

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

29th April 2009

Notes

Following approval the Plan and templates will be checked for plain English and fully designed.

There are 10 templates: one for each Improvement Priority. Under each priority the first table lists the lead officers, partnerships and contributing strategies. The second table lists the national indicators and targets together with the expected outcomes.

The third table of high level actions (delivery activities) gives an overview of the range of work and is not intended to duplicate the detailed individual action plans and strategies. These are signposted on the appropriate template so that further details can be found. Further information and more detail about the actions will be found in the strategies and plans to which they relate.

These action templates are not in themselves performance management tools but are a source from which these tools, such as the Strategic Plan action trackers, are derived. We are working with performance management in both LCC and NHS Leeds to develop our joint performance monitoring systems and establish baselines. We will refine the outcomes to associate them with measurements to show the difference we are making, particularly in relation to narrowing the gap. Within the performance management framework the actions will be associated with accountable leads.

The Action Plans will be subject to annual review and refresh.

Equality Issues

Many of the outcomes and actions within this plan are taken from other plans and the JSNA which have themselves been equality assessed. Following a preliminary Equality Impact Assessment in April/May 2009, further work will be undertaken to define equality issues and actions for the different equality strands (race, gender, disability, sexual orientation , age, religion and or belief.) This process will be informed by continuous self-assessment and developments will be formally included in the annual refresh.

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

Improvement priorities

The agreed improvement priorities for health and wellbeing are:

- 1. Reduce premature mortality in the most deprived areas**
- 2. Reduction in the number of people who smoke**
- 3. Reduce alcohol related harm**
- 4. Reduce rate of increase in obesity and raise physical activity for all**
- 5. Reduce teenage conception and improve sexual health.**
- 6. Improve the assessment and care management of children, families and vulnerable adults.**
- 7. Improve psychological, mental health, and learning disability services for those who need it**
- 8. Increase the number of vulnerable people helped to live at home**
- 9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives**
- 10. Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk**

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

1. Reduce premature mortality in the most deprived areas	
Lead partner and Partnership	Contributing partners
NHS Leeds Healthy Leeds JSCB – Promoting Health and Wellbeing Sub Group	Leeds City Council Leeds Partnership Foundation NHS Trust Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum Natural England West Yorkshire Fire and Rescue Service
Principal Strategies / Plans	Related Strategies/ Plans
Infant Mortality Action Plan 2009 Leeds Children and Young People’s Plan 2009 to 2014 Leeds Tobacco Control Strategy 2006 to 2010 Food Matters: a food strategy for Leeds 2006 to 2010 Active Leeds : a physical activity strategy 2008 to 2012 Accident Prevention Framework 2008 to 2011 Self Care Strategy 2009	Leeds Housing Strategy 2009 to 2012 Leeds Affordable Warmth Strategy 2007 to 2016 Leeds Financial Inclusion Project

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

1. Reduce premature mortality in the most deprived areas

Indicators and targets	Outcomes																
<p>NI 120 All Age All Cause Mortality rate per 100,000 Disaggregated to narrow the gap between 10% most deprived SOAs and all of Leeds)</p> <p>Baseline 2001 -2003 <i>(for population living in 10% most deprived SOAs)</i></p> <table border="0"> <tr> <td>Men</td> <td>Women</td> </tr> <tr> <td>1178</td> <td>692</td> </tr> </table> <p>3 year target trajectory for 2010 -2012 <i>(for population living in 10% most deprived SOAs)</i></p> <table border="0"> <tr> <td>Men</td> <td>Women</td> </tr> <tr> <td>918</td> <td>602</td> </tr> </table> <p><i>For Leeds as a whole</i></p> <table border="0"> <tr> <td>Men</td> <td>Women</td> </tr> <tr> <td>662</td> <td>463</td> </tr> </table> <p>Citywide target 472 per 100,000</p> <p>NI 121 Mortality rate from circulatory diseases at ages under 75 (per 100,000 population)</p> <table border="0"> <tr> <td>Baseline</td> <td>145 per 100,000 population (1995-7)</td> </tr> <tr> <td>Target</td> <td>69.3 per 100,000 population (2010-11)</td> </tr> </table>	Men	Women	1178	692	Men	Women	918	602	Men	Women	662	463	Baseline	145 per 100,000 population (1995-7)	Target	69.3 per 100,000 population (2010-11)	<ul style="list-style-type: none"> • The proportion of children living in poverty will have been further reduced • 1200 families in fuel poverty will have been referred into a programme for improving warmth in their home • Wider availability of quality, affordable housing • Clear city wide framework for development in place and clear expectations for community provision fulfilled in deprived areas. • Improved learning outcomes and skill levels • More engaged and informed better designed programmes <p>By 2013 in the most deprived areas of Leeds:</p> <ul style="list-style-type: none"> • 344 people will have been prevented from having an early death • 147 Lives will be saved from people under 75 dying from cancer <p>By 2013 in Leeds as a whole:</p> <ul style="list-style-type: none"> • 603 people will have been prevented from having an early death • The infant mortality rate will have been reduced from 8 deaths per 1000 to 7 per 1000 • 75,000 women will have been screened for breast cancer. • All women in Leeds will be receiving cervical screening results in 14 days <p>By 2013 in the most deprived areas of Leeds</p> <ul style="list-style-type: none"> • 109,000 people aged over 40 will have had a vascular check of whom 22,000 will receive clinical interventions to reduce their risk of becoming unwell • We will have prevented 157 people under the age of 75 from dying prematurely from Cardio Vascular Disease <p>By 2013 in Leeds as a whole:</p> <ul style="list-style-type: none"> • We will have reduced the number of people under 75 dying from Cardio Vascular Disease by 269 • 349,000 People aged over 40 will have had a vascular check of whom 70,000 People will receive clinical interventions to reduce their risk of becoming unwell
Men	Women																
1178	692																
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Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

1. Reduce premature mortality in the most deprived areas	
Indicators and targets	Outcomes
	<p>In the most deprived areas of Leeds</p> <ul style="list-style-type: none">• We will increase the percentage of people who are successful in achieving lifestyle behaviour changes (weight management/healthy eating/ smoking cessation/alcohol harm reduction/increased physical activity)• We will increase the percentage of people who engage with local processes and feel they can influence decisions in their locality• We will create an environment for a thriving third sector

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

1. Reduce premature mortality in the most deprived areas

High Level Actions 2009 - 2012

Influences on health:

We will revise, develop and expand our programme of work on key influences on health such as housing, low income, skills and employment. Additional influences are the transport system and the availability of facilities for people to be active. Our overall aim is to narrow the Gap between the experience of people in the most disadvantaged areas of the city and that of people in Leeds as a whole.

- Issue a revised housing strategy aimed at creating opportunities for people to live independently in quality and affordable housing
- Implement fuel poverty action plan and co-ordinate other winter deaths initiatives
- Promote financial inclusion adapted to the effects of recession
- Implement the new Children and Young Person's Plan including:
 - Development of a strategic Child Poverty action plan delivering a range of coordinated services to enable families to move out of poverty
 - Improved access to quality early years resources
 - Improved educational achievement for children and young people in disadvantaged areas and from vulnerable groups
- Complete Planning Policy Guidance 17 - 'Planning for open space, sport and recreation' assessment, ensuring that gaps in provision are identified and appropriate standards for new facilities are implemented.

Lives people lead:

We will encourage and support people to adopt healthier lifestyles by

- Action on key behaviour changes which have a high impact on life expectancy; these to include providing systematic brief interventions; marketing materials and peer / community engagement
- Develop work around smoking targeted at the worst 10% deprived neighbourhoods (*see Improvement Priority 2*)
- A targeted programme of work around alcohol (*see Improvement Priority 3*)
- Programmes addressing obesity, physical activity and healthy eating (*see Improvement Priority 4*)

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

1. Reduce premature mortality in the most deprived areas

High Level Actions 2009 - 2012

- Promote Healthy Ageing with the direct involvement of older people

Services people use:

- Develop Healthy Living services within neighbourhoods (weight management/smoking cessation/alcohol brief interventions/health trainers) and broader poverty/well being services
- implement a comprehensive social marketing approach to Putting Prevention First (vascular check for those between 40-75)
- Interventions to target circulatory diseases including increasing the number of smoking quitters and improved blood pressure and cholesterol control.
- Develop an action plan to ensure equitable access to primary care services for vulnerable groups
- Work with Practice Based Commissioning to ensure these high impact interventions happen in the 10% most deprived neighbourhoods
- Implement the Self Care Framework as a whole systems approach to informing commissioning arrangements for all new and existing services so as to ensure that individuals are enabled, empowered and supported to self care and that professionals have the relevant knowledge and expertise to promote and deliver self care approaches
- develop a programme of initiatives at LTHT in order to utilise that setting to address issues around alcohol, smoking and weight management, and to ensure the equitable provision of CHD, cancer and respiratory care secondary services
- Develop targeted cancer programmes in line with the Cancer Reform Strategy Recommendations. Increase uptake and awareness in areas of low uptake, high deprivation and within vulnerable groups
- Implement the Leeds Strategic Maternity Matters and Infant Mortality Action Plans and associated initiatives

Community development and involvement:

We will develop local infrastructures where partners engage with residents, particularly those 'seldom seen, seldom heard' in services by:

- Involving communities, groups and individuals in the preparation and, when appropriate, delivery of health improvement programmes
- Improving health literacy and provide motivation and support for appropriate health-seeking behaviour
- Supporting growth and development of quality local services and community development by the Voluntary, Community & Faith sector

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

2. Reduce the number of people who smoke	
Lead partner and Partnership	Contributing partners
NHS Leeds Healthy Leeds JSCB – Promoting Health and Wellbeing Sub Group	Leeds City Council Leeds Partnership Foundation NHS Trust Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum
Principal Strategies / Plans	Related Strategies/ Plans
Leeds Tobacco Control Strategy 2006 to 2010 Children and Young People’s Plan 2009 to 2014	
Indicators and targets	Outcomes
<p>NI 123 Stopping smoking (target disaggregated to narrow the gap between 10% most deprived SOAs and the rest of Leeds)</p> <p>Baseline (2004) 31% smokers in the Leeds population</p> <p>Target (2010-11) 21% smokers in the Leeds population 27% smokers in 10% most deprived SOAs</p> <p>Vital signs VSB05 4 weeks smoking quitters who attended NHS Stop Smoking Services.</p> <p>Target 2010/11 4345 people stopping smoking with NHS Stop Smoking Services</p>	<ul style="list-style-type: none"> • contribute to the overall reduction in adult and infant mortality rates and to increasing life expectancy by <ul style="list-style-type: none"> ○ helping 22,000 people to stop smoking by 2013 ○ Protecting non-smokers • Increase in the rate of smoking cessation in women of child bearing age • Reduce smoking in pregnancy rate by 2 percentage points by 2010 • Increase in the rate of prisoners who quit smoking with NHS Stop smoking services in the prison setting • By 2013 in practices with 30% or more of their population living in the 10% most deprived SOAs: 7% of registered smokers will be referred to smoking services per year • There will be community based healthy living programmes and activities available in the 50% of the 10% SOAs by 2013

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

2. Reduce the number of people who smoke

High Level Actions 2009 – 2012

Influences on health:

- Review the current structure for the delivery of the tobacco programme and ensure that local capacity for tobacco control is strengthened and sustained
- Continue to ensure the maintenance of compliance across the city with smoke free legislation
- Contribute to and develop local response to DH national and regional media campaigns to promote all elements of tobacco control work including: Access to support for smoking cessation, promotion of smoke free homes and campaigns to reduce the availability of smuggled and illicit tobacco products.
- Gather and use comprehensive data (e.g. prevalence among the general population, specific target groups such as pregnant women and access to smoking cessation services to inform tobacco control and commissioning of smoking cessation services.
- Maintain and promote smoke free environments not included within the boundaries of smoke free legislation

Lives people lead:

- Review the schools pilot programme to reduce uptake of smoking amongst teenagers, further develop if necessary and deliver particularly in the most deprived areas
- To deliver high impact actions stated in the Yorkshire and Humber document - Reducing smoking pre-conception, in pregnancy and post partum. Including:
 - Promoting cessation to women of child bearing age and link with the citywide infant mortality programme
 - Reaching pregnant smokers as soon as possible and throughout pregnancy
 - Supporting pregnant women stopping smoking throughout pregnancy
- explore the feasibility of extending smoke free to public areas
- further extend the Smoke Free Homes Project particularly in the most disadvantaged areas

2. Reduce the number of people who smoke

High Level Actions 2009 – 2012

Services people use:

- By 2012 we will commission further smoking cessation services in new settings to increase the accessibility of services including: hospitals, workplaces and prisons
- Focus the specialist element of services in the most deprived communities in line with other Healthy Living Services
- review current stop smoking services for specific groups e.g. South Asian Communities, pregnant women and consider recommendations for further development
- Work with health care professionals to ensure the issue of smoking is raised in a systematic and routine manner and effective referral pathways are developed and maintained.

Community development and involvement:

- Develop work with communities around reducing accessibility to tobacco products and particularly counterfeit and smuggled tobacco products.
- Commission VCFS to deliver Healthy Living Activity that includes signposting to smoking cessation support and the provision of activities to support behaviour change.
- Engage service users and potential service users in the development of community based delivery of smoking cessation interventions

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

3. Reduce alcohol related harm	
Lead partner and Partnership	Contributing partners
NHS Leeds Healthy Leeds Joint Strategic Commissioning Board Promoting Health and Wellbeing Sub Group Safer Leeds/ Healthy Leeds Alcohol Board	Leeds City Council Leeds Partnership Foundation NHS Trust Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum
Principal Strategies/ Plans	Related strategies/ Plans
Leeds Alcohol Strategy 2007 to 2010 Safer Leeds Partnership Plan 2008 to 2011	Children and Young People's Plan 2009 to 2014
Indicators	Outcomes
NI Hospital Admissions for alcohol related conditions Reduce the increase in the rate of alcohol-related hospital admission by at least 1% per year	<ul style="list-style-type: none"> • Economic loss due to alcohol will be reduced • Increased understanding of the culture of alcohol use across the population of Leeds • Reduced number prisoners needing alcohol detoxification programmes in prisons • Fewer people will perceive drunk and rowdy behaviour to be a problem • Reduced alcohol-related harm experience among children, young people and families • There will be community based healthy living programmes and activities available in the 50% of the 10% SOAs by 2013 leading to reduction in alcohol-related crime and disorder and hospital admissions

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

3. Reduce alcohol related harm

High Level Actions 2009 – 2012

Influences on health:

- Reduce the rate of alcohol related crime and disorder, anti-social behaviour and domestic abuse in line with the priorities and targets of the Safer Leeds Partnership
- Promote responsible management of licensed premises through effective implementation of the Licensing Act 2003 (and encourage the licensing authority to consider safeguarding issues for children and young people.
- To have data in place that will be able to demonstrate:
 - alcohol related recorded violent crime
 - percentage of cases where alcohol use is linked to offending
 - percentage of domestic violence where alcohol is a contributing factor
 - use of alcohol in young people aged under 18
 - rate of alcohol- specific hospital admissions in under 18s
- Implement Children and Young Persons Plan Objective 4: Reduce the harm caused by substance misuse
 - Have a well informed workforce equipped to provide information on the effects of substance misuse, including smoking
 - Ensure that the licensing authority consider the issue of safeguarding young people
- Tackle domestic violence linked to the misuse of alcohol

Lives people lead:

- Improve the quality of and have a consistent approach to alcohol education provision in school and non-educational tier 1 settings
- Enable parents and carers to discuss the issue of alcohol consumption with their children
- Target vulnerable children (i.e. those excluded from school) and work with youth services
- Ensure that support is available in terms of housing is available to those who misuse alcohol.
- Develop a communication plan and more information about alcohol so that the population of Leeds can make informed choices about their alcohol use and shift attitudes to harmful drinking.

3. Reduce alcohol related harm

High Level Actions 2009 – 2012

- Target high-risk health settings, such as primary care, A&E departments, mental health settings, sexual health settings, maternity services and older people's services.
- Provide residents who want or need to reduce their alcohol consumption with self-help guides.
- Promote activity and policy change towards reducing the promotion, accessibility and availability of alcohol
- Implement the National Youth Alcohol Action plan

Services people use:

- Promote a model of prevention which fully addresses alcohol issues throughout the education system.
- Increase in the number of staff working in health, social care, criminal justice, community and the voluntary sector staff trained to identify alcohol misuse and offer brief advice
- Develop equitable strategies for prisoners in Leeds district with alcohol related problems
- Develop a programme of activities to reduce the level of alcohol related health problems, including alcohol related injuries and accidents, and to improve facilities for treatment and support.
- Ensure that a co-ordinated, stepped programme of treatment services for people with alcohol problems is effective, appropriate and accessible, with adequate capacity to meet demand, following the 4 tiered framework from *Models of Care for Alcohol Misusers*
- Increase in the number of high risk groups (offenders, people with mental health conditions, people admitted to A&E and/or hospital with alcohol-related disease) who are assessed, offered brief interventions and where appropriate referred to alcohol treatment services

Community development and involvement:

- Develop work with communities around reducing promotion and accessibility of alcohol products
- Develop the young-people-led alcohol harm minimisation action plan
- Ensure commissioning of VCFS around Healthy Living Activity includes signposting to services that support reduction in alcohol harm and the provision of activities to support behaviour change.
- Engage service users and potential service users in the developing community based delivery of alcohol treatment interventions

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

4. Reduce rate of increase in obesity and raise physical activity for all	
Lead partner and Partnership	Contributing partners
Leeds City Council Children Leeds ISCB Healthy Leeds JSCB – Promoting Health and Wellbeing Sub Group	Children Leeds Partners NHS Leeds Sport England Education Leeds Youth Sports Trust VCFS Sector
Principal Strategies/ Plans	Related strategies/ Plans
Active Leeds : a Healthy City 2008 to 2012 Taking the Lead: strategy for sport and active recreation in Leeds 2006 to 2012 Food Matters: a food strategy for Leeds 2006 to 2010 Leeds Childhood Obesity Strategy 2001 2016 Leeds School Meals Strategy Jan 2007	Children and Young People’s Plan 2009 to 2014 Local and West Yorkshire Transport Plans & Cycling Strategy Parks and Green Space Strategy 2009 Leeds Play Strategy 2007

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

4. Reduce rate of increase in obesity and raise physical activity for all	
Indicators	Outcomes
<p>NI 57 Children and young people’s participation in high quality PE and sport</p> <p>NI 8 Adult participation in sport and active recreation</p> <p>To be determined by March 2009</p> <p>LKI –SC19 Number of sport facility types with a specified quality assurance standard</p>	<ul style="list-style-type: none"> • Halt, by 2010 (from the 2002-04 baseline) the year-on-year increase in obesity among children under 11 • Reduce rate of increase in obesity in adults • Network of clearly marked routes for all abilities, promoting walking, running and cycling • More children eating healthily and participating in play, cultural activities and quality physical exercise programmes (CYPP) • More people of all ages participating in walking, cycling and general activities • Increase in the number of disabled people accessing sport and active recreation programmes • Improved uptake of quality sport and active recreation opportunities including those provided by provided by Leeds City Council Sport and Active Recreation Service, • Increased number of people who have an average consumption of a variety of fruit and vegetables of at least five portions per day • More mothers breastfeeding (2% annual increase) • Systematic health checks are provided in primary care for childhood and adult obesity. linking to interventions provided by a variety of providers • Increase in accessible weight management services, targeted to those already obese and most at risk • More people (including older people and disabled people) taking up healthy living opportunities in care programmes or self-directed care • Developed programmes to increase physical activity levels in priority areas

4. Reduce rate of increase in obesity and raise physical activity for all

High Level Actions 2009 – 2012

We will promote and implement plans which affect the trend towards overweight and obesity. We will develop and implement a specific adult obesity strategy for Leeds and continue implementation of our Childhood Obesity and Weight Management Strategy. These include the Active Leeds Physical Activity Strategy, the Leeds Food Strategy.

Overall we will work towards a long-term vision of encouraging healthy lifestyles and preventing poor health. This will be achieved through lifestyle change especially in relation to increasing physical activity participation and holistic health improvement programmes.

Influences on health:

- Ensure that planning for the built environment, green spaces and transport encourage a more active lifestyle, complemented by attention to disability issues and to safety. This link into ensuring the provision of appropriate facilities where people can be active including sport provision such as leisure centres etc.
- Introduce flexibilities in planning arrangements and urban design to manage the proliferation of fast food outlets and tackle issues of poor food access,
- Complete Planning Policy Guidance 17 - 'Planning for open space, sport and recreation' assessment, ensuring that gaps in provision are identified and appropriate standards for new facilities are implemented. Clear city wide framework for development and clear expectations for community provision fulfilled in terms of sport and recreational space

Physical Activity and Healthy Eating

- Implement the delivery plan for the 'Active Leeds: a Healthy City' strategy
- Ensure a co-ordinated approach to food work to develop effective communication and promote consistent healthy eating messages using principles of social marketing
- Work with employers to promote healthy eating (including LCC / NHS Leeds) and business sign up to healthy workplace programmes
- Increased achievement of Healthy Food Mark Standard or equivalents
- Ensure the public sector addresses issues of healthy eating, safe and sustainable food and malnutrition within its catering arrangements and food provision

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

4. Reduce rate of increase in obesity and raise physical activity for all

High Level Actions 2009 – 2012

Lives people lead:

- Ensure regular physical activity is sustained beyond 16 years+.
- Increase the number of trips made by walking and cycling ensuring that safety is taken into account
- Increase the number of older people taking part in regular physical activity.
- Expand opportunities for disabled people to lead an active life
- Improve people's ability to choose and obtain healthy food that meets nutritional requirements that are right for their stage of life.
- Commission healthy eating cooking skills and food access programmes for targeted neighbourhoods and community groups
- Use the National Change 4 Life social marketing programme to support and empower people to make changes to diet and activity
- Develop and implement Leeds Strategic Maternity Matters action plan and Breastfeeding Strategy

Services people use:

- Ensure there are appropriate pathways to identify and manage overweight and obese individuals linking to a variety of agencies.
- Invest in Putting Prevention First programmes in primary care
- Developing healthy living services within neighbourhoods including weight management services
- Appropriate offers of surgery for morbid obesity
- Develop further joint health and physical activity programmes for people experiencing poor health, or in danger of developing poor health to change their lifestyles and become healthy.
- Develop and implement a range of physical activity training programmes and opportunities including free swimming for young people and older people from April 2009
- Develop healthy eating programmes within priority neighbourhoods and encourage adoption of healthy eating principles in community based facilities (all sectors)

4. Reduce rate of increase in obesity and raise physical activity for all

High Level Actions 2009 – 2012

- Implement School Meals and Packed Lunch strategies
- Promote the use of Active Leeds Physical Activity Tool Kit
- Ensure a proactive and workforce with knowledge and skills to address healthy behaviour change including using consistent messages around behaviour change, healthy weight, balanced diet and physical activity
- Embed the practice of screening for malnutrition in facilities and in the community by health, social care and community service providers and professionals
- Support a range of organisations to promote and provide practical support around health lifestyle messages around being a healthy weight, eating a balanced diet and increasing physical activity.

Community development and involvement:

- Ensure user involvement in the development and continuation of all programmes and services relating to food, physical activity and weight management
- More participants in food and exercise activities commissioned from local organisations especially in target areas
- VCFS agencies commissioned to develop physical activity opportunities within a community development approach

Health and Wellbeing Partnership Plan 2009-2012: Action Plan for the Improvement Priorities

5. Reduce teenage conception and improve sexual health	
Lead partner and Partnership Leeds City Council	Contributing partners Children Leeds Partners NHS Leeds Education Leeds Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum
Children Leeds ISCB – Teenage Pregnancy and Parenthood Board Healthy Leeds JSCB – Promoting Health and Wellbeing Sub Group	
Principal Strategies/ Plans Teenage pregnancy and parenthood strategy 2008 to 2011 Sexual health strategy 2009 to 2014	Related strategies/ Plans Children and Young People’s Plan 2009 to 2014 Alcohol Strategy 2007 to 2010
Indicators and targets NI 112 Under 18 conception rate <i>disaggregated to focus on the 6 wards in the city with the highest rates of conception</i> Baseline (1998) 50.4 per 1000 girls aged 15-17 Leeds 2006 rate 50,7 per 1000 girls aged 15-17 Target (2009/10) Target rate 42.7 per 1,000 girls aged 15-17 <i>Based on 15% reduction in 6 wards with highest conception rate</i> Vital Signs Guaranteed access to a GUM clinic within 48 hours of contacting a service	Outcomes <ul style="list-style-type: none"> • Fewer unplanned pregnancies • Gonorrhoea infections reduced by 15% • Fewer girls under 18 conceiving • 217,000 people aged 15 – 24 will have been screened for Chlamydia • 10% increase year on year in number of STI and HIV tests in non GUM settings • 90% of gay men accessing all sexual health services will receive a hepatitis B

	vaccine
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5. Reduce teenage conception and improve sexual health

High Level Actions 2009 – 2012

Influences on health:

- Campaigns to target the general population of Leeds to reduce stigma related to sexual health
- Increase positive work with the local media

Lives people lead:

- Developing a communications plan for both young people, adults and professional and links between sexual health and teenage pregnancy work.
- Develop local teenage pregnancy data and set up system for sharing data across agencies
- Act on the Young People's Sexual Health Needs Assessment
- Review existing provision of Sex and Relationship Education within educational and non-educational settings
- Ensure Leeds Family Support and Parenting Strategy and work plan increases parents' confidence to discuss sexual health and relationship issues
- Review impact of transition from Youth Service Health Education Team to generic services
- Deliver evidence based programme of improving skills, knowledge, confidence, aspirations and empowering the most vulnerable to sexual ill health
- Increase programmes developing skills and knowledge of gay men, young people and African and African Caribbean communities
- Support the health and wellbeing for those living with HIV and AIDS

5. Reduce teenage conception and improve sexual health

High Level Actions 2009 – 2012

Services people use:

- Ensure access to local services that are integrated, holistic and sensitive and appropriate to people from different backgrounds.
- Develop single access point for all sexual health services
- Increase access to and improve knowledge of contraception.
- Increase access to emergency contraception and improve the uptake of contraception post pregnancy or terminations
- support for parents and carers on talking to children about sex and relationship issues at Children's Centres

- Expand the Chlamydia screening programme
- Ensure screening programmes are accessible and acceptable to target groups
- Ensure prevention is integral to all clinical services
- Increase HIV testing in a range of settings
- Increase service provision in deprived areas, through GP practices, pharmacies, prisons
- Improve the skills and knowledge of professionals in offering all forms of contraception and STI and HIV testing, STI treatment and sex and relationships education
- Increase access to HIV treatment for gay men and African communities
- Review existing services against the needs and identify gaps

Community development and involvement:

- Increase community based and outreach initiatives with vulnerable groups

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6. Improve the assessment and care management of children, families and vulnerable adults	
Lead partner and Partnership	Contributing partners
Leeds City Council Children Leeds ISCB Healthy Leeds JSCB – Priority Groups sub-group	NHS Leeds Leeds Partnership Foundation NHS Trust Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum Children <u>Leeds</u> partners
Principal Strategies/ Plans	Related strategies/ Plans
Adult Social Care Service Plans Children and Young People’s Plan 2009 to 2014 Putting people at the centre (learning disabilities)	Carers Strategy for Leeds 2009
Indicators and targets	Outcomes
NI 132 Timeliness of social care assessment (all adults) Baseline 80.9% 2010-11 Target 90.0% NI 133 Timeliness of social care packages following assessment (all adults) Baseline 85% 2010-11 Target 95.0% LKISS 35 Regular reviews for vulnerable adults and for carers NI 63 Stability of placements of looked after children: length of placement Baseline 70.5% 2010-11 Target 80.0% NI 66 Looked after children cases which were reviewed within required timescales Baseline 60.2% 2009-10 Target 90.0%	<ul style="list-style-type: none"> • More people, especially with long term conditions, are able to lead independent lives • Consistent and updated support for vulnerable adults • Carers receive appropriate and timely support • Improved patient and carer experience • Young adults are fully supported in transitions between services, especially on entering adulthood

6. Improve the assessment and care management of children, families and vulnerable adults

High Level Actions 2009 – 2012

Lives people lead:

- Improve the visibility and recognition of carers
- Increase the number of carers who receive a health check

Services people use:

- provide efficient and effective out of hours service and redesign care management process
- reduce delayed transfers of care
- Improve outcomes for people from BME backgrounds,
- Improve outcomes for people with personality disorders
- Improve outcomes for people young people who have committed offences
- Ensure arrangements are in place for protecting vulnerable people from abuse through improved assessment and care management
- Implement self directed support pilot for the full range of client groups
- Improve care planning for young people in transition by creating a joint team consisting of officer from both CYPSC and ASC
- Embed the Common Assessment Framework for children and young people in Children's Services to provide early assessment and multi-agency actions centred around individual children and young people's needs
- Reviews are regularly undertaken for vulnerable people and for their carers

Community development and involvement:

- Involvement and engagement of service users and carers (too vague)
- Involvement of voluntary community and faith sector (too vague)
- Endure the availability of advocacy for people lacking capacity

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7. Improve psychological, mental health, and learning disability services for those who need it	
Lead partner and Partnership	Contributing partners
Leeds City Council	NHS Leeds
Healthy Leeds JSCB – Priority Groups sub-group	Leeds Partnership Foundation NHS Trust
Children Leeds ISCB	Children Leeds Partners
	Leeds Colleges
	VCF sector through Leeds Voice Health Forum
Principal strategies/ Plans	Related strategies/ Plans
Leeds Mental Health Strategy 2006 to 2011	Carers Strategy for Leeds 2009
Leeds Emotional Health Strategy 2008 to 2011 (CYP)	
Putting people at the centre (Learning Disability Strategy)	
Social Inclusion and Mental Health Strategy (in preparation)	
Children and Young People’s Plan 2009 to 2014	

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7. Improve psychological, mental health, and learning disability services for those who need them	
Indicators and targets	Outcomes
<p>NI 58 Emotional and behavioural health of looked after children (new indicator)</p> <p>NI 130 (refresh) Social Care Clients receiving self-directed support Target 30% take up of self directed support options by 31/3/11</p> <p>VSCO2 -Proportion of people with depression and/or anxiety disorders who are offered psychological therapies. Targets and milestones to be determined by March 2009</p>	<ul style="list-style-type: none"> • People from all backgrounds get timely and appropriate care • Individuals feel valued and included • improved access to appropriate housing for vulnerable groups • Learning disabled people enjoy better health • Learning disabled people with complex health needs receive effective and person centred treatment care and support provided locally • Learning disabled people and their carers benefit from accessible and person centred services with specialist health supports in primary and secondary care • More people using and enjoying mainstream facilities and increased accessibility of facilities • evidence of more personalised care and support • Earlier intervention to reduce risk of crisis • • more rapid and effective recognition and support for people suffering anxiety and depression. • Number of people accessing dementia services

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7. Improve psychological, mental health, and learning disability services for those who need them

High Level Actions 2009 - 2012

Influences on health:

- Reduce stigma and discrimination
- increase opportunities to access employment and meaningful education (LD)
- Implement vocational and employment action plan (MH)
- Improve access to arts and leisure activities
- Ensure vulnerable groups to have access to a range of housing opportunities

Lives people lead:

- Develop services from local and community based locations with partners and reduce reliance on use of segregated buildings
- increase choice and control in support including increasing the take up of self directed support and individualised budgets
- implement Mental Health First Aid training for employers
- Recognise needs of more mobile population by providing appropriate support including city centre changing places (LD)

Services people use:

- Undertake options appraisal of models of integrated care
- Transform mental health and learning disability day services
- Audit of GP registers to monitor number of LD people registered, and level of health screening activity
- ensure LD patients have health checks and Health Action Plans
- Develop capacity of primary and secondary health services to meet the needs of patients with Learning Disabilities
- Improve access, uptake and information on health and health services, by developing accessible information
- Undertake review of specialist health services for LD patients with continuing treatment needs and develop service model
- Implement Independent Living Project to promote social inclusion through procuring a range of housing options in local communities and transforming care and support services
- Development of Primary Care Mental Health Services to eradicate age discrimination
- Joint Transitions Team for children & young peoples social care and adult social care in place by 31/3/2010
- Implementation of Dual Diagnoses Strategy (substance use and mental health)
- Expand services in primary care to increase access to psychological therapies for people with common mental health problems

7. Improve psychological, mental health, and learning disability services for those who need them

High Level Actions 2009 - 2012

- Improve access to early intervention services
 - Improving public and professional awareness of Dementia
 - Improve early diagnosis and intervention for people with Dementia
 - Improved quality of life and support for people with Dementia
 - develop strategy on autism
- Community development and involvement:**
- increase opportunities to enjoy a range of social activities and networks
 - Continue community development worker service for BME communities
 - Review user carer involvement structures to ensure fitness for purpose
 - Extend network of Dementia Cafés

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8. Increase the number of vulnerable people helped to live at home	
Lead partner and Partnership Leeds City Council Healthy Leeds JSCB – Priority Groups sub-group Planned and Urgent Care sub-group	Contributing partners Leeds PCT Leeds Partnership Foundation NHS Trust VCFS bodies through Leeds Voice Health Forum West Yorkshire Fire and Rescue Service Leeds Colleges
Principal strategies/ Plans Leeds Housing Strategy 2005 to 2010 Supporting People Strategy 2005 to 2010 Carers Strategy for Leeds 2009 Older Better Strategy 2006 to 2011	Related strategies/ Plans Children and Young People’s Plan 2009 to 2014
Indicators and targets NI 141 Percentage of vulnerable people achieving independent living Baseline 2007/8 Q2 58.61 Targets 2910-11 76% NI 139 The extent to which older people receive support they need to live independently at home (Place Survey) NI 136 People supported to live independently through social services (all adults) Target 66%	Outcomes <ul style="list-style-type: none"> • Fewer inappropriate admissions to hospital • Falls reduced and more people who fall are treated at home • Stroke care pathway improved • People with mental health problems or learning disabilities can access wider range of housing, employment, training and leisure opportunities • Improved choice delivering a personalised service based on individual preferences for vulnerable groups

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8. Increase the number of vulnerable people helped to live at home

High Level Actions 2009 – 2012

Influences on health:

- Use a social model approach to challenge the barriers faced by older people and disabled people to independence, inclusion and equality
- Maintain and promote older people's and disabled people's independence for as long as possible

Lives people lead:

- increase take up of Personal Budgets by continuing promotion so that new applicants are offered individualised budgets from Autumn 09 and others are offered them by review
- Increase the number of people with mental health problems and learning disabilities who are in employment , education or in voluntary activity
- (add Learning disability strategy re housing)

Services people use:

- Expand interactive services such as telehealth, broadband/interactive access and telecare
- Expansion of Falls Assessment and Treatment service
- Transform learning disability day services currently provided by LCC
- Redevelopment of Windlesford Green hostel for people with learning disabilities.
- Provision of new , modern accommodation for people with learning disabilities through the Independent Living Project
- Increase the number of vulnerable people utilising self directed support to deliver their care and support needs
- Develop and improve information sources to ensure that the communication barriers affecting different groups are overcome

Community development and involvement:

- Development of self care strategy supported by Health Trainers for people with long term conditions.

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9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives	
Lead partner and Partnership	Contributing partners
Leeds City Council	NHS Leeds
Healthy Leeds JSCB – Priority Groups sub-group Planned and Urgent Care sub-group	VCFS bodies through Leeds Voice Health Forum and Learning Disability Forum, Older People’s Forum, Physical Disability Forum and Volition.
Principal Strategies/ Plans	Related Strategies/ Plans
Adult Social Care Business Plans Older Better	Children and Young People’s Plan 2009 to 2014 Carers Strategy for Leeds
Indicators and targets	Outcomes
NI 130 (refresh) Social Care Clients receiving self-directed support Target 30% take up of self directed support options by 31/3/11	<ul style="list-style-type: none"> • More people aware of and accessing benefit and fuel support • People lead richer and more fulfilling lives whatever their age or condition • Increased satisfaction among service users and carers • Choice and control are enhanced by simpler access with less risk of duplication or gaps • Evidenced access to information, advice and advocacy • Better sharing of information subject to appropriate safeguards • Increased capacity for support within local communities

9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives

High Level Actions 2009 – 2012

Influences on health:

- Continue work to promote financial inclusion
- Develop and improve transport which meets people's needs

Lives people lead:

- Promote Healthy Ageing with the direct involvement of older people, encouraging a positive view of old age and disability
- Use social marketing to develop information about opportunities, accessible to all groups

Services people use:

- Roll out of Common Assessment Framework
- Continue work on the Self-Directed support programme
- Increase take up of Personal Budgets by continuing promotion so that new applicants are offered individualised budgets from Autumn 09 and others are offered them by review
- Deliver services for older people and disabled people that are flexible and accessible and promote choice and control
- Deliver care and support close to where people live, or within their own homes
- Ensure that older people and disabled people are treated with respect and dignity at all times
- Take an holistic approach to care and support, joining up different elements across professions and agencies
- Share good practice across the City, agencies, organisations and professions
- Develop community support services for people with Stroke and other Neurological conditions
- Implementation of Leeds Vision strategy to provide excellent eye health and eye care and sight loss support in an inclusive city

Community development and involvement:

- Ensure full participation of older people and disabled people in the decisions and processes which affect their lives
- Enable older people and disabled people to lead an active and healthy life and be involved as citizens of the city
- Tackle social isolation of older people

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10. Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk	
Lead partner and Partnership	Contributing partners
Leeds City Council Children Leeds ISCB Children Leeds Safeguarding Board Healthy Leeds JSCB Adult Safeguarding Board	Education Leeds NHS Leeds Children Leeds Partners VCFS bodies through Leeds Voice CYP Forum and Leeds Voice Health Forum Leeds Colleges
Principal Strategies/ Plans	Related Strategies/ Plans
Adult Safeguarding Strategy Children and Young People's Plan 2009 to 2014 Carers Strategy for Leeds 2009	
Indicators and targets	Outcomes
Number of children looked after (<i>expressed as a rate per 10,000 excluding unaccompanied asylum seekers</i>) Baseline 83.6 Target 2020-11 59.1 Estimated number of staff employed by independent sector registered care services in the council area that have had some training on protection of adults whose circumstances make them vulnerable that is either funded or commissioned by LCC - Target to be set following calculation of baseline	<ul style="list-style-type: none"> • Wider awareness of issues among staff and in wider communities • Risk factors are managed consistently and effectively • Arrangements for safeguarding vulnerable adults are effective across agencies and disciplines. • Everyone involved in safeguarding has the appropriate knowledge, skills and understanding

10. Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk

High Level Actions 2009 - 2012

Influences on health:

- Increase overall awareness of safeguarding issues through communications and social marketing

Lives people lead:

- Implement consistent assessment procedures for risk, mitigation and management

Services people use:

- Ensure high quality safeguarding practice is embedded across partners
- Revise and implement multi-agency adult safeguarding procedures
- Implement mandatory specialist safeguarding training programme
- Implement work programme of adult safeguarding board
- Jointly appoint head of adult safeguarding
- Establish practice standards and competencies
- Ensure the work of the safeguarding adults partnership board is informed by the views and experiences of all stakeholders (for children's safeguarding see CYP Plan)

Community development and involvement:

- Increase general awareness of safeguarding issues and secure community support
- Increase general awareness of capacity issues and secure community support

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