

Improvement Priorities

Improvement priorities

The agreed improvement priorities for health and wellbeing are:

1. Reduce premature mortality in the most deprived areas.
2. Reduce 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 them.
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.

Notes

For each improvement priority the attached table gives the following information:

- the jointly accountable directors, the key partnerships, strategic leads and the related strategies;
- the national indicators and targets together with the measures of success that are being used;
- an overview of the main areas for action over the next three years. This is not intended to duplicate the detailed individual strategies and action plans which are signposted so that further details can be found.

These action plans will inform the performance management process for the Leeds Strategic Plan. The action plans and outcomes will be reviewed and updated annually. Following a preliminary Equality Impact Assessment in April 2009, further work will be undertaken to define issues and actions for the different equality strands (race, gender, disability, sexual orientation, age, religion or belief.) This process will be informed by continuous self-assessment and developments will be formally included in the annual refresh.

I. Reduce premature mortality in the most deprived areas

Accountable Directors and Key Partnerships

Ian Cameron / Sandie Keene

Healthy Leeds Joint Strategic Commissioning Board – Promoting Health and Wellbeing Subgroup

Rosemary Archer/Sarah Sinclair

Children Leeds Integrated Strategic Commissioning Board

Lead and contributing partners

NHS Leeds

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

Strategic Leads

Brenda Fullard, NHS Leeds
 John England, Leeds City Council
 Sharon Yellin, NHS Leeds

Key and Related Strategies/ Plans (see page 24 to access these plans)

Infant Mortality Action Plan 2009
Leeds The 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
Older Better 2006 to 2011
Alcohol Strategy 2007 to 2010
Self Care Strategy 2009
 Leeds Housing Strategy 2009 to 2012
 Leeds Affordable Warmth Strategy 2007 to 2016
 Leeds Financial Inclusion Project

I. Reduce premature mortality in the most deprived areas

Indicators and targets

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)

Baseline 2001 -2003

(for population living in 10% most deprived SOAs)

Men	Women
1178	692

3 year target trajectory for 2010 -2012

(for population living in 10% most deprived SOAs)

Men	Women
918	602

For Leeds as a whole

Men	Women
662	463

Citywide target 472 per 100,000

NI 121 Mortality rate from circulatory diseases at ages under 75 (per 100,000 population)

Baseline 145 per 100,000 population (1995-7)

Target 69.3 per 100,000 population (2010-11)

Measures of success

- Further reduction in the proportion of children living in poverty
- 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

By 2013 in Leeds as a whole:

- 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
- 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

By 2013 in the most deprived areas of Leeds

- 344 people will have been prevented from having an early death
- 147 lives will be saved from people under 75 dying from cancer
- 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

In the most deprived areas of Leeds

- increased percentage of people who are successful in achieving lifestyle behaviour changes (weight management/healthy eating/smoking cessation/alcohol harm reduction/increased physical activity)
- increased percentage of people who engage with local processes and feel they can influence decisions in their locality
- environment created for a thriving third sector

I. Reduce premature mortality in the most deprived areas

High Level Actions 2009 - 2012

Influences on health:

- Develop and expand our programme of work on key influences on health such as housing, low income, skills and employment, transport system and the availability of facilities for people to be active.
- 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.
- Develop a strategic Child Poverty action plan delivering a range of coordinated services to enable families to move out of poverty.
- Improve access to quality early years resources.
- Improve 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:

- 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*).
- 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 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 and 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:

- Develop local infrastructures where partners engage with residents, particularly those 'seldom seen, seldom heard' in services.
- Involve communities, groups and individuals in the preparation and, when appropriate, delivery of health improvement programmes.
- Improve health literacy and provide motivation and support for appropriate health-seeking behaviour.
- Support growth and development of quality local services and community development by the Voluntary, Community & Faith sector.

2. Reduce the number of people who smoke

Accountable Directors and Key Partnerships

Lead and contributing partners

Ian Cameron / Sandie Keene

Healthy Leeds Joint Strategic Commissioning Board – Promoting Health and Wellbeing Subgroup

NHS Leeds

Leeds City Council
 Leeds Partnership Foundation NHS Trust
 Leeds Teaching Hospitals NHS Trust
 VCF sector through Leeds Voice Health Forum

Strategic Leads

Key and Related Strategies/ Plans (see page 24 to access these plans)

Brenda Fullard, NHS Leeds
 John England, Leeds City Council

Leeds Tobacco Control Strategy 2006 to 2010
The Leeds Children and Young People’s Plan 2009 to 2014
Infant Mortality Action Plan 2009

2. Reduce the number of people who smoke

Indicators and targets

Measures of success

NI 123 Stopping smoking

(target disaggregated to narrow the gap between 10% most deprived SOAs and the rest of Leeds)

Baseline (2004)

31% smokers in the Leeds population

Target (2010-11)

21% smokers in the Leeds population
 27% smokers in 10% most deprived SOAs

Vital signs VSB05

4 weeks smoking quitters who attended NHS Stop Smoking Services.

Target

2010/11 4345 people stopping smoking with NHS Stop Smoking Services

- contribute to the overall reduction in adult and infant mortality rates and to increasing life expectancy by
 - 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

2. Reduce the number of people who smoke

High Level Actions 2009 - 2012

Influences on health:

- Make sure that local capacity for delivery of the tobacco programme and tobacco control is strengthened and sustained.
- Maintain compliance across the city with smoke free legislation.
- Maintain and promote smoke free environments not included within the boundaries of smoke free legislation.
- Contribute to, and develop, local response to 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.

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.
- Deliver high impact actions to reduce smoking before, during and after pregnancy, including:
 - Promoting smoking cessation to women of child bearing age and link with the city wide infant mortality action programme.
 - Reaching pregnant smokers as soon as possible and throughout pregnancy.
 - Supporting pregnant women to stop 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.

Services people use:

- 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.
- 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 Voluntary, Community and Faith sector 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.

3. Reduce alcohol related harm

Accountable Directors and Key Partnerships

Lead and contributing partners

Ian Cameron / Sandie Keene / Neil Evans

Healthy Leeds Joint Strategic Commissioning Board – Promoting Health and Wellbeing Subgroup

Safer Leeds/ Healthy Leeds Alcohol Board

NHS Leeds

Leeds City Council
 Leeds Partnership Foundation NHS Trust
 Leeds Teaching Hospitals NHS Trust
 Voluntary, Community and Faith sector through Leeds Voice Health Forum

Strategic Leads

Key and Related Strategies/ Plans (see page 24 to access these plans)

Brenda Fullard, NHS Leeds
 John England, Leeds City Council
 Jim Willson, Leeds City Council

Leeds Alcohol Strategy 2007 to 2010
Safer Leeds Partnership Plan 2008 to 2011
 The Leeds Children and Young People’s Plan 2009 to 2014

3. Reduce alcohol related harm

Indicators and targets

Measures of success

NI 39 Hospital admissions for alcohol related harm

Reduce the increase in the rate of alcohol-related hospital admission by at least 1% per year

- Reduced economic loss due to alcohol
- Increased understanding of the culture of alcohol use across the population of Leeds
- Reduced number of 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
- Reduction in alcohol-related crime and disorder and hospital admissions

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.
- 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:
 - the alcohol related recorded violent crime;
 - the percentage of cases where alcohol use is linked to offending;
 - the percentage of domestic violence where alcohol is a contributing factor;
 - the use of alcohol in young people aged under 18; and
 - the rate of alcohol- specific hospital admissions in under 18s.
- 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 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, to those who misuse alcohol.
- Develop a communication plan about alcohol so that the population of Leeds can make informed choices about their alcohol use and shift attitudes to harmful drinking.
- 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 individuals 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 the number of staff working in health, social care, criminal justice, community and the voluntary sector who are trained to identify alcohol misuse and offer brief advice.
- Develop 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.
- Have a well informed workforce equipped to provide information on the effects of substance misuse, including smoking.

Community development and involvement:

- Develop work with communities around reducing promotion and accessibility of alcohol products.
- Develop the young people led alcohol minimisation action plan.
- Ensure commissioning of Voluntary, Community and Faith sector 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.

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

Accountable Directors and Key Partnerships

Rosemary Archer

Children Leeds Integrated Strategic Commissioning Board

Ian Cameron / Sandie Keene

Healthy Leeds Joint Strategic Commissioning Board – Promoting Health and Wellbeing Subgroup

Lead and contributing partners

Leeds City Council

Children Leeds Partners
 NHS Leeds
 Sport England
 Education Leeds
 Youth Sports Trust
 VCFS Sector

Strategic Leads

Sarah Sinclair, NHS Leeds/ Leeds City Council
 John England, Leeds City Council
 Brenda Fullard, NHS Leeds

Key and Related Strategies/ Plans (see page 24 to access these 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
Adult Obesity Strategy (in preparation)
Leeds School Meals Strategy Jan 2007
The Leeds 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
 Older Better 2006 to 2011

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

Indicators and targets	Measures of success
<p>NI 57 Children and young people's participation in high quality PE and sport Baseline 91% 2007/08 Target 93% 2009/10'</p> <p>NI 8 Adult participation in sport and active recreation Baseline 20.6% 2005/06 Target 21.6% March 2011</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 • More children eating healthily and participating in play, cultural activities and quality physical exercise programmes • 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

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.
- 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.
- 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.

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.
- 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).
- Implement School Meals and Packed Lunch strategies.
- Promote the use of Active Leeds Physical Activity Tool Kit.
- Ensure a proactive 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.
- Voluntary, Community and Faith sector agencies commissioned to develop physical activity opportunities within a community development approach.

5. Reduce teenage conception and improve sexual health

Accountable Directors and Key Partnerships		Lead and contributing partners	
<p>Rosemary Archer Children Leeds Integrated Strategic Commissioning Board – Teenage Pregnancy and Parenthood Board</p> <p>Ian Cameron / Sandie Keene Healthy Leeds Joint Strategic Commissioning Board – Promoting Health and Wellbeing Subgroup</p>		<p>Leeds City Council Children Leeds Partners NHS Leeds Education Leeds Leeds Teaching Hospitals NHS Trust</p> <p>VCF sector through Leeds Voice Health Forum</p>	
Strategic Leads		Key and Related Strategies/ Plans (see page 24 to access these plans)	
<p>Sarah Sinclair, NHS Leeds/ Leeds City Council Victoria Eaton, NHS Leeds John England, Leeds City Council</p>		<p>Teenage pregnancy and parenthood strategy 2008 to 2011 Sexual health strategy 2009 to 2014 The Leeds Children and Young People’s Plan 2009 to 2014 Alcohol Strategy 2007 to 2010</p>	

5. Reduce teenage conception and improve sexual health

Indicators and targets	Measures of success
<p>NI 112 Under 18 conception rate <i>disaggregated to focus on the 6 wards in the city with the highest rates of conception</i></p> <p>Baseline (1998) 50.4 per 1000 girls aged 15-17</p> <p>Leeds 2006 rate 50.7 per 1000 girls aged 15-17</p> <p>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></p> <p>Vital Signs Guaranteed access to a GUM clinic within 48 hours of contacting a service</p>	<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

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:

- Develop a communications plan for both young people, adults and professionals and links between sexual health and teenage pregnancy work.
- Develop local teenage pregnancy data and set up system for sharing data across agencies.
- Review existing provision of Sex and Relationship Education within educational and non-educational settings.
- Increase parents' confidence to discuss sexual health and relationship issues.
- Review impact of transition from Youth Service Health Education Team to generic services.
- Deliver programme of improving skills, knowledge, confidence, aspirations and empowering the most vulnerable to sexual 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.

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.

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

Accountable Directors and Key Partnerships		Lead and contributing partners	
<p>Rosemary Archer Children Leeds Integrated Strategic Commissioning Board</p> <p>Sandie Keene / Jill Copeland Healthy Leeds Joint Strategic Commissioning Board – Priority Groups sub-group</p>		<p>Leeds City Council NHS Leeds Leeds Partnership Foundation NHS Trust Leeds Teaching Hospitals NHS Trust VCF sector through Leeds Voice Health Forum Children Leeds partners</p>	
Strategic Leads		Key and Related Strategies/ Plans (see page 24 to access these plans)	
<p>Jackie Wilson, Leeds City Council Dennis Holmes Leeds City Council Carol Cochrane, NHS Leeds</p>		<p>Adult Social Care Service Plans The Leeds Children and Young People’s Plan 2009 to 2014 Putting People at the Centre (Learning Disability Strategy) 2009 to 2012 Carers Strategy for Leeds 2009</p>	

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

Indicators and targets	Measures of success
<p>NI 132 Timeliness of social care assessment (all adults) Baseline 80.9% 2010-11 Target 90.0% 2007</p> <p>NI 133 Timeliness of social care packages following assessment (all adults) Baseline 85% 2010-11 Target 95.0%</p> <p>NI 63 Stability of placements of looked after children: length of placement Baseline 70.5% 2010-11 Target 80.0%</p> <p>NI 66 Looked after children cases which were reviewed within required timescales Baseline 60.2% 2009-10 Target 90.0%</p>	<ul style="list-style-type: none"> • More people, especially with long term conditions, are able to lead independent lives • Appropriate 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 awareness of the needs 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 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 from both Children's and Adult Social Care.
- 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.
- Undertake regular reviews for vulnerable people and their carers.

Community development and involvement:

- Involve and engage service users and carers.
- Involve voluntary, community and faith sector.
- Ensure the availability of advocacy for vulnerable people.

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

Accountable Directors and Key Partnerships		Lead and contributing partners	
<p>Sandie Keene / Jill Copeland Healthy Leeds Joint Strategic Commissioning Board – Priority Groups sub-group</p> <p>Rosemary Archer Children Leeds Integrated Strategic Commissioning Board</p>		<p>Leeds City Council NHS Leeds Leeds Partnership Foundation NHS Trust Children Leeds Partners Leeds Colleges VCF sector through Leeds Voice Health Forum</p>	
Strategic Leads		Key and Related Strategies/ Plans (see page 24 to access these plans)	
<p>Dennis Holmes, Leeds City Council John Lennon, Leeds City Council Carol Cochrane, NHS Leeds Jackie Wilson, Leeds City Council</p>		<p>Leeds Mental Health Strategy 2006 to 2011 Leeds Emotional Health Strategy 2008 to 2011 (CYP) Putting People at the Centre (Learning Disability Strategy) 2009 to 2012 Social Inclusion and Mental Health Strategy (in preparation) The Leeds Children and Young People's Plan 2009 to 2014 Carers Strategy for Leeds 2009</p>	

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

Indicators and targets	Measures of success
<p>NI 58 Emotional and behavioural health of looked after children (new indicator)</p> <p>NI 130 Social Care Clients receiving self-directed support</p> <p>Target 30% take up of self directed support options by March 2011</p> <p>VSCO2 Proportion of people with depression and/or anxiety disorders who are offered psychological therapies.</p> <p>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 • 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

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.
- 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 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.

Services people use:

- Undertake options appraisal of models of integrated care.
- Transform mental health and learning disability day services.
- Ensure people with learning disabilities have health checks and Health Action Plans.
- Develop capacity of primary and secondary health services to meet the needs of people with learning disabilities.
- Improve access, uptake and information on health and health services, by developing accessible information.
- Review specialist health services for people with learning disabilities 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 March 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.
- 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.

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

Accountable Directors and Key Partnerships		Lead and contributing partners	
<p>Sandie Keene / Jill Copeland Healthy Leeds Joint Strategic Commissioning Board – Priority Groups sub-group</p> <p>Sandie Keene / Philomena Corrigan Healthy Leeds Joint Strategic Commissioning Board – Planned and Urgent Care sub-group</p>		<p>Leeds City Council Leeds PCT Leeds Partnership Foundation NHS Trust VCFS bodies through Leeds Voice Health Forum West Yorkshire Fire and Rescue Service Leeds Colleges</p>	
Strategic Leads		Key and Related Strategies/ Plans (see page 24 to access these plans)	
<p>Dennis Holmes, Leeds City Council John Lennon, Leeds City Council Carol Cochrane, NHS Leeds Jackie Wilson, Leeds City Council</p>		<p>Leeds Housing Strategy 2005 to 2010 Supporting People Strategy 2005 to 2010 Carers Strategy for Leeds 2009 to 2012 Older Better Strategy 2006 to 2011 The Leeds Children and Young People’s Plan 2009 to 2014</p>	

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

Indicators and targets		Measures of success	
<p>NI 141 Percentage of vulnerable people achieving independent living Baseline 2007-8 58.6% Targets 2010-11 76%</p> <p>NI 139 The extent to which older people receive support they need to live independently at home Baseline and target to be set from Place Survey</p> <p>NI 136 People supported to live independently through social services (all adults) Baseline (new target) Target 66%</p>		<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 	

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.
- Better access to good quality housing for vulnerable people.

Lives people lead:

- Promote and increase take up of Personal Budgets.
- Increase the number of people with mental health problems and learning disabilities who are in employment , education or in voluntary activity.

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.

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

Accountable Directors and Key Partnerships		Lead and contributing partners	
<p>Sandie Keene / Jill Copeland Healthy Leeds Joint Strategic Commissioning Board – Priority Groups sub-group</p> <p>Sandie Keene / Philomena Corrigan Healthy Leeds Joint Strategic Commissioning Board – Planned and Urgent Care sub-group</p>		<p>Leeds City Council NHS Leeds VCFS bodies through Leeds Voice Health Forum and Learning Disability Forum, Older People's Forum, Physical Disability Forum and Volition.</p>	
Strategic Leads		Key and Related Strategies/ Plans (see page 24 to access these plans)	
<p>Dennis Holmes, Leeds City Council John Lennon, Leeds City Council Carol Cochrane, NHS Leeds Jackie Wilson, Leeds City Council</p>		<p>Adult Social Care Business Plans Older Better The Leeds Children and Young People's Plan 2009 to 2014 Carers Strategy for Leeds 2009 to 2012</p>	

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

Indicators and targets	Measures of success
<p>NI 130 Social Care Clients receiving self-directed support</p> <p>Target 30% take up of self directed support options by March 2011</p>	<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.
- Promote and increase take up of Personal Budgets .
- 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.
- 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 .

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

Accountable Directors and Key Partnerships		Lead and contributing partners	
<p>Rosemary Archer Children Leeds Integrated Strategic Commissioning Board - Children Leeds Safeguarding Board</p> <p>Sandie Keene / Jill Copeland Healthy Leeds Joint Strategic Commissioning Board -Adult Safeguarding Board</p>		<p>Leeds City Council Education Leeds NHS Leeds Children Leeds Partners VCFS bodies through Leeds Voice CYP Forum and Health Forum Leeds Colleges</p>	
Strategic Leads		Key and Related Strategies/ Plans (see page 24 to access these plans)	
<p>Dennis Holmes, Leeds City Council Sarah Sinclair, NHS Leeds/ Leeds City Council</p>		<p>Adult Safeguarding Strategy The Leeds Children and Young People's Plan 2009 to 2014 Carers Strategy for Leeds 2009 to 2012</p>	

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

Indicators and targets	Measures of success
<p>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</p> <p>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</p>	<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 children and 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
- Improve safeguarding arrangements for children.

Community development and involvement:

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

Related plans

Plan title	Internet link (click to open)
NHS Leeds Strategy 2008 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13970
Leeds Alcohol Strategy 2007 to 2010	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13938
Older Better 2006 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13958
Leeds Housing Strategy 2009 to 2012	(under development)
Supporting People Strategy 2005 to 2010	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13956
Safer Leeds Partnership Plan 2008 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13960
Active Leeds: a Healthy City 2008 to 2012	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13932
Leeds Food Matters 2006 to 2010	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13946
Leeds Tobacco Control Strategy 2006 to 2010	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13968
Infant Mortality Action Plan 2009	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13948
Accident Prevention Framework 2008 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13930
Self Care Strategy 2009	(under development)
Leeds Affordable Warmth Strategy 2007 to 2016	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13934
Leeds Financial Inclusion Project	http://www.leeds.gov.uk/page.aspx?pageidentifier=cd4994f5-87a4-4935-858b-89e8a360643a
Taking the Lead 2006 to 2012	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13964
Leeds Childhood Obesity Strategy 2006 to 2016	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13942
Leeds School Meals Strategy	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13954
Adult Obesity Strategy	(under development)
Local and West Yorkshire Transport Plans and Cycling Strategy - various	http://www.leedsinitiative.org/transport/page.aspx?id=2410
Parks and Green Space Strategy 2009	(under development)
Teenage Pregnancy and Parenthood Strategy 2008 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13966
Sexual Health Strategy 2009 to 2014	(under development)
Carers' Strategy for Leeds 2009 to 2012	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13940
Leeds Social Inclusion and Mental Health Strategy 2006 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13962
Leeds Emotional Health Strategy 2008 to 2011	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13944
Putting People at the Centre (Learning Disability) Strategy 2009 to 2012	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=13952
Adult Safeguarding Strategy	(under development)
The Leeds Children and Young People's Plan 2009 to 2014	http://www.leedsinitiative.org/WorkArea/showcontent.aspx?id=14160