

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

Report to: Inner East Community Committee – Burmantofts and Richmond Hill, Gipton and Harehills and Killingbeck and Seacroft Wards.

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For information and to note

Title: Update on Health and Wellbeing Activity in Inner 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 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 IMD2010 there has been a 16% increase in deprived population in Leeds.
6. The Inner East Leeds Community Committee area consists of several of the most deprived 10% neighbourhoods in Leeds. Seacroft, Gipton, Harehills and Burmantofts and Lincoln Green all score 1 on the Health Deprivation and Disability score and Richmond Hill only slightly better at 2.

7. These neighbourhoods also score poorly on a number of other wider determinants of health, such as income, education, employment and living environment, all of which impact on a person's ability to stay well emotionally, psychologically and physically.
8. There have been rapid demographic changes in many of the Inner East neighbourhoods. For instance, in Burmantofts and Lincoln Green, nearly half the population belong to BME communities, much higher than the city average and the Richmond Hill population. The BME population is largely made up of African residents - nearly 20% of the city's African community live in this small area. There is also a notably higher than average proportion of Other Asian (7%) and Other White (5%) residents in this area.
9. Harehills is one of the largest most diverse BME communities in the city. 24% of the population are Pakistani, 9% Bangladeshi and 8% African. Nearly 40% of the city's Bangladeshi and 20% of the city's Pakistani population live in the area and 39% of the population identify as Muslim. There is also a higher than average population that identify as Other White.
10. The proportion of the population that doesn't speak English well is correspondingly high, in Harehills 11% and Burmantofts and Lincoln Green 7%, compared to 2% in Leeds as a whole. Gipton is at 4%, Richmond Hill is at the 2% average and Seacroft below average at 1%.
11. Gipton, Richmond Hill and Seacroft have seen some, but less dramatic changes in their local population. Gipton has a higher than average population of BME residents, largely made up of Pakistani (10%) and African residents (8%). There is also a notable number of mixed or multiple race residents in this area.
12. In Richmond Hill the BME population is at average levels, with 5% African and 4% mixed/multiple ethnic groups being the largest BME components.
13. In Seacroft, the BME community is small, slightly below the city average, but the proportion of mixed, or multiple race residents is notable. In Seacroft North, GP recorded ethnicity shows Other White at 3.6% the largest BME group, with Black African the second largest at 1.6%. There is a similar picture in South Seacroft where the corresponding figures are 4.7% and 3.1%.
14. Across these three LSOAs, although the proportion of new residents from other Eastern European countries is much smaller, it is still collectively substantial and rising, in what have previously been predominantly English speaking neighbourhoods.
15. All of these LSOAs also have challenges in terms of poverty and low income. Harehills has 41% of households where multiple dimensions of deprivation exist, Seacroft 44%, Burmantofts and Lincoln Green 46%, Gipton 42% and Richmond Hill 33%, against an average of 26% for Leeds as a whole.

16. Child poverty is also of concern. In Burmantofts and Lincoln Green, in 2014 levels of child poverty stood at 44%, almost twice the level of Leeds as a whole (23%). Harehills was at 43%, Richmond Hill 41%, Gipton 40% and Seacroft 38%.
17. Whilst the percentage of 16-74 year old population claiming at least one key DWP benefit is seeing a downward trend, all LSOAs are higher than the Leeds average. Burmantofts and Lincoln Green has reduced from 34% to 31% between 2013 and 2015, Harehills from 31%-27%, Seacroft from 30%-27% and Gipton from 29% to 26%.
18. The work of the Health and Wellbeing locality team has been set in the context of these changing demographic changes and the Neighbourhood Improvement Priorities, which were agreed at the beginning of 2016.

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

19. 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' Healthy Communities, Healthy Lives, was launched on 21st February 2017, and the service will be fully operational from 1st April 2017.
20. A consortium 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.
21. The review process identified an imbalance of resources across Leeds and the new contracts have resulted in a larger proportion of the resource being directed towards East North East Leeds, to reflect the greater deprivation in this area.
22. 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. As the newly emerging communities are to be targeted in this work, it will contribute significantly, not only to health improvement, but also to the neighbourhood improvement priority of increasing cohesion, reducing language barriers and supporting integration activity.

Neighbourhood Improvement Priorities

23. The locality Public Health Team work closely with the Communities Team in terms of progressing health related priorities. In the main, this is through separate Health and Wellbeing Partnerships, rather than direct sub groups off the NIP as it enables other health issues, of importance to the local neighbourhood, to be tackled.

24. However, the team is fully engaged with the Neighbourhood Improvement Partnerships and provides public health input, as and when required.

Health and Wellbeing Partnership Activity

Burmantofts & Richmond Hill Health and Wellbeing Partnership

25. In Burmantofts and Richmond Hill, a dedicated multi- agency health and wellbeing partnership meets quarterly and has delivered on a number of priority work strands, which contribute to the NIP priorities as follows:

Poverty - employment support; financial inclusion; crisis support

- Partnership working with Fare Share has secured funding from Jimbos to develop 6-7 Fare Share outlets in Inner East Leeds. (3 applications are currently being progressed)
- Commissioned services have updated skills through public health Cook 4 Life training (2 sessions arranged)
- A workshop for frontline professionals and Elected members on Universal credit and Welfare reforms was delivered October 2016
- This Winter, a partnership between National Energy Advice and ENE locality public health team has led to 23 frontline professionals being trained around passing on energy efficiency messages in the community.

Housing - additional support for Housing Leeds tenants

- The group has been alerted to an unmet need for financial advice, especially amongst parents. As a result, the Public Health locality team is working with Environment and Housing colleagues to secure funding from the Housing Advisory Panel/Wellbeing Fund for a Money Buddy to be placed in the Richmond Hill area.

Minimising the harm caused by alcohol

26. Reducing harm from alcohol is a key priority of the work and the alcohol sub group is working locally to deliver a multi- agency approach to reducing the harm caused by alcohol. A workshop on alcohol awareness was delivered to frontline staff and volunteers by Forward Leeds in September 2016.

27. East Leeds Health for All, commissioned by public health, runs the Plan 2 Change Group in Lincoln Green, which has been a key contributor to this work. Between April 2013 and August 2016, 196 vulnerable people have progressed through the group to 53 different follow on services/projects. Over the year, this project has been presented in a number of Public Health forums as a model of good practice.

28. Plan 2 Change has also influenced local practice, by developing partnerships with service providers. For instance, Forward Leeds (alcohol services), now provides

community initial assessments to reduce the number of those who do not attend their pre-arranged appointments.

29. The service users have also contributed to and continue to contribute to consultations on improving crisis care and the project has developed volunteers to support a local Winter Wellbeing café and input to the newly implemented Crisis café.

Reducing Social Isolation

30. Since the Community Committee workshop on reducing social isolation in January 2015, a number of work streams have been progressed by our Third Sector public health commissioned partners, which support potentially socially isolated individuals. This thinking is now firmly embedded into mainstream work and also supports the Neighbourhood Improvement Priorities of improving cohesion, reducing language barriers and integration activity
31. Men's social isolation and the potential for harm from poor mental health and suicide has been specifically targeted and a number of men's groups and activities have been established since the workshop. There is evidence that this is having a positive impact on men's health behaviour, i.e. seeking preventative medical advice early. A Roma café providing a meeting point for vulnerable migrant groups (male and female) has been supported, family swimming sessions and women only Zumba groups have taken place and a volunteer led women's walking group has been developed-one person losing a stone in weight as a result.
32. Shantona has run a series of successful conversation clubs, one woman with poor initial mental health has now gained sufficient confidence that she now appears as the lead person in a promotional video.
33. However, it is recognised that not everyone, who could benefit from being engaged, actually is engaged and the newly commissioned 'Better Together' service will have more emphasis on reaching people wherever they are. This will include, for example door knocking, street based work and working with community HUBs and faith based groups.
34. Both East Leeds Health for All and Zest Health for Life are performance monitored to ensure their activity reaches the relevant ethnic minority groups in the area.

Gipton and Harehills

Gipton Health and Wellbeing Partnership

35. In Gipton, a dedicated multi-agency health and wellbeing partnership meets quarterly and has delivered on a number of priority work strands, which contribute to the NIP priorities of poverty and isolation and healthy living (lung disease, diabetes).
36. Workshop sessions were carried out within the partnership meetings early in the year and key priorities were identified. These were improving emotional health and

wellbeing, and healthy living. There was an additional cross cutting theme around financial inclusion.

37. Funding for 2 Money Buddies has been secured from the Inner East Housing Advisory Panel. These will be placed in the Gipton area with one placed in Oakwood Lane Medical Practice.
38. Space 2 is commissioned by Public Health to work in both the Seacroft and Gipton neighbourhoods and they run a range of work to improve the health and wellbeing of local communities. For Gipton, this includes the delivery of a social connector based at Oakwood Lane Surgery, the delivery of a volunteer led programme called 'FRESH' who do health theme based pop up events across the area to raise awareness,
39. They have also developed 'Friendship groups' to reduce isolation, work with local schools, bespoke courses/ activities depending on needs in the area. For example, they have been running a course called 'Art inside me' to provide support for service users with mental health needs.
40. Physical activity opportunities are being mapped across the area in relation to the high Diabetes Type 2 prevalence and a Green Gym is now being established. A piece of work to look at the uptake of NHS health checks in the area in relation to the Diabetes Type 2 prevalence is being planned.

Harehills

41. The ENE Locality Public Health Team has delivered on a number of health priorities in the Harehills neighbourhood this year, some of which have also had an impact on the NIP priorities, particularly that around cohesion and supporting new and emerging communities. Commissioned delivery partners are also delivering work around men's health, Roma groups and reducing social isolation.
42. Shantona is commissioned to work with Bangladeshi women. This work is now expanding to meet the pressing needs of other newly emerging groups of women and as a family approach is so often necessary, some work is now beginning to develop with men.
43. In terms of interventions delivered by the Chapeltown and Harehills Health and Wellbeing Partnership group in Inner East Leeds, a Health Awareness Fair at Compton Road HUB was held on 1st December 2016. As well as providing a wide range of information, around healthy eating, alcohol related harm and safer drinking, physical activity, Best Start, men's health and other Third sector support on the day, follow on activity to develop yoga and green gym activities from the HUB has now started.
44. 14 people, of which 3 were BME were screened for mouth cancer, with 1 person requiring a further follow up. Mouth cancer is a particular risk, especially in some BME groups because of cultural practices i.e. older Bangladeshi women chewing paan and the increasing prevalence of shisha pipe use.

45. Local intelligence suggests that shisha bars and shisha use are becoming more widespread, particularly in Inner East. Shisha smoking is traditionally carried out by people from Middle Eastern or Asian community groups, but is becoming increasingly popular among all groups in cities across the UK. It is also particularly attractive to the younger generations
46. Between 2013 and 2014 a 12 month Shisha awareness project in Beeston and Harehills was funded by Public Health and delivered by West Yorkshire Trading Standards. This led to the development of a Shisha resource pack, which is available for partners to borrow so they can continue the awareness raising work.
47. Some Third sector partners continue to tackle niche tobacco use. Shantona for instance have run young people's groups, using the resource, have facilitated accessible oral health sessions from their base and have reported 15 women, who have ceased chewing tobacco as a result of targeted Stop 'Chewing' sessions run by the Stop Smoking Service during the 2013-14 intervention.
48. The Health Act 2006, i.e. smoke free legislation applies to shisha bars / cafes and some prosecutions have been successful, but the complexity around licensing and enforcement in this type of premise, has meant that this has had limited success in tackling the issue.
49. The Best Start Zone, which includes the Harehills area has developed a safe sleeping scheme from within the Compton Centre (starting April 2017) and funded by Inner East Housing Advisory Panel. Public health information (in a range of languages) will be included to ensure prolonged use of the basket for safe sleeping, thereby reducing infant mortality from sudden infant death syndrome (SIDS).
50. Local professionals have been alerted to the key issues affecting the Chapeltown and Harehills Best Start Zone, including high reported incidents of domestic violence in Harehills, late presentation and poor attendance for 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.
51. 11 frontline professionals were trained in Stop smoking brief interventions at the Compton Centre in November 2016, in response to the high smoking rates in the area
52. Domestic violence is emerging as a major priority of concern across the best start zone partnership. An action plan is in development to look at ways to tackle this further locally and enhance what is already being delivered. There are plans underway to implement a low/medium risk case conference in the 2gether cluster.

Seacroft Neighbourhood Improvement Priorities

53. The Public Health work in Seacroft has been developed to add further support for the Seacroft Neighbourhood Improvement Partnership priorities of reducing poverty

unemployment and benefit prevalence, reducing crime particularly domestic violence and abuse, tackling poor health - lung disease; diabetes and childhood obesity and improving educational outcomes.

Seacroft Health and Wellbeing Partnership

54. Workshop sessions were carried out within the partnership meetings early in the year and key priorities were identified. Reducing smoking and providing the best start in life were prioritised because of presenting issues in the area. This has led to the following activity and outcomes.

Smoking Cessation

55. A bespoke smoking awareness training session took place at the Seacroft Children's Centre on 7th February 2017. Nine staff attended the training from Hamara, LS14 Trust, Space2 and Public Health.

56. Space 2, which is commissioned by Public Health and the Stop Smoking Service delivered a Stoptober campaign, which included an event at Tesco in September 2016. This was followed by pop ups in Foundry Lane practice and LS14 Trust. This resulted in 40 new referrals being made to Stop Smoking Services in the period between September and October 2017. Training around 'Take 7 steps out' (smokefree homes) has also been delivered to local workers to support the Stoptober campaign.

Best Start

57. The partnership is planning to run a Best Start workshop event with local staff to raise general awareness of importance of early years for reducing health inequality and also planning action to increase the uptake of the 2 year education entitlement.

58. Support is being provided to LS14 Trust to evaluate current delivery and action research funded by North CCG and identifying further funding opportunities to build on the successful work developed so far.

59. Space 2 are commissioned by ENE Public Health to deliver a social connecting one to one support service across community venues, friendship groups, 'FRESH' volunteer led groups who deliver pop up events to raise awareness on various topics, community activities and support based on need in the area.

Clinical Commissioning Group led activity

South and East CCG

60. South and East CCG covers a number of Inner East neighbourhoods and has progressed a number of work streams during 2016-17.

Bowel Cancer

61. Feel Food Factor have been commissioned to deliver a community Bowel Cancer screening awareness campaign until March 2017. To date over 1300 people have been engaged in conversations and the campaign effectively increased uptake of the test.
62. Bowel Cancer Champions have been recruited from Ashton View, East Park – The Doctors, Garden Surgery, Lincoln Green Practice, Roundhay Road, Shakespeare Practice, Harehills Corner and Windmill Health Centre. Champions are contacting patients who have not completed the bowel cancer screening and encouraging them to do so. Funding has been extended to September 2017.

Smoking Cessation

63. The 'Today's The Day' campaign, is helping people quit smoking by encouraging access to the NHS Stop Smoking Service. A 'self-help app has been launched and an evaluation is starting in February 2017. This will be reported back at a future committee.
64. £75,000 has been secured from Public Health England to develop work around reducing maternal smoking and 6 GP practices are participating in an initiative to inspire a smoke free generation by 2020 in the Breathe 2020 initiative.

Primary Care

65. Two Patient Advisors have been appointed to Shakespeare Practice, in Burmantofts Health Centre. They offer a wide range of support to patients with referral to more appropriate specialist services when necessary.
66. Public Health and the Primary Care Engagement teams are working to bridge gaps between the community and public health services and Connect for Health, the social prescribing service is continuing to develop and provide useful links and contacts for local people and organisations to identify necessary services.
67. Touchstone, Women's Health Matters and Leeds Community Healthcare NHS Trust's Early Start Service have just been commissioned to deliver the 'Best Start Peer Support Service'. This is funded by the South and East Leeds Clinical Commissioning Group (£240,000 over 3 years) and jointly developed by the ENE and S & E locality public health teams. This service' will be offered through a course at Children's Centres from June 2017 and aims to reduce isolation of new parents, train up volunteer peer supporters and paid 'peer mentors' who will then pass on their new knowledge to others.

Leeds North CCG

Migrant Health

68. Milan Street Practice in Harehills falls within Leeds North CCG. The rapidly changing and diverse demographics in Harehills has a great impact on this practice. Over 25% of their practice population do not speak English and there has been a very sharp rise in Eastern European patient registrations. This results in both language and cultural barriers in relation to access to healthcare and generates a huge additional workload for the practice. It also has cost implications related to patients who 'Do Not Attend' their pre-arranged appointments, the use of language line and the need for double appointments.
69. All practices in Leeds North CCG with 900 or more of their practice population living in deprived Leeds receive recurrent health inequalities funding weighted according to levels of deprivation from the CCG. Milan Street Surgery has used the 2016-17 funds to address access issues among their migrant populations. They have employed a Romanian speaking receptionist and have implemented an all-day telephone triage system which has considerably reduced the number on double appointments booked.
70. The practice has also started to build links with an Eastern European speaking Migrant Community Networker (Migrant Access Point, LCC) based at the Compton Centre, to explore how they can work more closely to improve access to primary care within this community.

New Models of Care

71. As part of the development of New Models of Care, Milan Street practice in Harehills is working closely with 3 other practices in Leeds, including Gipton, Foundry Lane Surgery and Seacroft, (Oakwood Surgery) to pilot an integrated hub model of working to deliver healthy living services across the practice in a more effective way.
72. A steering group has been established to drive forward the programme, a healthy living co-ordinator has been appointed to work across the 4 practices and a healthy living champion has been identified in each of the practices. The initial focus is on Health Trainers, Forward Leeds (Drugs and Alcohol) and smoking cessation.

Bowel Cancer Screening

73. Leeds North CCG also has a bowel cancer screening programme, which has been running since September 2015 and targets practices in Leeds North CCG with the lowest bowel cancer screening uptake rates. In terms of the Inner East Community Committee area, this includes Milan Street practice in Harehills, Oakwood Lane practice in Gipton and Foundry Lane practice in Seacroft.
74. Bowel cancer screening rates are now increasing and Leeds North CCG has achieved the national target of 60% and Leeds North CCG has had the greatest level of improvement over 12 months, compared to West Yorkshire CCGs.

75. The health inequalities gap can be seen to be closing percentage wise between deprived / non-deprived practices for bowel screening uptake and this early success of the programme has led to a further 2 years funding being secured and also an intention to widen the remit of the champion role to include breast screening.

Joint commissioning

76. Leeds North CCG provides a funding contribution to Leeds City Council contracts for Health Trainers, Forward Leeds and Warmth for Well-being. This secures additional local level provision in this area and contributes towards reducing health inequalities

Conclusion

77. This report details a significant amount of public health work, which has been specifically focused in the most deprived areas of the Inner East Community Committee Area over the last year. The work is part of a larger programme of public health, which is led by citywide public health teams and 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 S & E CCG/Leeds North CCG Locality Public Health Team in the Inner East Community Committee area.
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

Appendix 1-key public health related agencies working in Inner East Leeds