# Improvement Priority – Reduce Premature Mortality in the Most Deprived Areas Lead Officers – John England, Brenda Fullard



Why is this a priority				<ul> <li>In Leeds 20 % of the population live in the 10% most deprived Super Out Areas (SOAs) in England. There are health inequalities within Leeds for a and women by areas of deprivation:</li> <li>There is a 10.1 year gap in life expectancy for men between City &amp; Hur and Harewood (71.6 years:81.7 years)</li> <li>There is a 9.6 year gap in life expectancy for women between Cit Hunslet and Adel/Wharfedale (76.1 year:85.7 years</li> </ul>										
			Leeds De	eprived an	d Non-depi	ived Gap i	n Mortality	Rates - All	Persons					
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0 –	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	berce %0
Deprived Leeds actual	934	889	893	881	844	842	768	871						
Non-Deprived Leeds actual	621	631	621	583	577	553	563	541						
Deprived Leeds trend line	917	902	886	871	857	842	828	814	800	786	773	760	747	4
Non-Deprived Leeds trend line	634	619	605	592	579	566	553	541	529	517	505	494	483	4
<ul> <li>- · O · – Deprived Leeds -0.50%</li> <li>yr on yr improvement on trend</li> </ul>									801	782	764	745	728	
-·•·-Non-Deprived Leeds -0.25%									527	514	501	489	477	-
yr on yr improvement on trend														
gap		L							274	268	263	256	251	4
—e gap as percentage difference		1							52%	52%	52%	52%	53%	

#### Summary

All age all cause mortality is still a significant issue in deprived areas of Leeds however this rate has decreased each year from 2001 to 2007 but there was increase in 2008. Based on the actual figures from the five year average periods 2001-2005 to 2004-2008 a forecast continuing at the same rate shows that difference in female and male life expectancy between the 10% most deprived and 10% least deprived LSOAs will continue to increase. Achievements since the last report

- <u>Leeds Strategy</u> A challenge event was attended by over 80 people with 21 partnership organisations and agencies represented alongside chief officers from all directorates in Leeds City Council. Five priority areas emerged from an exercise and workshop discussion at the event. A health and wellbeing task and finish group has been formed to clarify and frame the priority areas.
- <u>NHS Commissioning for health Inequalities plan</u> under completion for approval by NHS Leeds Executive management team in August 2010
- Obesity and Alcohol treatment services: Health commissioning Priorities Plans developed for agreement by NHS Leeds in October 2010
- <u>Joint workforce development programme</u> development progressing to increase in the number of Health Champions and LCC/ NHS staff skilled to address the reduction of health inequalities through their individual work objectives.
- <u>NHS Health Checks</u> 60 GP practices have now signed up to the Local Enhanced Service (LES) for the delivery of the NHS Health Check, 6577 vascular risk assessments were under taken in the last quarter 09/10 and first quarter 2010-2011 and over 30% of those seen were at over 20% risk of developing CVD in the next 10 years, and are now within a management pathway.
- <u>Healthy Living Services</u> A programme approach has commenced to develop and sustain behaviour change interventions across a large audience, on an 'industrial' scale and initially targeting the Cardiology Department at Leeds Teaching Hospital Trust and 6 practices within the 10% most deprived areas. Projects within the programme include: rapid appraisal of the effectiveness of stop smoking and weight management services; increase capacity and skills of front line workers to deliver brief advice and interventions; and develop, manage and promote a comprehensive Leeds data base of services and facilities.

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- <u>Under age sales of alcohol and tobacco-</u>West Yorkshire Trading Standards in partnership with NHS Leeds one year project to reduce illegal sales of substances to those under age in Armley and Middleton commenced June 2010
- <u>Reducing Excess Winter deaths A</u> project is in progress to identify high risk populations from the Adult Social Care register and GP practice profiles to enable all vulnerable people on the register to be pro-actively and systematically offered, and supported to take up, a suite of interventions prior to the onset of Winter 2010.
- <u>Infant Mortality</u> The 2 Demonstration Sites (Chapeltown and Beeston Hill) continue to implement an intensive programme of interventions. Evaluation of their impact is being undertaken. Initiatives to improve the accessibility of maternity services to women continue, including an assessment of factors which influence late booking among certain ethnic groups, and the development of an asylum seeker maternity pathway. Monitoring data indicate that the proportion of women booking before 12 weeks continues to improve. Data concerning smoking levels in pregnancy continues to improve in quality. An incentive scheme to support women in challenging circumstances to remain smoke free, through intensive visiting, is showing early success. NICE guidance concerning obesity among pregnant women has just been published, and work will commence shortly to consider implementation in Leeds.
- <u>Increasing Community Capacity</u> NHS Leeds are reviewing Voluntary, Community and Faith Sector (VCFS) contracts and are committed to protecting the VCSF sector and re-commissioned to deliver work on advocacy, participation of the voluntary sector in commissioning strategic development, Health improvement and actively targeting interventions for people in specific disease groups to prevent deterioration of the condition and maintain their independence. Annual data from VCFS showed:
  - 14,071 people accessed VCFS community health provision (6,427 were new contacts);
  - 6,662 (not including children) were supported to access services/other support to address
    physical health issues, including registering with a GP/dentist, taking up cervical and breast
    screening, quit smoking support, flu and immunisation uptake.
  - In the 12 months to April 10, an additional £427,000 was secured by VCFS, supported by NHS, to deliver health improvement work in deprived areas of Leeds.
- Locality based Commissioning -. Three Locality action plans are being implemented on four key
  challenges and shared priorities of: Communication and community engagement; Commissioned
  services and local initiatives meeting the needs of deprived communities; translation of citywide priorities
  into actions at local level; reducing the Health Inequalities gap between deprived communities and the
  rest of Leeds through strengthening partnerships, building health capacity and maximizing resources.
- <u>Health Promoting Hospital:</u> Leeds Teaching Hospital Board approved their Public health strategy and an action plan is now in pace to with agreement to introduce the first phase of this work in the Cardiac unit.
- **<u>Promoting health, wellbeing and health inequalities</u>** Workshop held with heads of service in City Development on their role in promoting health and wellbeing and health inequalities.

#### Challenges and Risks

- NHS Health Check and Healthy Living Services Given the financial climate a 'no increase' or a reduction in investment could lead to lower levels of clinical engagement, lower uptake in key communities and inability to produce local and national monitoring requirements
- The change process resulting from the White paper 'Liberating the NHS' and the forthcoming white
  paper on public health is likely to affect both the content and future timescales of commissioning and
  health improvement plans
- Increasing the integration of health improvement and reducing health inequalities across plans and objectives across all Directorates of LCC.
- Infant Mortality The rising birth rate in Leeds, together with the changing ethnic profile of the child bearing population and the impact of recession on economic wellbeing (32% of Leeds births take place within SOAs which fall into the 10% most deprived nationally), are all likely to impact on infant mortality rates.

Approved by	John England	Date	09/08/10
Delivery Board			

## Improvement Priority – Reduce Premature Mortality in the Most Deprived Areas

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Key	Key actions for the next 6 months							
	Action	Lead Officer	Milestone	Timescale	Date Action Last Reviewed			
	The <u>Leeds Strategic plan</u> : will be revised during 2010-11 and this is likely to include many of the recommendations set out in the 2010 national strategic review of health inequalities: Fair Society, healthy Lives (Marmot review) plus the actions from the NHS commissioning for reducing health inequalities plan	John England/Brenda Fullard	Secure joint ownership of a revised Health and Wellbeing Partnership action plan with short to medium term objectives agreed					
	Joint workforce development programme	Brenda Fullard/John England	Agreed and project plan in place to increase in the number of LCC and NHS Leeds staff skilled to address the reduction of health inequalities through their individual work	December 2010				
	<b>Infant mortality:</b> Combined antenatal Down's Syndrome screening to commence. Implementation of the breastfeeding strategy, "Food for Life" is ongoing. A social marketing campaign promoting breastfeeding is being taken forward in South Leeds. A social marketing campaign concerning co-sleeping is being planned. A training programme, commissioned from the University of Bradford, for front line staff aiming to enhance their understanding of cousin marriage, is being rolled out in October and November.	Sharon Yellin	Further reduction of infant mortality in demonstration sites	November 2010				
	Health and Wellbeing Locality Partnership Action Plans	John England/Brenda Fullard	Action plans implemented and monitored	January 2011				
	To inform the new <u>Housing Strategy</u> for Leeds, a piece of work was commissioned by Leeds City Council from Sheffield Hallam University to understand the impact of poor housing on health in Leeds and estimate the future cost of housing related ill health. The final document is expected late August and recommendations will for discussion at the Leeds Health Improvement Board.		Recommendations of this work included in the Leeds Strategy subject to consultation and investment	October 2010				
	Building on the outcomes of the regional workshop held in February 2010, develop and agree a joint approach to improve health and <b>reduce health inequalities through spatial planning</b>	Christine Farrar	Joint approach to improve health and reduce health inequalities through spatial planning agreed	October 2010				

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Increase in number of people reducing lifestyle risk through <u>NHS</u> <u>Health Check and Healthy Living Services.</u>	Lucy Jackson/Ruth Middleton/ Brenda Fullard	Rapid appraisal of healthy living services completed, brief intervention capacity building programme commenced and healthy living database completed.	December 2010
Reduce under age sales of alcohol and tobacco in Armley and Middleton	Tony Downham/Heather Thomson	Initial results to be reported	January 2011
Implement NHS Leeds and LCC joint programme of work to reduce excess winter deaths, including reducing fuel poverty,	Dawn Bailey/ John England	Increase in the number of at risk people identified and offered intervention programme	January 2011
Agree the <u>LTHT health promoting hospital</u> plan and recruit a programme manger with the aim of implementing and measuring action to reduce lifestyle risk in patients, visitors and staff	Phil Ayers/Dawn Bailey	<ol> <li>Health promotion Hospital project manager recruited</li> <li>Working example in cardiology commenced</li> <li>Benchmarked against HPH standards in best hospitals with a view to proposal to join network to Board</li> </ol>	January 2011
Priorities to be identified with City Development of key areas of joint work with health	Gary Bartlett/ Janette Munton/ Christine Farrar		Sept 2010
A health innovation event has been arranged with LCC and key Health staff to explore new/different ways of working on health inequalities	John England		November 2010