Meeting: Health and Wellbeing Board

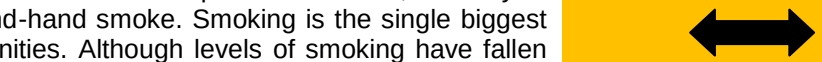
Population: All adults in Leeds

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.

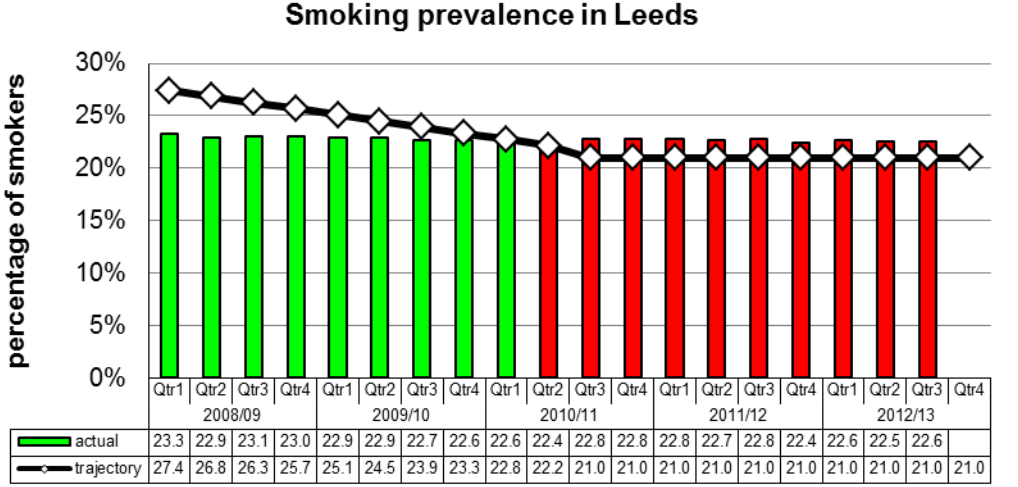
Overall Progress: RAG rating



Story behind the baseline

- Leeds is currently experiencing a plateau in smoking prevalence, which is reflected in the national trend.
- 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 2011[24]. 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 10/11 by 1.4%. In 2012/13 we continue to experience a reduction in numbers accessing services. A similar pattern to Q1 has been experienced in that the accumulative (Q1 and Q2) total of people accessing services has dropped by 17% (1929 compared with 2340 in the same period from the previous year).

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



What do key stakeholders think?

Tackling Tobacco in Belle Isle – Although Belle Isle experiences the highest smoking prevalence in Leeds, data demonstrates shows good access to services compared with the rest of the city. Concern has been expressed about the availability of stop smoking clinics in the immediate area therefore, following the event help in November 2012, which explored the issues and potential activities to address the high rates of smoking in Belle Isle, the smoking service held an additional workshop to further explore the delivery of smoking cessation support in Belle Isle in February. Although the workshop was held in Belle Isle and widely promoted to local front line staff and the community via local agencies it was, unfortunately, not particularly well attended. The event was subsequently followed up with the extensive distribution of flyers and "which clinic" leaflets to various professionals in the Belle Isle area to try and ascertain the need for a clinic there in addition to existing clinics which are currently used by Belle Isle residents in the nearby area. The smoking service has since arranged to start a stop smoking clinic, probably at the Belle Isle Family Centre commencing the end of April / beginning of May time on a 3 months trial to see how well attended it is.

What we did:

Environment Tobacco Smoke : In last current quarter we have had 9 smoke free complaints/service requests to date, possibly a slight reduction on previous years/quarters but obviously we are not yet at the period end.
We also have two smoke free prosecutions (both shisha bars) in the legal process and are due to be heard at Magistrates Court in April – obviously we will update on outcomes when we have them.
We are currently in service planning mode and are looking at what we intend to do around this agenda for next year, we will certainly be maintaining our activity at current levels as a minimum.

New Actions:

Niche tobacco project – the project workers in partnership with Hamara are planning on
organising 3 conferences in Beeston, Hyde park and Harehills under the topic of community safety and will run 1 workshop on niche tobacco at each event,
New funding for Tobacco Control has been secured for a number of specific projects including, purchasing a license for Leeds to deliver the ASSIST programme (a peer led schools programme) and to conduct a research programme to determine the most effective methods of supporting users of niche tobacco products stop.

Niche tobacco project – 2 part time smokeless and niche tobacco project workers are now employed and have delivered 8 sessions to community groups which aim to increase the understanding of the dangers of niche tobacco use.

Trading Standards Across the city a total of 16 test purchases were undertaken which resulted in one sale of cigarettes to an underage test purchaser. As part of the Armley and Middleton project a final round of test purchasing was undertaken. In total, 57 test purchases were attempted which resulted in 6 illegal sales, a failure rate of just over 10%.

Leeds Let's Quit Campaign During January and February, Leeds launched a local stop smoking campaign called *Leeds Let's Quit* which encouraged people to order a quit kit either via www.leedsletschange.co.uk or from their local pharmacy. Posters and postcards were distributed in numerous pubs, clubs and shopping centres as well as community venues e.g. GPs, pharmacies, children's centres, libraries, leisure centres and one stop centres. Over 600 people visited the website within the first week of the campaign, with over 100 people entering the competition to win shopping vouchers.

Children and Young People Plan (CYPP) The proposal to reflect substance misuse issues in our framework of outcomes, priorities and key indicators through the 2013 CYPP progress check was approved by CTB in March. This was a Special CTB meeting at which children and young people were in attendance to take part in an OBA style session on substance misuse issues that enabled the CTB to discuss with them the detail of substance misuse priorities and actions for inclusion in the children's substance misuse strategy. The final version of the 2013 progress check is to be approved by CTB in May.

New data has been collected via the most recent **Growing up in Leeds survey:** 38% of primary pupils taking part in the survey reported living with one or more people who smoke, the figure for secondary pupils was 42%, a five percent decrease from 2010/11

The majority of respondents had never smoked themselves, with a notable difference between primary (97%), secondary (75%, a slight increase on 2010/11), and SILCs and PRUs (80%). Year 11 respondents were most likely to report having had a cigarette with 46% reporting smoking. This consisted of just 40% who reported 'trying a cigarette', 15% reporting they 'used to smoke' and 28% smoking one or more per day.

Schools: School Health Check: 66 schools assessing their performance against new drugs and smoking criteria. New post-16 PSHE toolkit launched March 2013 includes module on drug education, building on existing 2010 secondary toolkit. Potential new drug education resources for the primary school PSHE scheme of work being explored.

A further CQUIN has been proposed with LTHT to develop training and processes to embed lifestyle interventions (including smoking) in the key areas of respiratory and cardiology. This will be delivered throughout 2013/14

ASH CLeaR programme. Following confirmation of regional funding 2 officers from the Local Authority have been identified to attend the assessor training. The assessment process will commence during 2013/14

NICE Guidance. A representative from Leeds has been involved in the development of new guidance from the National Institute of Health and Clinical Excellence, 'Tobacco Harm Reduction'. An implementation plan will be developed following the publication of the guidance in May 2013. Budget has now been identified to support this new approach to tackling smoking which will offer an alternative to the traditional complete abstinence model.

Children and Young People Plan (CYPP) A proposal to include tobacco, alcohol and drugs (substance misuse) as a new priority on the CYPP - with a headline indicator, has been approved by Children's Services Leadership Team, and submitted for approval by the Children's Trust Board in March. An OBA planning session on the Leeds Drug Action Plan with wider stakeholder groups planned for summer 2013. Pilot cluster OBA planning with integrated service approach from autumn 2013. Continued roll out of healthy school programme with particular focus on targeted areas of the city. New primary school PSHE drug resources to roll out via training from autumn 2013.

What worked locally /Case study of impact

Development of an electronic referral process has been tested with Healthy Living Network. Feedback from the service receiving the referrals suggests that this has resulted in increased numbers accessing services and more accurate information being provided. The service will be extending the use of e referrals to other organisations throughout the year

Leeds Lets Change small grants - This was a one-off pot of funding to help raise awareness of Leeds Lets Change and to support people to access services involved in the programme. We recognise that third sector organisations are in an ideal position to get the Leeds Lets Change message out to new audiences as well as engage with people who would not traditionally use healthy living services such as stop smoking, weight management and alcohol treatment. Over 100 organisations applied for the funding and a total 21 organisations were successful in obtaining funding

Risks and Challenges

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, independent lives.

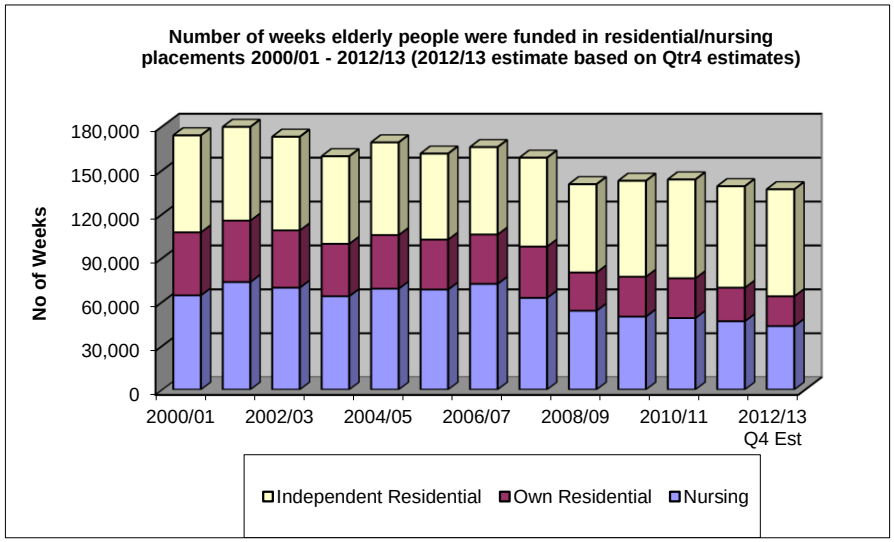
Priority: Support more people to live safely in their own active and homes

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:
GREEN

The Story behind the Baseline

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.



There has been an overall downward trend in the demand for residential and nursing care of older people financed by the Local Authority over the last seven years. Numbers of permanent admissions have tended to fluctuate but the number of bedweeks used show that older people are tending to stay for short periods of time in residential and nursing care.

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. Provisional figures for 2012/13 are 136,925, a further drop of 1.5%. Permanent nursing care bed weeks for older people reduced from 48,915 to 46,764 (4.4%) over 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%. Whilst the figures for 2012/13 are currently showing an increase, these will include a proportion of temporay, respite and transitional placements which are being identified within final figures at the time of writing.

What we did:

Plans are on track to open the first joint South Leeds Intermediate Care (SLIC) centre. The handover will take place Friday 5 April. A review of the delivery of reablement services during 2013/14 is being undertaken, based upon service developments, estimated demand and reviewing current processes and systems.

Work continues to define a target model for integrated services between Adult Social Care (ASC) and the Community Healthcare Trust (LCH). The model was discussed by Health and Social Care Leaders at a workshop at the end of January, and a draft outline business case has been produced. A set of statements have been developed by staff and service users that describe what good will look like. Workshops involving all stakeholders are being delivered between March and May to further develop options for the service model.

Integrated community based health and social care teams were all established and co-located ahead of schedule by the end of December 2012. An operating model is now being developed and risk stratification meetings taking place to identify people who would most benefit from support to aid continued independence and wellbeing.

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

- The initial findings of the stock take of the Leeds Health and Social Care Transformation Programme were presented to the Board.
- A citywide Director of Finance sub group of the Transformation Programme Board has been established.
- An update on the Dementia portfolio was provided to the Leeds Health and Social Care Transformation Programme Board outlining the 4 work streams which will be undertaken utilising transformation funding.

What worked locally /Case study of impact: David is 59 years old and lives in Seacroft. He has several ongoing health issues including a heart condition, asthma and chronic obstructive pulmonary disease (COPD).

Before David was diagnosed, he was generally quite healthy. He enjoyed getting out and about and, in his words, "could probably have run a marathon or two". But as his condition deteriorated, David found it harder to do simple things like lifting or even walking. He became more and more reliant on health services. He was known to his GP and had to make regular visits to hospital. "I was becoming limited in what I could do. I'd always been very independent so I found it hard to adjust. I was doing everything myself as my wife was poorly herself – you could say it was like the blind leading the blind. "But now everything has changed. My community matron has been working closely with adult social care to put a system in place that means I can have some independence and control back in my life. I now have carers that come to visit me four times a day. "Most importantly, I've been given machines at home that help me with my breathing. I also have a bed, like the ones you have in hospital, with a tray, a reclining chair and wheelchair. "Life has changed, and although I'll never go back to how I used to be, it's certainly made it much easier for me to manage."

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 people's 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.

New Actions: Developments to integrate health and ASC services to support and relearn the skills of daily living continue, through the project to integrate LCH's ICT and ASC's reablement service (as part of the overarching integrated target operating model). A report is also being presented to executive board in April requesting approval to proceed with the joint Assistive technology hub.

A business case is being developed for a Single Gateway into Health and Social Care services. This enables professionals to navigate aligned health and social care pathways in order to optimise access to the most relevant services. Plans are for the first phase of this (the single point of urgent referral (SPUR)) to be in place by September 2013.

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

- Continuation of the stocktake of the Leeds Health and Social Care Transformation Programme
- Baseline and performance metrics to be developed to measure the impact of the Dementia work streams.
- Evaluation of the current Dementia Pathway.

Data Development: The Information Governance Toolkit has been submitted on 31 March 2013 demonstrating compliance with the IG requirements which support integration with the NHS electronically. Information Sharing Agreements are being developed against identified needs, the NHS number is now captured on social care case records, allowing matching to NHS records, Consultation on the Leeds Care Record has commenced. Software which enables health and social care data to be gathered and analysed together has been purchased and is being used.

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 ⟷

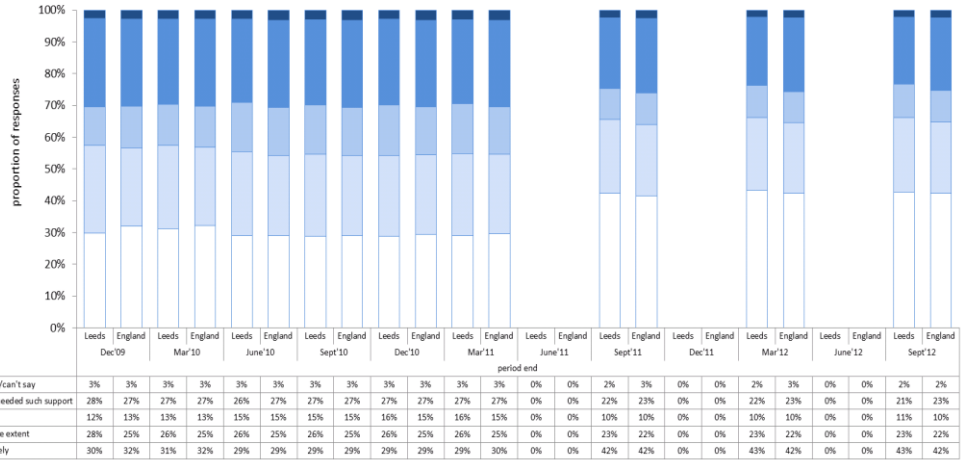
Story behind the baseline:

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 continue to follow the national trend. Between March 2012 and September 2012 there has been a 1% increase in the number of patient responses where people are feeling they are not receiving the support they feel they need to manage their long term condition. The number of responses where patients feel they are to some extent or definitely having enough support to help manage long term health condition(s) has remained static during this period. (See graph opposite).

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

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



	Dec'09		Mar'10		June'10		Sept'10		Dec'10		Mar'11		June'11		Sept'11		Dec'11		Mar'12		June'12		Sept'12	
	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England
Don't know/can't say	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	0%	0%	2%	3%	0%	0%	2%	3%	0%	0%	2%	2%
I have not needed such support	28%	27%	27%	27%	26%	27%	27%	27%	27%	27%	27%	27%	0%	0%	22%	23%	0%	0%	22%	23%	0%	0%	21%	23%
No	12%	13%	13%	13%	15%	15%	15%	15%	16%	15%	16%	15%	0%	0%	10%	10%	0%	0%	10%	10%	0%	0%	11%	10%
Yes, to some extent	28%	25%	26%	25%	26%	25%	26%	25%	26%	25%	26%	25%	0%	0%	23%	22%	0%	0%	23%	22%	0%	0%	23%	22%
Yes, definitely	30%	32%	31%	32%	29%	29%	29%	29%	29%	29%	29%	30%	0%	0%	42%	42%	0%	0%	43%	42%	0%	0%	43%	42%

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

‘Transforming Social Care’ LAC (DH) (2008) outlined the national policy for all social care service users and carers to be given the opportunity to choose their support arrangements through self directed support. In 2012 the government accepted that for a number of reasons 100% was unreaslitic and reset the target to 70% for all service users and carers. Leeds has working to extend choice and, provisional final figures for the year end 2012/13 show that the target of 70% has been exceeded, with 78% of eligible community based service users being in receipt of self directed support.

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:

'Making it Real,' is a national vehicle for driving progress in delivering personalised social care services. A Leadership Forum for Making it Real and Better Lives has been established including representation from services users, carers, elected members and senior officers. It is planned that this will formally go live in June 2013.

A report was taken to Executive Board to consider future options for directly provided residential care. As a result a wide ranging consultation regarding the Older Peoples Residential and Day Services Programme was endorsed and is currently underway and includes a consideration of plans for eight homes and four day centres.

A new model of mental health community based service based upon a recovery model has been subject to extensive consultation and will be implemented from Sept until Dec 2013.

The council and its health partners have jointly commissioned a new advocacy consortia to deliver advocacy to all client groups, advocacy for specific targeted groups, support for providers and provide a single point of access to advocacy from April 2013. Through the Leeds Health and Social Care Transformation Programme, all integrated Health and Social Care Demonstrator sites were established by December 2012.

What worked locally /Case study of impact:

Sir John Oldham came to Leeds to see how integration is working in Leeds. In line with the National Long Term conditions model led by Sir John, Leeds is bringing together; risk profiling, creating integrated neighbourhood teams and providing support so people can manage their own symptoms and improve quality of life. Sir John spoke to co-located health and social care staff to get a flavour of how they have been delivering joined up services. He was also provided with a presentation of how practices are using risk profiling to take a preventative approach to treating patients.

Sir John said, '*One of the things I admire about Leeds is that you have leaders from hospitals, community services, social care and primary care driving this change throughout the city. ... To my mind Leeds is the best example in the country of doing that, so I'm using your model as an example.*'

New Actions:

LCC Executive Board agreed plans to build a new specialist day centre in Rothwell for people with learning disabilities with complex needs. Building work will start in July 2013 with plans for the service to start in March 2014.

Developments to integrate health and ASC services to support and relearn the skills of daily living continue, through the project to integrate; LCH's ICT, and ASC's reablement service (as part of the overarching integrated target operating model). A report is also being presented to executive board in April requesting approval to proceed with the joint Assistive technology hub.

Building work on the new day service for people with learning disability in South Leeds will commence in July 2013 and the service plans to be operational from March 2014. Plans to transform day services for people with physical disabilities are being developed. These include strengthening user involvement in the development and delivery of services and exploring how the range of opportunities for people can be extended through discussions with third sector providers.

Adult Social Care and Health have been reviewing models for formulating health personal budgets.

Data Development: The Information Governance Toolkit was submitted on 31 March 2013 demonstrating compliance with the IG requirements which support integration with the NHS electronically. Information Sharing Agreements are being developed against identified needs, the NHS number is now captured on social care case records, allowing matching to NHS records, Consultation on the Leeds Care Record has commenced. Software which enables health and social care data to be gathered and analysed together has been purchased and is being used.

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.

2012/13 QUARTER 4 **CITY PRIORITY PLAN REPORT CARD** **HW4**

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 (76.1years : 85.7years)

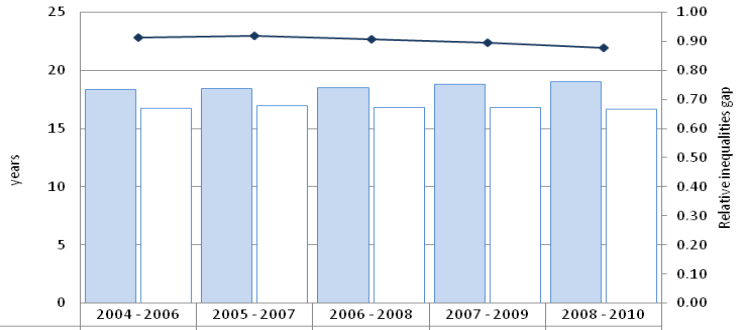
Overall Progress: Red

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.

Life Expectancy at 65, 2004-2006 to 2008-2010, three year averages, Leeds, Leeds Deprived



	2004 - 2006	2005 - 2007	2006 - 2008	2007 - 2009	2008 - 2010
Leeds	18.34	18.42	18.52	18.77	18.99
Leeds Deprived Population	16.75	16.92	16.77	16.82	16.63
Relative Gap Leeds Deprived* vs Leeds	0.91	0.92	0.91	0.90	0.88

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

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 services** - Programme of quality assurance visits underway. Early Start pathways for co sleeping, breast feeding, LAC and alcohol have been completed. Skills audit undertaken to support implementation of healthy weight pathway. A tender to undertake an independent evaluation of the Helping Hand framework issued to Leeds Met, with work planned to begin in May. A contract to enable an independent evaluation of the Preparation for Birth and Beyond Programme is out to tender.
- **Family Nurse Partnership** -The programme continues to successfully recruit and work with eligible teen parents. Group FNP continues to be a success in terms of numbers attending.
- **Infant mortality** -Breast feeding peer coordinator appointed to recruit, train and support a city wide network of breast feeding peer supporters. Final UNICEF assessments of community health services to determine eligibility for Baby Friendly Initiative Status are planned for April 2013. 'Let Me Sleep Safe' campaign re-launched Dec12 -Jan 13 in partnership with West Yorkshire Police and Pub Watch. Campaign materials targeted in Inner East and Inner South Leeds. Offer of a Carbon Monoxide reading for all pregnant women at booking for antenatal care as part of a range of measures to stop smoking in pregnancy and post-natally. Funding secured to engage and support the most vulnerable families in Inner east and North east Leeds to manage the impact of the Welfare reforms including an open access clinic offering awareness raising, sign posting, referral and budgeting skills development .

Increase advice and support to minimise debt and maximise income

- Advice services funded by LCC (including public health) reviewed to reflect the changing demand for advice brought about by the ongoing impact of welfare reforms and the economic situation. Market-sounding exercise completed and Project Board recommended to commission Leeds Advice Consortium for a minimum of 3 years.
- Leeds awarded £232,800 from DH Warm Homes Healthy People Fund, in addition to £171k provided by NHS Leeds (public health). Supports 355 vulnerable households across Leeds with repairs, servicing, and energy efficiency support. Two CABs funded to provide (fuel) debt, switching and benefits advice. Fund also supported 33 community projects including advocacy support, lunch clubs and drop in events around the city.
- Systematic referral systems embedded and strengthened within Leeds Community Healthcare and 35 Energy Champions identified and trained.
- Leeds City Credit Union (LCCU) membership (as at Dec 2012) is 25,826 and the total number of loans to financially excluded groups from Oct-Dec 2012 totalled £946,179.

Ensure equitable access to services that improve health

- Leeds Wellbeing Portal launched providing comprehensive directory of health and wellbeing services

New Actions:

Limit impact of poverty on children under 5 yrs:

- **Early Start Service**- Commissioning of Health Visiting moved to NHS England. To transfer to LCC Public Health April 2015. NHS England reviewing contracts and will establish relationships with Health and Wellbeing partnerships and providers. Series of Early Start Team (EST) staff forum events will launch the Early Start Operational handbook.
- **Family nurse partnership** (FNP)-The capacity of the FNP service will increase from 7.5 to 10 WTE. From April 2013, the commissioning of FNP has moved to NHS England and will transfer to LCC Public Health from April 2015.
- **Infant Mortality-**The 'Let me Sleep Safe' campaign to run during May, August and December 2013. Antenatal group to commence for pregnant women with a BMI over 30Kg /m2 to promote healthy weight during pregnancy and continued support in the postnatal period for mother and family . Smoke free homes initiative will be delivered on a larger scale by Health For All in Beeston, Holbeck, Belle Isle, Middleton, Burmantofts and Richmond Hill in 2013/14..

Increase advice and support to minimise debt and maximise income

- Collective energy switching scheme commenced with Bradford, York, Kirklees and Wakefield. Aim to make homes energy efficient and reduce fuel bills by average of £220 per year. Managed by Community Energy Direct. Targets low income households and those in fuel poverty. Scheme is open to all residents.
- Leeds Community Development Finance Institution (CDFI) commenced trading and started lending in October. To date 36 loans totalling £14,800 have been made to financially excluded groups.
- Support for private sector tenants affected by Welfare Reforms: Burley Lodge Centre to target advice for West-NW residents, Feel Good Factor supports ENE. South locality: provider to be identified.

Healthy Employment

- Consult with staff in partner organisations on mental health at work policies
- Develop training on mental health issues for practitioners and senior managers working with unemployed

Ensure equitable access to services that improve health

- Review evaluation report with a view to extending the work on case finding of lung cancer in Inner East / Inner South Leeds until 2014

Improving equality monitoring in primary care

- Targeting to those most in need in IHSC programme including work with neighbourhood networks; asset mapping placed on Leeds Directory; referral to high impact interventions e.g. fuel poverty; healthy lifestyles etc.

Data Development:	**Risks and Challenges:**
• Detailed reports on outputs from NHS Health Check to be completed • Results from Healthy Lifestyle survey using the Citizens Panel and extended use of survey with priority populations	• 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