

**Combined extract from Leeds' Director of Public Health Annual Reports (2008 and 2009)
Recommendations for action to reduce health inequalities (2008) and associated progress (2009)**

	Action needed	By Whom:				Progress reported in 2009	
		NHS Leeds	LCC	Leeds Initiative	PBC*		
1	Demonstrate how the set of new national performance indicators and the new Local Area Agreement and Local Area Delivery Plans are being used to target action on health inequalities		✓	✓		☺	Good progress
2	Demonstrate how the new operating framework and the NHS 'vital signs' are being used to target action on health inequalities	✓			✓	☺	Good progress
3	Continue using the most deprived SOA ¹ s as the basis of a geographic focus for action	✓	✓	✓	✓	☺	Good progress
4	Work together, using the Joint Strategic Needs Assessment, to agree on the most vulnerable and disadvantaged population groups within the city	✓	✓	✓	✓	☹	Progress made but more is still needed
5	Ensure that the Joint Strategic Needs Assessment reflects health inequalities at local level and that this is embedded into commissioning, service planning and decision making	✓	✓		✓	☹	Progress made and work on further improvements has started

¹ Super Output Areas - Geographical areas that are now used for collecting and publishing statistics for a small area. In the past, health statistics were based on electoral wards. However, electoral wards vary in size, whereas SOAs are of a consistent size. Lower layer SOAs have a population of around 1500. Middle layer SOAs (which may contain two or more lower layer SOAs) have a population of around 7200. Statistics are based on lower layer or middle layer SOAs, depending on what is being analysed.

	Action needed	By Whom:				Progress reported in 2009	
		NHS Leeds	LCC	Leeds Initiative	PBC*		
6	Ensure that there is an understanding of the health inequalities between practice populations and that priority is given to action in commissioning plans				✓	☹	Progress made but more is still needed
7	Incorporate action on the high impact changes on life expectancy and infant mortality in a targeted systematic way in the more deprived communities	✓	✓	✓	✓	☺	Good progress
8	Prioritise tackling vascular disease and smoking related illness in order to help achieve the national 2010 health inequalities target on life expectancy ²	✓			✓	☺	Good progress
9	As commissioners, ensure that service providers have the incentives to meet the needs of the more disadvantaged populations	✓	✓		✓	☹	Isolated examples of good progress
10	Provide incentives and support for people to look after their own health	✓	✓		✓	☹	Limited progress only

* Practice based commissioners

² Prioritising vascular disease and smoking-related illness means:

- ensuring that prevention and treatment services for cancer and coronary heart disease (CHD) reach those in greatest need or with poorest health outcomes, including disadvantaged groups and ethnic groups with high prevalence; for CHD, in particular, reducing high blood pressure and increasing prescription of statins to reduce blood cholesterol
- increasing smoking cessation interventions
- reducing excess winter deaths, particularly those related to long term respiratory conditions by linking proactive treatments to weather forecasting and increasing influenza immunisation.