



### What do key stakeholders think

- The draft citywide action plan for tobacco control completed and circulated to stakeholders for consultation by 13<sup>th</sup> July. The final plan will also be amended to take into account comments from the final Scrutiny Inquiry Report on 'Reducing smoking in Leeds' (May 2012)
- The newly commissioned Lifestyle Service, to be offering lower level smoking interventions, is conducting an engagement programme with potential service users and referrers to the service to help inform service development.

### What we did

Environmental services continue to monitor adherence to smoke free legislation. Service requests relating to the smoke-free legislation:

- Total number of service requests: 17
  - Number of requests relating to alleged smoking inside premises: 12
  - Number of requests for advice, eg smoking shelter requirements: 5
- Of the 12 service requests about smoking in premises, two of them related to the same premises and one of them related to a delivery man smoking in his van. In each case, contact was made with the business and the requirements of the Smoke-free (Premises and Enforcement) Regulations 2006, were confirmed in writing to them.
- Further funding secured to support the implementation of NICE Guidance PH26 'Quitting Smoking in Pregnancy and Following Child Birth'. This will allow community midwives to be equipped with carbon monoxide monitors to help in the identification and referral of pregnant women for support to stop smoking.
  - Leeds Let's Change team worked with Clinical Commissioning Groups to increase the numbers of people being supported by GP practices to access smoking services. Both Leeds South and East and Leeds North CCGs developed local incentive schemes and established targets for practices in 2012/13.

### What worked locally /Case study of impact

To support the standardised packaging for tobacco products consultation, a community engagement event was organised for local residents to learn more about the campaign and share their support with their local MP. 29 people committed their support in writing and presented their views to Hilary Benn. Other local organisations and agencies who were unable to attend the event have been encouraged to support their service users completed responses to the consultation and forward to Parliament. The consultation has now been extended into August so further support has been offered to the third sector to help engage local communities and enable Leeds residents to respond

### Risks and Challenges

- any significant risks from the existing risk registers and/or any current challenges or issues with an impact on delivery
- Although a comprehensive tobacco action plan has been developed to include activity and actions suggested in the national plan there is a need for further investment to be able to deliver the plan on the scale needed to significantly change prevalence.

### New Actions

- LCC HR HOS have commenced drafting an updated LCC smokefree policy to reflect more comprehensive approach to tobacco control and employee health
- LTHT held a tobacco workshop in May, this has resulted in leads being identified for key themes including: smoke free excellence award, targeted smoking cessation work in priority clinical areas (cardiology and respiratory) and pre operative, action plans are now being developed.
- Applications for funding have been submitted to:
  - Develop niche tobacco work in South and East North East Leeds
  - Further develop the Leeds Let's Change website to include a self assessment smoking support tool.
  - Continue to develop and deliver the Leeds Let's Change communication plan throughout 2012/13.
- Funding has been agreed by the Yorkshire and Humber Tobacco Control Collaborative to provide a Trading Standards coordination role up until, at least the end of this financial year. The key aims of that role are to advocate and influence the involvement of trading standards in the region in smoking reduction strategies, with particular emphasis on:
  - Reducing tobacco related inequalities in health by promoting work which targets DH identified priority groups that regularly purchase illicit tobacco;
  - Stopping the promotion of tobacco;
  - Making tobacco less affordable;
  - Effective regulation of tobacco products
  - Communications and education

### Data Development

A request for postcode data of pregnant women who have a positive smoking status has been submitted to the information governance department at Leeds Teaching Hospitals Trust. This information will help in the monitoring of service provision compared with need.

**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.

**Overall Progress:**  
AMBER ↔

**The Story behind the Baseline**

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 seven years.

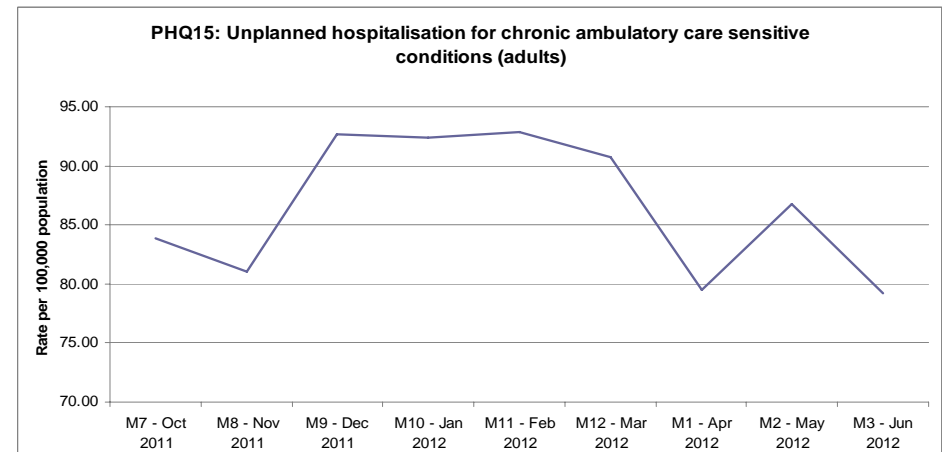
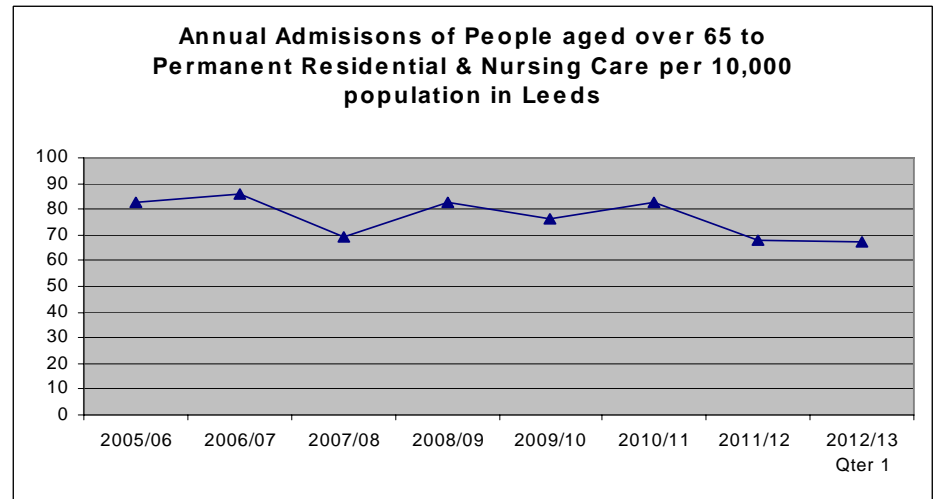
An analysis of average bed weeks purchased for older people show that:

- Leeds commissioned 138,996 bed weeks in older people’s care homes in 2011/12. This is a reduction of 3.2% over the previous year.
- Permanent nursing care bed weeks for older people reduced from 48,915 to 46,764 (4.4%) over the previous year.
- Permanent bed weeks for older people in local authority managed homes fell from 27,212 in 2010/11 to 22,932 in 2011/12 (15.7%).
- The number of permanent bed weeks commissioned in the independent sector remained almost the same as the previous year.
- At 31<sup>st</sup> March 2012 the Council supported 2,368 older people permanently in care homes. This is a reduction of 5.5%.

The figures suggest 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.

**What do key stakeholders think -** The key messages from stakeholders: 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 and effectively. People need access to high quality information to allow them to make informed choices about how and where they receive care.

**Headline Indicators:**



### **What we did:**

Progress on the Holt Park Wellbeing centre continues following a 'turning of the sod' ceremony in February and is planned to open in Autumn 2013. Over the next few months focus will start to shift from design to operational issues and starting to determine greater detail about programming, partnership arrangements and procurement.

Reablement (SkILs) teams have been established across the city, and are now at full capacity. Pathways are open to receive referrals from the community, on existing service users and following hospital discharge. Performance data indicates that the service compares very favourably with national high performers, with 70% of customers requiring no ongoing package of care once reablement complete.

A revised JSNA with a sharper focus upon community and networks has been published in May 2012 and a joint information strategy for health & ASC is being agreed.

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

- Procurement of an interim contract for those patients currently in receipt of Telehealth provided by Bosch has been completed.
- Further Integrated Health and Social Care Team demonstrator sites have been identified in the following areas: Chapeltown, Armley and Hunslet.
- Leeds is one of only 6 pilots chosen from across the country to pilot the Year of Care. The pilot will test the proof of concept for the Year of Care funding model.

### **What worked locally /Case study of impact:**

Margaret's story – After collapsing in November with Pneumonia Margaret was taken to ST James's hospital and went from being a vibrant lady to someone who had no confidence. Margaret also had other health issues such as asthma, heart failure and diabetes. "I could not even make a cup of tea let alone look after myself". The SkILs team became involved in supporting Margaret when she came out of hospital 'They chivvied me along and got me going' she adds, they gave me so much encouragement, they helped me with meals and helped me to wash and helped me make it. They are so kind especially Sue, Karen and Gail.

'It was a pleasure because Margaret is a trier explains Sue and Karen agrees.

'I cannot speak highly enough of these lovely girls' says Margaret ' long may they continue to help the community.

### **New Actions:**

The new Integration of ICT and Reablement Project was officially launched on 23<sup>rd</sup> March 2012. An outline business case is now being developed, and a visioning workshop was held in May to review results from research, the options appraisal etc.

Further work is required to open remaining pathways for reablement to improve the Mental Health reablement service and align capacity and demand within the SkILs service. Options for an electronic brokerage system are also being explored. Work to establish reablement plans to be completed by September 2012.

Adult Social Care, health and partners are working to develop the 'AT Hub', a one stop shop for assistive technology in Leeds. A consultation event with older and disabled people will take place in September 2012.

A 2 year pathfinder has been established to develop personal health budgets (PHB) and personalised care planning (PCP) for individuals eligible for Continuing Health Care (CHC) Funding within NHS Leeds.

Through the Leeds Health and Social Care Transformation Programme the following key actions will be undertaken:

- Dementia – development of a city-wide strategy. A CQUIN indicator for secondary care to be monitored. The CQUIN aims to increase awareness around dementia as people are admitted to hospital.
- End of Life – development of a city-wide strategy is underway which will look to join up working between statutory and voluntary organisations.

### **Data Development:**

Work to develop intelligence systems and sharing across social care and health continues. 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.

**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:**  
**GREEN** 

**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.

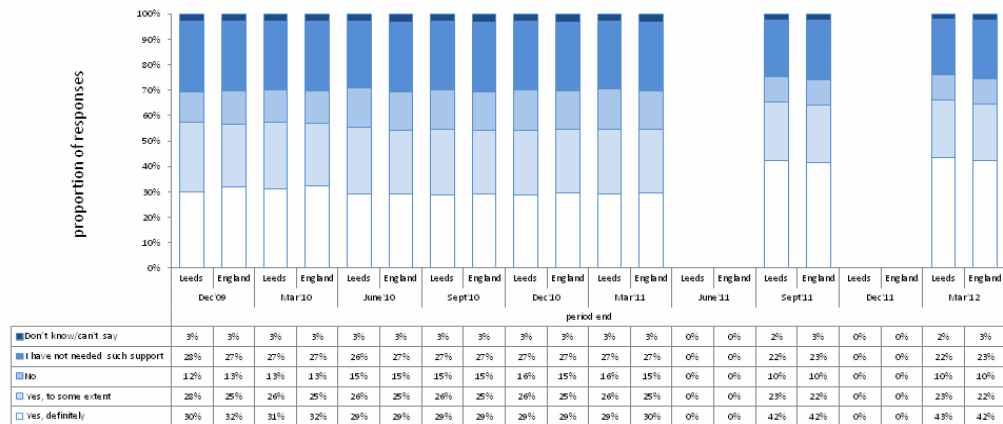
The statistics for Leeds follow the national trend of a slight increase in the negative experience people are feeling in terms of the support they are receiving to manage their long term condition.

'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). Final figures for the year end 2011/12 show that the target of 45% has been exceeded, with 52% of eligible community based service users being in receipt of self directed support.

Please note National and Local GP survey data collection is being undertaken on a bi-annual basis.

**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)



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

**What do key stakeholders think:**

A survey was undertaken regarding Self Directed Support. The majority of people asked (65%) understood the concept of personal budgets and of the remaining number 19% couldn't remember having things explained and 7% said it was explained but they struggled to understand. 9% said that it wasn't explained.

When asked about the reasons for choosing the council to arrange services (if they did) the majority (55%) said that it was their choice. Of the rest, 17% liked the idea of having more control but were worried about finding the right services, or receiving the right advice. The remaining number (in roughly equal proportions) didn't really understand the other options, didn't have other options explained or thought that buying and arranging their own support sounded too hard.



### What we did:

Two social workers recruited to work with carers improving access to personalised support including personal budgets. Work includes the development of systems for allocation.

Older People Residential & Day Care - Phase 1 of the Programme include de-commissioning of four day centres and three residential homes which is now complete, with a further two residential homes to be de-commissioned at a future date pending alternative provision. In addition there is a potential community Asset Transfer Bid at Dolphin Manor and integrated Community Intermediate Care in development at Harry Booth House.

Better Lives Programme - A proposed outline service model to transform Mental Health day services was presented to ASC Department Leadership Team on 7th June 2012. Overall, the focus of the new model will be a 'move-on' policy, where service users are supported to recovery and do not become dependent on services. Next steps will include liaison with elected members, consultation with stakeholders from July-September 2012.

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

- Roll out of Risk Stratification has continued across the city, with in excess of 450 Health and Social Care staff trained to use the risk stratification tool across the city.
- Further Integrated Health and Social Care Team demonstrator sites have been identified in the following areas: Chapeltown, Armley and Hunslet.

### What worked locally /Case study of impact:

The Community Diabetes Specialist Nurse Service Feedback

- *The nurses were very knowledgeable and it has helped me with my diet control and helped me understand my diabetes. I wish I had known about this service much earlier"*
- *"The nurses have really helped me and I am feeling better in myself because my diabetes is now under control – which I could not manage before"*
- *It is a shame this course hasn't been around longer – as I feel my diabetes may have not got as bad as it has. This course is very useful – following week 2 my GP put me on Metformin and I feel much less tired and I feel much better. I would recommend anyone with diabetes to come on a course like this – my results are coming down and so hopefully my weight will also come down.*
- *I feel very grateful for all of the information and help given to me by the two excellent leaders on this course – they have taken away my fear of diabetes. Excellent 6 weeks with a brilliant team – I would highly recommend this course; I have also lost 1stone in weight whilst been on the course*

### New Actions:

Work is being undertaken to develop a model with partners in the third sector which supports people to use their personal budgets to commission support services. Commissioners are currently developing the model in partnership with providers. The aim is to establish the service by the Autumn.

'Making it Real,' includes a framework for measuring progress in the establishment of personalised, community based support. Leeds Adult Social Care (ASC) has made a commitment to progress the delivery of personalisation in co-production with people who use services. A forum of service users has been identified to start identifying priority areas for improvement.

Progress continues in developing a model for utilising direct payments in community based organisations to extend choice and provide personalised support people with social care needs. Within the Combining Personalisation with Community Empowerment (CPCE) project 14 service users have been identified and support plans are being developed. Examples include enabling people to re-establish and maintain social networks as well as support with practical tasks such as meal preparation..

Better Lives Programme - 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 July 2012.

Through the Leeds Health and Social Care Transformation Programme, the following key actions will be undertaken:

- Year of Care Pilot – work will commence nationally to take this forward, Ensuring close links are made to the current integration agenda within Leeds. The pilot will commence in July 2012 for a 10 month period.

### Data Development:

A revised JSNA with a sharper focus upon community and networks has been published in May 2012. 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 fails to manage the changing service and workforce requirements through the transformation programme to deliver personalised services within available financial resources.
- 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 people in Leeds

**Outcome:** Best City for Health and wellbeing

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

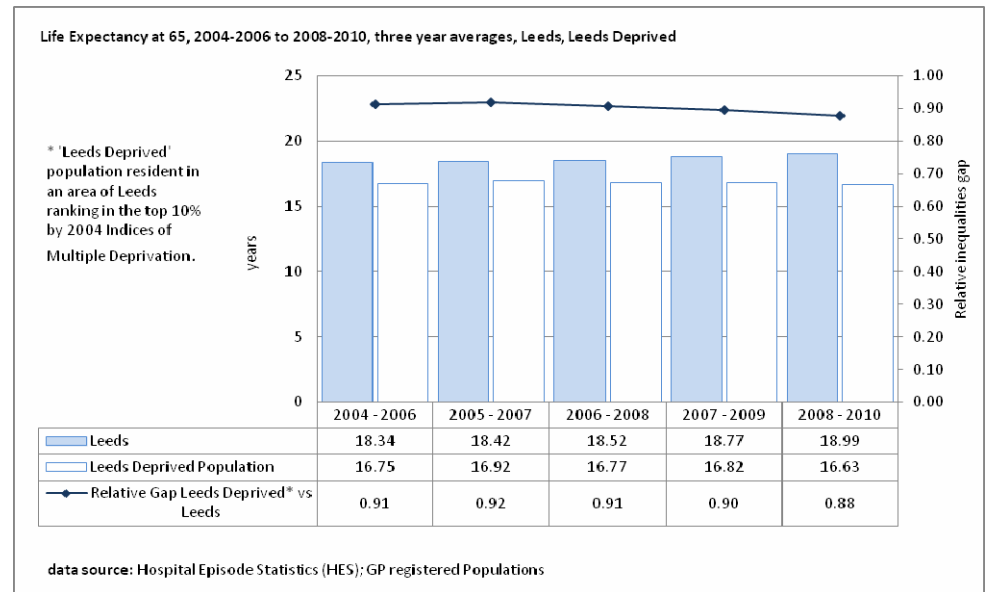
**Why and where is this a priority.** 20 % of the population of Leeds live in the 10% most deprived Super Output Areas (SOAs) in England accounting for approximately 150,000 people. There are also significant numbers of vulnerable people living across Leeds. There are range of social, economic and environmental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



**What do key stakeholders think.** The Vision for Leeds consultation confirmed that the public expected:

- people have the opportunity to get out of poverty;
- education and training helps more people to achieve their potential;
- communities are safe and people feel safe;
- all homes are of a decent standard and everyone can afford to stay warm;
- healthy life choices are easier to make;
- people are motivated to reuse and recycle;
- there are more community-led businesses that meet local needs;
- local services, including shops and healthcare, are easy to access and meet people's needs;
- local cultural and sporting activities are available to all; and
- there are high quality buildings, places and green spaces, which are clean, looked after, and respect the city's heritage, including buildings, parks and the history of our communities.

## What we did

### Limit impact of poverty on children under 5 yrs:

- **Early Start Service:** Alignment and establishment of Early Start Teams completed. Programme of core workforce development for each Early Start Team in place. Integrated service specification agreed
- **Family Nurse Partnership** Third sector provider facilitating service user involvement in FNP Board .Positive feedback from DH FNP central team during last month's Annual Review. Sublicensing agreements signed with Department of Health to deliver FNP model in Leeds
- **Child Death Overview Panel** Annual Report 2011-12 published including analysis of causes of child death in Leeds and key recommendations

### Increase advice and support to minimise debt and maximise income

- Introduced telephone Debt advice gateway with one common phone number for use across all advice agencies. Volunteers now operating three days a week (Mon, Tue, Fri) for 6 hours each day
- Fuel poverty mail-out completed to 9,500 households likely to be eligible for Government Warm Front scheme to increase take-up of heating and insulation measures.
- Promoting 'Wrap up Leeds' free loft and cavity wall insulation scheme, available to all, and targeted at low income areas with large number of suitable properties.
- Leeds has generated 39 hotspots referrals during April, 22 in May and 16 in June

### Healthy Employment

- Working Well Steering Group developed action plan
- Commissioned Leeds Occupational Health Advisory Service to deliver occupational health for the City until 2014

### Ensure equitable access to services that improve health

- All GP practices, prisons and York St practice for the homeless all now offering NHS Health Check
- Commissioned third sector to support sustained case finding of lung cancer in Inner East / Inner South Leeds by campaigns led by Community Health Educators

## What worked locally /Case study of impact

'Come Dine with me' – led by Leeds Credit Union and Zest Health for Life in Meanwood has recruited 8 disengaged people through the school clusters network from the Beckhill estate. They learnt cooking skills and eating on a budget. All of them have stayed engaged with other group activities or have become volunteers. Zest is one of the third sector organisations commissioned to provide Community health development.

## Risks and Challenges

- Reduced incomes for households in Leeds as a result of the economic climate and the national changes to benefits and tax credits system
- 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
- Impact of economic recession

## New Actions

### Limit impact of poverty on children under 5 yrs:

- **Early Start Service:** Expansion of service agreed over next 3 years through additional Health Visitor resource. Performance dashboard in development to measure coverage and impact of transformation. Implementation of service to be completed by September 2012
- **Infant Mortality:** Develop social marketing materials from findings of insight work with Pakistani community on understanding of genetic risk and cousin marriage
- Evaluation of co-sleeping social marketing campaign completed by Autumn 2012
- Helping Hand training rolled out to every team from July 2012
- E learning for GPs to increase breastfeeding to be launched
- Mothers Learning about Second Hand Smoke scheme will develop resources and an intervention based on findings from focus groups

### Increase advice and support to minimise debt and maximise income

- Review underway to explore funding and location of debt advice
- Fuel poverty: Work with city region to develop Green Deal/ECO framework assisting vulnerable people particularly living in older, hard to treat properties; involving community groups and employers.
- Affordable credit: Further funding being explored.

### Healthy Employment

- Explore expansion of Leeds Occupational health Advisory Service
- Work with those supporting people into employment to increase understanding and links to mental health services
- Develop toolkit to increase economic development through improving health and wellbeing of staff

### Ensure equitable access to services that improve health

Wellbeing portal: website that provides information on services that are in place across Leeds to improve health and wellbeing will be launched with professionals and the public

### Data Development

- Detailed reports on outputs from NHS Health Check to be completed
- Results from Healthy Lifestyle survey using the Citizens Panel and extended use of Healthy Lifestyle survey with priority populations to increase understanding of lifestyle behaviour