

## Report of Director of Public Health and Director of Adult Social Services

### Report to Executive Board

**Date: 22<sup>nd</sup> March 2017**

### **Subject: Early Intervention and Reducing Health Inequalities Annual Report**

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Summary of main issues

1. Leeds City Council has established eight breakthrough projects to support its ambition of a strong economy, a compassionate city and a city where people have the opportunity to realise their full potential. The breakthrough projects are designed to identify new ways of working within the council and with our partners to achieve the best outcomes for the city and its residents. This report provides an update on the **Early Intervention and Reducing Health Inequalities** breakthrough project which is presented as an Annual Report attached as Appendix A to this report. The Annual Report includes a progress update on the breakthrough project and next steps.

### Recommendations

1. That the Board note the information presented in the Annual Report.
2. That the Board note that in addition to the aims and outcome for the breakthrough, this collaborative project supports the ambition for Leeds to be the Best City in the UK by 2030 and contributes towards the Leeds Health and Wellbeing Strategy 2016-21 (LHWS) vision that

‘Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest’

3. The breakthrough project also supports the key deliverables in the Leeds Health and Care Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP).

## **1. Purpose of this report**

- 1.1. Early Intervention and Reducing Health Inequalities has been named as one of the council’s eight breakthrough projects. This report provides an outline of work and progress of the breakthrough project to date which is presented in an annual report attached as Appendix A to this report.

## **2. Background information**

- 2.1 There are around 2,200 deaths under the age of 75 years each year. Of those, around 1,520 can be considered avoidable. The largest contribution (40%) to premature death is lifestyle behaviour such as smoking, poor nutrition, low levels of physical activity, poor sexual health and drug and alcohol misuse. Early deaths are disproportionately experienced by people living in the most deprived areas of Leeds.
- 2.2 There is a gap in life expectancy between the most and least deprived areas of the city of 10.8 years.
- 2.3 This breakthrough project supports the ambition for Leeds to be the Best City in the UK by 2030 and the Leeds Health and Wellbeing Strategy 2016-2021 (LHWS) vision that ‘Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest’. The breakthrough particularly assists the achievement of LHWS Outcome One - People will live longer and have healthier lives and LHWS Outcome Five - People will live in healthy, safe and sustainable communities. It predominantly aligns to two priority areas in the LHWS which are to have a ‘stronger focus on prevention’ by taking a whole city approach and to ‘get more people, more physically active, more often’ to ensure Leeds becomes the most active big city in England.
- 2.4 The breakthrough project also supports the key deliverables in the Leeds Health and Care Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP). Both of these plans recognise the importance of focusing upon prevention and early intervention.

## **3. Main issues**

### **3.1 Why is it important?**

- 3.1.1 Leeds is the UK’s third largest city with a population of around 750,000 which is expected to rise to around 840,000 by 2021. In 2010, 150,000 of these individuals lived in the 10% most deprived neighbourhoods nationally.

- 3.1.2 There is a strong association between deprivation and poor health. To improve the health of the population overall it is necessary to address the gap between those that are most and least deprived. Nationally it is estimated there is a 7 year gap in life expectancy between those in the most and least deprived groups. In Leeds, there is a difference in life expectancy of 10.8 years between people living in the most and least deprived wards.
- 3.1.3 An analysis of census data compared two wards in the city and illustrated how people living in these wards experience contrasting environmental, economic and social circumstances which are likely to contribute to differences in health and life expectancy. Due to the complexities that surround lifestyle behaviour, programmes of work need to be multi component which consider the barriers and enablers to change as well as behaviour change interventions. In order to close this gap, programmes of work should be universally proportionate that deliver both a universal and targeted equitable approach.
- 3.1.4 Data from the Health Survey for England illustrates how four lifestyle risk factors (smoking, excessive alcohol use, poor diet, and low levels of physical activity) co-occur in the population and how this distribution has changed over time. The overall proportion of the population that engages in three or four of these unhealthy behaviours has declined significantly, from around 33% of the population in 2003 to around 25% by 2008. In Leeds there is also a correlation between living in a deprived area and engaging in multiple unhealthy behaviours.
- 3.1.5 There is recognition of the importance of focusing upon prevention and early intervention particularly through addressing lifestyle behaviours. The project deliverables will contribute to:
- Reducing the gap in life expectancy
  - Reducing potential years of life lost from avoidable mortality
  - Increasing life expectancy
  - Reducing the prevalence of long term conditions
  - Reducing smoking prevalence to 13% (West Yorkshire and Harrogate STP ambition)

## **3.2 Our approach**

- 3.2.1 The overall aim of the breakthrough project is to ensure all residents can choose to live a lifestyle that promotes health and wellbeing in order to achieve their full potential.
- 3.2.2 We will do this by delivering a multi-component project that contributes towards closing the gap in life expectancy between the most and least deprived areas of the city.
- 3.2.3 The programme will consist of 3 key workstreams which have been informed by evidence reviews, insight and consultation to ensure they are relevant to the people we wish to engage with. These workstreams are:
- Designing a robust, integrated system, which clearly defines and co-ordinates the contributions that the council and external partners make to creating a city that supports healthy living
  - Redesigning and procuring services to support healthy living, focussing resource to areas where people experience the worst health outcomes.

- Promoting Physical Activity through the Leeds Integrated Healthy Living System in order to test, evaluate and refine the system.

3.2.4 **Leeds Integrated Healthy Living System.** This workstream has concentrated on designing a more systematic approach to supporting healthy living in Leeds.

3.2.5 Leeds Integrated Healthy Living System has been designed to better co-ordinate healthy living activity and interventions across the city. There are already numerous high quality interventions and activities being delivered, but these are often happening in isolation and as such, do not consider the holistic needs of the people attending in order to necessarily address underlying barriers to support successful behaviour change.

3.2.6 The System not only considers the types of interventions and activities that are available to support people live healthy lifestyles either through the provision of services or community opportunities, but also focusses on the initial need to build intention to live healthily and highlights the need to provide an infrastructure to support and sustain healthy living.

3.2.7 **Leeds Integrated Healthy Living Service.** This workstream is governed by the Public Health Programme Board which is chaired by the Director of Public Health

3.2.8 Healthy living services in Leeds have historically been delivered as topic specific service such as smoking cessation, health trainers and weight management which has resulted in users accessing different services for different issues. We know from both national and local insight and data that the four lifestyle risk factors (smoking, excessive alcohol use, poor diet, and low levels of physical activity) co-occur in the population and how this distribution has changed over time.

3.2.9 Our insight and consultation work support the need to better integrate the provision of healthy living services that provide multiple lifestyle interventions and are more holistic in nature. In order to achieve this, thirteen contracts have been brought together into an Integrated Healthy Living Service (IHLS) which consists of two contracts, both of which will provide a range of healthy living activities and behaviour change interventions. - Contract One is called 'One You Leeds' (OYL) and will deliver adult healthy living activities. Contract two is called 'The Family Healthy Living Programme'(FHLP) and will deliver children and family healthy living activities.

3.2.10 The new Leeds Integrated Healthy Living Service is currently being procured and will go live in October 2017.

3.2.11 **Promoting Physical Activity through the Leeds Integrated Healthy Living System.** In September 2015 a city wide event was held to launch the Early Intervention and Reducing Inequalities Breakthrough. The event was chaired by the Executive Board Member for Health, Wellbeing and Adults and attended by 135 partners. The key workstream that emerged for the city was around increasing physical activity. This was followed by a second OBA session in July 2016 to focus specifically on issues relating to physical activity in the city. The feedback from the attendees at these events, public and service user consultation and a report produced by the Sport and Active Lifestyles Service

led to the emergence of the following themes to help address physical activity in Leeds in addition to presenting further questions for consideration.

3.2.12 Key themes included:

- **The need for a whole system buy in** - influencing decision makers and commissioners
- **Promote the benefits of physical activity** as the norm and part of everyday life
- **Environment** - Engage partners to ensure the physical activity agenda is addressed and prioritised in the developing built infrastructure
- **Improve the measurement** of physical activity in the city
- **Community approach** with a focus on assets

3.2.13 In response, a Physical Activity steering group has been set up to help drive forward these recommendations. The group comprises of representatives from Public health, Sport and Active lifestyles, Parks and Countryside, Transport, Planning and Regeneration, Culture, PPPU, the Health and Wellbeing Service (healthy schools). Presently all representatives are from Leeds City Council, but the group seeks to engage external colleagues into the core membership in future.

3.2.14 In addition to the three key work areas that are within the direct scope of the breakthrough project, there are many other programmes of work delivered both by the council and our NHS and 3<sup>rd</sup> sector partners that contribute to the aim of the breakthrough and will link into the broader integrated healthy living system; progress against two of these, preventing premature mortality from cardiovascular disease (CVD) and addressing infant mortality rates in the city are included within the report.

## **4. Corporate considerations**

### **4.1 Consultation and engagement**

4.1.1 In order to shape the direction of the breakthrough project, throughout 2015 and 2016, the project team brought together information from a range of consultation and insight. A full list of the consultation reports and key findings are detailed in the annual report (appendix A). Consultation included the following groups:

- The public
- Existing service users
- Service providers
- Potential co-commissioners
- Public health colleagues
- Wider stakeholders

4.1.2 Significant consultation was undertaken during the healthy living service review (workstream 2) and development of the service specification to ensure needs were accurately identified and taken into account. Wider stakeholders had an opportunity

to input into the service delivery approach. Consultation with stakeholders included service users and potential services users, current and potential providers, strategic city partners, health professionals, senior LCC officers and Elected Members including Locality Health and Wellbeing Champions.

## **4.2 Equality and diversity / cohesion and integration**

- 4.2.1 The new Integrated Healthy Living Service is focussed on providing services to individuals, and communities living in the most deprived areas of the city. Specific geographic areas have been identified through the service review process and are detailed in the service specification.
- 4.2.2 A joint Equality, Diversity Cohesion and Integration Impact Assessment was undertaken (across contracts 1 and 2) and has subsequently been reviewed at key stages of the project. The assessment was initially presented to Executive Board in March 2016 and has been updated with each stage in the process to inform the approach and development of contract documents (Appendix B).

## **4.3 Council policies and best council plan**

- 4.3.1 Early Intervention and Reducing Health Inequalities is one of eight key breakthrough projects delivering our Best Council Plan priorities for 2016/17.
- 4.3.2 The procurement supports the council's values including spending money wisely and being open, honest and trusted, and working with communities.
- 4.3.3 Tackling unhealthy lifestyles has been an important component of the Joint Health and Well Being Strategy (2013 – 2015) to improve health and reduce health inequalities and will continue to be so in the developing Leeds Health & Well Being Strategy (2016 – 2021). Ensuring healthier lifestyles is also part of the ambitions set out in the Best Council Plan 2016 – 17 as well as contributing to the delivery of the NHS Five Year Forward View.

## **4.4 Resources and value for money**

- 4.4.1 The breakthrough projects by definition are intended to make best use of existing resources by working innovatively as a team for Leeds.
- 4.4.2 The breakthrough project is led by senior managers from Public Health. Lead officers have been identified from other parts of the council including Sports and Active Lifestyles (jointly lead on the Physical Activity component), Parks and Countryside, Planning and Regeneration, Highways, Transport and the Health and Wellbeing Service (Healthy Schools) to support the implementation of the breakthrough project. We are taking a citizen and asset based approach, working with partners to deliver projects. The procurement element of workstream 2 is being supported by a project manager from PPPU.
- 4.4.3 For workstream 2 (The Integrated Healthy Living Service) The procurement process has been designed to drive improvements in service quality and value for money.
- 4.4.4 The new service will operate on a reduced budget compared to the current service provision and has been made more efficient by merging a number of individual contracts into one contract which will achieve resource efficiencies through contract

management.

#### **4.5 Legal implications, access to information, and call-in**

- 4.5.1 In relation to workstream 2 (The Integrated Healthy Living Service) the re-commissioning of the service is being conducted in accordance with the Councils contract procedure rules and procurement law.
- 4.5.2 The decision maker's authority falls under Part 3 Section 3E (09) of the Council Constitution, Officer Delegation Scheme (Executive Functions) – Director of Public Health.
- 4.5.3 This decision is the implementation of a Key Decision from Executive Board of 9<sup>th</sup> March 2016 – minute number 147.
- 4.5.4 There are no further specific legal implications associated with the issues identified in this report. The report is subject to call in.

#### **4.6 Risk management**

- 4.6.1 The scope of this programme of work is substantial, and has ambitions to engage with all stakeholders who have a role to play in supporting healthy living across the city. The issues we are tackling are complex and we need to always be mindful of health inequalities and the more vulnerable people living in the city. For this programme to succeed it is essential that we have sustained buy in from across the council, other breakthrough projects and from external partners.
- 4.6.2 A key challenge for this project is creating a strong joint narrative to promote the aims of this breakthrough project positively both within the council and to external partners and the general public in a climate of cuts to services.
- 4.6.3 Risks associated with the re-commissioning of the Integrated Healthy Living Service have been and will continue to be identified, reviewed and managed through fortnightly Project Team meetings and through monthly Project Board meetings.
- 4.6.4 The identification of new and increasing risks has taken place on an on-going basis and will continue to through the mobilisation and management of the new contracts.

#### **5. Conclusions**

- 5.1 This breakthrough project builds on many years of work to address health and health inequalities in Leeds. It highlights the challenges of co-ordinating the contributions of many organisations who deliver actions to support people live healthy lives, but also recognises the need to deliver a more holistic, person centred approach to healthy living which addresses the barriers to lifestyle behaviour change.
- 5.2 The 3 workstreams and other associated programmes of activity have the potential to contribute to increasing life expectancy across the city whilst reducing the gap in life expectancy between the most and least deprived areas of the city.

#### **6. Recommendations**

- 6.1 That the Board note the information presented in the Annual Report.
- 6.2 That the Board note that in addition to the aims and outcome for the breakthrough, this collaborative project supports the ambition for Leeds to be the Best City in the UK by 2030 and contributes towards the Leeds Health and Wellbeing Strategy 2016-21 (LHWS) vision that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest'
- 6.3 The breakthrough project also supports the key deliverables in the Leeds Health and Care Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP).

## **7. Background documents**

- 7.1 None

## **8. Appendices**

- A – Early Intervention and Reducing Health Inequalities Annual Report.
- B - Equality, Diversity, Cohesion and Integration Screening.

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The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.