 3HD) Under 18's	Armley Moor Health Centre, LS12 3HD,
			Thornton medical centre, LS12	New Wortley Community Centre (LS12 1LZ)	Bramley Clinic LS13 3EJ
			Armley Moor Health Centre, LS12	Thornton Medical Centre (LS12 1JE)	Thornton Medical Centre LS12 1JE
				Wortley Beck Health Centre (LS12 5SG)	
				Bramley Clinic (LS13 3EJ)	

There will be a core WNW Health and Wellbeing Leadership group, which will agree direction and drive forward local partnership delivery of Joint Health and Wellbeing Strategy focusing on outcome areas 1 (longer and healthier lives), 3 (relating to mental health and wellbeing) and 5 (health related aspects of healthy and sustainable communities).

The Inner West Area Committee will be represented by Councillor Alison Lowe as the Health and Wellbeing Lead. The group will also include Area Health and Wellbeing Leads from INW, OW and ONW Area Committees, Public Health Consultant WNW, Health and Wellbeing Improvement Manager WNW, Clinical Commissioning Group Public Health Lead GP, Area Leader WNW. It will meet three times a year.

2.8 Case study – where Cllrs and GPs are working together to improve mental health in LS12

In response to LS12 having the highest suicide rate in Leeds, a multi-agency workshop was held in New Wortley Community Centre organised by Tim Taylor, Health & Wellbeing Improvement Manager, WNW Public Health team. This was chaired by Councillor Alison Lowe, the Councillor Health Champion for Inner West Leeds and Dr Andrew Sixsmith attended as the Locality Chair for Leeds West CCG. A number of other local stakeholders attended, including housing, children services and police. A number of actions were taken by partners as a result.

At the workshop, a mental health service called Positive Communications (provided by Barca), was identified as linking well to wider determinants of health and producing good outcomes, but was at capacity. A successful business case was submitted to Leeds West Clinical Commissioning Group to fund additional capacity in the service. A number of other mental health and wellbeing initiatives in LS12 have also been funded by LWCCG. The WNW Public Health team have supported the development of these business cases. Projects are now being implemented.

2.9 Case study – opportunity to work together

Inner West Leeds has some of the lowest life expectancy in the city. Reducing health inequalities requires a whole system approach and new ways of thinking. When organisations commission services, they often do so in isolation of partners.

Leeds West Clinical Commissioning Group (LWCCG) has identified reducing health inequalities as one of its key strategic objectives and wants to work with LCC WNW Public Health Team and Inner West partners to develop a joint commissioning specification to address this issue.

A proposal to design a commissioning specification for £100,000 of non-recurrent Leeds West Clinical Commissioning funding with other senior local stakeholders was taken to the Inner West Board. The primary focus of this specification will be to reduce health inequalities in Inner West Leeds. Cllr Alison Lowe and other key stakeholders will be taking this forward. It is currently being considered by Leeds West CCG.

3 Corporate Considerations

3.1 Consultation and Engagement

The Health and Wellbeing Board has consulted on the Joint Health and Wellbeing Strategy.

Healthwatch represent patients views on the Health and Wellbeing Board.

LWCCG have held a number of community engagement events and has a Patient Reference Group.

3.2 Equality and Diversity / Cohesion and Integration

Work outlined in report complies with The Equality Act 2010, which requires local authorities to comply with the Public Sector Equality Duty.

3.3 Council policies and City Priorities

Health and Wellbeing City Priority Plan has been developed by members of the Health and Wellbeing Board, which includes Councillors, CCGs and Public Health.

3.4 Resources and value for money

The Office of Public Health and funding returned to the council in April 2013. It aims to spend money wisely in line with the rest of the council.

3.5 Legal Implications, Access to Information and Call In

No legal implications.

Not eligible for call in.

3.6 Risk Management

No risks identified.

4. Recommendations

1. To recognise the changes in health and wellbeing, and the significant challenges in Inner West Leeds.
2. To build on good local relationships and look at new ways of working to tackle long term issues.
3. To get more accurate data at an area level in line with Joint Health and Wellbeing indicators. To agree which indicators to work collectively on at Inner West Area Committee.

Background documents¹

Appendix A

