**Meeting:** Health and Wellbeing Board

**Population:** All adults in Leeds

**Outcome:** people live longer and have healthier live

**Priority:** Help protect people from the harmful effects of tobacco.

## Why and where is this a priority

Smoking is the single biggest preventable cause of ill health and mortality being one of the most significant contributing factors to life expectancy, health inequalities and ill health, particularly cancer, coronary heart disease and respiratory disease.

**AMBER**

## Story behind the baseline

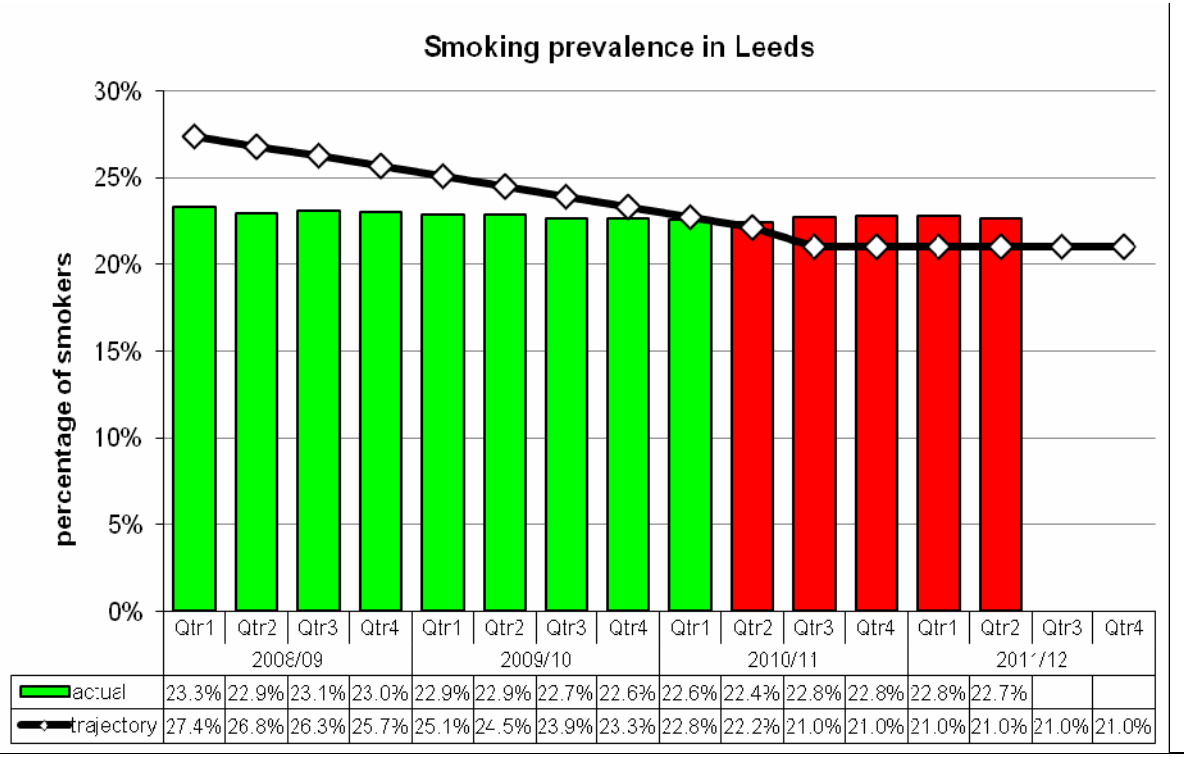
**Headline Indicator:** Reduce the number of adults over 18 that smoke.

- Smoking prevalence (as recorded by GP practice registers) has declined steadily since 2006 and is now remaining static between 22 and 23%.
- Smoking prevalence in the MSOA deprivation quintiles has remained relatively constant over the last two years. There have been some rises and falls but these have only by around 1% and there is no clear trend from these either upwards on downwards. This reflects the general national picture although some areas are reporting increasing smoking prevalence rates.
- There is a link between smoking prevalence and deprivation with the prevalence in the least deprived quintile being around 13% and the prevalence in the most deprived quintile being over twice that, around 33%. The other three quintiles are relatively evenly spaced between these two, in order of deprivation.
- The new national action plan has suggested aspirational prevalence levels of:
- Adult smoking prevalence 18.5% or less by 2015
- Smoking prevalence among young people 12% or less by 2015
- Smoking during pregnancy 11% or less by 2015
- However prevalence rates nationally have remained static over the last 2 years

- Current investment in tobacco control activity in Leeds is maintaining a constant prevalence, however some areas within the region are reporting increased levels of smoking

- To reduce smoking prevalence by 1% in Leeds would mean 6230 fewer people smoking who otherwise would be.

Figures received from the smoking cessation service (both 4 week and 52 week quit rates) indicate that the current level of service provision could potentially achieve approximately 40% of the 6230 fewer smokers required to reduce prevalence by 1% over a 3 year period. This indicates that other tobacco control initiatives will be necessary if reduced prevalence is to be achieved.




| | 2008/09 Qtr1 | Qtr2 | Qtr3 | Qtr4 | 2009/10 Qtr1 | Qtr2 | Qtr3 | Qtr4 | 2010/11 Qtr1 | Qtr2 | Qtr3 | Qtr4 | 201?/12 Qtr1 | Qtr2 | Qtr3 | Qtr4 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| actual | 23.3% | 22.9% | 23.1% | 23.0% | 22.9% | 22.9% | 22.7% | 22.6% | 22.6% | 22.4% | 22.8% | 22.8% | 22.8% | 22.7% | | |
| trajectory | 27.4% | 26.8% | 26.3% | 25.7% | 25.1% | 24.5% | 23.9% | 23.3% | 22.8% | 22.2% | 21.0% | 21.0% | 21.0% | 21.0% | 21.0% | 21.0% |

## What do key stakeholders think

A new tobacco control action plan for Leeds is being developed which will help to identify the key stakeholders to involve. Integrated into the plan will be an action to conduct a full stakeholder process to help develop an effective Tobacco Control Alliance for Leeds

## What we did

- Worked with a number of 3rd sector organisations as part of the 'Leeds Let's Change' programme which aims to increase the numbers of people currently accessing support to change unhealthy behaviours.
- To date, 17 practices have signed up to become part of the Leeds Let's Change programme with a further 26 being approached in 2012. This first phase of the programme aims to ensure all practices within deprived Leeds are engaged and active with the programme.
- A full programme of training has commenced which is open to all frontline staff who may be in a position to support and motivate people access support in changing behaviour including stopping smoking. So far 2 training courses have been delivered with a further 26 being planned through out next year.

## What worked locally /Case study of impact

A regionally funded marketing campaign was developed to signpost the public into clinics within the communities with high smoking prevalence.

The service highlighted areas with high foot fall for designated trained promoters to engage with the public and book directly into local clinics. This increased the awareness of the service and access to the clinics, it also gave the service an opportunity reach smokers who may not access services.

Within the pregnancy service, the team have recently trained a small number of midwives to undertake CO monitoring routinely for all their pregnant women.

This gives an opportunity to raise the issue of smoking and refer on to the service for support. Nice guidance suggests that all pregnant women should have carbon monoxide test and routinely be referred at each appropriate intervention. Due to a lack of resource we are unable to provide all midwives with monitors to record carbon monoxide levels

## New Actions

- Work has commenced on drafting a citywide action plan which will aim to reduce smoking prevalence. We are currently engaging with possible contributors to the plan and ascertaining the actions which are likely to have the greatest impact and return on investment.
- The Leeds Let's Change programme will be officially launched in January with an event for professionals and a series of promotional community events which are being supported by a media campaign
- Consultation for plain packaging of tobacco has now been delayed until next spring; a co-ordinated response to the consultation will be developed. This will ideally involve a diverse range of stakeholders including community groups, councillors, GPs etc. to have the greatest impact.
- A new service level agreement for locally commissioned smoking cessation services within primary care is currently being finalised, which will update the current SLA to take into account changes within smoking cessation and improve standards and quality assurance of services

## Data Development

- Data is collected on a quarterly basis from GP registers to monitor prevalence in the general population and via midwifery services to monitor smoking prevalence among pregnant women. Although the quantity of data collected form these sources have improved over the years there is limited available information to fully understand the demographic breakdown for the population as a whole although this has improved in terms of pregnant women
- Data is collected from stop smoking services to monitor the numbers of people accessing services and the outcome at 4 and 52 weeks. The data can provide a detail insight re.the demographic profile of service users.
- Data regarding smoking and young people is currently collected through the annual 'Every Child Matters' survey which is completed by children in yrs 5,6,7,9,and 11. Although again this has limitations in demographic details.

## Risks and Challenges

- Since 2009 there has been no citywide steering group to drive the tobacco agenda forward, the group is to be reconvened following the development of the action plan with identified leads for each of the priority areas of work, however, due to the nature of tobacco control and the need for a comprehensive programme, success will be dependant on the commitment and involvement of key partners and stakeholders.
- The disbanding of the regional government office which organised collaborative work across Yorkshire and the Humber such as the SOS smoking in pregnancy scheme. A Regional Social Marketing Manager post has remained and is currently employed by Wakefield Council
- Lack of additional funding and competing priorities continue to pose a risk to the programme although the research programme will contribute to developing capacity and ensuring existing resource is utilised to the best possible effect

**Meeting:** Health and Wellbeing Board **Population:** All adults in Leeds

**Outcome:** People are supported by high quality services to live full, active and independent lives.

**Priority:** Support more people to live safely in their own homes.

**Why and where is this a priority**: The vision for the future is to enable people, regardless of age, with complex health and social care needs, including those with mental health needs, to be cared for at home or closer to home avoiding the need for unplanned hospital attendances and admissions and reducing the need for long term admission to residential or nursing care homes.

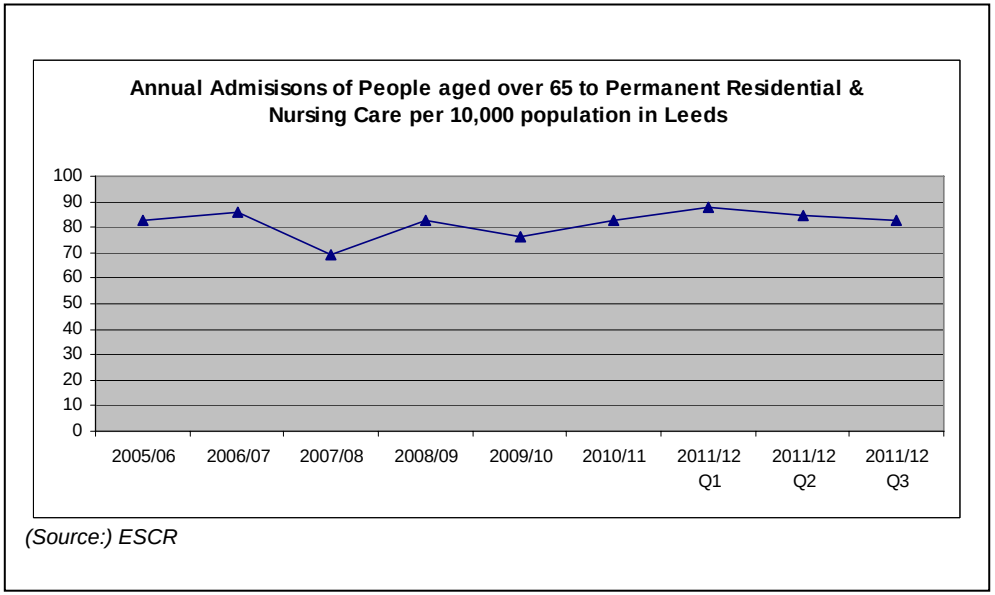
**GREEN**

## Story behind the baseline

Headline Indicator: Reduce the rate of emergency admissions to hospital.

Reduce the number of older people admitted permanently to residential & nursing care homes care homes.

Although there are annual fluctuations, there has been an overall downward trend in the number of older people starting to require financial support by the Local Authority for permanent admission to care homes over the last six years. In 2005/6 985 people received support and in 2010/11 this had reduced to 910. This admission rate has been better than the national average and inline with regional figures until 2010/11. The upward trend continued into quarter 1 of 2011/12 but has been declining for the last two quarters. The number of older people living in residential and nursing care has however remained very static since 2008/9, as has the number of weeks residential and nursing care financially supported by the Council. This is because the average length of stay has reduced from 656 days (nursing) and 674 days (residential) in 08/09 to 538 (nursing) and 552 (residential) in 10/11. This suggests that older people are retaining independence for longer periods and are requiring care home support at later stages in their lives.




*(Source:) ESCR*

Over the last few years the city has faced a number of challenges which have increased pressures upon the Local Authority to support people with their care. These include rising demographic pressures; an increasing number of older people who had previously funded their own residential and nursing care exhausting their own resources, and ongoing changes to the health delivery infrastructure generating short term pressures on community services as hospital ward places are reduced and investment is transferred into community alternatives.

Development and agreement of a data set for performance information in relation to emergency admissions to hospital is still ongoing.

## What do key stakeholders think

The key messages emerging from stakeholders so far are:

Help people to continue to live independently in their own homes by meeting local needs locally, providing support closer to peoples homes means public money can be used more efficiently. People need access to high quality information to allow them to make informed choices about how and where they receive care.

## What we did

Financial approval for work on a Wellbeing Centre at Holt Park has now been approved by the Department of Health following a successful business case. Building work starts from January 9th.

Through the Leeds Health and Social Care Transformation Programme the following key actions have been undertaken:

- The procurement of a Yorkshire and Humber wide 111 service to include a West Yorkshire wide consult and treat service commenced. A programme of engagement is underway. Public engagement in relation to the location of the GP out of hours service started on the 4th December and will conclude on 4th March 2012.
- Through the Integrated Health and Social Care Team project, demonstrator sites are being established in Kippax/Garforth, Pudsey and Meanwood. Formal launches are being undertaken with frontline staff. Local project groups have been established to drive delivery within the three demonstrator sites.
- The rollout of risk stratification is being prioritised for practices within the demonstrator sites, education and engagement plans include members of the Integrated Health and Social Care Teams. This will allow the identification of those most at risk of hospital admission and who could benefit from early diagnosis and treatment.

## What worked locally /Case study of impact

Reablement - David's story: "Without the encouragement and support from the SkILs team I would have had to go into a home".

After an operation and a spell in hospital David was advised to have at least three months' bed rest. He wasn't mobile enough to be able to get in and out of bed, go to the toilet, or shower himself. Mark from the Skills for Independent Living (SkILs) team has been helping to care for David with a combination of physiotherapy at the hospital, equipment around the home, such as grab rails, perching stool, some personal care and 'telecare' – electronic equipment including medication prompts and smoke/gas detectors. This gives David the reassurance he needs to live independently in his own home.

## New Actions

A joint action plan will be implemented to align reablement and intermediate care services and is overseen by a steering group. The group is currently examining examples of fully integrated services to inform future actions. Adult Social Care and NHS Leeds have agreed to jointly commission a resource at Harry Booth house as part of a wider integrated Community Intermediate Care (CIC) bed provision and will become operational from June 2012.

Procurement of a Yorkshire and Humber wide 111 service to continue, Invitation to Tender to be issued March 2012.

Outcomes of the public engagement exercise to inform the location of the GP out of Hours Service.

The Integrated Health and Social Care Teams project, will prepare for the co-location of staff within the demonstrator sites.

The roll out of risk stratification education and engagement within demonstrator sites is expected to be completed by March 2012.

Development of a joint information sharing protocol is underway which will underpin the sharing of information across the Integrated Health and Social Care Teams.

The NHS and social care are progressing understanding approaches, to assisted technology services.

## Data Development

Work to develop intelligence systems and sharing across social care and health continue and will be important in determining the impact of transformation work within different parts of the system.

## Risks and Challenges

- There is a risk of inadequate resources being available to support Leeds Health and Social Care Transformation Programme and project infrastructure and the implementation stage of the projects given the current capacity available.
- Failure to develop and maintain effective partnership working and processes at both locality and city-wide strategic level between Leeds City Council and its partners to reduce health inequalities.
- Adults' Social Care Services fails to deliver the whole of its Business Systems Transformation Programme.
- Insufficient or poor quality Business Intelligence has a detrimental effect on the ability of ASC to meet its overall objectives.

**Meeting:** Health and Wellbeing Board

**Population:** All adults in Leeds

**Outcome:** People are supported by high quality services to live full, active and independent lives services.

**Priority:** Give people choice and control over their health and social care services

**Why and where is this a priority** The vision for the future is to enable people, regardless of age, with complex health and social care needs, including those with mental health needs, to be cared for at home or closer to home and to have increased choice and control over their health and social care services

**Overall Progress:**

**AMBER**

**Story behind the baseline:**

Leeds like many other cities has a large population whose needs include both social care and health services. Long term conditions account for 70% of health and social care costs, and almost three quarters of the gap in life expectancy between those living in the most deprived areas of Leeds and Leeds overall.

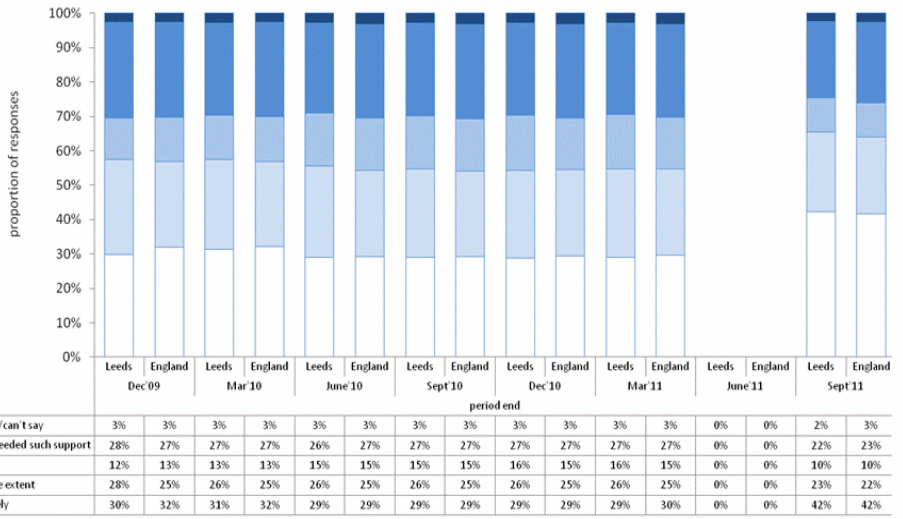
The statistics for Leeds follow the national trend of a slight increase in the negative experience people are feeling in terms of the support they are receiving to manage their long term condition.

'Transforming Social Care' LAC (DH) (2008) outlined the national policy for all people to be given the opportunity to design their support or care arrangements in a way that best suits their specific needs. At the end of 2009/10 17% of all service users had had this opportunity. By the end of 2010/11 this had increased to 29% of all service users (4,550 people) and by December 2011, the percentage has increased to 33% (5,303 people).

Available benchmarking data suggests that Leeds performance is inline with the average nationally.

**Headline Indicator:** Increase the proportion of people with long-term conditions feeling supported to be independent and manage their condition.

National and Local patient responses to the GP survey Question
Had enough support from local services to help manage long-term health condition(s)




| | Dec'09 Leeds | Dec'09 England | Mar'10 Leeds | Mar'10 England | June'10 Leeds | June'10 England | Sept'10 Leeds | Sept'10 England | Dec'10 Leeds | Dec'10 England | Mar'11 Leeds | Mar'11 England | June'11 Leeds | June'11 England | Sept'11 Leeds | Sept'11 England |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Don't know/can't say | 3% | 3% | 3% | 3% | 3% | 3% | 3% | 3% | 3% | 3% | 3% | 3% | 0% | 0% | 2% | 3% |
| I have not needed such support | 28% | 27% | 27% | 27% | 26% | 27% | 27% | 27% | 27% | 27% | 27% | 27% | 0% | 0% | 22% | 23% |
| No | 12% | 13% | 13% | 13% | 15% | 15% | 15% | 15% | 16% | 15% | 16% | 15% | 0% | 0% | 10% | 10% |
| Yes, to some extent | 28% | 25% | 26% | 25% | 26% | 25% | 26% | 25% | 26% | 25% | 26% | 25% | 0% | 0% | 23% | 22% |
| Yes, definitely | 30% | 32% | 31% | 32% | 29% | 29% | 29% | 29% | 29% | 29% | 29% | 30% | 0% | 0% | 42% | 42% |

data source: GP Survey results http://www.gp-patient.co.uk/

**What do key stakeholders think:**

The key messages emerging from stakeholders so far are:

Help people to continue to live independently in their own homes by meeting local needs locally, providing support closer to peoples homes means public money can be used more efficiently. People need access to high quality information to allow them to make informed choices about how and where they receive care.

## What we did

- Leeds has mainstreamed self-directed support via care management for new service users with eligible care needs during 2010/11.
- Refresher training on self-directed support has now taken place for all assessment teams.
- A project board has been established to undertake work from the Combining Personalisation and Community Engagement pilot. Dedicated social work support has been identified to support the project. This will enable community based services to extend services funded by self-directed support.
- A cross directorate project team has been established to review specific actions required to develop care options and housing for older people.

Through the Leeds Health and Social Care Transformation Programme, the following key actions have been undertaken:

- The Integrated Health and Social Care Teams project is establishing demonstrator sites in Kippax/Garforth, Pudsey and Meanwood. Roll out of the risk stratification tool is being prioritised to practices within the 3 demonstrator sites.
- The Diabetes project to provide services closer to home for those with type 2 diabetes has now been fully integrated in to business as usual. Key elements and lessons learnt from this project have been captured.
- Staff have received training in the use of blood gas analysers for patients receiving Home Oxygen

**What worked locally /Case study of impact** Self Directed Support - For the last six months Olive has been using a personal budget to employ a team of five personal assistants. “The main difference the personal budget has made is that we can dramatically improve Mum's quality of life during the day and there’s a lot more flexibility. For example, previously an agency worker spent just half an hour providing lunch – Mum needs an hour for a meal. Mum gets up to all sorts of activities with her daytime personal assistant – reading and looking through books together, singing along to the old timers, doing simple jigsaws even feeding the ducks on the Wharfe or visiting the garden centre. Compare that to just sitting staring at the TV. The personal assistants are hand-picked and really care. And Mum gets to see the same friendly faces. In many ways they treat her like their own mum rather than there just being a procession of strangers who watch the clock and rush in and out.

## New Actions

- Work is currently being undertaken to assess the needs of and identify suitable alternative services for older people and mental health service users of day services whose current service provision is to be decommissioned. Progress has included finding people suitable community based alternatives with the Neighbourhood Networks and the Community Alternatives Team. This work is due for completion by June 2012.
- A cross directorate project team aims to analyse the demand and supply for older peoples housing and care options and take a report to Executive Board in March 2012.
- The Integrated Health and Social Care Teams project, will prepare for the co-location of staff within the demonstrator sites.
- The roll out of risk stratification education and engagement within demonstrator sites is expected to be completed by March 2012.
- A city wide Home Oxygen workshop is planned for February 2012, which will include staff from the district nursing service, intermediate care services and Adult Social Care.

## Data Development

- Work to develop intelligence systems and sharing across social care and health continues and will be important in determining the impact of transformation work within different parts of the system.

## Risks and Challenges:

- Self Directed Support is not financially sustainable.
- Failure to transform services mean that the need for self-directed support is not met.
- Failure to develop and maintain effective partnership working and processes at both locality and city-wide strategic level between partners to reduce health inequalities.
- The Directorate fails to efficiently and effectively manage the changing workforce requirements to deliver personalised services within available financial resources.

**Meeting:** Health and Wellbeing Board

**Population:** All people in Leeds

**Outcome:** inequalities in health are reduced, for example, people will not have poorer poorest improve their health because of where they live, what group they belong to or how much money they have

**Priority:** Make sure that people who are the health the fastest.

**Why and where is this a priority**: 20 % of the population of Leeds live in the 10% most deprived Super Output Areas (SOAs) in England accounting for approximately 150,000 people. There are also significant numbers of vulnerable people living across Leeds. There are range of social, economic and environmental factors that affect their health and wellbeing and which are contributing to the growing 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)

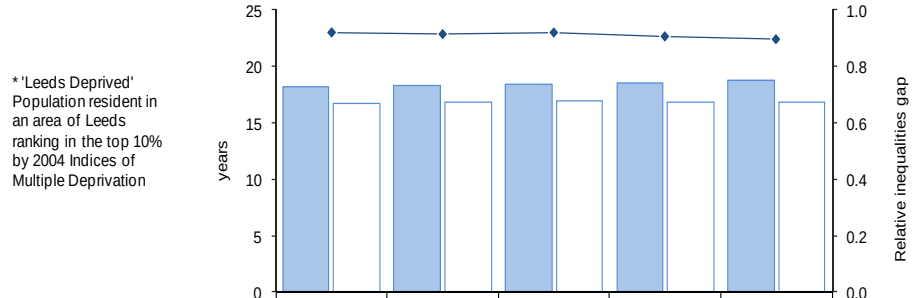
**Overall Progress: RED**

## Headline Indicator

- Reduce the differences in life expectancy between communities
- Reduce the difference in healthy life expectancy between communities

**Story behind the baseline:** Overall life expectancy in Leeds is increasing however there is a much lower level of life expectancy for those living the most deprived areas of Leeds and the absolute gap between these statistics is increasing. The key causes of premature mortality are cardiovascular disease, cancer, and respiratory disease. All premature mortality data for these diseases in Leeds have a significant gap between the rates in the non deprived areas and the deprived areas of Leeds. For some diseases such as respiratory and stroke mortality rates are showing an increase (see individual disease data for detail). Causes of mortality from these diseases are multifaceted and include the impact of the wider determinants of health such as housing, transport, employment and poverty, as well an individual's lifestyle (in relation to smoking/alcohol/physical activity and healthy eating) , and their access to appropriate and effective services.

**Life Expectancy at 65, 2002-2004 to 2007-2009, three year averages, Leeds, Leeds Deprived**




| | 2003 - 2005 | 2004 - 2006 | 2005 - 2007 | 2006 - 2008 | 2007 - 2009 |
|---|---|---|---|---|---|
| Leeds | 18.2 | 18.3 | 18.4 | 18.5 | 18.8 |
| Leeds Deprived population | 16.7 | 16.8 | 16.9 | 16.8 | 16.8 |
| Relative Gap Leeds Deprived* vs Leeds | 0.92 | 0.91 | 0.92 | 0.91 | 0.90 |

**data source:** Hospital Episode Statistics (HES); GP registered populations

## What do key stakeholders think

Public consultation exercises have been recently completed to understand attitudes of people living in the more deprived populations of Leeds to inform service development for early diagnosis of cancer, healthy living services, NHS Health Check, and use of leisure facilities. The findings have been used, and will be used, to increase the access and acceptability of services, interventions and information for target groups.

## What we did

**Healthy Built Environment and Transport:**

- Recommendations from the Rapid Health Impact Assessment carried out with a wide range of stakeholders integrated into the Core Strategy.
- Consultation response on LCC Open Space Assessment completed
- Initial discussions to explore South/East Health and Wellbeing Partnership

## New Actions

**Healthy Built Environment and Transport:**

- Health and LCC planning to integrate health paper within the Core Strategy
- Seek resources and strengthen action to improve health through open spaces, sport and recreation policy.
- Establish a Health and Planning Reference Group to facilitate health

involvement in shaping the Aire Valley Action Plan.

- Childhood Obesity Urban Design Group developed good practice leaflet for planners and Child Friendly City Initiative work with Youth Council to improve active travel.

**Healthy workplace:** New city wide framework developed targeting working age adults living in areas of deprivation; with mental health (MH); and physical and learning disabilities.

**Financial inclusion:**

- New MH employment support service includes job retention support for acute and primary care MH service users; employment support targeted at those on Incapacity Benefit
- Appointed Citywide Employment Coordinator to work across MH and employment agencies
- Fuel Poverty Public Health Campaign implemented Autumn 2011.
- 35 'Hot Spots' training sessions have been delivered to Leeds organisations
- 'Biq Squeeze Event' attended by 70 front line workers increasing skills on giving advice to maximise family income
- Debt advice: a new telephone advice gateway introduced with one common phone number for use across all advice agencies.

**Ensure equitable access to services that improve health:**

- further funding has been agreed to extend the current programme to increase early diagnosis of lung cancer in inner south/ east Leeds until April 2013
- 3 Clinical Commissioning Groups (CCGs) conducted their initial authorisation assessment including importance of equitable access for those most in need

**What worked locally /Case study of impact:** Following recent publication of the Cold Weather Plan, Leeds was successful in achieving Warm Homes Healthy People grants for c. £200K to raise knowledge and awareness of staff and target audience to prompt early intervention; provide a Crisis Fund specifically for emergency repairs to existing heating, plus emergency temporary heating; provide a Strategic Heating Servicing Fund to prevent vulnerable residents' heating breaking down in winter; expand the Groundwork Leeds Green Doctor Service to provide practical advice on using heating systems efficiently, cold weather information and physical assistance such as pipe lagging for households at risk of cold related ill health; establish a Community Grants Fund with Leeds Community Foundation, to which community organisations can bid for projects providing cold weather assistance to their service users.

involvement in key planning policies and initiatives

- Progress options to utilise leisure centres to increase healthy lifestyle opportunities for the most disadvantage

**Healthy workplace:**

Partnership action plan to be completed to encourage people back to work, keep people healthy in work and support people to return to work.

**Financial inclusion:**

- Community Development Finance Institution for Leeds to expand the availability of affordable financial services to low income households. Aim is for CDFI to be in place in first quarter of 2012/13.
- Debt advice: training of volunteers for the telephone gateway project to take place in first quarter of 2012.
- Fuel poverty: Further Hot Spots training sessions to be undertaken for frontline staff, particularly for staff based in health settings.

**Ensure equitable access to services that improve health:**

- Launch of 'Leeds Lets Change' healthy lifestyle programme January 2012
- Action to increase use of healthy lifestyle services through use of the Leeds Wellbeing portal by NHS services and the public
- Prioritisation process to take place for all new investments within each CCG based on prioritisation toolkit, CCG profiles and practice profiles to be developed based on JSNA
- Agree public health work programme to support GP practices focusing on target practices
- CCG authorisation process to continue to include equitable access

## Data Development

- Health and wellbeing survey using Citizens panel to be developed and completed in 2012

## Risks and Challenges

- Sustainability of and scale of funding available to meet the needs of the size of the population in Leeds
- Increase in energy prices and other costs living with increases risk to health and wellbeing of more vulnerable people
- City wide structures under development (Health and Wellbeing Board) and other City Partnership Boards
- Balancing the planning for housing growth with the need to retain green field sites and development in areas of deprivation with aspirations of developers for attractive sites.