

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

**Report to: Inner North East Community Committee – Chapel Allerton Ward,
Moortown Ward, Roundhay Ward**

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For information and to note

Title: Update on Public Health Activity in Inner 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 Inner 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 update on activity progressed from the previous Community Committee around reducing social isolation workshop in 2015.
4. 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

5. Since IMD 2010 there has been a 16% increase in the deprived population of Leeds.

6. Whilst not all of the Inner North East Leeds Community Committee area is in the most deprived 10% neighbourhoods in Leeds, both Chapeltown and Meanwood (most particularly Meanwood 6 Estates Medium Super Output Area) are and they form the main focus for public health activity in this area.
7. Both these neighbourhoods score poorly on Health Deprivation and Disability score and a number of other wider determinants of health. Chapeltown scores poorly on measures of income, employment, crime and living environment, and Meanwood on income, employment and crime, all of which impact on a person's ability to stay well emotionally, psychologically and physically.
8. There have been noticeable demographic changes in these two Inner North East neighbourhoods, in common with many others across Leeds. For instance, although Chapeltown has 27% of the city's Caribbean population live here, 19% of the population is Muslim and there is now a higher than average 'white other' population, of which Romanians at 10%, are the largest group.
9. The percentage of population that cannot speak English well is also high and has implications, for both general wellbeing and access to health services.
10. Meanwood has also seen some, but less dramatic changes in its local population, but now, in addition to the white population has 5% African, 3% Caribbean, 4% Romanian, 4% Iranian and 6% Zimbabwean. However, the percentage of population that cannot speak English well is average.
11. Both these LSOAs have challenges in terms of poverty and low income, but in terms of benefit claimants, the general trend is downwards. In Chapeltown, the proportion of people aged 16-74yrs who are claiming at least 1 key DWP benefit has gone down from 26% in 2013 to 23% in 2015. In Meanwood it went from 24% in 2013 to 20% in 2015, but both are still above the Leeds figure of 14%.
12. There is above average percentage of households where multiple dimensions of deprivation exist and above average percentage of the population that has been resident in the UK for less than 10 years in both Chapeltown and Meanwood. Child poverty in Chapeltown is well above the Leeds average (34%), compared to 23%, but even more so in Meanwood, where it stands at 36%.
13. Chapeltown is below the Leeds average on several health indicators, including cancer, coronary heart disease and chronic obstructive pulmonary disease. However, male circulatory disease mortality is the fifth highest in Leeds and GP recorded diabetes in Chapeltown Medium Super Output Area is the second highest in the city, having increased over the last three years. This may indicate that there are more previously undiagnosed cases being identified and treated by increased vigilance by GPs.
14. More of Meanwood's population report bad, or very bad health (7%), this being above the Leeds average of 5%. This is also borne out in Meanwood 6 Estates GP reported

rates of smoking, coronary heart disease, chronic obstructive pulmonary disease, obesity and diabetes, all of which are higher than the Leeds average.

Public Health Work Programmes

15. The work of the locality Public Health team has been set in the context of the re-commissioned Third Sector contracts, demographic changes and the Working Together for Chapeltown Priorities, which were agreed at the beginning of 2016: 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

16. 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 will be launched on 21st February 2017, with the service fully operational from 1st April 2017.

17. 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.

18. 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. Chapeltown and Meanwood will be included in this work.

19. 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.

20. 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.

Chapeltown and Harehills Health and Wellbeing Partnership

21. The Chapeltown and Harehills Health and Wellbeing Partnership has progressed a number of actions from its action plan during the year, including:

- Developed and regularly updated Directory of Services to enable community members and frontline professionals find the local services they need quickly

- Planned and delivered a successful health event at the Reginald Centre in Chapeltown during May 2016
- Provided opportunities for partners to update professional development through Cook 4 Life training (2 Third sector organisations trained). Further session planned 1st March 2017
- Developed partnership with National Energy Advice to deliver 'Energy efficiency in the community' training (23 frontline staff trained during Winter 2016)

Activity Around Reducing Social Isolation:

22. Reducing social isolation has been an on-going strand of work for the partnership group, since being raised at Community Committee in 2015. The most challenging aspect of this is identifying and reaching the most isolated and from April 2016 the following activities have been developed with this intention:

- Improved links between community, local professionals and the hospital Patient Advice & Liaison Service
- Partnered with Leeds University to map faith sector support for local people and interactive tool produced. Plans are developing to use this tool to further engage faith sector and help them reach further out to local people (particularly newly emerging communities)
- Developed a prompt sheet for frontline staff e.g. community HUB staff to pro-actively identify and support potential socially isolated individuals. This is intended to pick up people who venture out only to meet urgent needs
- Completed consultation exercise with South Asian elders at the Al Khidmat Centre about their perceptions of and needs around reducing social isolation-planning delivery of an outreach health event to follow this up early 2017
- Now planning a multi-agency targeted outreach into small number of Chapeltown streets in April/May 2017. Designed to identify socially isolated individuals and link them into local activity

Chapeltown and Harehills Best Start Zone

23. The Chapeltown and Harehills Best Start Zone Group is targeting multi agency efforts in Chapeltown and Harehills around parental and child wellbeing. It contributes positively to achieving the overall aim of the Leeds Best Start Plan 2015-2019: A Preventative Programme from Conception to Age 2. During this year it has:

- Increased awareness of professionals to key issues affecting the CHES Best Start Zone, including high reported incidents of domestic violence in Harehills, late presentation and poor attendance at antenatal care, overcrowded housing, high child obesity at reception age, high infant mortality rates, high smoking rates, high fuel poverty and high levels of child poverty
- Loaned out 28 Moses baskets in the Chapeltown Moses basket loan scheme and rolled out to Compton Centre in Harehills. Public health information (in a range of

languages) will be included to ensure prolonged use of the basket for safe sleeping to reduce infant mortality from sudden infant death syndrome (SIDS)

- Best Start Zone professionals are now listed as key services in a local directory, which was disseminated onto the local teams.
- Effectively maintained the Healthy Start multivitamins in local children's centres. Increasing the uptake in preschool children in line with Department of Health guidelines.
- The Early Start service has been made aware of and signposted to local funding to support local improvements for service users, with the aim of improving outcomes
- Best Start Zone colleagues have had a presence in the local community at the Reginald Centre Health Awareness event. This promoted the Best Start Zone work within the local area and helped partners engage with harder to reach populations.
- Collaborated with housing colleagues to secure and deliver a parenting champion course, which was targeted at Harehills. One Chapeltown resident also attended.

Meanwood

24. Zest Health for Life are commissioned by public health to deliver health and wellbeing work in Meanwood, which is performance managed by the ENE locality public health team. The agency engages with the Meanwood 7 Estates group meeting to deliver multi agency activity and contributes to the group action plans.

25. 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 area. The arrangements are being finalised and it will begin service delivery very shortly

Leeds North CCG Public Health Led Activities

1. Chapeltown locality

26. Chapeltown CCG locality has 7 practices. These practices all receive recurrent health inequalities funding from the CCG. This funding has been pooled to develop joint programmes of work to address the specific health needs of their population e.g. to develop a specialist diabetes resource for the area and to train and mentor two Healthcare Assistant apprentices across the locality to address the fact that practices in deprived areas of Leeds have recruitment and retention issues.

2.HATCH (Health and Care Talent in Chapeltown and Harehills)

27. As part of workforce development in Chapeltown, HATCH has been established to bring together partners across health and care, strengthening the workforce, enhancing skills and capabilities and both attracting and retaining staff to work in the area. A launch event took place at the Reginald Centre in February.

3.Chapeltown Project Development Worker

28. LNCCG provided match funding to LCC to fund a one year Chapeltown Project Development worker post. The aim of the post was to improve links between health, LCC and the community. Outcomes have been very successful with a range of activity developed within the Reginald Centre and with practices, recruitment of community health champions, support provided to Connect Well and Mental Health programmes. Due to the achievements in year one, LCC and LNCCG have agreed to extend the post for a further year.

4. Bowel Screening Champions

29. This programme has been running since September 2015 and targets practices in Leeds North CCG with the lowest bowel cancer screening uptake rates, a large number of which are in the Chapeltown locality.

30. A champion has been identified within each of these practices, whose role it is to do targeted work to encourage the uptake of bowel cancer screening. The programme has seen some very positive early outcomes. Bowel cancer screening rates are increasing and Leeds North CCG has achieved the national target of 60%.

31. The health inequalities gap can be seen to be closing percentage wise between deprived / non-deprived practices for bowel screening uptake and Leeds North CCG has also had the greatest level of improvement over 12 months compared to West Yorkshire CCGs. Due to the early success of the programme, a further 2 years funding was secured for the programme and also to widen the remit of the champion to include breast screening.

5.Social Prescribing

32. The Connect Well service in North Leeds CCG area has been running since April 2016 and was commissioned for a period of 18 months. 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 CCG with a view to commissioning social prescribing on a citywide basis.

33. Connect Well aims to provide a more holistic approach to supporting and improving a person's health and wellbeing by providing access to an assessment process, designed to identify social and wellbeing needs. The Wellbeing Co-ordinator, who is based in GP practice then links service users with community assets such as voluntary and community sector groups within the area.

34. 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 of people with these needs. The Connect Well service has been very well received by both patients and health and local authority services that influence the public's health. A celebration event of all 3 Social Prescribing services in Leeds is planned for the 14th March 2017, to be opened by Cllr Charlwood.

Conclusion

35. The report details a significant amount of public health work which has been specifically focused in the most deprived areas of the 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 Inner East Community Committee.
2. To note the new Locality Community Health Development and Improvement Services for the area.
3. To note progress on the activity following the previous Community Committee around reducing social isolation workshop in 2015.
4. 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.

Background information