

Eastern Wakefield **NHS**
Primary Care Trust

The Report of the Director of Public Health
2005/06

A Gardener's Guide

to creating and maintaining healthy communities
- The Spearhead Way



When I wrote my last Annual Report it is fair to say that the 'Public Health World' was in a state of some excitement. We were excited by the Wanless Report and the clout that the White Paper 'Choosing Health – Making Healthy Choices Easier' gave to us to improve health and tackle inequalities. The most deprived areas were designated '*Spearhead*' sites and we were promised additional resources that would allow us to target our efforts at the most needy communities.

In Eastern Wakefield we responded positively to the challenge and took steps to ensure that not only were our public health programmes reaching out to the right people but also robustly evaluated and evidence based. This report and the Population Profile describes the community we serve, some of the work we do, how we go about it and how *Spearhead* status can help us do more.

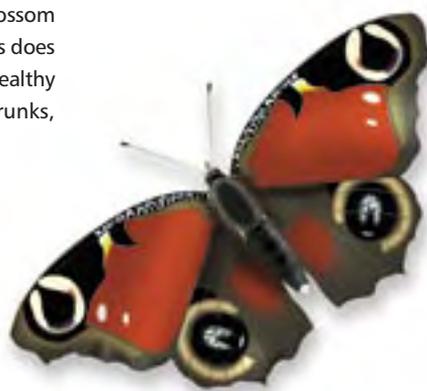
We have used the analogy of a garden to describe our approach to our work with our community. Most gardens are not barren waste lands. Even the most neglected can yield a beautiful grass or flower. Some things even seem to thrive untended, whilst others wither and perish through neglect.

With care and nourishment our weedy patch can begin to blossom and eventually bear fruit. But most gardeners know that this does not happen overnight, there are no quick fixes if you want healthy plants with strong root systems, robust growth, sturdy trunks, healthy leaves and – eventually – fruit.

As I write this report, once again we are in a period of change and it is fair to say that even some of our most ardent 'modernisers' feel that in the Health Service change comes around far too often and is sometimes ill thought through.

There is a body of evidence that suggests that the impact of restructuring in the public sector can include the loss of key skills, decreased speed in decision making, reduced employee participation and decreased staff loyalty, (Worell et al 2001). We are determined to ensure that none of these impacts effect the work we have commenced. We need to continue to build our strong community links, focus on deprivation, innovate, be an organisation that people want to work for and retain our values of being responsive to local need, accessible to our community, inclusive and outward facing.

We have achieved a lot and need to build on our successes whatever the new structure we might work in. The Public Health Team in Eastern Wakefield hope to ensure that this report and its recommendations guarantee that the momentum we have gained will be maintained.



Val Barker
Director of Public Health
EWPCT

So what's a Spearhead?

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Public Health initiatives work. Over a fifty year period life expectancy has risen from 66.7 years for men and 71.8 years for women to 75.1 years for men and 80 years for women. In the same period of time infant mortality rates have fallen from 27.6/1000 to 5.3/1000. The significant health benefits have been felt by many, but the fact remains that the gap in health equality between the richest and the poorest is wider than ever. In Eastern Wakefield, life expectancy is a year and half less than national average for both sexes. Overall Wakefield lags 5-10 years behind the national trends in terms of life expectancy. Some areas of the country have life expectancy rates that are no better than in the nineteen fifties.

The Public Health White Paper 'Choosing Health' sets out a number of key national priorities and targets. Including to:

- Substantially reduce mortality rates from the major killers by 2010
- Reduce health inequalities by 10% by 2010 measured by infant mortality and life expectancy
- Tackle the underlying determinants of ill health and health inequalities

The 20% most disadvantaged areas in the country, 88 PCT areas (including both Wakefield PCTs) have been given **Spearhead** status. With that comes additional resource to allow us to implement some of the requirements of 'Choosing Health' and to make a real impact on public health amongst the most deprived.

We cannot do this alone and need to work closely with our local communities and partners through Local Area Agreements (LAAs) to ensure success.

Spearhead status will help us in our efforts to reduce the inequalities gap and improve the health of our population.

Julia Weldon

*Head of Public Health Development:
Health Improvement & Nursing – EWPCT*



Building Strong Roots to Sustain Real Change

Chapter One ³

For some of us our quality of life is improving all the time, for others, this is hard to believe. Many people feel powerless to influence the issues that affect their daily lives and they feel trapped by the effects of poverty and deprivation. Therefore, the focus of our work is to ensure that current policies have a positive impact on and relevance to our most deprived communities.

We cannot achieve this by working alone and need the support of our partners to make a real impact upon peoples' lives. When people work together, pool their collective wisdom and resources, and share responsibility for decisions, the chasm can then be bridged.

The challenge for us is to build the bridges and partnerships to ensure that the policies from Westminster have a positive impact on our communities and equally importantly that the views of our local communities are heard and acted upon by policy makers.

In our gardening analogy, a major focus of our approach is to work with our partners to develop the skills and confidence in our communities in order that we develop a shared understanding of why we need to improve the soil, which variety of fertiliser to use and where to get hold of the tools for cultivation.

Sue Perry

Head of Public Health Development:
Health and Community Development – EW/PCT



*The following describes some of
our root building activity...*

Strictly 'Street' Dancing

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For many organisations it is difficult to engage with young people and many of our communities have expressed concerns about young people causing nuisance and disorder. This project is one of the ways we have sought to address this by targeting young people who are 14 and above who have an interest in dance. The Project encourages a healthy lifestyle through regular physical activity. It has many positive spin-offs, such as tackling obesity, which is an issue of great concern in the young.

The project aims to provide an opportunity for young people to gain the Sports Leaders UK Award in Dance Leadership, using dance to help develop skills for life, such as planning and organising oneself and others, teamwork, communication and motivation.

The candidates are recruited from four existing dance projects in the area. These projects are supported by Eastern Wakefield Primary Care Trust, Wakefield Young Peoples Service, The Freeston Business and Enterprise College Extended Schools Project, FUNDAMENTAL and Knottingley High School and Sports College.

Achieving the Award has many benefits and can be a stepping stone to employment, further education or training. Dance and leadership skills can help to encourage others to get involved in dance and community life.

The project has been supported from monies from Neighbourhood Renewal Learning Action Plan.

Louise Robson
Health Development Manager – EWPCT

& Chris Wathen
Physical Activity Co-ordinator – EWPCT



A Community Study aimed at Improving Self Esteem in Overweight and Young People.

Obesity in young people is on the increase and the Government has given us some challenging targets to reduce obesity and increase physical activity in young people.

We know that weight problems in children and young people cause physical and emotional harm but they must also cause confusion. Think how many 'professionals' you might come across trying to help you with your 'weight problem'. There are people working at community level in health and community development, school nurses, community nurses, teachers, youth workers and physical activity specialists.

Add to these the clinical and medical professionals who manage and treat overweight and obese kids. GP's, practice nurses, health visitors, schools nurses, dieticians, paediatricians and psychiatrists! Just the numbers involved means that if we are not careful, we have the potential to either reinforce negative messages, duplicate work or to leave gaps in understanding and action.

Connect3 is aimed at overweight and obese children aged 8-14 who are not being treated medically for their condition and who do not have any other medical condition in addition to their weight. The aim is to improve self esteem, inform the children and their carers/parents (an important element to sustaining change) around the benefits of healthy eating, being physically active and changing lifestyle to improve health.

We used a local, community-based approach which was definitely **not** in a clinical setting and was **not** wholly focused on height and weight measurements. We invited the children and young people to 'come and have fun, play some games and learn a bit about food and exercise'. Later, and at the request of the kids, the games became sports.

Connect3 managed to enthuse, motivate and inspire 15 young people over an 8 month period to look at small but significant changes to lifestyle, eating and becoming more physically active. We saw their self esteem and confidence visibly improve and the group dynamics created a happy, confident and latterly competitive group of young people.

Behind the scenes was a steering group made up of community and mainstream health professionals, local authority leisure officers, cycle trainers and **5 A DAY** workers. Facilities were offered free of charge by a local community forum but most important of all both kids and parents/carers directed and guided the direction of this initiative.

Kath McDaid

Health Development Manager – EWPCT



Fuel Poverty

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Tragically, 30,000 deaths occur in the UK each year as a result of fuel poverty. These are excess winter mortality figures indicating the number of people dying from cold related illness because they are living in fuel poverty.

In Wakefield we have developed an 'Affordable Warmth Strategy' for the District and are currently striving to ensure that questions relating to measuring cold homes are included in the Single Assessment Process, in the hope that this will increase referrals.

In partnership with colleagues from N-Power, WMDC, Groundwork Trust and the Learning and Skills Council, we have developed a community focused approach to raising awareness on fuel poverty in our localities.

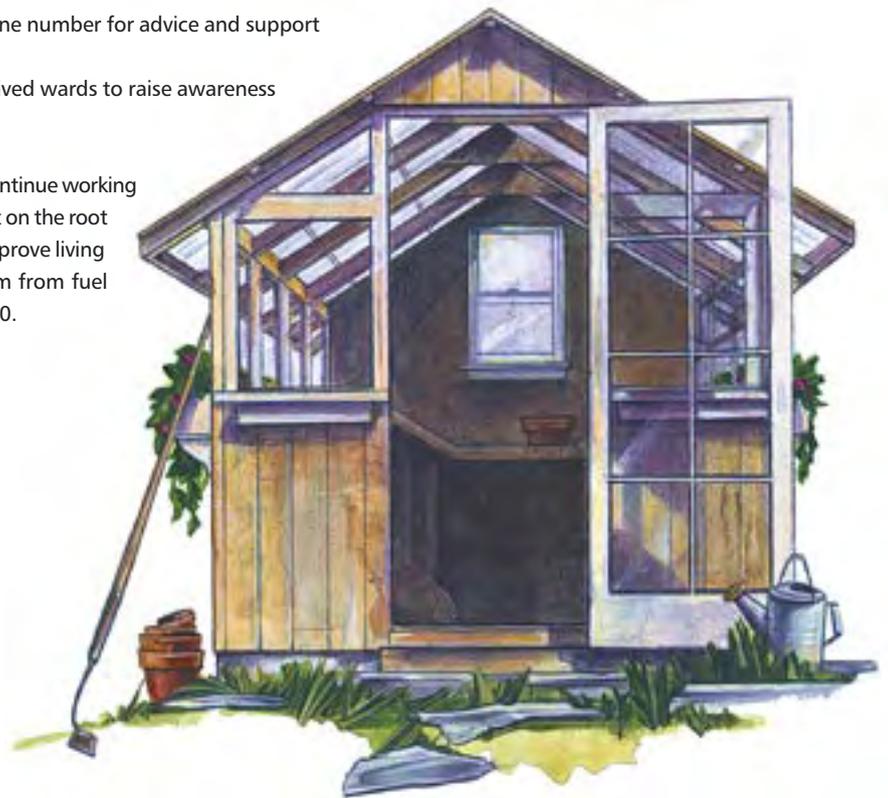
This includes:

- The production of a bookmark with free phone number for advice and support
- The delivery of courses in 5 of our most deprived wards to raise awareness and offer advice on fuel poverty

At Eastern Wakefield PCT we are committed to continue working in partnership to develop initiatives which impact on the root causes of fuel poverty and in seeking ways to improve living conditions for the vulnerable and remove them from fuel poverty in line with Government targets by 2010.

Helen Monks

*Health Development Manager:
PCT Energy Champion – EWPCT*



Promoting Health and Active Life in Older People

Getting older does not mean inevitable decline and deterioration in quality of life; research shows that people of any age can improve their health through a healthier lifestyle. People who are physically active, eat a healthy diet, do not smoke, and practice other healthy behaviours reduce their risk of long term conditions and have half the rate of disability of those who do not.

Standard 8 of The National Service Framework for Older People (2001) highlights the need for health promotion for older people. The Older People's Project works closely with communities to engage them in events and activities that promote health. It helps older people to access resources and information about a wide range of health messages, such as healthy eating and exercise. We aim to reduce inequalities in health by raising awareness and offering options for people to make healthy choices.

The following represents some of the work we do:

Festival of Age Events – These are held across the District in partnership with Wakefield West PCT and Age Concern Wakefield District – they offer health promotion, information and entertainment for older people. We have tackled such issues as access to information and promoting positive images of older people. The events have also helped to show agencies what older people want and to identify their needs. As one service user says:

'It was good for an "oldie like me" not to have to rush from one side of town to the other seeking information. Here it was all under one roof. No rush, just pleasant talks and information. Let's have more'.

Community Safety – In an attempt to reduce crime and fear of crime we have raised awareness of crimes targeted at older people, such as distraction burglary and promoted the Wakefield Targeting Scheme.

We have completed the **EXTEND** training (a training programme for people who run gentle exercise sessions) and have exercise programmes in Streethouse and Castleford with more planned in Hemsworth and the Five Towns area. We have worked with staff in nursing homes and day services and they now offer **EXTEND** training to their clients with the aim of increasing exercise and reducing the onset of such diseases as stroke, CHD and cancer and tackle obesity.

The Wakefield NSF Standard 8 Task Group is also working to develop luncheon clubs as a vehicle for delivering health promotion programmes and tackling social isolation and loneliness.



Anna Ross

Public Health Manager for Older People – EWPCCT

Cultivating, Nurturing, Weeding and Pruning

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Chapter Two

The following describes some of the work that we have done to make our community thrive. To follow our gardening analogy we have acknowledged that sometimes things go wrong with our plants. When this happens we need to intervene with health promoting activity to help things recover and flourish.

In this chapter you will see a number of references to Public Service Agreements (PSAs). These provide a framework for helping local councils and other organisations and government departments to work together to implement local solutions to issues and develop innovative ways of tackling issues that matter the most to local people.



Are you friendly, approachable, understanding and supportive? Then you have the potential to be a health trainer!

'Choosing Health' announced a new type of personal health support – Health Trainers. From April 2006 we will have a significant number of Health Trainers in the Wakefield area funded by the *Spearhead* initiative.

Health Trainers will be visible and accessible to local people by living and working in the communities they serve, providing 'support from next door'. Their task is to motivate people to set personal goals for improving their health. They will identify barriers that prevent people from making healthier choices and help them find solutions by listening, empathising and sharing experiences.

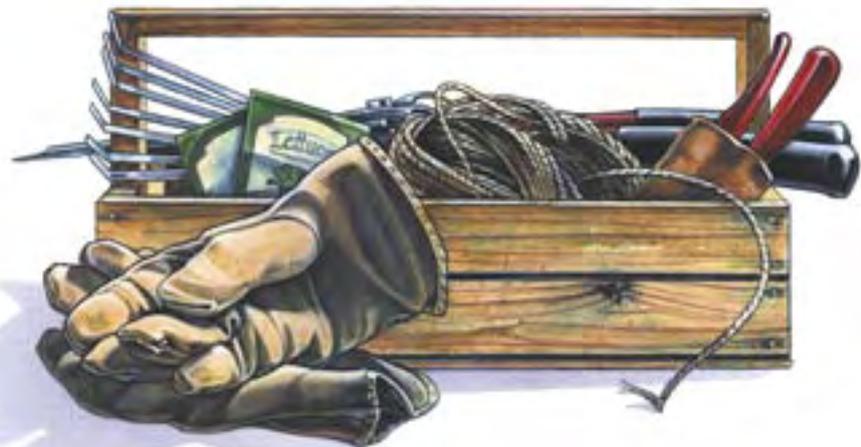
We hope to train local people to become Health Trainers to offer practical advice and signpost to other local services, such as the many community development programmes on offer in the District.

People who want to become Health Trainers may have some of these skills already and can be accredited for these. Those who haven't will be supported to develop wider skills. This may include some of the accredited training already provided by the PCT.

At the time of writing, there is no set model for how Health Trainers will be recruited or trained, although we hope to adopt a community development approach using existing networks and people.

To plan the way forward we have set up a Partnership Working Group with our partner organisations across Wakefield. The Department of Health has given the partnership £50,000 to support our progress and we are in the process of recruiting a Project Manager and mapping out the way to ensure we hit the deck running in April 2006!

Isobel Duckworth
Specialist Trainee in Public Health
EWPCT



Physical Activity, Nutrition and Obesity

Physical activity, improving nutrition and tackling obesity are vitally important in both the primary and secondary prevention of such conditions as cardiovascular disease, cancer and diabetes and this year we have made good progress with these areas of work. Obviously, this is important in human terms, but also because as a *Spearhead* PCT, we have to achieve a greater decrease in the cardiovascular mortality rate than other areas by 2010 (50% versus 40%).

The Wakefield Co-ordinating Prevention Group (CPG) oversees the work we are doing in relation to smoking, poor diet, sedentary behaviour and obesity and the group is responsible for ensuring that we are targeting our health promoting activity at areas of poor health across the District. This year we have developed four Primary Prevention Strategies in relation to Tobacco Control, Physical Activity, Diet/Nutrition and Obesity, they have been widely consulted on and we are aiming to have sign up by all our partners by the end of 2005.

In January 2005 we appointed Chris Wathen as Physical Activity Co-ordinator for Wakefield. His role is to increase participation in physical activity in low health status groups and he is focusing on the Normanton, Featherstone, Kettlethorpe and Portobello areas of the District. We have established a Wakefield Physical Activity Partnership to oversee the implementation of the Physical Activity Strategy.

Examples of the work we are doing include:

- Physical activity awareness training for primary care staff across Wakefield
- A Physical Activity Conference at Chesney's in Featherstone, in November 2005
- Setting up an equipment library for loan by communities starting up new community based exercise groups
- A community dance initiative in Featherstone and Knottingley
- Development of a Public Service Agreement for physical activity
- Lots of other community based activities with partners in the NHS and the community

Our Healthwalks programme goes from strength to strength with new Healthwalks now being held across the District. We have produced maps for independent walkers and trained EWPCT staff to lead walks with our colleagues. These have proved to be very popular.

We work closely with our colleagues in the Wakefield Council Healthy Transport Project to increase active transport (walking and cycling) and reduce the negative impacts of transport on health.

The Older People's Project organised the **EXTEND** training programme - a twelve week course to train tutors to run gentle exercise programmes for older people. We have trained 15 tutors who are setting up programmes across the patch.

The **5 A DAY** team of community food workers have developed food initiatives in school and community settings. We have developed a Food and Nutrition Strategy Group and the Team will have an important role to play in delivering it. They have also been running a schools-based nutrition education programme which is being evaluated.

The rise in obesity is of concern to us all, and we have developed an Obesity Strategy to tackle this problem locally. This draws upon all of the good work on physical activity and nutrition and highlights the further work needed on the treatment of obesity. We have also developed a Weight Management Pathway to ensure consistency across the District.

The work of **Connect3**, a successful child obesity project is described elsewhere in this report.

Jo Harcombe

*Head of Public Health Development:
Health Improvement – EWPCT*

This year saw the publication of the stock-take of the National Service Framework for Mental Health “5 Years On”. The report highlighted the great strides that have been made in the modernisation of secondary mental health services, perhaps at the expense of primary care mental health where there are still difficulties in accessing psychological therapies and other non-pharmacological solutions for people with mild to moderate mental health problems.

There is much emphasis placed on the needs of people whose mental health does not warrant input from specialist mental health services, but who are experiencing significant levels of distress and a poor quality of life, such as employability and physical ill-health, with the attendant impact upon families and social networks.

These people are falling through gaps in the system and need an intermediate level of care. To address this, the Wakefield Mental Health Partnership has committed to work with the Sainsbury Centre for Mental Health and with colleagues in public health we will be undertaking a health needs assessment for this group of people so that we can design services that best meet their needs.

In addition to this, we have been successful in our bid to join the first ever National Primary Care Mental Health Collaborative and thirteen practices from across Wakefield have expressed willingness to be involved. This further demonstrates our commitment to improve our essential mental health services in our primary care centres and stimulate and grow innovative practice that enhances the management of anxiety and depression in our communities.

Linda Harris

Clinical Director of Substance Misuse Services – EW/PCT



Substance Misuse

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Illicit Drugs – The Picture Nationally and Locally

Each year, in England and Wales, approximately 4 million people use at least one illicit drug. One million of these use the most dangerous 'Class A' drugs, heroin and cocaine. We know that there are around 250,000 'problematic' drug users, this includes people with health, social, financial or legal problems. In Wakefield, the latest figures estimate that there are just over 2,000 problem drug users.

In 2002, the Home Office updated the ten-year national drug strategy and in addition to revising targets to reduce drug misuse, it also provided significant investment to tackling drugs. Nationally, in 2004/5, £1.4 billion was spent directly in prevention and treatment for people with drug problems.

There is also a Public Service Agreement Target for substance misuse which states that we need to "reduce the harm caused by illegal drugs, including substantially increasing the number of drug misusing offenders entering treatment through the Criminal Justice System".

Substance misuse affects our society in many ways. Often young drug users do badly at school, they may not progress to further education and have difficulty getting a job. Families, partners and carers suffer and people get involved in crime to fund their drug misuse. Because of this, locally we target our resources at the problematic drug users, many of whom are living on the margins of society.

Eastern Wakefield PCT leads the commissioning of substance misuse services on behalf of the multi-agency Substance Misuse Commissioning Group. The majority of services, including drugs and alcohol are delivered by the Wakefield Integrated Substance Misuse Service (WISMS). They also deliver what have become known as 'wrap around services' that include employment, education and training opportunities for clients.

The Commissioners and Service Providers have worked together for many years to continually plan, develop and deliver our treatment system. The Service is currently developing and evolving to respond to the changing need of service users. The doctors, drug workers and nurses aim to ensure that all the services we provide are delivered in an effective, timely and accessible way.

In 2004/5 the treatment service saw more than 1,200 clients. The staff worked incredibly hard to meet the National Treatment Agency (NTA) waiting time targets for specialist prescribing and as of September 2005 clients could expect to wait for an average of only two and a half weeks for treatment.

Evidence from the National Treatment Outcome Research Study (NTORS) suggests that the longer people stay in treatment the better they do in the long term. Mindful of this we have put extra effort into retaining clients in treatment for longer. In 2003/4 we had a baseline of 35% of clients retained in treatment and increased this retention rate to 64% in 2004/5.

There are still improvements to make and in response to the new 'NTA Effectiveness Strategy' this year we need to focus on delivering treatment which is evidence based and that we can prove is working for our clients.

We need to respond to the needs of our most deprived communities, ensure that people are not disadvantaged or excluded from our services because of where they live, their ability to travel, lack of childcare provision or because we are not properly addressing the needs of minority groups. We have limited resources and so we need to be creative in how we adapt service delivery. We have developed a Drug Intervention Programme which is the treatment service for criminal justice clients and works closely with colleagues in the police, probation and prison services to ensure people who are offending to support drug problems have every opportunity to access treatment quickly.

Apocryphally, some clients resort to offending to get fast access to treatment. Criminalising clients who otherwise may not offend would be detrimental in many ways, such as getting a job or a mortgage and so we need to ensure that we maintain a balance and that people have equal access to both criminal justice and voluntary treatment services. We must guarantee that the quality and governance around these are comparable and that all the treatment we provide is of the same high quality.

Alcohol plays an important role in our society and many people use alcohol in their social life as part of recreation. There is even evidence that, in small quantities, alcohol can have health benefits.

However, while alcohol is often a source of pleasure, it is also a cause of significant harm. It is an addictive drug and major cause of illness such as liver cirrhosis, cancer, stroke and heart disease. It can cause dementia, infertility and mental health problems. Each year there are 150,000 hospital admissions as a consequence of alcohol misuse and alcohol is implicated in up to 40,000 deaths every year in England and Wales.

There are a range of social problems linked to alcohol misuse including social exclusion, unemployment, homelessness, violence (including domestic violence), disorder, teenage pregnancy and accidents. Half of all violent crimes are alcohol related. 7 out of 10 Accident and Emergency attendances between midnight and 5am on weekend nights are alcohol-related.

We have an Alcohol Task Group and it is working hard to tackle some of these issues. We spend a great deal less on alcohol services than on drugs services with the budget less than 10% of the drug misuse budget, so we have to use the resource efficiently to ensure we can provide accessible and effective treatment for the significant number of Wakefield people with alcohol problems.

The Wakefield & District Alcohol Team operates across the District and provides the majority of services in partnership with primary care teams. In the past 12 months the Team have seen more than 200 clients. They have recently moved into new premises and in early September 2005, Elaine McHale, the Council's Executive Director of Social Services and Health, formally opened the new centre.



The Public Health White Paper, 'Choosing Health' identifies a range of work programmes including work with the Portman Group and with the alcohol industry on social responsibility schemes and information campaigns. Up to now we have not seen the benefits of this work.

Choosing Health also states that it will build on the commitments within the National Alcohol Harm Reduction Strategy and highlights helping the NHS in prevention and early problem identification such as training for all health professionals, targeted screening and brief intervention in primary care.



We already do some of this work, such as the accredited training programmes for professionals run by our Public Health Training Team on both drugs and alcohol awareness, unfortunately there was no additional resource to accompany the Strategy and so we have had to do the best we can within our limited resources.

We are however, eagerly awaiting the publication of 'Models of Care for Alcohol Misuse' (MoCAM) which is the alcohol treatment equivalent of a National Service Framework. This will provide a blueprint of the type and range of treatment and care services required in Wakefield for those with alcohol problems. It is unclear at time of writing when the document will be launched and if any resources will follow to allow for MoCAM development, although, in 2007/8 we are expecting a small allocation of *Spearhead* money which may help a little.

The night time economy in central Wakefield and the attendant binge drinking has caused many problems. The violence and disorder in the City Centre has resulted in Wakefield being designated a violent crime hotspot by the Home Office and we have worked in close partnership with police and community safety colleagues to try and address this. We are presently seeking ways to resource prevention activities targeting binge drinkers and are assisting our colleagues at Mid Yorkshire Hospitals Trust with a violence audit in the Accident and Emergency Departments at Pinderfields General Hospital and Pontefract General Infirmary.

Caroline Abbott

Head of Public Health Development:
Substance Misuse – EWPCT

What we do now. What we will be able to do with Choosing Health and Spearhead

Smoking is the single biggest cause of ill health, inextricably linked with levels of deprivation. More people in the lowest socio-economic group smoke and we estimate that 35% of adults in the Eastern Wakefield PCT area are smokers.

Death rates from tobacco are now two to three times higher among disadvantaged social groups than the more affluent, and poorer people can also expect to experience more illness and disability problems. Additionally non-smokers who are exposed to second hand smoke in the home have a 25% increased risk of heart disease and lung cancer.

In 2004/5 almost 2000 smokers in the District had a quit attempt supported by the NHS Stop Smoking Service. The majority of these smokers live in wards of high deprivation.

We believe we could help many more people if we could offer more group work, particularly in the evenings. *Spearhead* status will give additional funding to the service and we intend to provide even more support in deprived areas and appoint additional staff to run evening groups in readily accessible venues.

So, the message is clear; if we want to reduce the inequalities gap and give our children the opportunity to live longer, healthier lives, smokers need to be asked about their habit, advised to quit and assisted in their attempt by pointing them towards the free NHS service available.

Stewart Evans

Head of Public Health Development:

Smoking and Public Health Management – EWPCT



Infection Control in Care Homes in Wakefield

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MRSA (methicillin resistant staphylococcus aureus) and clean hospitals is big news and the focus of both political and media attention. Unfortunately, this has led to the general misconception that infection control is the prerogative of hospitals and only affects hospital patients.

In fact, more and more people, both young and old, are cared for in the community and the 'front line' for infection prevention and control is primary care premises, peoples own homes and care homes. We need to ensure that people remember that anywhere where people are being cared for has the potential for outbreaks of viral or bacterial infections.

So, in relation to care homes, we have been working with the managers and staff to ensure that they understand the risks to their residents and are using the general principals of infection control to help protect them. This means going back to basics and ensuring simple things like hand washing, use of protective clothing, efficient use of laundry facilities, safe disposal of needles and syringes and a clean environment are priority issues.

We can help with this task by working with care homes and providing them with advice, support and information.

Dave Hall

Health Protection Nurse – Health Protection Agency

Comprehensive guidelines can be obtained from the Health Protection Team.



The Fruits of Our Labour

Helping Children and Young People to start on the Right Path to a Healthier Lifestyle

Chapter Three ¹⁷

“Children and Young People are important. They are the living message we send to a time we will not see; nothing matters more to families than the health, welfare and future success of their children. They deserve the best care because they are the life-blood of the nation and are vital for our future economic survival and prosperity”

*Professor Al Aynsley-Green,
Children’s Commissioner for England.*

This past year we have seen the focus on children rising to ever more prominence, not only within health but across the whole Public Sector. The publication of ‘Every Child Matters’ and the legal framework within the Children Act 2004, along with the National Service Framework for Children, Young People and Maternity Services sets the future direction of integrated services for children. Too often agencies have been accused of failing our children by continuing to work in isolation instead of working with a child and its family as a whole entity. We hope the new frameworks will bring an end to this waste and misery as children have repeatedly not been supported to achieve their full potential. The tide has changed and achieving child centred and family focused services to children and their families is now reaching a level where positive change can now be seen.

Supporting children and their families to make healthier choices is happening in all areas of children’s lives. In 2005 more families are again choosing to have their children immunised against the historically deadly diseases, with approximately 95% of children now being immunised against Diphtheria, Whooping Cough, Tetanus, Hib and Meningitis C, with over 80% choosing to immunise against the diseases of Measles Mumps and Rubella. In both cases this is about 5% more than the previous year.

The District-wide Child Health Promotion Programme was launched in 2005 with health professionals working in partnership with parents to actively promote the well-being of children. This programme encourages different and more targeted ways of working that supports the family to achieve better outcomes for children.

In addition to the 4 Surestart local programmes in the District, by March 2006 we will see the opening of 8 new Children’s Centres, where young children and their families can access a range of services including affordable child care. These centres will become the focal point for families to access a range of services and advice including antenatal and postnatal care as well as support and advice on a range of other social and educational issues. Schools and education settings are fast becoming the hub of the communities for children and families with services becoming more accessible to all.

The progress in change for children will also see the development of 23 Extended Schools across the District and additional Spearhead money for school nursing will significantly support the development of new and enhanced services providing more accessible support to children and families. This will only be achieved by young people and their families and agencies working together to identify what is needed and making it happen.

There has never been a better time for the development of services for children, but what we must do now is ensure that we all listen to young people more and respond to their needs in a joined up manner. We must use these opportunities to the best of our abilities to ensure that children can all lead safe, supported and fulfilled lives.

Later in this report there are some examples of how we are supporting children and young people to lead healthier lives.

Sharon Fox
Head of Children and
Young Persons Services -
EWPCT



Promoting Breast Feeding

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...and Supporting Breast Feeding Mothers

The philosophy of helping children and young people lead healthier lives is at the heart of the work we do through breast feeding promotion. Breast feeding confers significant short and long term health benefits for both mother and her infant that have been clearly demonstrated and which go far beyond the period of breast feeding itself. "Choosing Health" (DOH 2005) promotes breast feeding as an important tool to improve health and reduce health inequalities amongst mothers and children in the UK.

Many factors influence a woman's decision to initiate and continue to breast feed. Wakefield and North Kirklees PCTs have joined together to develop a three year strategy that illustrates a commitment to working with all age groups and the wider community to make choosing to breast feed and supporting women who do the natural choice for our community. The following describes some of our work.



Working with Schools

We work in 20 infant schools using a specially adapted double-decker bus. Children who visit the bus can learn through play and song that mothers can feed their own babies, all babies need milk and that mum's milk is the best for a healthy baby.

"I was surprised by the amount of children who were unaware of breast feeding. The point was put across in an appropriate way. You would be welcome to visit us again. Perfect age for making the children aware."

Teacher, Ryhill J&I School

The work extends into high schools where mixed sex classes of year 11 pupils explore their own attitudes to breast feeding and discover the benefits through games videos and discussions.

Peer Support

One of the most successful initiatives has been that of breast feeding peer supporters. These are mothers who have accessed training to provide active support to other mothers in our most disadvantaged areas of the District. We are fast developing a Trust wide network of women who have sound knowledge and experience of breast feeding and through training can confidently provide valuable mother to mother support within their own community. Active groups are now based at Hemsworth and South Elmsall, Airedale and Ferry Fryston, Normanton, and Glasshoughton.

"The peer supporters were nothing but encouraging, never telling you what to do, just giving suggestions and tips for you to try yourself if you wanted. That useless feeling had gone. I was now armed with information and the experiences of my peers that made me feel I was in charge and in control. The support, encouragement and information I got from the support group you really couldn't put a price on it and that is why I am now a peer support counsellor, if I can help just one person like I was helped it is definitely all worthwhile."

Dee Pounder Breast Feeding Peer Supporter

Midwives, Health Visitors, community and hospital based health workers can also access high quality training enabling them to be confident supporters.

These initiatives and others will be essential in Wakefield achieving internationally recognised UNICEF Baby Friendly Status which is proven to have a positive and sustained impact on breast feeding initiation and continuation rates.

Rachel Hauser

Breast Feeding Co-ordinator – EWPC

The Extended Schools agenda has dramatically increased the opportunities for children and young people to make educated health choices. The possibilities have arisen from exciting and visionary multi-agency partnerships focusing on the child and the five outcomes of Every Child Matters.

These are:

- Being healthy
- Enjoying and achieving
- Staying safe
- Making a positive contribution
- Achieving economic well-being

It is well-known that young people can only achieve their full potential when they are healthy, happy and at ease in all areas of their lives. Therefore everyone studying and working in schools should feel respected and valued, and play an equal part in the well-being of their fellow students, colleagues and the community.

The work at Freeston illustrates how a highly successful partnership can fulfil joint targets and give greater opportunity for students and the community to access a healthier life-style.



At our recent multi-agency “Tackling Inequalities” seminar, the need was highlighted for schools and their partners to provide advice and support for the community on a range of diverse issues. The importance was also stressed of understanding the needs of the whole family and of working together to tackle lifestyle and health changes and, crucially, to fully support those families in making these changes at their own pace. It was also stressed how vital it is for everyone involved to assess and discover what families and young people need and not be tempted to impose “professional needs” without consultation.

Our multi-agency Extended School approach has undoubtedly made, and will continue to make, a difference to the lives of young people. Here, at the School, we have created a “One Stop” Community Shop where students, parents and local residents can drop-in for advice and guidance from specialists on a variety of topics including health, family matters, careers, lifestyle as well as educational issues.

Our partnership with the Wakefield Healthy Schools team has provided fresh impetus to our drive for young people to access healthy options. Pupils have established a Healthy School Students Council to look at smoking cessation, Smoke Free Homes, bullying, diet and healthy eating and are in the process of creating health bulletin boards, a suggestion box for innovative healthy-lifestyle ideas and a regular Healthy School newsletter.

The School Nurse Service provides an essential role in meeting health needs of young people in our primary and secondary schools. Primary schools have arranged Walks To School, visits from the 5 A Day team and Healthy Transport and the newly built cycle shed at Freeston has dramatically increased the number of students cycling to school.

Furthermore, in partnership with the PCT we are shortly to start Better Babysitting courses, Mums and Babies sessions, Practical Parenting classes, together with a Street Dance and an activities pilot programme to make accessing health easier for young people.

The new Freeston Leisure and Business Centre, which opens on 15th October, and the Children's Centre at Newlands Primary School, scheduled for 2006, will further enhance and expand opportunities for a healthy lifestyle.

By education teaming up with colleagues from health, in honest, equal and open collaborative partnerships – integrated service delivery, with the young person firmly at the centre of everyone's thinking, becomes reality.

“Membership of the Healthy School Student Council gives us the chance to contribute in a positive way to a better school and a healthier way of life”.

Year 11 student.

“Being healthy to some means sport; to some means not abusing your system, but to most of us it's a lifestyle thing: feeling good both mentally and physically”.

Year 9 student

“After the students discussed healthy eating options, the canteen now offers a much improved and varied menu which should help to reduce obesity in teenage years”

student



Michael Holgate

*Extended Schools Co-ordinator,
Freeston Business & Enterprise College, Normanton*

As health professionals we expect the many people living with a long term condition to follow written instructions as a vital part of their care and treatment. For some of them, making informed choices and building their capacity to manage their own health, is compromised by their difficulties in reading. So in order for people to make the most of health, as proposed in the recent white paper 'Choosing Health', they need to have health literacy skills.

Health literacy is defined as:

"the capacity of an individual to obtain, interpret and understand basic health information and services in ways that are health enhancing" ¹

This concept of health literacy presents us with a significant problem in the Wakefield district where 28% of our adult population have a basic skills need, this equates to them having a reading age of less than 11.

In the management of long term conditions there is heavy emphasis on self care. This has caused us concerns as to how people with low literacy skills can read, interpret and understand the leaflets, medication instructions etc. which are handed out to them, let alone navigate health care systems. A brief survey of leaflets, posters and general health care advice soon revealed that much of the information we are giving people is totally incomprehensible to many of them.

Discussions with front line clinical staff also revealed that health literacy is an issue they had not considered when planning patient education programmes.

The problem seemed to cry out for a joined up approach, which involved the expertise of basic skills specialists as well as health professionals. Our membership of the Local Strategic Partnership themed groups proved to be an invaluable structure to enable networking, planning and joint priority setting to flourish. Using our contacts we have developed a partnership with local education providers and the Library Service to pilot a joint approach to developing health literacy skills – focusing in the first instance on diabetes self-care. The good news for our Trust is that the Education and Library Services core funding will finance the training programme.

We have set up a steering group consisting of diabetes health professionals, basic skills tutors, public health and library staff. The group have developed a multi-pronged approach to tackling the problem, this includes:

- Providing Basic Skills Awareness Raising – an introductory training session for front line staff
- Providing certificate level training for clinical staff in adult basic skills support

- Developing 'Understanding your Medication' course – a customised short course for patients with diabetes

- Placing CD-ROM diabetes education programmes in community libraries

This approach will complement the diabetes education programme that has been developed by the specialist diabetes network within the district.

Health literacy skills are definitely a skill for life, they may even keep you alive for longer if you are living with a long term condition and hopefully if this pilot proves to be successful we can roll it out to cover other long term conditions. Tackling health inequalities requires the input of many agencies and we hope that by working with this partnership we can improve the long-term health outcomes for our communities as well as improving their literacy skills.

Sue Perry

*Head of Public Health Development:
Health & Community Development – EWPCT*



ref 1: Joint Committee on National Health Education Standards, USA, 1999

'Aspire' – Community Counselling Service

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Many of our community members experience problems and difficulties at some point in their lives and are left feeling emotionally drained and in despair. In response to this, and with the intention of providing a support system and developing skills for coping, a Community Counselling Service has been established by our Community Development Team.

The service is run by volunteers that include qualified counsellors, trainee counsellors and administration staff. The service currently operates from seven bases within the Wakefield District. Services are offered regardless of race, gender, age, sexual orientation or ability. The service also provides training by an accredited trainer for its staff and community members.

The service provides:

- A community counselling service with a person centred approach
- A free and confidential service to all users
- A high level of professionalism at all times

Gill Best

*Team Leader – Community Development Team
EWPCT*



Domestic violence affects 1 in 4 women and The Home Office funded Primary Care Domestic Violence Project revealed that in parts of Wakefield the number is 1 in 3. Research tells us that women who escape from violent relationships often move into further violent relationships and that perpetrators of domestic violence are 'serial offenders'.

When I joined **Intercept** in 2004 after working as a social worker I was particularly interested in what was being done to break this cycle of violence. I was aware that West Yorkshire Probation work with men who have been convicted by the courts, but could find nothing else in the District. I attended a session at the STOP Project in Leeds, was impressed by their work and their results, and decided that we should do something similar in Wakefield.

In March 2005 with a male colleague from the STOP Project I held the first 'Intercept Mens' Group', and we have had a growing number of men attending on a regular basis from that time on.

I believe that the importance and achievement of the group is due to the fact that the men attend on a voluntary basis, they have recognised that they have a problem and wish to change their behaviour. Despite this, the work can be difficult and extremely challenging, because we need to challenge the perpetrator about his behaviour.

Our ultimate concern is the welfare and safety of women and their children and the positive changes I have observed in the men can only be of benefit to families in Wakefield.

Karen Kemp
Project Worker – Intercept
EWPCT



Recommendations

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The Public Health Team request that the PCT and its partner agencies support the following recommendations:

Chapter 1

Community

- That the PCT and partner agencies incorporate local assessment of needs into our policy development and implementation plans.
- That the community is involved in needs assessment, target setting, delivery and evaluation of local services.
- That the PCT and its partners develop multifaceted, intensive and sustained interventions targeting our most deprived communities with appropriate training for those delivering the interventions.
- That the PCT and its partners continue to support the Affordable Warmth Strategy

Chapter 2

Health Trainers

- That the PCT and its partners support the identification and recruitment of local people to become Health Trainers and support their work with our communities.

Primary Prevention

- That the PCT and its partners support the implementation and monitoring of the Physical Activity, Food and Nutrition and Obesity strategies.
- That the PCT and its partners seek ways of securing funding for the continuation of primary prevention projects.
- That the PCT and its partners build stronger links with primary care to support primary prevention work

Mental Health

- That the PCT support the work of the National Primary Care Mental Health Collaboration with a view to improving access to primary care mental health services for people with mild to moderate mental health problems.

Substance Misuse

- That the PCT and its partners continue to support the work of the Substance Misuse Commissioning Group to secure timely, effective and accessible prevention and treatment in relation to alcohol and drugs.
- That the PCT and its partners seek ways to address the imbalance in funding for alcohol services to ensure that prevention, binge drinking and chronic alcohol problems can be tackled effectively.
- That the PCT and its partners continue to invest in the capacity of our treatment teams within the Wakefield Integrated Substance Misuse Services.
- That the PCT and its partners develop creative and innovative ways to involve service users and their families and carers in the planning, development and delivery of our treatment services.

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Chapter 3

Smoking

- That the PCT and its partners increase public awareness of the availability of free support to encourage smokers to quit.
- That the PCT and its partners seek ways to improve access to Stop Smoking Services to ensure equity of access across the Wakefield District.
- That the PCT and its partners support the recruitment of additional, part-time stop smoking advisers to increase access to evening services, presently much in demand across the District.

Sexual Health

- That the PCT and its partners supports the implementation of the Chlamydia Screening Programme in 2006/7.

Children & Young People

- The PCT and its partners should continue to seek effect ways of engaging with children and young people, listen to them and respond to their needs.
- The PCT and its partners should use the legislative framework to the best effect to ensure that children can all lead safe supported and fulfilled lives.
- The PCT and its partners should actively support breast feeding, the implementation of the Breast feeding Strategy, and strive to achieve UNICEF Baby-Friendly Status.
- The PCT and its partners should actively support the work and innovation of the Extended Schools Service.

Health Literacy

- The PCT and its partners should actively promote awareness regarding literacy problems and take steps to ensure that information is available to the public in a variety of accessible formats.

Domestic Violence

- The PCT and its partners should support a range of initiatives to promote the awareness of domestic violence and the work of the Intercept Project in its work with the victims and perpetrators of domestic violence.



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Conclusion

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Public Health, like our garden is a work in progress. We have achieved a lot. We are well on with the ground-work, we've improved the soil and have some healthy plants, flowers and fruits to show for our efforts. But, it will be a very long time before we can get out the hammocks and just lie there in the sun and appreciate it!

All gardens are different. Some are 'easy maintenance', others 'minimalist', yet others wild and natural. Gardeners are different too and have different approaches to their plots. Some strive for neatly tilled rows of uniformly sized plants and vegetables, some aim for colourful borders, there are alpine fans and jungle lovers. And they all play a vital role in our ecology.

I have not had the pleasure of visiting all of the gardens of the public health team, but I see their approaches to their work and wonder if their differences are reflected in their back yards? Certainly at work, it is in their differences that lie our strength!

There are the 'creatives' – full of ideas, bursting to innovate. There are the 'doers' anxious to get on with the job and get things organised. There are the 'completer finishers' who can't possibly relax until every weed is pulled and blade of grass cut and the 'reflectors' who like to sit and look for a while to make sure nothing is out of place and there is harmony. I need not identify them, they know who they are! And it is thanks to these wonderful people who are totally committed to improving the public health that we have been able to make such a good start at improving health and tackling inequalities.

We know we have a lot more to do and we have shared with you just a little of the innovation taking place and planning being done towards implementing Choosing Health. Each one of my team could fill an Annual Report like this with their work, their aspirations and plans, all I have tried to do is present some highlights and stress our determination that, with the help of *Spearhead* resources, we will maintain the momentum we have achieved and in the true tradition of public servants do the very best we can for the community we serve.

Val Barker

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