

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 Tobacco use is the primary cause of preventable disease and premature death, not only to smokers but also to the people around them through the damaging effects of second-hand smoke. Smoking is the single biggest cause of inequalities in death rates between the richest and poorest in our communities. Although levels of smoking have fallen since the 1960s there are still 23% of adults living in Leeds.

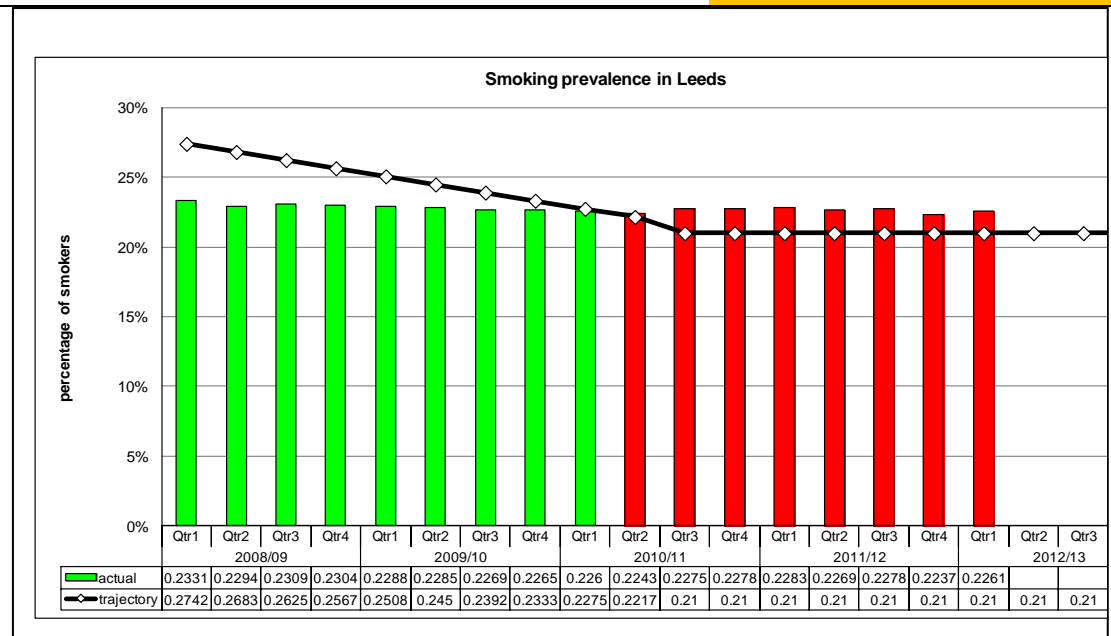
Overall Progress: RAG rating



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

Story behind the baseline

- Leeds is currently experiencing a plateau in terms of smoking prevalence, which is reflected in the national trend. However, it should be noted that some areas of the country are starting to see an increase in smoking rates; this is particularly noticeable in some northern areas, highlighting the need to continue to prioritise **all** areas of tobacco control if further reduction is to be achieved.
- Nationally the number of quit attempts being made is also in gradual decline over the longer term. In recent years, there has been a year-on-year decline in the proportion of smokers making quit attempts, from 42.5% in 2007 to 33.5% in 2011²⁴. The average number of quit attempts made by smokers each year has similarly been falling, from 0.65 in 2007 to 0.50 in 2011 (West, R. *Smoking Toolkit Study*, www.smokinginengland.info).
- The 4 week quit rate target for Leeds for 2011/12 was achieved and showed an improvement on last year by 1.4% however the number of people accessing services throughout Q1 (12/13) has dropped by 16% (950 compare with 1127 in the same quarter previous year)
- Leeds stop smoking services continues to rank in the top 5 performing services in England in terms of success rates. The majority of service users who quit smoking with the specialist team of advisors live in the most deprived areas of the city.
- In addition to collecting data from GP registers to monitor prevalence on a quarterly basis, further data is collected from the stop smoking services re. service use and outcomes at both 4 and 52 weeks following a quit day. Systems are also being explored and developed to monitor other related activity e.g. advice given from GP practices, LTHT and Leeds Community Healthcare.



What do key stakeholders think

- The draft citywide action plan for tobacco control completed and circulated to stakeholders for consultation by 13th 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.

<p>What we did</p> <p>Additional non recurrent funding has been secured to allow the Leeds Let's Change communications programme to continue in 12/13 and development of the website inclusion of films to promote the services</p> <p>Environment Tobacco Smoke - 12 service requests around smoke-free issues. 10 relating to alleged smoking inside premises, 2 wanting advice e.g. smoking shelter requirements, 3 relating to Shisha bars. Some requests cover more than one issue hence the total overall exceeding 12.</p> <p>In this quarter we have had a number of conversations with colleagues in Bradford to learn from and share best practice, Bradford has had a number of successful raids/prosecutions relating to Shisha lounges. A number of multi-agency visits are also currently being planned for premises in Leeds where we have had complaints or knowledge of smoke-free issues.</p> <p>Tobacco packaging consultation - NHS Leeds, LTHT and Trading Standards all submitted responses to the DH consultation outlining their views regarding standardised tobacco packaging. The consultation ended 10th August and final decisions on whether or how to introduce plain packaging legislation will not be made until after all the responses of the consultation process have been considered</p> <p>Trading Standards - 13 underage age sales complaints received all actioned with underage sales test purchase. No sales recorded.</p> <p>Accredited training course deliver to 17 premises in the Armley and Middleton area</p> <p>Preventing Uptake of Smoking - Children</p> <p>Work in progress to ensure that the principles in the Healthy schools check are in place by the in house provider by April 13. Specification for delivery of Youth Work from April 14 is ongoing work</p> <p>Smoking Prevention trial (Leeds University) – Participating schools have been selected and data collection and training has now commenced</p>	<p>New Actions</p> <p>The national campaign, Stoptober was launched in September. Locally this has been supported through a wide distribution of promotional material across Leeds with a face to face event being held at the White Rose shopping centre on 29th September.</p> <p>A training programme is commencing in Autumn for community midwives to raise awareness of smoking in pregnancy and encourage referrals to service</p> <p>Regional funding has recently been secured to support Leeds becoming involved with the Action on Smoking and Health (ASH) assessment scheme (CLear). The tobacco management team will be identifying 2 people to be trained as assessors. A peer assessment of tobacco control activity in Leeds is included within the package.</p> <p>In response to MSOA health profile for Belle Isle which suggests highest levels of smoking for the city, a multi agency OBA event is to be held in November 2012 to develop an action plan with active involvement of local communities.</p> <p>The Locality H & WB teams are to undertake a one year project from December 12 to raise BME communities' awareness of harmful effects of niche tobacco with support from trading standards, VCFS and LCHC Stop Smoking Service.</p> <p>Data Development</p> <p>New data collection is being established to monitor the number of pregnant women who smoke at CCG level. This will help identify those practices where more focused work around smoking in pregnancy can be developed.</p> <p>Children's Homes Plans to support children and young people to stop smoking. All children's homes will include in the Statement of Purpose and Function for the home a statement that they will work actively to support any child or young person placed at the home to stop smoking. The Statement of Purpose and Function will be submitted to Ofsted. Each home will develop a plan designed to support children and young people to stop smoking and to educate all children in the dangers of smoking. All children and young people who are smokers living in Leeds children's homes will develop a personal plan with their keyworker at the home which identifies the actions and support they need to help them to stop smoking and which will monitor and record the outcomes for children and young people.</p> <p>Trading Standards- A project to evaluate the effectiveness of enforcement outcomes across Y&H has been agreed. A rapid review of point of sale advertisement ban to be undertaken across Y&H</p>
<p>What worked locally /Case study of impact</p> <p>Local residents in Holbeck turned out to support a campaign for plain packaging of tobacco products. The event at St Matthews Community was also supported by MP Hilary Benn who was fully supportive of making tobacco products in standardised plain packaging to make them less attractive and less desirable to young people.</p>	
<p>Risks and Challenges any significant risks from the existing risk registers and/or any current challenges or issues with an impact on delivery</p> <ul style="list-style-type: none"> 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. 	

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.

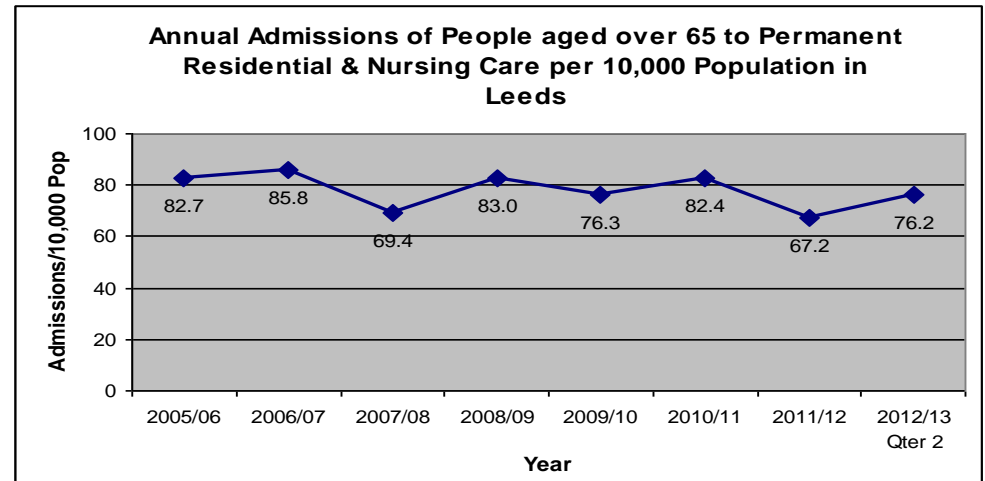
An analysis of average bed weeks purchased for older people show that:

- 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 31st March 2012 the Council supported 2,368 older people permanently in care homes. This is a reduction of 5.5%.

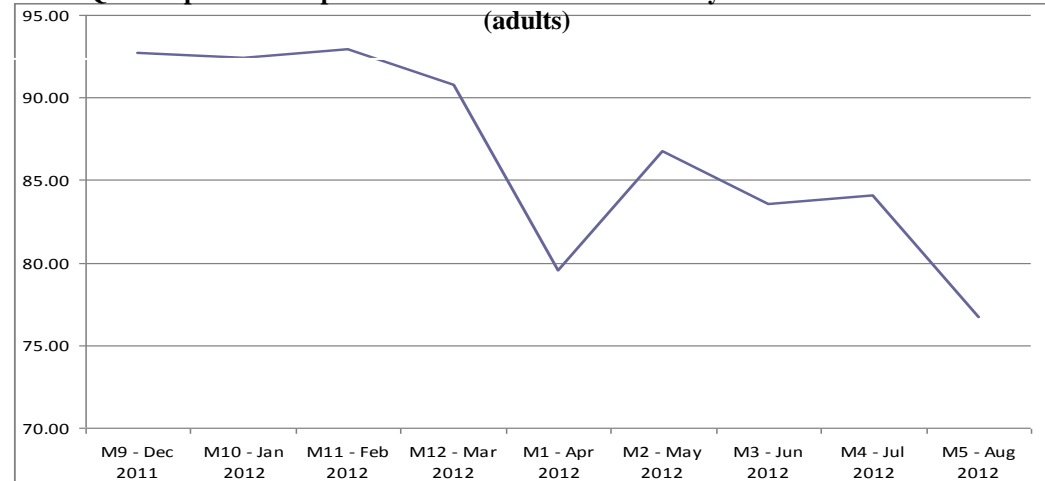
The figures suggest that older people are retaining independence for longer periods and are requiring care home support at later stages in their lives. Over the last few years the city has faced a number of challenges which have increased pressures upon the Local Authority to support people with their 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:



PHQ15: Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)



What we did:

The 'Safe Places,' scheme is being led by Adult Social Care and was launched this quarter. The scheme aims to put in place a network of 'safe places' which will provide help and support to people with a learning disability whilst they are out and about. This scheme provides additional safeguards for people whilst enabling them to be independent.

Reablement (SkILs) teams established across the city, and are now at full capacity. Pathways are open to receive referrals from the community, for 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.

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

- The Leeds Dementia Strategy is now out for broader consultation. It includes a response to the National Dementia Strategy. Highlights include Leeds commitment to becoming a dementia friendly city, increased involvement of people with dementia in planning, the wider training to staff, and exploring options for improving access to services.
- A fully managed service with 24/7 clinical and technical triage has now been procured from Alere Connected Health to allow the transition of the 135 users currently using the Bosch system.
- The data sharing agreement between Health and Social Care has been signed off. This will support the efficiency and effectiveness of the Integrated Health and Social Care Teams by enabling patient / service user data to be viewed by professionals from both agencies.

What worked locally /Case study of impact:

A big 'thank you' has come in to the Telecare Team from NHS community matron Angela Ashmore, after the team installed an alarm and smoke detection system in the home of one of her elderly patients.

On the 21 May, matron Ashmore made a referral for an 89 year-old gentleman living alone in Headingley. She asked for an alarm unit, linked smoke detector and wrist fall detector. The equipment was fitted on the 14 June. At lunchtime on the 20 June, the alarm was activated by a fire in the property and the fire service was called by Care-Ring. The gentleman was asleep in his armchair at the time – and woke to find fire-fighters coming in to save him!

The gentleman said he was sure he would not have woken up and could easily have died without the Telecare equipment, Care-Ring and the prompt action of the Fire Service.

The story ended happily as the gentleman is fine and was back in his home the day after the fire, which really does show how the equipment can not only save lives, but also property. The early intervention meant that he did not need to move out while repairs were done.

New Actions:

Adult Social Care and Leeds Community Healthcare NHS Trust will open the first joint intermediate care service at Harry Booth house next year. The service will provide intensive short-term support to people recovering from illness. The aim is to prevent hospital admissions and support people to return home following a period of illness in hospital.

A feasibility study has been undertaken on an Assistive Technology hub including costs and savings, O2 want to use the 'help our hand' Telecare work as an exemplar to developing their sustainability agenda – a free sustainability impact assessment will be undertaken and our work will be used to showcase opportunities. 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.

An Integrated Commissioning Executive (ICE) established to take forward the collaborative objective of how Health and Social Care partners will jointly commission services in the future.

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 Leeds.

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

- A stock take of the Leeds Health and Social Care Transformation Programme commissioned by the Board to review progress to date and the challenges, this will take place over the next 3 months.

Data Development:

Health and Social care intend to procure software – Caretrak, which will allow data from both sectors to be collated and analysed.

A citywide Informatics Board established to ensure a joined up approach to IM&T infrastructure and development within the city.

Risks and Challenges:

- Adult Social Care and Health Partners fail to develop and maintain effective partnership working and processes at locality and city-wide strategic level to reduce health inequalities.
- There is a risk of inadequate resources being available to support the Leeds Health and Social Care Transformation Programme and project infrastructure and the implementation stage of the projects during the transition to the new national commissioning architecture.
- 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

Priority: Give people choice and control over their health and social care services to live full, active and independent lives 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:

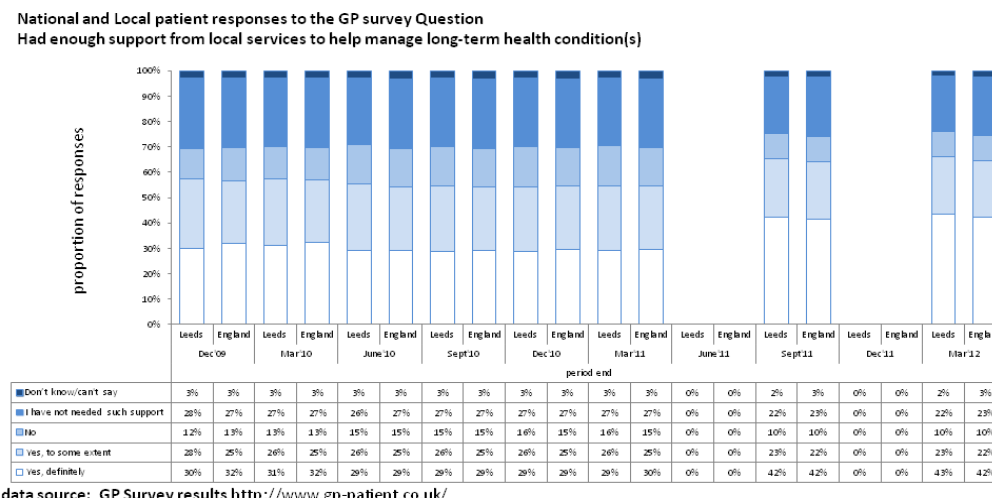
Long term conditions account for 70% of health and social care costs, and almost three quarters of the gap in life expectancy between those living in the most deprived areas of Leeds and Leeds overall.

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 social care service users to be given the opportunity to choose their support arrangements through self directed support. Leeds has been extending choice to service users, 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.

Provisional data published by the National Adult Social Care Intelligence Service (NASCIS) for 2011/12 shows Leeds be amongst the top performers of comparative authorities for both the overall percentage of people receiving self directed support and the proportion who specifically get a cash payment. The national average is around 42% for all and 13% for cash payments, whilst Leeds achieved around 52% and 18% respectively.

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



Please note National and Local GP survey data collection is being undertaken on a bi-annual basis – The latest survey took place during September and the updated data will be provided in quarter 3.

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:

Leeds Adult Social Care has been improving access to information about services

New Actions:

The new Adult Social Care communications team are looking to update service

based upon recent feedback. A reorganisation of resources for communications has been implemented and work undertaken on the new Council website which has been launched.

Adult Social Care established a business support and investment fund under the banner of 'Ideas that change lives'. The fund provides start-up grants for social enterprises. This provides opportunities to increase the choice of personalised services. To date eight services have been established with a further 13 new ideas currently being developed.

The day service modernisation programme for adults with learning disabilities has made significant progress this year. In the West and the South of the city outdated day centres have closed and a range of community based alternatives established in existing or newly built locations.

The Mental Health Advisory Board has been set up to work on new service proposals for Mental Health day services including representatives from service users, and elected members. A three months period of consultation has started and will end in December.

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

- The 2nd Phase of the Risk Stratification tool will go live during September 2012 and will incorporate adult Social Care data alongside Health data.
- The data sharing agreement between Health and Social Care has been signed off. This will support the efficiency and effectiveness of the Integrated Health and Social Care Teams by enabling patient / service user data to be viewed by professionals from both agencies.

What worked locally /Case study of impact:

X-PERT Feedback

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 1 stone in weight whilst been on the course

information, and have been producing the Local Account and information regarding the Better Lives programme. There is a range of work underway to improve and extend access to electronic information,

'Making it Real,' – is a national vehicle for driving progress in delivering personalised social care services. In Leeds consultation is being undertaken via discussions with groups and a survey in collaboration with Lancaster University. This will determine priorities for improvement. A Leadership Forum to support and drive this work will include representation by service users, elected members, and senior management.

The Combining Personalisation with Community Empowerment (CPCE) project has sought funding from the Big Society Capital (BSC). Meetings have been held with Neighbourhood Networks and their involvement in the project determined, they have also been engaged regarding the formation of social enterprises. A business case is being formulated to determine the resource implications of the work going forward.

The Leeds Centre for Integrated Living (CIL) is piloting an approach to supporting people who wish to exercise choice and control through commissioning their own services. This involves using a 'micro tender notice board,' - a website on which social workers can post their requests for support, and providers register to receive information about commissioning opportunities.

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

- All integrated Health and Social Care Demonstrator sites established by December 2012.
- Outcomes of the Integrated Health and Social Care Team Evaluation to be shared during October / November.

Data Development:

Health and social care are looking to procure software – Caretrak, 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 its internal transformation programme to deliver personalised services within available financial resources.
- Adult Social Care and Health Partners fail to develop and maintain effective partnership working and processes at locality and city-wide strategic level to reduce health inequalities
- 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.
- 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 during the transition to the new national commissioning architecture.

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:

- 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: RAG rating Red

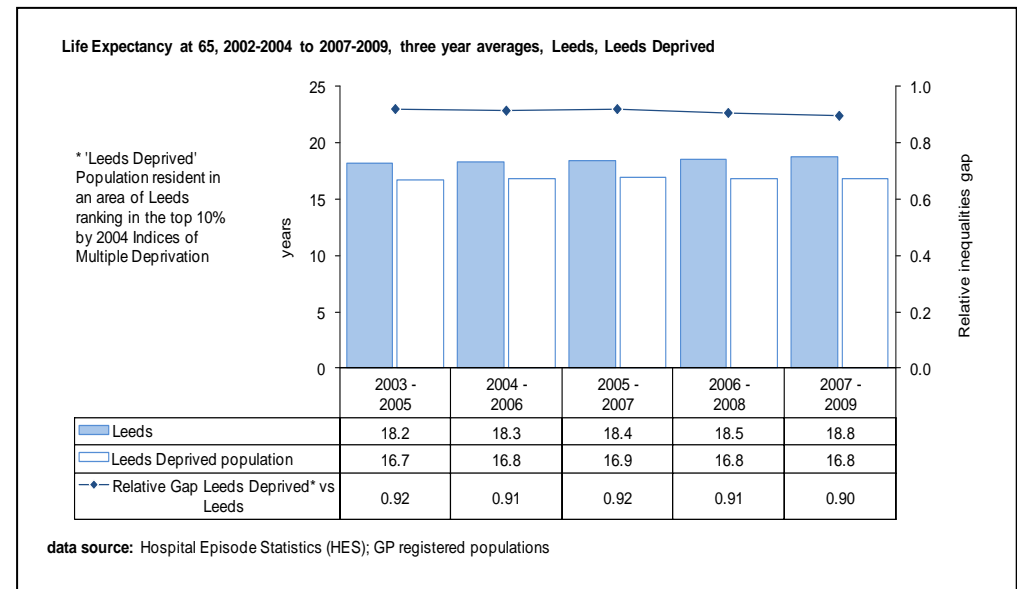
Headline Indicator:

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 as 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

Limiting the impact of poverty on children under 5 years

- Leeds Family Nurse Partnership (FNP) intensive programme of support for first time teenage mothers. A further 2 family nurses have been recruited

Housing, transport and environment

- Fuel poverty/housing: 56 NHS referrals to energy saving grants have been made since January 2011 and 189 referrals from third sector and LCC.

Increase advice and support to minimise debt and maximise income

- Citizens Advice Bureau (CAB) delivered in mental health service venues to provide 325 outreach sessions/appointments, 1100 client contacts, 2800 referrals. Welfare Advice: April to June 2011 generated £600k unclaimed/renewed benefits and handled £450k debt for GP patients.
- Supporting individuals around financial inclusion now included in healthy living contracts with the Third Sector

Ensure equitable access to services that improve health

- NHS Health Check: 96 GP practices, HMP Wealstun and Armley, and York Street GP practice for homeless offering NHS Health Checks at end of September.
- Early diagnosis of lung cancer programme in inner South and inner East Leeds

What worked locally /Case study of impact

Limiting the impact of poverty on children under 5 years

- FNP well established with local services; positive evaluation from young parents; increase in breastfeeding initiation and support to vulnerable young parents

Housing, transport and environment

- Energy champion programme has increased referrals by 300%.

Increase advice and support to minimise debt and maximise income

- Affordable credit: continuation of services provided by the five community branches of Leeds City Credit Union. In addition five community access points are operating in one stop centres.

Ensure equitable access to services that improve health

- Early diagnosis of lung cancer : number of patients diagnosed with lung cancer following emergency hospital admission has fallen from 27.6% in 2010 to 13.7% in Jan-Mar 2011

New Actions

Limiting the impact of poverty on children under 5 years

- Commitment to double the capacity of FNP by 2015.

Housing, transport and environment

- Fuel poverty awareness campaign to be delivered in November 2011
- NHS engagement in the formal consultation on the LDF Core Strategy

Supporting people back into work/healthy workplace

- 'Health is Everyone's Business': programme to be piloted in LCC
- LTHT – behaviour change programme to be introduced within health promoting hospital programme.

Increase advice and support to minimise debt and maximise income

- Mental Health Employment Support Service (Workplace Leeds) to work with people in secondary mental health services to wish to return to work.

- Let's Talk Money courses in a variety of locations across the city

Ensure equitable access to services that improve health

- Lung cancer: a 'phase 2' action plan developed for Sept. to Dec. 2011
- Excess Winter deaths: pilot to begin in Meanwood, Kippax and Pudsey

Data Development

- Reduce the differences in life expectancy between communities: indicator is under review nationally to change to Healthy Life Expectancy. Further developments will be announced as part of the Public Health White paper. The Office of National Statistics are reviewing information and national data may be available in November. Within Leeds additional qualitative data will be collated and analysed via the proposed Health and Wellbeing Survey
- CAB will now be gathering data on client numbers rather than just activity
- Leeds health data to be extracted from the JSNA to feed into the Local Development Framework Core Strategy

Risks and Challenges

- Sustainability of and scale of funding available to meet the needs of the size of the population in Leeds
- Reduction in commercial sector funding to support programmes such as fuel poverty
- Increase in energy prices and other costs living with static or reduced incomes increases risk to health and wellbeing of more vulnerable people
- 'Health is Everyone Business': large size of LCC as an employer will impact on speed in which this programme is taken forward. Competing priorities of LCC may impact on ability to prioritise this work.
- National direction of public health work during transition and beyond 2013 remains unclear means that little action is being endorsed
- City wide structures to support and drive this work forward are in their infancy (Health and Wellbeing Board and other City partnership Boards)
- Balancing the planning for housing growth with the need to retain green field sites and the need for development in areas of deprivation with the aspirations of developers for attractive sites.