

Improvement Priority – Reduce Premature Mortality in the Most Deprived Areas

Lead Officers – John England, Brenda Fullard

Overall Progress

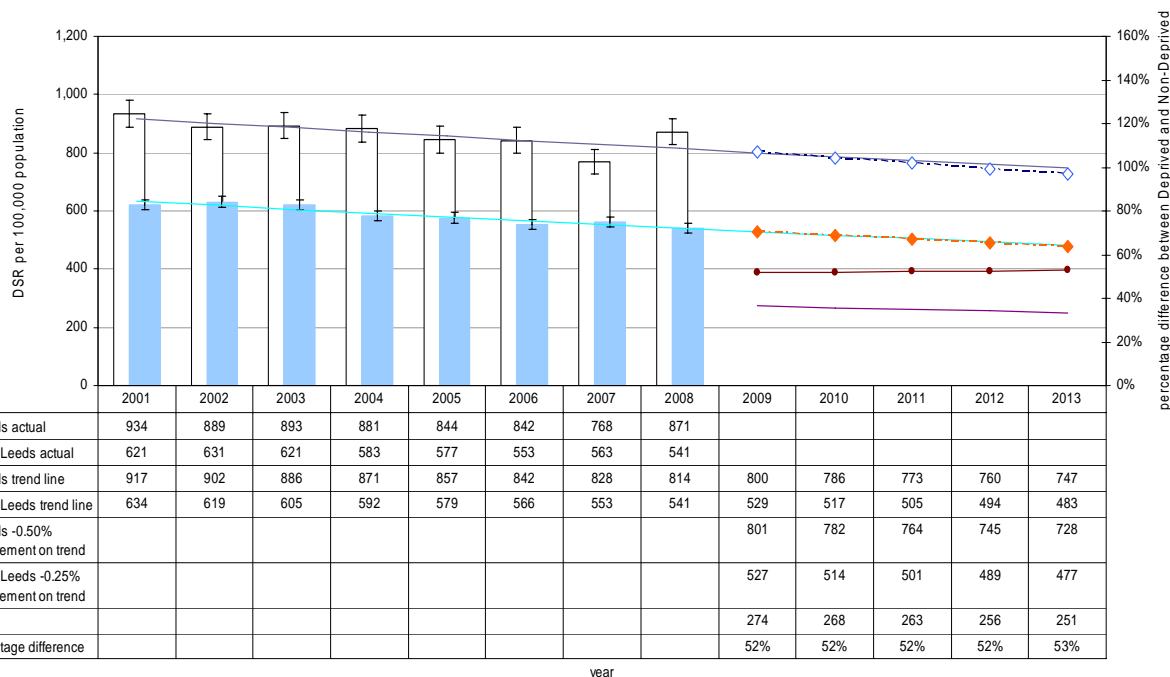


Why is this a priority

In Leeds 20 % of the population live in the 10% most deprived Super Output Areas (SOAs) in England. There are health inequalities within Leeds for men and women by areas of deprivation:

- There is a 10.1 year gap in life expectancy for men between City & Hunslet and Harewood (71.6 years:81.7years)
- There is a 9.6 year gap in life expectancy for women between City & Hunslet and Adel/Wharfedale (76.1year:85.7years)

Leeds Deprived and Non-deprived Gap in Mortality Rates - All Persons



sources: YHPHO, NHS Leeds and LAA trajectory submissions

Overall progress to date and outcomes achieved April 2010 to September 2010

Summary

The premature mortality data has a two year time lag, new figures will be available in January 2011 and this will go a long way to identifying if the activities currently being undertaken are at the right scale and intensity needed to impact on this issue. The impact of lifestyle changes such as increased physical activity and healthy eating are unlikely to have an immediate impact on the current overall premature mortality results however progress can be measured by looking at the results on the reduction in the number of people who smoke or cancer related deaths etc. This issue is being tackled through a range of actions on a number of fronts to improve health and tackle health inequalities and on a number of occasions services are tailored to meet local priorities, for example clusters of smoking related or cancer related deaths. There are also many other lifestyle and income related issues which can have a significant impact on people's health and there needs to be greater understanding of the impact services have on health and improved partnership working. Work is currently taking place in partnership with LCC and health to make progress on these issues.

The NHS Leeds Executive Management Team have recently agreed the NHS Commissioning for Health Inequalities Plan and this is a major step forward in targeting services towards those in greatest need.

Achievements since the last report

- **Leeds Strategy** – a framework for developing a detailed Health and Wellbeing strategy as a key priority area within the Leeds Strategic Plan has been completed
- **Obesity and Alcohol treatment services:** Health commissioning Priorities Plans agreed in October 2010. First quarter performance report due in January 2011
- **Joint workforce development programme** A framework has been developed at the Health Improvement Board to increase the number of Health Champions and LCC/ NHS staff skilled to address the reduction of health inequalities through their individual work objectives.
- **NHS Health Checks** – between July 2009 June 2010 14,886 were undertaken. Number of people identified as new Hypertensives:1,630, New Diabetics: 346 new CKD:182, Impaired Glucose Tolerance: 108, impaired Fasting Glucose:69
- **Healthy Living Services** - 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

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and promote a comprehensive Leeds data base of services and facilities.

- **Under age sales of alcohol and tobacco-** 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
- **Reducing Excess Winter deaths** – A 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
- **Infant Mortality** – The 2 Demonstration Sites (Chapelton and Beeston Hill) continue to implement an intensive programme of interventions. Evaluation of their impact is being undertaken and will be complete by January 2011. Initiatives to improve the accessibility of maternity services to women continue. The asylum seeker maternity pathway is now completed and will be rolled out in early November. 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. NICE guidance concerning obesity among pregnant women has been published. The first set of BMI data from booking is now available and a specialist dietician for maternal obesity (0.5WTE) is now in post.
- **Increasing Community Capacity** - 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 Health and Wellbeing Partnerships-** A programme to increase early diagnosis of lung cancer by increasing X-Ray case finding in inner South and East Leeds has achieved DH funding and a project plan initiated. Performance results will be collected during 2011
- **Health Promoting Hospital:** 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. Health promoting Hospital Co-ordinator post has been agreed for advert.
- **Financial Inclusion:** Review of CAB/ Welfare advice services in primary care completed. Services being reoriented to areas of deprivation. 10 out of 18 sessions provide opportunity for debt advice in areas of deprivation. 2 million pounds of unclaimed benefits claimed by patients in Leeds. (2009/2010). 2million pounds debt managed (2009/2010)
- **West Yorkshire Fire Service** has completed 16365 Home Fire Safety Checks from the 2009/10 year.
- 704 HFSC referrals were received from partner agencies for Home Fire Safety Checks during 1st April – 30th September 2010, of which 174 were classed as high risk requiring further intervention from the Station Manager and High Risk Team. The Community Safety Team have also made 406 referrals through the Hotspots scheme for pensions and energy advice

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.

There is still a lot of work to undertake to ensure links between partners are embedded into normal working practice to enable better sharing of information and support to be provided to those who are at more risk. Individuals that are dying in fires are generally known to other agencies, therefore the process for involving other agencies when dealing with vulnerable individuals needs to improve.

<u>Council / Partnership Groups</u>			
<u>Approved by</u> (Accountable Officer)	John England	<u>Date</u>	20.10.2010
<u>Approved by</u> (Accountable Director)		<u>Date</u>	

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Key Actions for the next 6 months October 2010 to March 2011

	Action	Lead Officer	Milestone	Timescale
	<p><u>Health and wellbeing priorities plan</u> will be completed using a framework developed and based in 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</p> <p><u>Joint workforce development programme</u></p> <p><u>Infant mortality:</u> Combined antenatal Down’s Syndrome screening to commence in December 2010. Implementation of the breastfeeding strategy, “Food for Life” is ongoing. A social marketing campaign promoting breastfeeding is being taken forward in South Leeds: now at implementation stage. A city-wide breastfeeding welcome here scheme has been commissioned. A social marketing campaign concerning co-sleeping is planned for January/February 2011. 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..</p> <p><u>Health and Wellbeing Locality Partnership Action Plans</u></p> <p>To inform the new <u>Housing Strategy for Leeds</u>, 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. Unfortunately the research has fallen further behind schedule and the report is expected in November 2010.</p> <p>Building on the outcomes of the regional workshop held in February 2010, develop and agree a joint approach to improve health and <u>reduce health inequalities through spatial planning</u></p>	<p>John England/Brenda Fullard</p> <p>Brenda Fullard/John England</p> <p>Sharon Yellin</p> <p>John England/Brenda Fullard</p>	<p>Secure joint ownership of a revised Health and Wellbeing Partnership action plan with short to medium term objectives agreed</p> <p>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. Three Health Innovation events completed.</p> <p>Further reduction of infant mortality in demonstration sites</p> <p>Action plans implemented and monitored</p> <p>Recommendations of this work included in the Leeds Strategy subject to consultation and investment</p>	<p>January 2011</p> <p>February 2011</p> <p>January 2011</p> <p>January 2011</p> <p>October 2010</p>

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	<p>Increase in number of people reducing lifestyle risk through <u>NHS Health Check and Healthy Living Services</u>.</p> <p><u>Reduce under age sales of alcohol and tobacco</u> in Armley and Middleton</p> <p>Implement NHS Leeds and LCC joint programme of work to <u>reduce excess winter deaths</u>, including reducing fuel poverty,</p> <p>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</p>	<p>Christine Farrar</p> <p>Lucy Jackson/Ruth Middleton/ Brenda Fullard</p> <p>Tony Downham/Heather Thomson</p> <p>Dawn Bailey// John England</p> <p>Phil Ayers/Dawn Bailey</p>	<p>Joint approach to improve health and reduce health inequalities through spatial planning agreed</p> <p>Rapid appraisal of healthy living services completed, brief intervention capacity building programme commenced and healthy living database completed.</p> <p>Initial results to be reported</p> <p>Increase in the number of at risk people identified and offered intervention programme</p> <ol style="list-style-type: none"> 1. Health promotion Hospital project manager recruited 2. Working example in cardiology commenced 3. Benchmarked against HPH standards in best hospitals with a view to proposal to join network to Board 	<p>December 2010</p> <p>January 2011</p> <p>January 2011</p> <p>January 2011</p> <p>March 2011</p>
	<p>Identification of patients who are re-admitted to hospital due to alcohol over 3 times annually by GP practice in WNW Leeds. To ensure that they are given support in their community and referred to treatment services</p>	<p>Tim Taylor</p>	<p>Targeting practices in 10% most deprived SOAs. Number of patients with > 3 attendances reduced over 12 months</p>	<p>Jan 2011</p>
	<p>Early identification of dementia patients and slowing onset of condition in primary care in WNW Leeds. Building capacity for dementia services in areas of greatest need through health and wellbeing centres and libraries</p>	<p>Tim Taylor</p>	<p>Numbers of referrals to dementia services from primary care</p>	<p>Jan 2011</p>
	<p>Joining up GP approaches in WNW Leeds to excess winter death for older people (flu vaccination, falls prevention, medicine management) with social care interventions (telecare, benefits advice and fuel poverty)</p>	<p>Tim Taylor</p>	<p>Numbers of people dying from excess winter death</p>	<p>Jan to March 2011</p>

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To arrange and deliver in conjunction with the Local Government Improvement and Development up to 3 innovations days across Leeds, for a range of council staff and partners. The aim will be to explore new/different ways of working on the health inequalities agenda.	John England/ Steve Clough	To develop an innovative programme(s) by February 2011	February 2011
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Performance Indicators

Performance indicators aligned to the Improvement Priority

Reference	Title	Owner	Frequency & Measure	Rise or Fall	Baseline	2009/10 Result	2010/11 Target	Q2 Result	Predicted Full Year Result	Data Quality
NI 120	All age all cause mortality rate (per 100,000 population)	PCT	Annually Number	Fall		Not Available	Not Set	Annually Reported		No Concerns with Data
	All age all cause mortality rate - Females city wide (per 100,000 population)	PCT	Annually Number	Fall	605.00 (1995-97 average)	Not Available	472	Annually Reported		No Concerns with Data
	All-age all cause mortality rate - Females 10% worst SOA (per 100,000 population)	PCT	Annually Number	Fall	682.00 (2006)	Not Available	616	Annually Reported		No Concerns with Data
	All-age all cause mortality rate - Males city wide (per 100,000 population)	PCT	Annually Number	Fall	942.00 (1995-97 average)	Not Available	679	Annually Reported		No Concerns with Data
	All-age all cause mortality rate - Males 10% worst SOA (per 100,000 population)	PCT	Annually Number	Fall	1098.00 (2006)	Not Available	946	Annually Reported		No Concerns with Data
NI 121	Mortality rate form circulatory diseases at ages under 75 (per 100,000 population)	PCT	Annually Number	Fall	145.0 (1995-97 average)	Not Available	69.3	Annually Reported		No Concerns with Data
NI 122	Mortality from all cancers at ages under 75	PCT	Annually Number	Fall	119	Not Available	116	Annually Reported		No Concerns with Data

Improvement Priority – Reduce the rate of increase in obesity and raise physical activity for all

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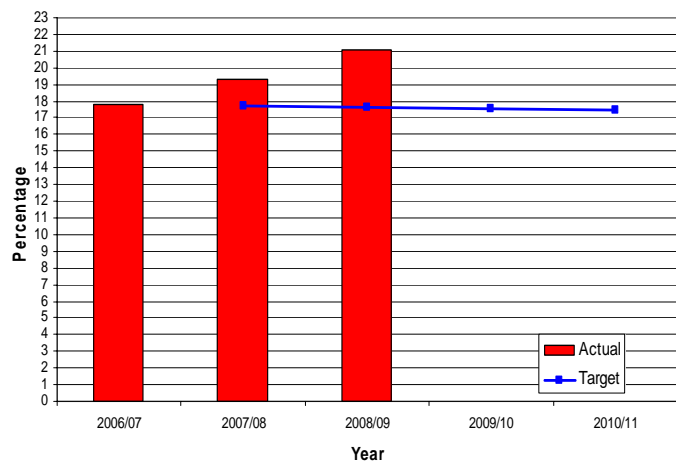
Overall Progress



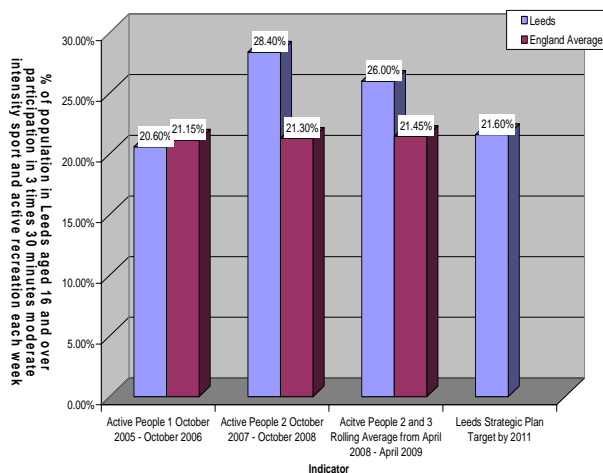
Why is this a priority

Obesity is on the increase and is associated with many illnesses, and is directly related to increased mortality and shortened life expectancy. It leads to higher risks of diabetes, hypertension, breathlessness, coronary heart disease, osteoarthritis in the knees, complications in pregnancy and impaired fertility and a range of cancers. It also has an impact on wellbeing, educational and economic attainment.

Percentage of obese in Year 6



National Indicator 8 - Leeds Strategic Plan



Overall progress to date and outcomes achieved April 2010- September 2010

Overall Summary

Services have been redesigned and programmes and initiatives are in place to work with families, children and young people to provide solution focused support to help them achieve a healthy weight. Based on this data from the Health survey for England 2003 we can conservatively estimate that for the population of Leeds approximately 152,084 people would be expected to be obese (BMI of 30kg/m² or more). This figure is not weighted for deprivation but it should be noted men and women from unskilled manual groups are 4 times more likely to be obese than professional groups.

Achievements

- The 'Chapel Allerton and Beyond' Walking Group has formed as a result of health walks training in July 2010. 2 further volunteers from this group are attending the next training in October.
- Work to improve children's nutrition through increasing uptake of free school meals has resulted in nine frontline workers and eight catering staff being trained around the Free School Meals Toolkit. These staff are now working to increase take up in eligible families and to improve the quality of school meals
- The city wide Breastfeeding (BF) Action Plan has been agreed. A BF Support Service is now operational with new mothers being offered additional support to continue to BF on discharge from hospital. 423 women received a telephone call in July. 63 of who received a visit within 48 hours of being discharged from hospital. In addition 20 women received 1-2-1 support of the wards at SJUH. Early qualitative reports from the women are very positive.
- The BF social marketing campaign based in the south of the city is now in the implementation stage: including work with local young women to establish a local young parents group.
- Leeds data for 09-10 has been uploaded to National Child Measurement Programme data base. Coverage rates were below national target of 85% at 69% due to capacity issues within school health services. The school nursing service specification has been revised and a contingency plan has been developed which will support the service to achieve this Commission for Quality and Innovation target in the coming year. Training has been delivered to school nursing staff to enable them to best implement the programme and respond to parental concerns.
- Health, Exercise, and Nutrition for the Really Young (HENRY) 22 centres have now taken part in the training. 28 Children's Centres staff have now attended Group Facilitation Skills training and 3 Lets Get Healthy with HENRY parents groups have been run. A further 6 have been booked.
- Change4Life events continue, as part of a broader communication strategy, to be held for the NHS Leeds and LCC workforce to raise awareness of key messages. These have evaluated well with many colleagues making pledges to make a change. Future events and articles, to support colleagues fulfil their pledges, are planned in response to pledges made.
- Change4Life themed fun days have been held at Primary Schools in Middleton and Harehills areas. They are proving very successful and have allowed for robust piloting and evaluation of the toolkit that supports the event. 15 schools/community groups have run events engaging over 2500 people from disadvantaged communities in health

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education and behaviour change. Some toolkits are available now and the plan is to make more available, to allow use by all schools enabling them to run events to engage and support families to make a healthy lifestyle behaviour change.

- Two Third Sector organisations have been commissioned to establish a change4life service in each of the demonstration sites (Harehills and Middleton). This new service is now providing one to one support to at risk families to enable them to achieve the change4life behaviours. The 13 group sessions that have been offered have been very popular. Take-up of the individual family sessions has been slower in these 'hard-to-reach' communities, however 11 families in Harehills and 6 families in Middleton are being supported however the growing demand for 1 to 1 support in Harehills has led to the provider applying for further funding from DH to increase capacity.
- NHS Leeds continues to commission the Watch It Weight Management Service to provide 8 clinics in 10% most deprived SOAs. The parent focused programme to enable families with obese 5 -11 year olds to achieve a healthy weight, has been successfully piloted and an evaluation report completed.
- NHS Leeds continues to commission Leeds Community Health Care to provide adult weight management service which is now focusing the majority of specialist intensive service provision within the most deprived areas of the city, where research would suggest obesity prevalence is higher than the citywide average. NHS Leeds continues to review the access of services and success rates. Increasing awareness and systematic referral into this service is part of the Healthy Living Interventions programme being implemented as part of NHS Leeds operational plan.
- A Ministry of Food Centre opened in Leeds City markets in partnership with NHS Leeds, LCC, Zest Health for Life and Jamie Oliver LTD. 171 people are either attending or have completed a 10 week course since opening. The project is now running at capacity with a waiting list for some slots. Excellent feedback has been received from a variety of intervals and organisations.
- Progressing with a joint NHS Leeds and LCC Sport and Recreation programme to offer heavily discounted access to leisure services via Leeds card for people identified at high risk of CVD via NHS Health check and is on track to be available for practices to offer to identified patients in January 2011.
- A part of the healthy living interventions programme a central database with information regarding all healthy living services and opportunities across Leeds is being developed. This will be held in one central point which is accessible to patients, public health professionals and branded change4life.
- Undertaken a review of good practice regarding planning and environmental controls regarding hot food takeaways as requested by Healthy Scrutiny Board to inform possible future actions in Leeds.
- Work to improve children's nutrition through increasing uptake of free school meals has resulted in nine frontline workers and eight catering staff being trained around Free School Meals Toolkit. These staff are now working to increase take up in eligible families and to improve the quality of school meals.
- The West North West Partnership have mapped the healthy lifestyle interventions for healthy eating and physical activity provided by statutory, voluntary and private sectors for four area committees. This information is being linked to the cardio-vascular NHS Health checks being offered to people between 40-74 in the 10% most deprived SOAs
- Leisure Centres - Leeds City Council opened two new leisure centres at Armley & Morley, increasing the level of junior and adult swims and visits to council pools and leisure centres compared to last year. Power Leagues plc has opened an additional 5-a-side centre in Leeds, increasing capacity and forcing down prices.
- Leeds Core Cycle Network (LCCN) – The Middleton – City Centre route was opened in Sept and a second route has been completed between Kirkstall Brewery Halls of Residence and the Civic Quarter University Campuses. This route is due to be officially opened in Oct. Construction on three others has commenced, for opening this financial year, with contributions from external funders. Partnership working between LCC, Sustrans and the Universities continues. The number of cycles hired out has grown from 200 in 2008 to 370 in 2010 however the scheme is due to finish in 2012 and no funding has been identified.

Challenges/Risks

- To increase the priority given to obesity and increasing physical activity against context of structural reorganisation and cost improvements.
- Capacity of Children's Centres to deliver HENRY given likely reduction in LCC resources
- Lack of strategic support for agenda due to ongoing structural re-organisation within both NHS and LCC
- Significant reduction in investment available to enable commissioning of physical activity for inactive children living in deprived Leeds.
- The high level of investment in the promotion of unhealthy foods by the food industry
- The availability of bariatric surgery is unlikely to meet demand.
- Lack of specific National targets to tackle adult obesity
- Changes in levels and sources of funding for Change4Life campaign nationally
- Leisure Centres – The impact of the abolition of the national 'Free Swimming' initiative from 31 July 2010 - which led to a 44% increase in junior swimming in Leeds - will need to be assessed. The results of the Active People Survey for Leeds will also need to be analysed further. Leeds fell back from huge improvement in 2008 (this may be sampling variation) although Leeds score is still well above both the national average and other– Leeds Core Cycle Network - Whilst designs have been progressed for other LCCN routes, implementation of these in future years is stalled by lack of funding.

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<u>Approved by (Accountable Officer)</u>	John England	<u>Date</u>	20.10.2010
<u>Approved by (Accountable Director)</u>		<u>Date</u>	

Improvement Priority – Reduce the rate of increase in obesity and raise physical activity for all

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Key actions for the next 6 months October 2010 to March 2011

	Action	Lead Officer	Milestone	Timescale
	Establish citywide Joint Healthy Weight Board to review current strategy and determine priorities for future action in Leeds	Brenda Fullard	On hold due to organisational change anticipated in White paper (due Dec 2010) NHS Leeds has Obesity commissioning plan	On hold
	Establish Leeds Childhood Obesity Task Group to support implementation of Leeds Childhood Obesity Action Plan 2010-2013.	Janice Burberry	First meeting to be held November 2010. Quarterly thereafter.	April 2011
	Deliver actions from Leeds breastfeeding Action Plan	Sarah Erskine	Key deliverables in 2010/11 include improve data monitoring, strategic promotion of 'Food for Life', procure city-wide promotional/ social change intervention	April 2011
	Peer support: Training courses underway in Beeston/Middleton, Bramley and Little London. Re-fresh training underway in East Leeds. Contract with NCT includes training and support for 1 year.	Sarah Erskine	30-45 peer mentors trained	December 2010
	Procure city wide breast feeding welcome here scheme	Sarah Erskine	Contract will be awarded by end 2010	December 2010
	HENRY	Jackie Moores	Further 6 centres trained and 2 further group facilitation courses run.	March 31 2011
	A review of VCFS commissioning will continue to enable cost improvements to be identified while maintaining delivery of regular physical activity opportunities to inactive children and young people, from deprived communities.	Jan Burkhardt	Commission, monitor and evaluate children and young people's active4life programme 2010/11	September 2010
	A review of the Watch It Commissioning will be undertaken to enable further roll out of parent focused 5-11 years treatment services within current resources.	Janice Burberry	Revised SLA negotiated	April 2011
	Agreement on priority areas for action between health and planning following Reuniting health and planning event	Brenda Fullard NHS Leeds/ Christine Farrar/ Leeds Initiative	Briefing paper with recommendations from national good practice has been developed. Agreement on priorities to be taken forward by DPH and Chief planner. Progress report to Scrutiny Board due Jan 2011	January 2011
	Increase the number of people participating in sport and regular physical activity in deprived areas	Mark Allman LCC/ Brenda Fullard	See NI 8 performance indicator	Ongoing
	Implement the U travel action plan	Tim Parry LCC Sustrans		

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	Implement school meals and packed lunch strategies	Rosie Molinari Education Leeds	Piloting training programme for extended services as champions for Free School Meals Increase in uptake of School meals and FSM embedded in Enhanced Healthy Schools model.	Ongoing
	Pilot Healthy Food Mark Standard	Lisa Mallinson LCC/ Kay Lawton LHTH	Has been discontinued at National level as Food Standards Agency has been disbanded. Further programmes may form part of new Nutrition responsibilities for DH	On hold
	To evaluate and further develop change 4 life campaign	Alison Cater (NHS Leeds) Mark Allman (LCC)	Local change4life database and website currently in development.	January 2011
	VCFS agencies commissioned to develop physical activity and food access. Cooking/ healthy eating opportunities within and community development approach	NHS Leeds Staying healthy ICT/ John England LCC?	Zest Health for Life commissioned to deliver ministry of food Currently reviewing cooking skills and physical activity programmes commissioned from VCFS with a view to increasing quality and value for money.	Ongoing
	Change4life health promotion in most deprived 10% SOAs in WNW Leeds. Children deliver healthy eating messages to parents	Sue Mulligan	Schools identified and programme delivered Autumn 2010	Autumn 2010
	Work to reduce the (-16.59) physical activity participation gap between disabled individuals and the rest of Leeds has led to a multi agency tasking group being convened.	Liz Bailey	Leeds Card Extra application process being amended to enable currently excluded carers to apply	Feb 2011

Performance Indicators

Performance indicators aligned to the Improvement Priority

Reference	Title	Service	Frequency & Measure	Rise or Fall	Baseline	Last Year Result	Target	Quarter 2	Predicted Full Year Result	Data Quality
NI 57	Children and Young People's participation in high-quality PE and sport	Children and Younger People	Annually %	Rise	74% (2007/08 academic year)	81% (2008/09 academic year)	82%	Annually reported		No Concerns with data
NI 55a	Coverage - Obesity in primary school age children in Reception	Leeds PCT	Annual %	Rise	92%	93%	92%	Annually reported		No Concerns with Data Quality
NI 55b	Prevalence - Obesity in primary school age children in Reception	Leeds PCT	Annual %	Fall	9.30%	10.30%	10.00%	Annually reported		No Concerns with Data Quality

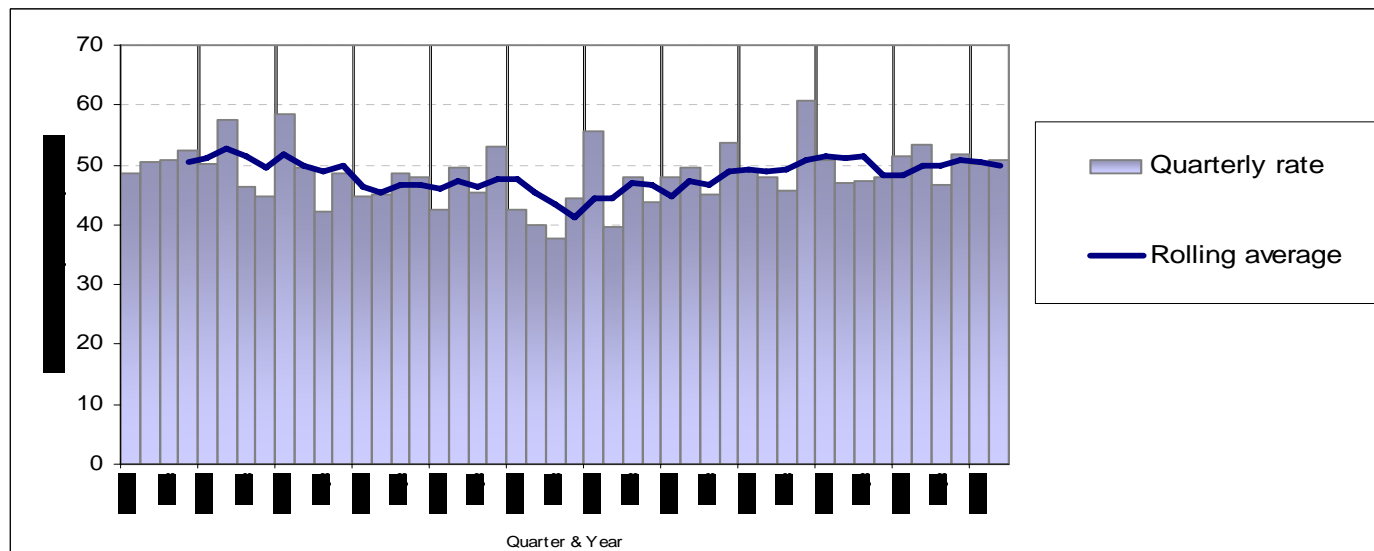
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NI 56a	Coverage - Obesity in primary school age children in Year 6	Leeds PCT	Annual %	Rise	98%	93%	98%	Annually reported	No Concerns with Data Quality
NI 56b	Prevalence - Obesity in primary school age children in Year 6	Leeds PCT	Annual %	Fall	17.80%	20.90%	17.67%	Annually reported	No Concerns with Data Quality

Overall Progress


Why is this a priority	Evidence shows that having children at a young age can damage young women’s health and wellbeing and severely limit their education and career prospects. Long term studies show that children born to teenagers are more likely to experience a range of negative outcomes in later life and are up to 3 times more likely to become teenage parents themselves. Teenage parents are shown to be high users of services compared to other parents and are therefore a significantly higher cost to communities in comparison to those who become parents in later life.
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Overall progress to date and outcomes achieved – Quarter 1 2010-11

Overall Summary

The latest available position for June 2009 shows a modest reduction in rates from 50.8 to 49.8 (rate per 1000 15-17 year old young women) as demonstrated by the graph above. Our performance is measured nationally against Office of National Statistics (ONS) conception rates for 15 -17 year old young women. There is a 14 month time delay in the data due to the nature of the information being collected and the significant number of suppliers of data. New data on under 18 conceptions rates from ONS will be available for Q3 2009 23rd November 2010 and for the whole of 2009 in February 2011.

Our overall position is that Leeds is not moving in the right direction quickly enough. External support and review from the National Support Team suggests Leeds is the using the right strategy. We therefore must question whether we are utilising all our resources across the local authority (including those outside children’s services) and in our partners in sufficient volume to change the direction of travel.

Activity achievements since the last quarter

Strategic

- Councillor Judith Blake has been inducted as the lead member for Children’s Service’s. The Teenage Pregnancy Co-ordinator has met with both Councillor Blake and Councillor Jane Dowson (Executive Member for Learning) to ensure teenage pregnancy remains high on the agenda.
- Elected members have been identified as local champions for the newly-identified West hotspot. Councillor Mick Coulson (Outer West) and Councillor Alison Lowe (Inner West).
- Family support and youth work commissioning specifications have been agreed to ensure reducing teenage conception is a priority for these services.

Data

- Young people who conceive now have information collated locally to ensure that services act more swiftly to target their services and improve their quality. Work is underway to ensure teenage parents are given the choice to share earlier the information they give to their midwife to ensure postnatal support is in place.

Work within education settings

- 97% of schools in Leeds have Healthy Schools Status which ensures that each school has a statutory

HW-1d/CYPP 7 - Reducing teenage conception

Lead Officer – Sarah Sinclair

Sex and Relationships Education (SRE) policy in place.

- All schools have been provided with information on the route for young people to access contraceptive services located either on site or at a local venue.
- Work with Leeds City College to develop training around SRE provision for college support staff is underway.

Sexual Health Services

- Sexual health services are operating effectively in FE colleges which serve high risk populations for teenage conception.
- 38 pharmacy sites in Leeds now offer emergency hormonal contraception (EHC) to young people.
- 90 practices have signed up to the delivery of the Local Enhanced Service (LES) specification for Long-Acting Reversible Contraception (LARC) in primary care. They provide a combination or either implant only, IUD only or both.
- Leedssexualhealth.com website received a total of 49,000 visits to the site in 2009/10 indicating it is a well utilised service.
- Young people who conceive now have the choice to self refer for a termination without consulting their GP.

Workforce Development

- 47 facilitators have been trained to deliver the recommended early intervention parenting programme to reduce teenage conceptions.
- Work is underway to increase the confidence, knowledge and skills of City College FE staff to signpost effectively and deliver quality SRE.
- There has been a 50% increase on last year in the uptake of training for social care staff for work with young people on sex and relationship issues.

Work with parents and carers

- 16 parents from the teenage pregnancy priority areas have completed the recommended early intervention parenting programme to reduce teenage conception.
- Young fathers have suggested ways services can improve following a 'mystery shopping' project.

Targeted Work

- Postal area hotspots in the West locality have been identified by local data analysis. A meeting has been set up with councillors and local partners. Following this meeting agreement has been reached to develop a local action plan and a practitioners event to agree accountabilities.

Risks and Challenges

- Leeds continues to be at a disadvantage if its senior leaders do not systematically approach joint working to address teenage pregnancy. Core Cities who have achieved significant reduction demonstrate joint ownership and action on this priority at the Chief Executive level both within the Local Authority and PCT.
- There is a risk that a misunderstanding occurs that teenage conception reduction is achievable without significant joint systemic approaches across all local authority departments.
- Membership of the Teenage Pregnancy and Parenthood Partnership may not be at a sufficiently senior level to drive change and attendance is not consistent.
- There is a risk that services do not consider teenage pregnancy and parenthood as a priority and therefore there is insufficient progress in addressing the wide range of causative factors.
- There is a risk that universal settings do not implement consistent high quality SRE and promote access to sexual health services, especially to vulnerable groups at high risk of teenage conceptions, eg, pupils with Special Educational Needs
- Leeds has a lower investment in community based health services which young people can access for their sexual health needs than other leading Core Cities. The challenge will be whether we can meet the demand for service use with the likely reduced investment levels in this area.
- The risk that family support and parenting services not consistently prioritising the needs of teenage parents across the city leaves some of the most vulnerable young parents without the support they need
- A challenge for parenting support is to support families sufficiently to reduce risk taking behaviours
- Reducing resources and competing service change may challenge further improvement in services.

HW-1d/CYPP 7 - Reducing teenage conception

Lead Officer – Sarah Sinclair

Budget pressure

In addition to an existing 10% reduction target, a 25% in-year reduction of the Area Based Grant which supports teenage pregnancy will risk overall progress of the work programme. Impacts are likely to be felt through reduced programme support and/or the support given to service users.

All the challenges and risks identified above are being considered by the Teenage Pregnancy Board with mitigating actions included in the action plan.

Council / Partnership Groups			
Approved by (<i>Accountable Officer</i>)	Paul Bollom/ Sarah Sinclair	Date	29/10/10
Approved by (<i>Accountable Director</i>)	Nigel Richardson	Date	10/11/10

HW-1d/CYPP 7 - Reducing teenage conception

Lead Officer – Sarah Sinclair

Key actions for the next 6 months

	Action	Lead Officer	Milestone	Timescale	Date Action Last Reviewed
1	A leadership review of teenage conception to be undertaken through a summit of senior leaders of the authority, health services, elected members and parliamentary representation.	Paul Bollom	Date originally arranged for summit was August 2010. New date to be organised now that the new Director of Children's Services is in post.	December 2010	9 August 2010
2	Research on effective sexual health services in schools (HYPS) requires they take place more than once a week in any one school and are delivered in partnership between the school, school health and youth services.	Vicky Womack	<ul style="list-style-type: none"> • Report writing group formed - completed • Report presented to TPPPB (June 2010)] • Revision to School Nursing Contract with PCT in light of report – completed • Agreement with CSLT on youth work and education support for HYPS services – November 2010. 	November 2010 (revised)	9 August 2010
3	Effective cities in reducing teenage conception require all services in contact with young people to be young person friendly and able to support young people confidently in their sexual health needs. All CaSH, Genitourinary Medicine (GUM) and the Termination of Pregnancy (TOP) providers will be 'You're Welcome' accredited. Target set for GP practices in high rate localities	Vicky Womack	<ul style="list-style-type: none"> • A target set for GP practices in high rate areas to complete 'You're Welcome' accreditation. (July 2010) – milestone revised Sept 2010. Expressions of interest received from four GP practices in July 2010. 	November 2011	9 August 2010
4	Effective services for young fathers are not evidenced in Leeds. We undertake to research the current service offer and the needs of young fathers and ensure services are in place for these parents.	Jenny Midwinter	<ul style="list-style-type: none"> • Interim findings to be provided to TPPPB, June 2010. Milestone revised final report to be presented to TPPPB December 2010 (Revised) • Family Support and Parenting Unit issue guidance of working with young fathers - completed • Family Support and Parenting Commissioning Plan to reflect outcomes of report in addressing needs of young fathers. (September 2010) – revised to November 2010 	October 2010	9 August 2010
5	Develop action plan for identified hot pockets in West Leeds (noted in previous action tracker – locality work already underway to address hotspots in Inner East and Inner South Leeds)	Paul Bollom	<ul style="list-style-type: none"> • To instigate working group for Inner West area focused on local hotspot rates suggesting joint local actions. • To arrange joint event for local practitioners to identify joint actions • To formulate local action plan with local accountability 	Completed October 2010 (revised) Jan 2011 Feb 2011	9 August 2010

HW-1d/CYPP 7 - Reducing teenage conception

Lead Officer – Sarah Sinclair

Key actions for the next 6 months

	Action	Lead Officer	Milestone	Timescale	Date Action Last Reviewed
6	To review all expenditure across partners of TP related services and make recommendations to improve efficiency and effectiveness and look for opportunities to combine program with other appropriate expenditure.	Paul Bollom	<ul style="list-style-type: none"> Recommendations to make savings to be shared with deputy director of commissioning and TPPP 	October 2010	New Action

Performance Indicators

Performance indicators aligned to the Improvement Priority

Reference	Title	Owner	Frequency & Measure	Rise or Fall	Baseline	2009/10 Result	2010/11 Target	Q2 2010/11 result	Predicted Year End Result	Data Quality
NI 112	Under 18 conception rate per 1000 girls ages 15-17	PCT	Annual	Fall	50.4	50.6 conceptions per 1000 (691) (2008)	TBD	The 2009 figures are released in February 2011		No Concerns
NI 113	Prevalence of Chlamydia in under 25 year olds measured through number of the resident population aged 15 -24 accepting a test/screen for chlamydia	PCT	Quarterly number	Rise	n/a	32,025	49,106	14,565	No year end prediction is available	No Concerns