

**Meeting:** Health and Wellbeing Board

**Population:** All adults in Leeds

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

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

**Why and where is this a priority**

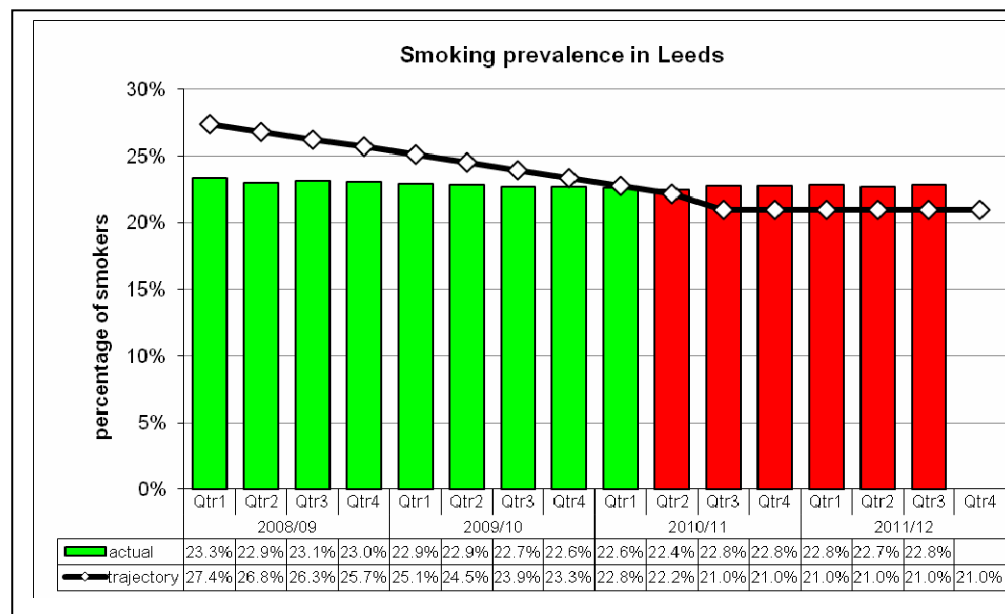
Smoking is the single biggest preventable cause of ill health and mortality being one of the most significant contributing factors to life expectancy, health inequalities and ill health, particularly cancer, coronary heart disease and respiratory disease.

**Overall Progress:**  
**Amber** 

**Story behind the baseline**

- Smoking prevalence (as recorded by GP practice registers) has declined steadily since 2006 and is now remaining static between 22 and 23% (the national figure is 21%)
- Smoking prevalence by each population level of deprivation 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 or 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.
- 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.

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



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 and increased investment in services will be necessary if reduced prevalence is to be achieved.

**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

- Tobacco control management group established involving partners from Clinical Commissioning Groups, West Yorkshire Trading Standards, LCC Environmental Health, Adult Social Care and Children's Services - Leeds City Council. Further partners are being identified.
- Partnership established with the University of Leeds to progress the tobacco on prevention of uptake of smoking among young people. 'Social norms' approach to working with 4 pilot schools now implemented and results to be collected throughout the next quarter.
- Exposure of newborns and pregnant women to second hand smoke in the home project: New public information materials being developed following consultation with healthcare professionals and pregnant women.
- Smoking cessation service performance against the four week quit target: by the end of February: 6324 had accessed the service and set a quit date and of these 4339 had quit smoking for at least 4 weeks. Success rate of 68.6% continues to rank within the top 10 performing services nationally.
- Launched the Leeds Lets Change programme with a goal of increasing number of people accessing services to help improve healthy lifestyles
- Trading Standards have undertaken 58 test purchase visits; 12 responsible retailer visits where retailers are advised on legislation about tobacco sales (age restrictions and display) and how to avoid sales; 38 illicit (counterfeit or illegal) tobacco visits and 10 vending machine test purchases completed.
- SE Area Partnership working on reducing tobacco harm to test approaches to collective working on a priority issues impacting on the community

### What worked locally /Case study of impact

Delivery of a number of workshops and training events with 3<sup>rd</sup> sector to increase a) the competences of frontline staff in delivering interventions to encourage smokers to have a quit attempt and b) ensure organisations had appropriate systems and processes to record activity and refer patients this has resulted in increased referrals to the NHS Stop Smoking Service

### New Actions New partnership / strategic actions

- A citywide tobacco action plan is currently being drafted for consultation over the summer along with a document highlighting funding that has already been identified for the 2012/13 delivery of the plan and actions that require further funding for delivery.
- We are continuing to work with a range of health and social care professionals to ensure the issue of smoking is raised at every appropriate opportunity and smokers are encouraged to try to stop. NHS Leeds and Leeds Community Healthcare have agreed a scheme to ensure staff in priority services have the knowledge and skills to deliver supportive interventions – a roll out action plan will be developed in Q1 2012/13
- The government consultation around plain packaging of cigarettes will be launched in April. To date, the proposal for plain packaging has been well supported by 3<sup>rd</sup> sector organisations who have agreed to work with their communities to raise the issue and sign up to the national plain packaging campaign. Further engagement will occur throughout the 3 month consultation period and a response form Leeds collated and submitted.
- Trading Standards are committed to:
  - Responding to all complaints concerning under age sales
  - Undertaking responsible retailer checks where requested.
  - Responding to all complaints and intelligence concerning illicit tobacco
  - Compliance checks on supermarkets re point of sale displays following the change in legislation on 1 April

### Data Development

- What additional information is needed any actions in response to this

### Risks and Challenges

- The disbanding of the regional government office which organised collaborative work across Yorkshire and the Humber. A Regional Social Marketing Manager post, currently employed by Wakefield Council, remains and has been invited to join the Leeds Tobacco Control Management group.
- Lack of additional funding and competing priorities continues although the research programme will contribute to developing capacity and ensuring existing resource is utilised to the best possible effect
- The 'Every Child Matters' Survey that includes questions on smoking is still optional for schools to complete.

**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.



**Story behind the baseline**

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

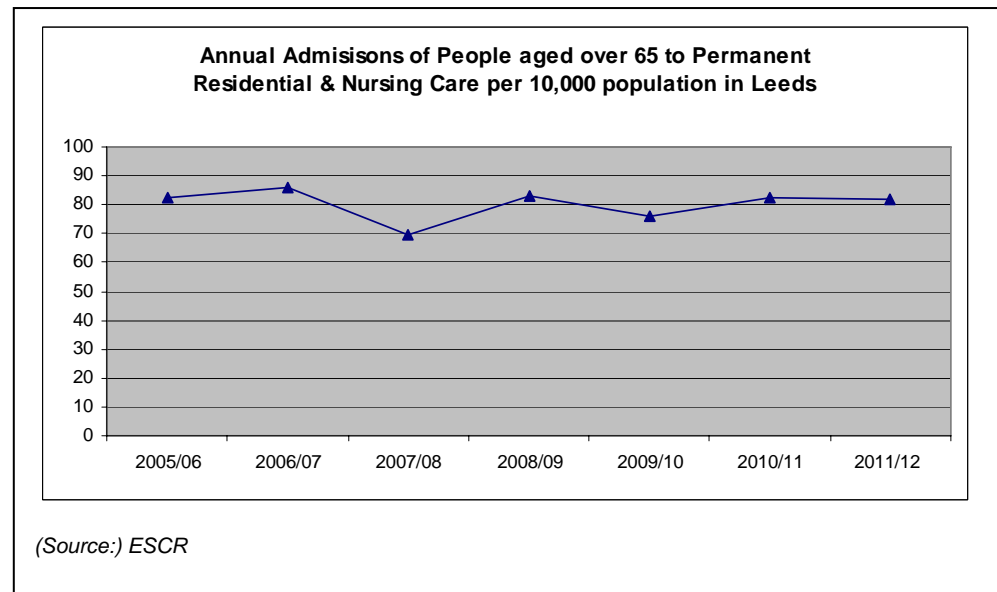
Reduce the number of older people admitted permanently to residential & nursing care homes care homes.

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. Provisional year end figures for 2011/12 show a levelling off of admissions.

The number of older people living in residential and nursing care has however remained very static since 2008/9, as has the number of week's 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.

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.

Discussions regarding the 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**

Leeds has produced 'The Time of Our Lives,' a framework of principles for organisations working with older people in Leeds, including a charter which states that all older people should be valued in their communities, live healthy fulfilling lives and be able to choose and control the support they may need.

Work has started on the Holt Park Wellbeing centre with a 'turning of the sod' ceremony in February and will continue throughout 2012 and is planned to open in Autumn 2013.

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. The invitation to tender has been launched. The programme of public consultation and engagement has concluded in relation to the location of the GP out of hour's service. It has been agreed that the service will remain in the current locations.

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 and are preparing for the co-location of staff within the 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 could benefit from early diagnosis and treatment. A Leeds wide Risk Stratification event with Sir John Oldham was held on 29<sup>th</sup> February 2012 at Elland Road stadium.

**New Actions**

Adult social care and health continue to look at models for the integration of intermediate tier and reablement services. Partnership work is ongoing to develop the joint resource at Harry Booth house. It is likely that this will become operational in Autumn 2012 to allow for the completion of comprehensive refurbishment work.

Adult social care, health and partners are working to develop a One Stop Shop for assistive technology in Leeds. The new service will be located at Clarence Dock and refurbishment will take in 2012. Current work includes looking at how service users and other stakeholders can be involved throughout the process.

The shadow Health and Wellbeing board is embedding the Aging Well principles into its work plan including addressing issues arising from the principles.

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

Procurement of Yorkshire and Humber wide 111 service to include a West Yorkshire wide consult and treat service – invitation to tender (ITT) has been issued. Currently 6 bidders to provide the service, the contract award is expected to be made by the end of June 2012.

Risk stratification to go live across the city. Continued roll out of education and engagement within demonstrator sites and to practices across the city.

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

Procurement being undertaken to ensure there is an interim contract in place for

### **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.

those patients currently in receipt of Telecare provided by Bosch. The Bosch contract concludes in October 2012, it is therefore necessary procure an interim service to ensure their continued provision for the patients.

### **Data Development**

- Work to develop intelligence systems and sharing across social care and health continues. A revised JSNA with a sharper focus upon community and networks is due to be published and health and social care are looking to procure software which can be used to collate and analysis data from both organisations.

### **Risks and Challenges**

- Adult Social Care and Health fail to develop and maintain effective partnership working and processes at locality and city-wide strategic level between partners to reduce health inequalities.
- 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.
- Adults' Social Care fails to deliver the whole of its Business Systems Transformation Programme.
- Insufficient or poor quality Business Intelligence has a detrimental effect on the ability to meet 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



**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.

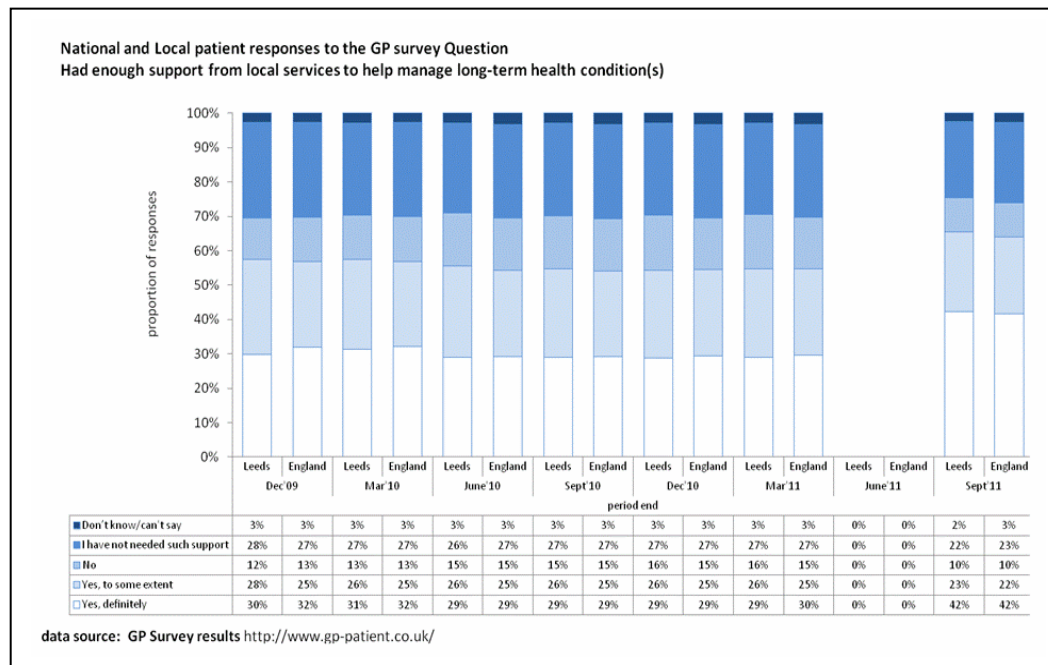
The statistics for Leeds follow the national trend of a slight increase in the negative experience people are feeling in terms of the support they are receiving to manage their long term condition.

'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). Provisional figures for the year end 2012/12 show that the target of 45% has been met with the exact figures yet to be determined but currently estimated at 50%.

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

Please note National and Local GP survey data collection is being undertaken on a bi-annual basis. Further updated benchmarking data will be provided in 2012/13 Quarter 1 reporting.

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



**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.

<p><b>What we did</b></p> <p>Actions within the quarter to improve the take up of Self Directed Support (SDS) include.</p> <ul style="list-style-type: none"> <li>• Training extended to partners in the third sector, commissioning and contact staff.</li> <li>• Tools and processes streamlined so people can get support more easily.</li> <li>• A performance clinic held with staff to identify further areas for improvement.</li> <li>• The Combining Personalisation and Community Engagement (CPCE) pilot is underway, working with the Neighbourhood Networks to increase their capacity and develop their roles as 'brokers' of personal budgets. 15 service users have been screened and visited.</li> </ul> <p>In Quarter 4, three older peoples care homes and four day centres have closed as part of the Better Lives programme, with existing service users being successfully transferred to alternative services in the independent and third sector.</p> <p>Through the Leeds Health and Social Care Transformation Programme, the following key actions have been undertaken:</p> <ul style="list-style-type: none"> <li>• The Integrated Health and Social Care Teams project established demonstrator sites in Kippax/Garforth, Pudsey and Meanwood with preparation for the co-location of staff within the demonstrator sites.</li> <li>• 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</li> <li>• Home Oxygen Project signed off by Leeds Health and Social Care Transformation Programme Board as business as usual and therefore no longer a Transformation Programme project.</li> </ul>	<p><b>New Actions</b></p> <p>A plan of work is being undertaken to improve the take up of Self Directed Support (SDS). New actions include,</p> <ul style="list-style-type: none"> <li>• Two social workers being recruited to work with carers improving access to support and SDS.</li> <li>• A survey is in the process of being undertaken with service users to identify some of the barriers and enablers to SDS.</li> <li>• Work is being undertaken to develop a model with partners in the third sector which supports people to pool their personal budgets to commission support services.</li> <li>• Work continues to be undertaken to transform social care day services and extend personalised services.</li> <li>• Current work on the CPCE includes a range of engagement with stakeholders to inform the model and the organisations are starting to develop and align their systems to be able to undertake brokerage and provide services for people who manage their own budgets.</li> </ul> <p>A cross directorate project team is undertaking further work to analyse the demand and supply for older peoples housing and care options and will take a report to Executive Board in.</p> <p>Through the Leeds Health and Social Care Transformation Programme, the following key actions will be undertaken:</p> <ul style="list-style-type: none"> <li>• Risk stratification to go live across the city. Continued roll out of education and engagement within demonstrator sites and to practices across the city.</li> <li>• Identification of the next phase of Integrated Health and Social Care team demonstrator sites across the city.</li> </ul>
<p><b>What worked locally /Case study of impact:</b></p> <p><b>Community Home Oxygen Review Service (6 Monthly Review - capillary blood gas test) Case Study.</b></p> <p>This patient has Chronic Obstructive Pulmonary Disorder (COPD) and is chronically severely hypoxic and uses oxygen therapy to manage his condition and would usually attend hospital for a review and the capillary blood gas test.</p> <p>"I found you coming to do the test on me at home much better in various ways; as well as doing the test you and your colleague gave me a thorough MOT and were able to see all the oxygen equipment that I have at home - they didn't normally do that at the hospital. People don't understand that to get to St James's from Pudsey is a long way and a round trip in a taxi costs a lot of money. The last time I went there I had to walk down a very long corridor, I got lost and by the time I got to the right area I could barely breathe. To get there in time I had to be up and ready much earlier than usual. I am very appreciative of everything you have done for me and much prefer you coming to do the test on me in my own home."</p>	<p><b>Data Development</b></p> <p>Work to develop intelligence systems and sharing across social care and health continues. A revised JSNA with a sharper focus upon community and networks is due to be published and health and social care are looking to procure software which can be used to collate and analysis data from both organisations.</p> <p><b>Risks and Challenges:</b></p> <ul style="list-style-type: none"> <li>• Adult Social Care fails to manage the changing service and workforce requirements through the transformation programme to deliver personalised services within available financial resources.</li> <li>• Adult Social Care and Health fail to develop and maintain effective partnership working and processes at locality and city-wide strategic level between partners to reduce health inequalities.</li> <li>• 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.</li> <li>• Adults' Social Care fails to deliver the whole of its Business Systems Transformation Programme.</li> <li>• Insufficient or poor quality Business Intelligence has a detrimental effect on the ability to meet overall objectives.</li> </ul>



**Meeting:** Health and Wellbeing Board

**Population:** All people in Leeds

**Outcome:** Inequalities in health are reduced, for example, people will not have poorer 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 poorest improve 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: 1)There is a 10.1 year gap in life expectancy for men between City & Hunslet and Harewood (71.6 years:81.7years) 2)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

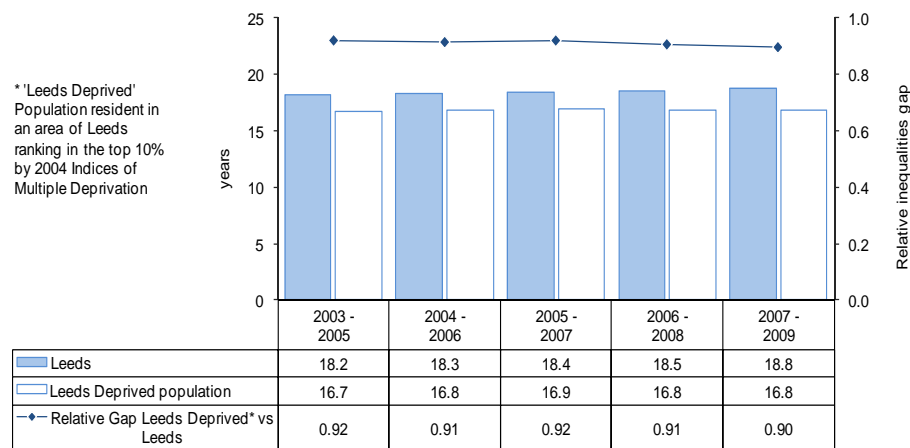


**Headline Indicator**

- 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



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

**What we did**

**Under 5s**

- Mainstream funding has been agreed to continue and expand provision of Family Nurse Partnership (FNP) programme when national funding ends.
- Alignment of Health Visitor teams with children centres is on track to be city wide by June 2012.
- Integrated Early Start Care pathways for financial inclusion, maternal mood, alcohol and substance use , behaviour, and healthy weight drafted
- Co-created a model to enhance the early start teams ability to support vulnerable families with chronic and complex needs .
- Beeston & Bramley Early Start teams delivered 'Preparing for Pregnancy Birth and Beyond' to inform city wide roll out of new antenatal programme
- Progress on Infant Mortality demonstration sites published

**New Actions**

**Under 5s**

- Work to enable meaningful service user involvement in the FNP Board
- Learning from 'Open XS' cluster use of 'Helping Hand' approach with families with chronic and complex needs will be used to inform roll-out of this approach.
- Co-sleeping information resources to be distributed across target areas
- Carbon monoxide monitors for use during pregnancy to be purchased and monitoring offered to all pregnant women
- Awareness raising day concerning genetic risk in diverse communities is being planned in collaboration with Bradford & Kirklees
- To commission insight work with the Pakistani community around their understanding of genetic risk and cousin marriage from Sheffield



- Co-sleeping public info resources produced (based on local insight work)
- Weight management care pathway implemented to reduce Body Mass Index (BMI) for pregnant women with BMI over 40

#### **Healthy Built Environment and Transport:**

- Progressed 3 routes on the Leeds Core Cycle Network
- Delivered Yr 1 schemes to increase choice of sustainable travel to work options
- Bid for Sustrans funding for sustainable 'Access to Education' focussing on two clusters of schools
- Ongoing delivery of pilot programme of 20mph speed limits at schools
- Completed programme of Local Safety Schemes
- Joint plans developed to show healthy park design at Olympic event in summer 2012.

#### **Healthy workplace:**

- Strategic Working Well Steering Group and action plan development begun
- Health is Everyone's business programme' piloted with staff in LCC cleansing dept
- Leeds Occupational Health Advisory Services Annual report published

#### **Financial inclusion:**

- Increased access to resources on FI for front line workers
- 15 referrals of people with Long term conditions made by front line health workers into the Warm Homes Service in Jan –March 2012
- Third sector commissioned: signposted 30+ people to fuel poverty grants
- Leeds Community Health Care commissioned to refer into Warm homes
- DOH Warm Homes Healthy People fund awarded 217K to Leeds. 350 households assisted with low cost energy efficiency measures/repairs.

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

- Programme finalised to extend early diagnosis cancer programme to 2013
- 'Leeds Lets Change' healthy lifestyle programme launched
- CCGs agreed a framework approach to address health inequalities
- Project management resources identified to increase GP and public access to third sector and other services and facilities through the Wellbeing Portal

#### **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
- Impact of economic recession
- Introduction of the Welfare Reform Bill likely to lead to at least temporary hardship for a significant number of families with young children
- The need to achieve cost improvements has reduced the availability of services to support young families, for example CAB and debt management advice.

#### **University**

- The Child Death Overview Report Jan 2011-March 2012 will be produced

#### **Healthy Built Environment and Transport:**

- Chief Officers to develop health improvement work programmes further
- Further development of Healthy Hunslet spatial plans.
- Develop process to improve healthy urban planning with a report and recommendations by March 2013

#### **Healthy workplace:**

- Build case to expand occupational health for small & med sized businesses
- Engage with top 100 businesses with Public Health Responsibility Deal.
- Roll out "Health is everyone's Business" across LCC

#### **Financial inclusion:**

- NHS Leeds manager on a national working group on universal credit.
- Regional frontline worker tool kit developed - launch planned for May 12

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

- Leeds Wellbeing portal to be promoted to GP practices April to June 2012 and e launched to public in June 2012
- Early diagnosis of cancer campaign to be re-launched
- 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
- Local action plans to address health inequalities will be developed for each CCG, together with local partners. To be developed using Public Health advice to CCGs within the 'core offer' from LCC public health arrangements.

#### **Data Development**

- Health and wellbeing survey to be carried out in Citizens panel May 2012
- Analysis of data from the Child Death Overview Panel is required.
- Screening data to be produced in the LTHT Screening Annual Report.
- The Infant Mortality Performance Management Framework will be updated