

SCRUTINY BOARD (HEALTH AND WELLBEING AND ADULT SOCIAL CARE)
19 DECEMBER 2012

AGENDA ITEM 9 – SUPPLEMENTARY INFORMATION (APPENDIX 1)

CITY PRIORITY PLAN PERFORMANCE REPORT – 2012/13 QUARTER 2

- 1.1 As outlined in the main report, in line with statutory requirements, work is underway establishing the new Health and Wellbeing Board and supporting structures. The Health and Wellbeing Board is currently meeting in shadow form and a number of supporting boards are being developed – with roles and responsibilities being clarified. In terms of performance management the Integrated Commissioning Executive (ICE) will have a key role in agreeing and signing off the performance reports for the 4 priorities in the city priority plan. As part of the transition process ICE started to pick up this role at Q2 and reviewed the performance reports at its meeting on 11 December 2012.
- 1.2 Progress against the City Priority areas relevant to the Scrutiny Board (Health and Wellbeing and Adult Social Care) are now presented to members of the Scrutiny Board for consideration.
- 1.3 There are 4 priorities in the City Priority Plan relevant to Scrutiny Board (Health and Wellbeing and Adult Social Care): Of these, 1 is assessed as green, 2 are amber and 1 is assessed red. The red priority is health inequalities:
- 1.4 Overall life expectancy in Leeds is increasing however there is a much lower level of life expectancy for those living in 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. On average men living in the less deprived areas of Leeds can expect to live 12.4 years longer than men living in the most deprived areas of the city. For women the gap is 8.4 years. 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 as an individual's lifestyle (in relation to smoking/alcohol/physical activity and healthy eating), and their access to appropriate and effective services
- 1.5 **Smoking** – this is currently rated amber but there is some concern at Q2 that the smoking cessation service is becoming less effective as less people have successfully quit at 4 weeks. This is recognised as a national issue. Allied to this at Q1 the numbers accessing the service were also down but it is unclear if this trend is continuing, and it is anticipated that the national Stoptober campaign might reverse this. In light of this, there is concern that the amber progress rating may need to be revised down at Q3. An Outcomes Based Accountability session on smoking in Belle Isle took place at the end of November as this community has some of the highest smoking rates in the city. This will pilot a more community-led approach to this issue which it is hoped will identify solutions that might have a wider application across the city.