Leeds CITY COUNCIL

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Report of the East North East Health and Wellbeing Improvement Manager

Inner East Area Committee

Date: October 2010

Subject: Update on the Inner East Health and Wellbeing Programme

Electoral Wards Affected: **Inner East**	**Specific Implications For:**
	Equality and Diversity √
	Community Cohesion √
	Narrowing the Gap √

Council Function		Delegated Executive Function available for Call In		Delegated Executive Function not available for Call In Details set out in the report	

1.0 Executive Summary

1.1 This report will outline the key health and wellbeing issues being considered by the East North East Health and Wellbeing partnership and set out how issues affecting Inner East Leeds are being addressed.

2.0 Purpose Of This Report

2.1 The purpose of this report is to explain the background of the health and wellbeing partnerships and how the initial priorities are being developed in the context of the Inner East Leeds Area Committee.

3.0 Background Information

3.1 Citywide partnership arrangements for health and wellbeing were established in 2008 to complement existing themed partnerships around children, worklessness, community safety and officer coordination groups. Consultation workshops in March 2009, involving over 150 people led to Health and Wellbeing partnerships being formed for each of the three city wedges (East North East, South East and West North West). The East North East Health and Wellbeing partnership started meeting in October 2010 and has begun to help partners to work together at the local level.

3.2 Each of the partnerships are supported by a joint funded LCC/NHS Leeds Health and Wellbeing Improvement Manager, which for the East North East is Liz Bailey. In July 2010 Janet Smith was transferred from Environmental Health

Services to Adult Social Care and is now working as Health Improvement Officer to the Health and Wellbeing Improvement Manager on a number of initiatives.

3.3 The three Health and Wellbeing Managers have four overarching priorities around improving health:

- Communication and community engagement
- Ensuring commissioned services and local initiatives meet the needs of deprived communities
- Translation of citywide priorities into actions at local level
- Reducing the Health Inequalities gap between deprived communities and the rest of Leeds through strengthening partnerships, building health capacity and maximizing resources.

3.4 These priorities provide the framework for delivery of actions from the city wide Leeds Health and Wellbeing Partnership Plan, through the Health and Wellbeing Partnerships to Local Delivery Plans.

3.5 The area Health and Wellbeing Partnerships have representation from a number of key agencies including: Area Management, NHS Leeds, Community Healthcare Services, Adult Social Care, Children's Services, Housing, Practice Based Commissioning, LINks and Leeds Voice Health Forum. In addition, elected member health champions from each of the ten Area Committees are also included on the partnerships. Cllr Brett is the health champion for Inner East Leeds and is invited to take local issues to and from the partnership.

3.6 The recent white paper Equity and Excellence: Liberating the NHS, has important implications for local authorities, who will be taking on responsibilities for public health, as well as partnership working at locality level. Health decision making will be transferred to locality level through General Practice Consortia and current health budgets will be transferred from Primary Care Trusts to these bodies, which will make commissioning decisions, based on the needs of the local population. The Health and Wellbeing Partnerships, being close to local communities and in touch with key service providers, are well placed to play an important role in informing the new commissioning process.

3.7 In September 2010, the Local Government Improvement and Development (formally IDEA) conducted a Healthy Communities Review. This showed a need for elected members to own the emerging vision for health improvement, a need to engender a culture that health is 'everyone's' business and that whilst there are good examples of work around health in Leeds, we need to look internally at what works and 'industrialise' it.

4.0 Main Issues

4.1 1 Published data, from sources including the Director of Public Health's Annual Report (2009), the Health and Wellbeing Partnership Plan 2009-12, and the Joint Strategic Needs Assessment (JSNA), as well as the Neighbourhood Index data was used to build a health profile of the Inner East Area. Subsequent data

is being added as it becomes available and local intelligence is being collected via consultation events. A health questionnaire, administered via the Citizen's Panel process is planned for 2011 and this will provide a more robust method of gathering data and in turn enable a more complete picture of the area and its health needs to be compiled.

4.1 2 The Inner East Area is one of variation. It has a high multi ethnic population in areas such as Harehills (23%), just over 14% of which is Asian, in contrast to the predominantly UK born in Richmond Hill (91.1%), Seacroft Green, Kentmere Approach/North Parkway 96.8%, 96.7% in South Seacroft and 86.7% in Gipton (Acorn 2009).

4.1 3 Social profiling describes sub sections of the population in Richmond Hill as living in deprived neighbourhoods, with poor diet and smokers (18.2%) and urban estates with sedentary lifestyle and low fruit and vegetable consumption (11.8%). 41. 1% of the population have existing health problems compared to 17.3% in Leeds as a whole (Acorn 2009). The Neighbourhood Index shows scores in Cross Green/East End Park/Richmond Hill as significantly lower than the averages for the city, particularly in terms of Economic Activity, Low Income, Housing, Community Safety and Health.
However, there is a significant (27.6%) sub population of young healthy professionals living in Richmond Hill.

4.1 4 This information suggests that health action in this particular location should focus upon improving knowledge, skills and attitudes around food and nutrition for those who are having difficulty accessing a healthy diet and encouraging more smokers to permanently quit.

4.1 5 In Seacroft, (South) the predominant group according to Acorn profiling is poor single parents with lifestyle related illnesses (52%), followed by those living on urban estates with sedentary lifestyles and low fruit and vegetable consumption. 57% of the population, according to Acorn profiling currently smoke. This means that whilst currently 16.9% of the population have existing health problems, 83.1% of the population are expected to have future problems.

4.1 6 In Seacroft Green/Kentmere Approach/North Parkway, slightly less (49%) of the population smoke, but in both North and South Seacroft, additional issues such as obesity, physical inactivity, arthritis, high blood pressure and depression add another layer of health disadvantage.

4.1 7 The Health and Wellbeing Improvement Manager undertook a consultation exercise at the Ramgharia temple on 2nd March 2010. This gathering, which was drawn from all areas of Leeds, revealed a general consensus between community views on health needs and the current priorities of the statutory health sector. These included issues around obesity prevention, alcohol use and smoking, although poor mental health, low income, social isolation and affordability of leisure and cultural opportunities, together with transport issues were also identified.
Some of these wider determinants of health and challenges are entered onto the Health and Wellbeing Manager's overall workplan at Appendix A.

4.1 8 Three main initial priorities around reducing smoking related disease, increasing physical activity levels and reducing poverty were agreed through the East North East Health and Wellbeing partnership, which was challenged to use the existing resource of partners to improve health outcomes in these areas.

4.1 9 The size of the wedge, the scale of deprivation and the diversity of the population, means that there has had to be a balance, between working reactively around issues that are identified by statistics, and proactively identifying the needs of the local population, building capacity to tackle those needs and through the Health and Well being Partnerships, engaging the commitment of a wide range of people, to help add to the evidence base, and build good community health. This, in the longer term will enable more efficient use of healthcare resources and services.

4.1 10 Also, a balance has had to be struck, between delivering small localized projects, targeted at a number of needy individuals within individual wards, and larger scale initiatives, based on influencing delivery of universal services. Based on this information, a number of initiatives in the Inner East Area are progressing.

4.2 Preventing Lung Disease

4.2 1 Lung disease, such as Chronic Obstructive Pulmonary Disease (COPD) and lung cancer are predominantly smoking related diseases. In Leeds COPD is the fourth highest cause of death and hospital admissions for men and the fifth highest in women.

4.2 2 Smoking has been identified as the biggest single cause of inequalities in health between the most and least affluent groups and encouraging a reduction in the number of individuals who smoke is therefore a key intervention, if the most serious health conditions including COPD, coronary heart disease and cancers are to be tackled.

4. 2 3 A multi agency health partnership tasking group is meeting monthly and piloting work in Seacroft under the umbrella of 'Team Seacroft'. Partners include NHS Leeds, Stop Smoking Service, Seacroft Neighbourhood Manager, Health For All, Adult Social Care, Seacroft/Manston School Cluster Manager, Extended Services and Space 2 Healthy Living Centre.

4.2 4 The action plan contains a number of actions designed to protect children from passive and early age smoking, as well as encouraging adults who currently smoke, to stop.

4.2 5 The programme includes:

- Children Centre's working with vulnerable families to increase the number of smoke free homes
- Developing services to support young smokers to quit. Seacroft schools are keen for children to access help and have expressed a need for a child

appropriate stop smoking intervention. Currently the Stop Smoking Service is geared towards adults and has limited resources to develop new services. However, staff are being released to attend child and young people focused brief intervention training sessions. This will also be offered for other young people centred professionals e.g. youth workers

- A number of innovative initiatives such as peer support, youth parliament activities, developing child focused publicity and projects around smoking cessation are being considered by schools
- The Health Trainer is shortly to start supporting patients leaving the Pulmonary Rehabilitation Programme and will also take referrals from clinical teams. The Health trainer will help the individuals identify their health goals, set them on course to change and signpost to appropriate activities.
- Some workplace health promotion is planned. This aims to help local staff to quit smoking, but also use workplaces such as supermarkets as settings for engaging with the local community
- A stand at the Expressions Arts Festival on 25th September 2010 enabled the team to gather views from local people around barriers to quitting smoking. This information will be fed into the programme.

4.2 6 This work is being linked to a wider, GP led project, which is using computer software to identify individuals, who have long term conditions and therefore at risk of frequent and unnecessary hospital admission. Clinical teams are assessing patients needs and referring to a number of initiatives such as affordable warmth and assistive technology.
In time this tool will assess the health risk of those who have not yet developed a particular health condition which will provide more opportunity to put preventative action in place.

4.2 7 Value is being added by linking other community support mechanisms, such as Neighbourhood Networks, Healthy Living Centres, EXTEND activities, self care advice and arts activities. Activities are being mapped, pulled together and relevant providers engaged. Referral pathways that provide a seamless service and can be standardised across the city are also being developed.

4.3 Increasing uptake of free school meals

4.3 1 Take up of free school meals is lower in Leeds than in other schools in the Yorkshire area and increasing uptake of both paid and free school meals would have important public health benefits. The 2008 Leeds school census day revealed that out of 17,500 children known to be eligible for free school meals, 8,000 failed to take up their entitlement.

4.3 2 For children who belong to a low income family, a free school meal makes a significant contribution to overall health. Many therefore are not receiving adequate nutrition, which has a detrimental effect on learning and future health and wellbeing. Increasing take up would also reduce poverty by enabling families to receive an average of £700 worth of food annually (School Food Trust).

4.3 3 Research suggests that the reasons why children do not take their free meal entitlement are the same as those who pay for their school meal – poor quality of food and unpleasant dining experience. In primary schools, three-quarters of pupils feel there is not enough choice, two thirds cite small portions and a half cite long queues, not enough time to eat, messy tables and noisy dining rooms. In secondary schools 90% of the pupils cite long waits, 80% over crowded environment and 90% too noisy. Others say that lunch is often too late and too hurried, with poor pupil supervision. Parents feel the quality of food is poor, and does not offer value for money, especially in secondary schools.

4.3 4 A partnership group including Education Leeds, NHS Leeds, Adult Social Care, Healthy Schools, head teachers, Children's Services, Extended Services, The Voluntary sector and the School Meals Service is developing a community approach towards increasing free school meal uptake in Burmantofts and Richmond Hill. This consists of training frontline workers to identify those eligible for free school meals and working with them to access their entitlement.

4.3 5 The workers also have strong links to schools and will work with them to overcome barriers such as stigma, dining room environment, social barriers etc. The East North East Health and Wellbeing Partnership representative from Children's Services is facilitating further action with headteachers and cluster leads to enable the previous research findings to be acted upon.
The first community stage of the work is underway, and a number of schools in Richmond Hill have been identified and will be asked to assist with this work.

4.3.6 The work so far includes:

- An action plan has been drawn up
- Nine frontline staff have been trained to deliver actions contained in the 'Free School Meals Toolkit' (an information pack which has previously been distributed to schools) and they are using this information to target and support parents who are eligible for free school meals to take up their eligibility.
- Eight catering staff have been trained around the Free School Meals Toolkit
- A briefing session attended by approximately ten councillors has been delivered
- Further training sessions for school governors and cluster leadership are scheduled
- A support mechanism to ensure the training is used consistently by all workers and over time is being developed
- An evaluation and outcomes framework is under development
- The school meals provider is being signposted to and working with a number of head teachers to improve the quality of the school meals
- The work has become integral to the 'Think Family' approach i.e. recognizing that adults and children's issues cannot be tackled effectively in isolation and is supported as a key strand of the child poverty strategic outcomes group.

4.3 7 Both these pieces of work are testing models, which once evaluated can be rolled out city wide.

4.4 Reducing Barriers to Physical Activity

4.4.1 Increasing physical activity levels has been described as a 'best buy' in public health by Morris (1994) and numerous subsequent studies because of the huge numbers of people across the general population who are insufficiently physically active to benefit their health. Therefore work to increase physical activity levels across all social groups and age ranges has been prioritized in the Inner East area. This aims to reduce overweight, obesity, coronary heart disease, diabetes, stroke and some cancer risk.

4.4 2 Some sub groups, for instance disabled groups are particularly disadvantaged. A distinct (-16.59%) physical activity participation gap between disabled individuals and the rest of Leeds has been identified by the most recent Active People Survey. Therefore work to increase physical activity levels across all social groups and age ranges, but especially disabled (including learning disabled), and their carers is being taken forward.

4.4 3 A multi agency tasking group including LCC Adult Social Care, Carers' Leeds, City Developments, LCC Leeds Card, METRO and NHS Leeds has been convened to tackle a number of barriers that disabled people experience when they wish to increase and sustain physical activity, some of which are detailed below:

- Policy within leisure centres is generally agreed to be that carers are allowed free admission, provided they are accompanying and looking after a disabled person. However, user feedback suggests that this is not always the case, resulting in embarrassment when staff query eligibility
- Cost of activities, particularly if a person is required to pay for their carer
- Barriers around travel to facilities
- Attitudes of carers towards a disabled person's aspirations around physical activity

4.4 4 A number of actions have been progressed in response:

- Raising awareness of the disability training officer so he can train leisure staff
- Building checking questions into the Leeds card application process to create an automatic permission for carers, rather than staff discretion.
- Improving access to leisure opportunities for carers by developing a number of new proxy measures for eligibility on the Leeds Card Extra discount card (the most financially beneficial scheme), based on the social care Carer's Assessment process. This initiative enables more carers to independently access affordable leisure and cultural opportunities and is expected to be available across the city, including the Inner East by Spring 2011
- A number of actions regarding reducing travel barriers for disabled people are being considered, including travel training and disabled people being

included in a METRO pilot whereby health trainers are supplied with free bus tickets to help clients access health facilities

- METRO is currently developing work around providing safe places in bus stations. These will provide reassurance for people with learning disabilities
- Consideration of how the changes can be effectively marketed
- Assessing the feasibility of adapting the health walk training to enable disabled individuals to become health walk leaders. This will increase participation by being appropriate to disabled people's needs, low cost, easily accessible, locally available and contribute towards narrowing the health gap
- Establishing a baseline for the work is proving challenging as figures obtained from leisure centres include only those who disclose disability. Work to explore how a more accurate picture of use by disabled people can be obtained and tracked is underway.

4.5 Food and Nutrition

4.5 1 The Health Improvement Officer is supporting a number of NHS food initiatives, including signposting individuals to the Ministry of Food project and contributing to the Zest Health for Life led Food Standards Agency work around reducing salt and fat consumption.

4.6 NHS Leeds and Partners

4.6 1 A number of health initiatives are being progressed by NHS Leeds and other partners including:

- £100,000 of funding has been secured to develop a project in Inner East and South Leeds to increase early diagnosis of lung cancer. The Health and Wellbeing Manager is contributing to the planning of implementation of this project
- NHS Leeds is offering vascular checks to adults aged 40-74yrs focusing on those individuals who live in the most deprived 10% of SOAs. The Health and Wellbeing Improvement Managers are assisting this work by mapping follow on activities for those who do not currently meet the threshold for clinical intervention, but are at future risk, if lifestyle is not modified.
- Hamara is operating out of Bellbrooke Surgery and referring individuals, who have been identified at high risk of vascular disease through the NHS Healthchecks programme to food and nutrition and physical activity initiatives
- A Health and Well being group in Harehills has been developed
- A stop smoking project, targeting Bangladeshi men, is running in Harehills. This project has received £999 of Area Committee Wellbeing Funding to raise awareness of the heath benefits of stopping smoking and using tobacco products. 44% of Bangladeshi men in Harehills smoke and encouraging them to quit will help reduce the numbers of people with smoking related disease. So far the project has delivered Stop Smoking Service publicity to 500 households, distributed 50 flyers to local businesses including opticians, GPs, dentists and takeaways and introduced the concept

of Smoke Free Homes to Primary Schools and Children's Centres in the area.

A Stop Smoking Adviser is now attending a weekly Bangladeshi Men's Group, to raise awareness of the Stop Smoking Service and cultivate relationships in an effort to encourage the men to quit. Two students who conducted the original research into smoking behaviour in Bangladeshi men are also to visit the group to stimulate interest around quitting.

- ZEST Health for Life is leading the Ministry of Food work in Leeds market
- NHS Leeds is commissioning ZEST Health for Life to deliver food based work in Richmond Hill. This project is now increasing its reach to Osmondthorpe and Halton
- Space 2 has been commissioned to deliver a variety of physical activity and healthy eating activities for families in Seacroft and Gipton.

4.7 Next Steps

4.7 1 This report details the work of the East North East Health and Wellbeing Programme, which contributes to the Inner East area delivery plan over the six months April to September 2010. The extra capacity provided by the Health Improvement Officer will enable work on the ground to progress more quickly and the planned actions described above will have delivered a number of outcomes to improve the health and wellbeing of the community. A programme of work to address the high mortality from circulatory disease, lung disease and cancers will be in place and the learning from initiatives in other areas will be informing those developing in the Inner East.

4.7 2 Existing data gathering processes do not always provide information that is meaningful and accurate enough for monitoring purposes and work to increase the accuracy of data reporting is ongoing. Baselines have been set where possible and providers are being asked to collect postcode data which will help identify need and progress. The current position with the mainstream initiatives is detailed below:

Initiative	**Baseline 2009/10) for LS8,LS9 and LS 14**	**Target**	**Current position**
Affordable Warmth	2009 full year figures being compiled	To be confirmed	23 referrals in 2010 Programme of interventions to increase referrals planned
Telecare/Telehealth	472 people have received assistive technology measures to date	To be confirmed	Programme of interventions being planned
NHS Healthchecks	-	-	Data collected at practice, not postcode level. Work underway to obtain an update position

5.0 Implications For Council Policy and Governance

None identified.

6.0 Legal and Resource Implications

None identified.

7.0 Conclusions

7.1 The Health and Wellbeing programme is progressing a number of actions and initiatives, in a systematic and structured fashion. The first year of this work has required efforts to build up a picture of the East North East wedge and has started to tackle some of the issues identified. The momentum of this work will increase over the next twelve months as the Health Improvement Officer provides extra capacity.

8.0 Recommendations

8.1 The Inner North East Area Committee is requested to note the progress of the Health and Wellbeing Improvement Programme and use this information to supplement that brought to the Area Committee by the Inner East Health Champion.

Background Documents

1. The Annual Report of the Director of Public Health in Leeds 2009
2. 2009 Population ACORN Profiles
3. Implementing the Leeds Joint Strategic Needs Assessment Framework 2009
4. Leeds Health and Wellbeing Partnership Plan 2009-2012
5. Davis (2009) Essential Evidence on a Page No 8
   Physical Activity: The best buy in public health but most undervalued.