

**Report of Director of Public Health**

**Report to South Leeds (Inner) Area Committee**

**Date:** 19<sup>th</sup> March 2014

**Subject:** Inner South Area Public Health update

Are specific electoral Wards affected? If relevant, name(s) of Ward(s): Beeston & Holbeck; City and Hunslet and Middleton Park	<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**

Area Committees now have one councillor with a remit for Health and Wellbeing. It is a key role in influencing and participating in health and wellbeing decisions and reducing inequalities in health. It enables the Area Lead to understand the linkages between the citywide Joint Health and Well Being Strategy steered by the Health and Wellbeing Board and locality level actions addressing local needs within an area committee.

**Recommendations**

The Area Committee is asked to:

- a) Note the new arrangements in Leeds City Council around providing local leadership for public health.
- b) Understand the role of the Area Lead member for Health and Wellbeing.
- c) Note the public health work that is currently being delivered in the Area Committee boundaries.

## **1 Purpose of this report**

- 1.1 The purpose of this report is to outline the action being taken to discharge the statutory responsibilities of Leeds City Council, to lead and deliver the public health agenda, raise awareness of the Area Lead member for Health and Wellbeing, inform the Area Committee of the current position regarding public health work in the Inner South Area Committee and set the scene for future progress.

## **2 Background information**

- 2.2 Following political changes at a national level in 2010, Primary Care Trusts were abolished in spring 2013 and accountability for the delivery of public health moved to Local Authorities, supported by the appointment of a Director of Public Health, Dr Ian Cameron.
- 2.3 Simultaneously the 3 Clinical Commissioning Groups (CCG) became responsible for commissioning healthcare services, based on the health needs assessments of their local populations. Leeds South & East CCG covers this area. The Consultant in Public Health for the South East is also on the Board of the CCG.
- 2.4 The Health and Wellbeing Board is now a statutory committee of Leeds City Council and has a range of statutory functions including publishing a Joint Strategic Needs Assessment (JSNA), a Joint Health and Wellbeing Strategy (JHWBS) and reviewing / monitoring the extent to which Clinical Commissioning Groups and the Local Authority have taken due regard of the JSNA and the JHWBS in their commissioning plans. It will also encourage integrated working and a partnership approach in relation to arrangements for providing health, health-related or social care services.

## **3 Main issues**

- 3.1 Leeds City Council now has a new responsibility to provide local leadership for public health, underpinned by new statutory functions, dedicated resources and a broader expert public health team. A ring fenced grant, transferred to the Local Authority will deliver Public Health Outcomes across four domains: Improving the Wider Determinants of Health; Health Improvement; Health Protection; Healthcare Public Health.

There are five mandated services which have been transferred:

- Protecting the health of the local population.
- Ensuring NHS commissioners receive the public health advice they need.
- Appropriate access to sexual health services.
- The National Child Measurement programme.
- NHS Health Check.

One of the Best Council objectives is focused on providing high quality public health services. This will be measured by 5 indicators; an increase in successful completion of drug and alcohol treatment; increase in the number of people accessing stop smoking services; increase in HIV testing in men who have sex with men; increase in uptake of the NHS Health Check in areas of greatest health inequality; and that each LCC directorate and CCG business plan includes action that contributes to the health and well-being strategy priorities.

3.2 A Health and Wellbeing Board has now been established as a statutory committee of Leeds City Council and it has published a Joint Health and Wellbeing Strategy for Leeds (2013 – 2015). The overall vision is that Leeds will be a healthy and caring city for all ages, with a principle in all outcomes that people who are the poorest will improve their health the fastest.

It has 5 Outcomes:

- People will live longer and have healthier lives.
- People will full, active and independent lives.
- People's quality of life will be improved by access to quality services.
- People will be involved in decisions made about them.
- People will live in healthy and sustainable communities.

And four commitments:

- Support more people to choose healthy lifestyles.
- Ensure everyone will have the best start in life.
- Improve people's mental health and wellbeing.
- Increase the number of people supported to live safely in their own home.

3.3 A review of area working was accepted at full Council on the 22<sup>nd</sup> May 2013 and Area Leads for Health and Wellbeing (ALHWB) have been created which are intrinsically linked to the area committee structure. This role provides a Member focus on Health and Wellbeing supports the area committee Chair and maintains close links with Cllr Mulherin, the Executive Member for Health and Chair of the Health and Wellbeing Board.

3.4 The role provides the opportunity to continue to impact positively on local people's lives by:

- Making sure and checking that actions are being taken to improve the health and wellbeing of local people.
- Including the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWBS), in priority setting across the area committee and ensuring the implementation of the Joint Health and Wellbeing Strategy at local level through the active engagement of elected members and local authority services.
- Providing local leadership to improve "the health of the poorest, fastest" in line with our ambition to be the best city for health and wellbeing.
- Ensuring a focus on delivery of the four commitments of the JHWBS at a local level.
- Championing partnership working and the integration of health and wellbeing / healthcare services and initiatives by building links with local GPs and CCGs and the third sector.
- Working closely with other Area Leads e.g. for Children's Services and Adult Social Care to ensure work is co-ordinated and makes sense for local people and communities.
- Identifying, understanding and helping address the health and wellbeing needs of local people and the issues and barriers they encounter, and ensuring that local issues are recognised in health assessment, planning and decision - making at a citywide level.

- 3.5 The 3 SE Area Lead Members for Health and Wellbeing are supported by the Consultant in Public Health for the SE and the Area Health and Well Being Improvement Manager. The Area Health and Well Being Improvement Manager post and that of the corresponding Health Improvement Officer is now incorporated within the locality Public Health team led by a Consultant in Public Health (Chief Officer).

Activities from the last year reported on are shown at Appendix A, along with an update on public health data.

The Area Health and Wellbeing Partnership arrangements have recently been reviewed and revised structure of an Area Health and Wellbeing Executive Group has been established. This will accommodate and strengthen reporting arrangements between neighbourhood Health and Wellbeing Partnership Groups and will be a sub group of the Area Leadership Team. It will also provide support for the Area Leads to exert influence in terms of Health and Wellbeing at local and citywide level through the Health and Wellbeing Board Corporate Considerations.

- 3.6 The revised working arrangements have been drawn up as a direct response to ensure Leeds City Council can effectively discharge its new responsibility in terms of improving public health.

#### **4 Consultation and Engagement**

- 4.1 There has been considerable consultation with stakeholders within Leeds City Council, the Health and Wellbeing Board and Leeds South and East Clinical Commissioning Group. There hasn't been formal consultation with the public, but the new arrangements are intended to provide a greater accountability for delivery of community felt needs and outcomes.

#### **5 Equality and Diversity / Cohesion and Integration**

- 5.1 The new arrangements are not envisaged to impact adversely, or reinforce inequalities of health for any group.

#### **6 Council policies and City Priorities**

- 6.1 The work is developing in line with the City Priority plan, the leadership of the Chair of the Health and Wellbeing Board and the Health and Wellbeing Strategy.

#### **7 Resources and value for money**

- 7.1 It is not anticipated that this way of working will incur any additional resources.

#### **8 Legal Implications, Access to Information and Call In**

- 8.1 None.

#### **9 Risk Management**

- 9.1 None.

## **10 Conclusions**

- 10.1 This way of working is expected to provide the Area Committee with a comprehensive and regular account of health and wellbeing activity taking place in the local area. It provides the local Health and Well Being Area Leads with a key role in influencing and participating in health decisions and reducing inequalities in health. It also enables the Area Health and Well Being Lead Member to understand the linkages between and champion broader approaches to tackle the wider determinants, lifestyle factors and inequalities in healthcare through partnership approaches at a locality level.

## **11 Recommendations**

- 11.1 The Area Committee is asked to:
- a) Note the new arrangements in Leeds City Council around providing local leadership for public health.
  - b) Understand the role of the Area Lead member for Health and Wellbeing.
  - c) Note the public health work that is currently being delivered in the Area Committee boundaries.

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<sup>1</sup> The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

## Inner South Area Committee Health and Wellbeing Summary Findings from MSOA health profiles

### 1. Overarching Indicator - Life Expectancy

Inner South Leeds has a generally younger age structure with more young adults aged 20 - 34. GP recorded ethnicity shows this area to be similar to Leeds as a whole. There are small variations such as slightly larger proportions of “Asian background” (10%) than Leeds (6%). However 17% of the GP population in Leeds have no recorded ethnicity which needs to be taken into account here.

Inner South Leeds area has some of the shortest life expectancy rates for the city of Leeds. At best the *Beeston - Parkside and Cross Flatts*, and *Belle Isle South* MSOAs have life expectancies close to the Leeds average for men and women respectively. Around 55% of the population in this area fall into the 10% most deprived in England. Evidence suggests neighbourhoods ranked as ‘deprivation areas’ tend to have higher levels of poorer health outcomes. The English Indices of Deprivation attempts to measure a broader concept of multiple deprivation, made up of seven distinct domains. These are: income deprivation, employment deprivation, health deprivation and disability, education skills and training deprivation, barriers to housing and services, living environment deprivation and crime.

### 2. People will live longer and have healthier lives - Premature mortality

In terms of premature mortality, i.e. deaths under 75yrs, from all causes, the directly standardised rates, which take account of the age structure of a population, are, for both men and women, in all parts of the Area Committee area, above the Leeds average. Many of the MSOA areas are close to the very highest in Leeds. In fact, *City Centre*, *Hunslet Green and Thwaite Gate* MSOA in this area have the highest all-cause mortality rates for men and women in the city.

In terms of the main causes of premature mortality, cancer, circulatory disease, and respiratory disease mortality are almost all above the Leeds average. *City Centre*, *Hunslet Green and Thwaite Gate* MSOA have the highest male and 4<sup>th</sup> highest female cancer mortality rate in the city. It also has the city’s highest circulatory disease mortality rate and the 2<sup>nd</sup> highest respiratory disease mortality rate for men.

The NAEDI lung cancer screening and early intervention programme has now been running in the area for over two years and been extended for a third year.

Further actions to prevent these conditions across the Area Committee area need to be considered as a key priority in the coming years.

### 3. Lifestyle Behaviours

**Smoking** prevalence in the Inner South area is all above the Leeds average, with an overall rate of 31% compared to Leeds at 23%. The MSOA of *Belle Isle North* has the highest smoking prevalence in the city at around 40%. As a result of this area having the highest rates for the city an outcomes based accountability workshop was run in Belle Isle and follow on actions are being progressed by a working group reporting into the Neighbourhood Improvement Board. During 2013 we have also undertaken to tackle the use of other tobacco products such as chewing tobaccos and ‘shisha’. Both shisha and e-cigarettes are growing in popularity with misconceptions and lack of awareness of the harm caused by these products.

**Obesity and Chronic Obstructive Pulmonary Disease (COPD)** prevalence is almost entirely grouped around the high end, above the Leeds average. Areas such as Middleton rank amongst the highest for the city for obesity prevalence rates. The area health and wellbeing partnership undertook an extensive obesity review last year focussed on inner south and published their findings which led to targeted work being concentrated within Middleton Park ward. To continue to tackle COPD a number of campaigns to raise awareness have been delivered, such as the 'know it, check it and treat it' and lung cancer screening activity mentioned above.

**Alcohol Admissions** in parts of Inner South are amongst the highest for the city. Holbeck, Middleton and Beeston all have significantly higher hospital admission rates. There is a working group that is delivering a range of actions to address this issue. Activity this year included the development and implementation of the South Leeds Licensing Framework which allows the opportunity to place additional restriction measures on new applications. Also linked is the issue of domestic violence with a higher number of recorded incidents having alcohol as a contributory factor.

#### **4. People's quality of life will be improved by access to quality services Improving mental health**

Data around mental health need across Leeds shows a greater level of need in areas of high deprivation, both for common mental health problems (depression & anxiety) and severe mental illness, which is reflected across the SE Leeds population. There is a citywide partnership group and one of the key actions they are progressing is the production of a directory of resources which once completed will be communicated through events in localities run by the area health and wellbeing team.

The Neighbourhood Improvement Boards in the area have through multi agency work delivered a number of 'Dementia Friendly' programmes that include activities such as reminiscence groups; awareness raising sessions for both staff and communities; running dementia cafes and appointing organisation leads as dementia champions.

#### **5. Place based work and wider determinants of health**

Several national reports including 'the Marmot' report stress as well as lifestyle behaviours the impacts social, environment and economic situations have on people's health. The Leeds city Joint Health and Wellbeing Strategy includes a number of priorities that focus on wider determinants of health. Priorities such as 'giving children the best start in life', addressing the issues of fuel poverty, unemployment and financial poverty are all factors that impact on wellbeing.

Activity such as the 'Winter Warmth Package for the Elderly' that the Area Committee funded jointly with Housing and delivered in partnership with the Neighbourhood Networks is a good example of contributing to supporting addressing reduction in excess winter deaths.

The table below shows further local health and wellbeing activity that has taken place, or is in the process of being developed in Inner South over the last year. This activity has been planned on the basis of the information presented in the 2011 Joint Strategic Needs Assessment.

Also **Appendix B** is a table listing all Inner South CCG GP practices and includes information of commissioned healthy living services provided within practices.

## Leeds South & East Area Health and Wellbeing Team

The South and East Locality Team activities contribute to delivery of the Leeds Joint Health and Wellbeing Strategy 2013 - 2015.

Priorities are determined through engagement with citywide and local governance arrangements in particular through the area health and wellbeing partnership, area committees and area leadership team.

Activity focusses on health improvement and wider determinants of health initiatives.

Key Outcomes from Health and Wellbeing Strategy Supported by Locality team are:

- People will live longer and healthier lives.
- People's quality of life will be improved by access to quality services.
- People will live in healthy and sustainable communities.

Strategic Priorities	Our priorities	Actions 2013/14	Progress
H&WB plan: Support more people to choose healthy lifestyles	Alcohol and related Community Safety Harm Reduction Programme.	Local licensing policy framework drafted for reducing and placing restriction measures on off licenses in LS10/11 to be endorsed by LCC.	South Leeds Licensing Framework in place and being implemented, with restriction measures applied to all new and revised applications.
		To develop local arrangements to reducing high intensive users of hospital admissions through multi agency work between police and treatment support providers.	LYPFT and LTHT agreed to a data sharing agreement and data being reviewed to establish need for joint work.  LSE CCG enhancing alcohol treatment service to key practices and planning additional community detox provision to serve LS10/11 following additional training to Primary Care.
		Establish arrangements to support domestic violence cases where alcohol is a contributory factor to access treatment support through referrals from Police Safeguarding team using audit c toolkit.  Strengthen alcohol treatment support take up through link to fixed penalty notices.	Police safeguarding team trained and making referrals to ADS using Audit C assessment toolkit.  Quarterly monitoring activity underway with 12 referrals made in the first quarter but only 1 attended. Therefore fixed penalty notice approach agreed as incentive to waive on attendance for treatment support.
		Children and Young people's public health team running diversionary activities in Inner South.	Cycling and maintenance programme established.



	<b>Reducing Harmful Effects of both Cigarette Smoking and Niche Tobacco use.</b>	Run promotional awareness raising campaigns on dangers of Niche Tobacco.	Promotional materials produced and shared with dentists, pharmacies and GP practices in target neighbourhoods, also campaign messages aired through local radio station.
		Undertake targeted work with users of different niche tobacco products.	Events were held in Beeston in November 2013 aimed at users of chewing tobacco products. 75 residents came for the mouth swabs supported by community dentists. The results were astounding with 16 having to be referred with suspected mouth/throat cancers. The dentists have now asked for repeat similar events to be run bi-annually as an effective method for targeting communities using chewing tobacco products.
		Deliver briefings for frontline staff.	Staff briefings delivered with 74 frontline staff attending from South Leeds.
		Referring users of niche tobacco for cessation support.	Community based briefing sessions continue to take place in the three target neighbourhoods. These sessions have been attended by 2736 people with 534 of these coming from South Leeds.
			Tailored cessation support programme underway with engagement and learning to develop best practice in collaboration with York university research team. So far cessation support has been taken up by 13 women and a men's group is currently being set up in the Harehills area.
		Deliver retailer education and enforcement activity.	'A report has been produced by LCC Health and Safety Team entitled 'Shisha smoking and smoke free legislation'. This report went to October's Licensing Committee and was well received, with members being supportive of the work that is taking place. In May the Health and Safety team successfully prosecuted two shisha bar owners and the team have also identified 24 shisha premises across the city. Advisory/compliance visits to these premises have been carried out with an information pack being left for the premises owner. In July Health and Safety visited one premises with the Police and in November led three multi agency visits involving the Police, Licensing, Planning, HMRC and Trading Standards.
		<b>Reducing smoking prevalence rates in Belle Isle</b> as the neighbourhood with the highest smoking rates in the city.	Using social norms approach to work with schools and community venues supporting users to reclaim their fresh air spaces and promote outdoor spaces as smoke free zones.
		Establish smoking cessation service in Belle Isle.	Take up of service initially encouraging. Tapered off in third quarter. Change of venue and super clinic model to provide access from a range of venues agreed.
Promoting key messages locally using a range of medias e.g. Stoptober programme.			

	<b>Promoting Healthy Weight Programme to address Obesity in Middleton and Belle Isle.</b>	Establish local provider partnership to improve referral pathways between local organisations.	Inner South Providers Partnership established. Developing referral pathway following clarification on level of support provided against national benchmark system that outlines prevention through to surgery stages.
		Awareness raising and capacity building activity being developed to increase take up of existing and new provisions.	Leisure services establishing bespoke provision in Middleton Leisure Centre. Health for All also established a community weight management programme.
		Developing new approaches taking best practice from elsewhere e.g. take away free zones; good food programmes etc.  Undertaking linked activity through addressing wider determinants of health e.g. influencing regeneration plans.	Evidence gathering for developing a supplementary policy to the core strategy to restrict takeaways near schools underway.  Feasibility work to assess existing 31 takeaways motivations to improve food nutrition and engage with good food programme underway.  Also Middleton and Belle Isle regeneration plan informed using health intelligence.  Promoting 'Leeds let's get active' campaign.
<b>H&amp;WB plan: Ensure everyone will have best start in life</b>	<b>Reducing Infant Mortality through activity in Beeston and Holbeck in conjunction with Healthy Early Start teams activity.</b>	Working closely with children's centre staff and other local orgs to offer prevention measures such as Moses baskets to prevent co-sleeping.	Housing staff and Children's Centre staff engaged in promotion and delivery of prevention measures.
		Producing, promoting and distributing evaluation of men's antenatal education through radio dramatisation in Inner South and Inner East Leeds.	Financial Fitness Booklet produced outlining services available. Promotion activity underway
<b>H&amp;WB plan: Ensure people have equitable access to screening and prevention services to reduce premature mortality</b>	<b>Community Capacity Building</b>	Support the development and development / delivery of the action plans of the City and Hunslet NIB, Middleton & Belle Isle NIB and Beeston and Holbeck NIB.	Officers working with NIBs to implement health and wellbeing local plans. LCC Public Health commissioned VCFS organisation to deliver a work programme in Inner South.
	<b>Build local workforce capacity</b>	Delivery of 'health is everyone's business' briefings locally to frontline workers.	HIEB briefings run with extended cluster staff and to 5 children's centres in inner south. A further briefing arranged with Housing staff and for Hunslet area.
		Run local topic based training to cascade key messages and enhance signposting residents to prevention and early intervention support.	Briefings run on a number of key priority topics (see also niche tobacco; MARS; alcohol; mental health).
<b>Enhance take up of prevention and early intervention schemes through MARS initiative</b>	Plans in place for MARS initiative to be rolled out in Middleton and Bramley to test out electronic model developed by Citizens and Communities directorate as part of mainstreaming this endorsed model of best practice and integrated working approach.	Agreement and Sign up from key services and agencies with plan to run electronic trial from January 2014. MARS referrals made for take up of following prevention services: <ul style="list-style-type: none"> <li>- cessation support;</li> <li>- affordable warmth programmes;</li> <li>- engage with local activities;</li> <li>- benefit and debt advice support;</li> <li>- home safety fire checks requested;</li> <li>- adaptations and telecare services referrals made.</li> </ul>	

<b>H&amp;WB plan: Improve people's mental health and wellbeing</b>	<b>Addressing Findings from Mental Health needs assessment and Suicide audit</b>	Develop shared understanding of current local service provision and how to access.	Mapping work underway linking in with review of MIND website. Agreed to run local event in South once directory completed to promote and signpost to services.
		Deliver local programmes to support families experiencing mental health.	'MindSPACE' course run at Middleton community centre with a further 3 planned for Cottingley Heights, Middleton Primary and BITMO. Funded by CCG with referrals from Leeds Anti Social Behaviour Team, Independent Living Support Team and family support workers.
		Run pilot scheme to address low level mental health concerns focussed on supporting older people.	LCC Public Health established South Leeds pilot commissioning Age UK on social isolation and befriending working with targeted primary care settings with match funding and support from the LSE CCG.
		Enhance frontline workforce capacity to support mental health and related activities.	Proposal to develop tackling self-harm activity with high schools in South Leeds. Two sessions for staff working in LS10/11 on 'safetalk' delivered.
<b>H&amp;WB plan: Increase advice and support to minimise debt and maximise peoples income</b>	<b>Welfare reforms and financial inclusion activity supported</b>	Linking with SE area welfare reforms working group and SE debt forum.	Actively engaged in welfare reforms group activity. Including supported to access public health funding to commission financial fitness programmes and debt forum work.
		Local activity to promote welfare reforms changes and financial inclusion.	Commissioned Aire Valley Homes to establish computer access points.
		Identifying and mapping IT access points for local communities in preparation for universal credit.	Completed IT mapping supporting promotion.
		Promoting and signposting to financial inclusion advice services.	Secured LSE CCG funding to enhance local advice and financial support services in local primary care and community settings.

\* Please note this does not include all the citywide Public Health work programmes and commissioned services which will impact on the Area Committee.

## Appendix B

### SE GP Practices - Healthy Living Services

Practice code	Lead GP	Practice name	Deprivation rank scale	Registered smoking advisors in practice	No. of people SETTING A QUIT DATE (in-house and specialist service)	% of practice smoking population setting QD (NICE recommends 5%)	Health Trainer on site	No. of people accessing a Health Trainer	Healthy Lifestyle advisor on site	No. of people accessing Healthy Lifestyle Advisor	Alcohol worker (ADS) on site	CAB worker	Health Check Target	Health Check carried out
B86005	Last HA and Partner	Oakley Terrace Surgery	18	Yes	34	3.00%		4					203	148
B86035	Morris M and Partners	The Whitfield Practice	16		85	4.13%	Yes	52			Yes		340	351
B86042	Crystal TL and Partners	Lingwell Croft Surgery	23		102	2.98%	Yes	66	Yes		Yes	Yes	624	508
B86095	Bhandary LV and Partner	The Gables	2		33	0.95%		5					112	101
B86096	Menon R and Partners	Arthington Medical Centre	11		76	1.35%	Yes	1					271	176
B86633	Khan A	Hunslet Health Centre	15		4	0.74%	Yes	23				Yes	95	80
B86682	Grange Medicare Ltd - Middleton	Middleton Park Surgery (Dr. Haywood)	28		60	5.48%	Yes	30					125	58
Y00025	Pai HU	Cottingley Community Centre	3		3	0.52%						Yes	92	109
B86642	Ali SA	Church Street Surgery	14		25	6.47		2					81	83
B86667	Berridge JM and Partner	Beeston Village Surgery	54		34	3.27							183	95
B86002	Farrell P and Partners	City View Medical Practice	24	Yes	137	4.72	Yes	74					440	242
B86012	Iwantschak A and Partners	Leeds City Medical Practice +Parkside Com HC + Crossland Surgery	19	Yes	99	2.65	Yes	5					638	475