

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

Lead Officers – John England, Brenda Fullard

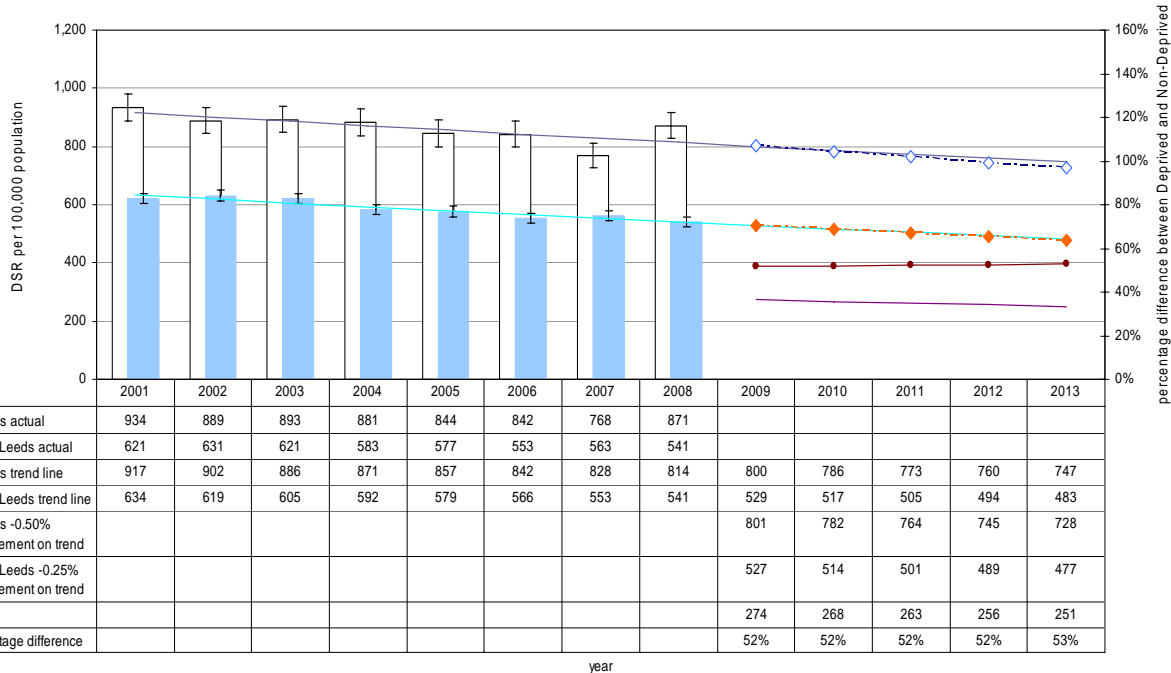


## Why is this a priority

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

### Summary

All age all cause mortality remains 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

- **Leeds Strategy** – City Priority plan for health and wellbeing includes a high level outcome to reduce inequalities and is being finalised for February 2011
- **NHS Commissioning for health Inequalities plan** –performance management process in place through NHS Leeds public health leadership team
- **Joint workforce development programme** Framework developed and agreed in principal by 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. Action to reduce Health inequalities are now formally required in all LCC Service plans. Three Health innovation events planned for LCC and partners to take place in March/April 2011 led by the Local Government Improvement and Development.
- **NHS Health Checks** – 9,557 checks have been completed (2 quarters data) for 2010/11. 36.2% of last years check carried out with people from the most deprived quartile
- **Healthy Living Services** – A pilot scheme has started with Cardiology Department at Leeds Teaching Hospital Trust and 6 practices within the 10% most deprived areas. The pilot aims to achieve long term behavioural change and improve health outcomes for the most vulnerable groups. Projects within the programme include: rapid appraisal of the effectiveness of stop smoking and weight management services.
- **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** – Excess winter deaths are being addressed in a number of areas to identify high risk populations, including GP practices through predictive modelling and LCHC services including Cardiac rehab. High risk patients will be pro-actively and systematically offered, and

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supported to take up, a suite of interventions prior to the onset of winter 2011. Work is progressing to set up systems within predictive modelling and LCHC service plans are being updated to include this activity.

- Childhood obesity- Services have been redesigned and programmes and initiatives are in place to work with families, children and young people to provide support to help them achieve a healthy weight. A detailed update on progress is provided under the Improvement Priority – ‘Reduce the rate of increase in obesity and raise physical activity for all’.
- Infant Mortality – The 2 Demonstration Sites (Chapelton and Beeston Hill) continue to implement an intensive programme of interventions. Evaluation of the programme is now complete. Initiatives to improve the accessibility of maternity services to women continue. Combined antenatal screening for Down’s syndrome (before 12 weeks gestation) is now in place. The Family Nurse Partnership has received funding to continue for the next 3 years. A Social Marketing campaign to reduce Sudden Unexplained Death of an Infant has been commissioned: for roll out March 2011. Seven Doulas have been recruited as part of the Haamla Doula service to support women from BME communities in pregnancy, childbirth and beyond.
- Increasing Community Capacity – NHS Leeds have agreed commissioning of the VCSF sector to focus on increasing healthy lifestyle behaviour leading to reduction of obesity and increasing physical activity linking people to support in GP practices . Funding has been identified to ensure more people identified with obesity can use Local Authority facilities using the Leeds card.
- Locality based Health and Wellbeing Partnerships- DH funding has been obtained for a programme to increase early diagnosis of lung cancer by increasing X-Ray case finding in inner South and East Leeds, the project has commenced.
- Health Promoting Hospital: Leeds Teaching Hospital Board has approved their Public health strategy and a programme of activity is now in place to introduce the first phase of this work in the Cardiac unit targeting patients. A Knowledge transfer partnership worker has been appointed to provide the steering group with insight into the drivers, levers and barriers in LTHT becoming a Health promoting hospital, results due in May 2011.
- Financial Inclusion: Review of CAB/ Welfare advice services in primary care completed. Services being reoriented to areas of deprivation. 12 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)

### 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 series white papers published on health, social care and 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
- 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 health 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
- 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.

<b>Approved by</b>		<b>Date</b>
<b>Delivery Board</b>		

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Key actions for the next 6 months			
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>	John England/Brenda Fullard	Secure joint ownership of a revised Health and Wellbeing Partnership City priority plan with short to medium term objectives agreed	February 2011
<p><b><u>Joint workforce development programme</u></b></p>	Brenda Fullard / John England	<b>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.</b>	April 2011
<p><b><u>Infant mortality:</u></b> the evaluation of the two Reducing Infant Mortality Demonstration Sites to be finalised and presented at an event in March</p>	Sharon Yellin	Further reduction of infant mortality in demonstration sites	March 2011
<p>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 is ongoing and includes an approach to rapid HIA of the LDF</b></p>	Christine Farrar	Joint approach to improve health and reduce health inequalities through spatial planning agreed	March 2011
<p>Increase in number of people reducing lifestyle risk through <u>NHS Health Check and Healthy Living Services.</u></p>	Lucy Jackson/Ruth Middleton/ Brenda Fullard	Rapid appraisal of healthy living services completed, brief intervention capacity building programme commenced and healthy living database completed.	April 2011
<p><u>Reduce under age sales of alcohol and tobacco</u> in Armley and Middleton</p>	Tony Downham/Heather Thomson	Initial results to be reported	February 2011
<p>Implement NHS Leeds and LCC joint programme of work to <u>reduce excess winter deaths</u>, including reducing fuel poverty,</p>	Dawn Bailey// John England	Increase in the number of at risk people identified and offered intervention programme	March 2011
<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>	Phil Ayers/Dawn Bailey	<ol style="list-style-type: none"> <li>1. Health promotion Hospital project manager recruited</li> <li>2. Working example in cardiology commenced</li> <li>3. Benchmarked against HPH standards in best hospitals with a view to proposal to join network to Board</li> </ol>	March 2011