Report author: Anna Frearson / Tim Taylor
Tel: 07712 214816 / 07891 278231

Report of Director of Public Health

Report to Scrutiny Board (Adults and Health)

Date: 18 July 2017

Subject: Update on Early Interventions and Reducing Health Inequalities Breakthrough Project

Are specific electoral wards affected?	☒ Yes ☐ No
If yes, name(s) of ward(s): The **Locality Community Health Development and Improvement Service** service operates in: Armley, Alwoodley, Beeston and Holbeck, Bramley and Stanningley, Burmantofts and Richmond Hill, Chapel Allerton, City and Hunslet, Cross Gates and Whinmoor, Farnley and Wortley, Gipton and Harehills, Hyde Park and Woodhouse, Killingbeck and Seacroft, Kirkstall, Middleton Park, Moortown, Pudsey, Roundhay, Temple Newsam and Weetwood wards. The **Inner South Physical Activity** work is planned for Beeston and Holbeck, City and Hunslet and Middleton Park. The **Inner East Physical Activity** work is planned for Burmantofts and Richmond Hill, Gipton and Harehills, Crossgates and Whinmoor, Killingbeck and Seacroft, Temple Newsam and Chapeltown.	
Are there implications for equality and diversity and cohesion and integration?	☒ Yes ☐ No
Is the decision eligible for call-in?	☐ Yes ☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes ☒ No

Summary of main issues

1. The report provides an update on progress by the Early Interventions and Reducing Health Inequalities Breakthrough Project against the three priorities below with a particular focus on inequalities:
    i. To commission an Integrated Healthy Living Service (IHLS) and Locality Community Health Development and Improvement Service (CHID).

ii. To ensure strategic alignment with healthy living services commissioned by partners
iii. To inspire communities and partners to work differently to reduce health inequalities – physical activity selected as the focus.

2. The Integrated Healthy Living Service is currently being mobilised and will be operational in October 2017. The Community Health Development and Improvement service commenced on 1st April 2017.

3. A series of proposed work programme priorities are outlined around physical activity.

Recommendations

The Scrutiny Board (Adults & Health) is asked:

1. To note the overall progress against the three priorities of the Early Interventions and Reducing Health Inequalities Breakthrough Project.
2. To note the early positive indications of the impact of effective outreach and engagement with hard to reach groups by the CHID - Better Together Service providers.
3. To comment and advise on the proposed priorities around physical activity.

1. Purpose of this report

1.1 This report provides an update on the progress of the Early Interventions and Reducing Health Inequalities Breakthrough Project with a particular focus on the impact across the project upon reducing inequalities.

2. Background information

2.1 There are around 2,200 deaths of people under the age of 75 years each year. Of these, around 1,520 can be considered avoidable. The largest contributions to premature death are lifestyles/behaviour (40%), followed by genetic pre-disposition (30%), social circumstances (15%), health care (10%) and environmental exposure (5%). Early deaths are disproportionally experienced by people living in the most deprived areas of Leeds. Figure 1 shows age standardised rates per 100,000 of all age all cause mortality for under 75 years. 2011-15 for deprived Leeds are 573 compared to the Leeds rate of 362. The ward with the lowest rate is Harewood (216) compared to Burmantofts and Richmond Hill (661) - the ward with the highest. There is a 10 year difference in life expectancy (see figure 2) between communities with Harewood having the longest life expectancy at 86 years compared to Burmantofts and Richmond Hill at 75.5 years.

2.2 Evidence suggests that where ill health is related to lifestyle behaviour, it is significantly worse in deprived areas. Appendix A contains key health statistics for people living in the most deprived areas of Leeds compared to more affluent areas.

2.3 Smoking is still the single biggest preventable cause of early death. Good progress has been made on reducing smoking. In 2014, 30% of adults in Leeds smoked. The latest figures (2016) show this has reduced to 17.8% - a reduction of just under 59,000 smokers. This still leaves around 125,000 current smokers – who are not evenly distributed across the city. Figure 3 shows age standardised smoking rates per 100,000 by ward for adults in Leeds using GP recorded figures from January 2017 audit data. The rate for deprived Leeds is 30,581 compared to 19,557 for Leeds. The ward with the lowest prevalence is Harewood (10,029) and the ward with highest prevalence is Burmantofts and Richmond Hill (30,574).

2.4 Figure 4 shows age standardised rates per 100,000 of GP recorded obesity (Body Mass Index over 30) in adults from January 2017 audit data. The rate for deprived Leeds is 28,571 compared to 23,637 for Leeds. The lowest rate is in Headingley (16,362) and the highest is in Middleton Park (30,943).

2.5 Though there is strong national evidence relating to physical inactivity and the positive impact of being active on health outcomes, local data around physical activity is poor. Improving information in this area is one of the proposed priorities of the Breakthrough Project (see report section 3.4). Figure 5 shows participation in sport and active recreation 3 x 30 minutes per week by MSOA in Leeds 2011/12. The map illustrates that adults in affluent communities are more active than adults living in deprived Leeds.

2.6 Figure 6 shows age standardised rates per 100,000 of GP recorded diabetes from January 2017 audit data. The rate of diabetes in deprived Leeds is 8,592 compared to the Leeds rate of 6,055. The lowest rate is in Harewood (3,493) and the highest is in Gipton and Harehills (10,998).

2.7 Figure 7 shows age standardised rates per 100,000 of GP recorded Coronary Heart Disease (CHID) from January 2017 audit data. The rate of CHID in deprived Leeds is 4,904 compared to the Leeds rate of 3,947. The lowest rate is in Harewood (3,070) and the highest is in Middleton Park (5,026).

2.8 Figure 8 shows age standardised rates per 100,000 of GP recorded Chronic Obstructive Pulmonary Disease (COPD) from January 2017 audit data. The rate of COPD in deprived Leeds is 4,846 compared to the Leeds rate of 2,573. The lowest rate is in Adel and Wharfedale (1,003) and the highest is in Middleton Park (5,286).

2.9 The Early Interventions and Reducing Health Inequalities Breakthrough Project is aligned to the Health and Wellbeing Strategy outcome that "Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest". The breakthrough project also supports the priorities in the Leeds Health and Care Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)". The Breakthrough Project has three priorities:

- To commission an Integrated Healthy Living Service (IHLS) and Locality Community Health Development & Improvement Service (CHID) for Leeds.
- To ensure strategic alignment with healthy living services commissioned by partners.
- To inspire communities and partners to work differently to reduce health inequalities.

2.10 The Executive Board report in March 2016 set out the approach to the three priorities and received permission to proceed with the re-commissioning of the Integrated Healthy Living Service (ILHS) and Locality Community Health Development and Improvement Service (CHID). An update was then provided to Executive Board in March 2017 via the Health Breakthrough Project Annual Report. This Health Scrutiny report provides a further update on the progress against the three priorities with a particular focus on the impact across the project upon reducing inequalities.

Main issues

3.1 Integrated Healthy Living Service (IHLS) - "*One You Leeds*"

Following the procurement process, the contract to deliver the IHLS service known as "*One You* Leeds" was awarded to Reed Momenta Ltd. Mobilisation of the service began on 1st April 2017 and will be fully operational on 1st October 2017. *One You* Leeds will provide support to adults to achieve lifestyle behaviour change, particularly focusing on smoking cessation, weight management, cooking skills, healthy eating and physical activity. This will be done in conjunction with other services across the city including CHID and social prescribing.

3.2 People will have a single point of access to healthy lifestyle support for the new service, which will improve both professional referral and self-referral pathways. They will be offered a range of options including support to self-help, targeted face to face healthy living interventions in a range of community venues and one-to-one personal support to those of highest need to develop the confidence and motivation to change. The service will also: deliver targeted outreach activities and campaigns,

provide training to the wider public health workforce and support people to access wider opportunities in the community to maintain behaviour change on leaving the service.

3.3 While the service will provide universal support, in order to improve outcomes for those who experience the poorest quality health, face to face support and outreach work will be targeted at the most deprived areas of Leeds. Within "deprived Leeds" the following target groups will be prioritised:

- People with, or at risk of developing, long term health conditions (serious mental illness, chronic obstructive pulmonary disease, cardio vascular disease, diabetes)
- Pregnant women and their families
- People with mild to moderate mental health problems
- People with mild to moderate learning disabilities
- People from black or minority ethnic communities
- New and emerging migrant communities

3.4 *One You* Leeds will prioritise the geographical location of services to ensure good access for people living in deprived parts of the city, however, the service will continue to provide a universal provision and anyone living in Leeds will be able to access the service regardless of their postcode. Clinic locations will be positioned where possible with adequate parking, opportunities to access by cycling or walking and good links to public transport. The service will also offer comprehensive digital opportunities with follow up for people who would prefer to self-help. Further information on specific buildings from where services will be delivered, will be provided once these have been identified and confirmed.

3.5 A Communications Plan has been developed as part of the mobilisation process to continue to keep stakeholders informed about the new service. A briefing paper and Frequently Asked Questions document has just been produced and the process of sharing this with stakeholders and partners including Elected Members, Clinical Commissioning Groups, GP Practices, Leeds Teaching Hospital Trust and Sport Leeds Board Members has begun.

4 Locality Community Health Development and Improvement Service (CHID) – *Better Together*

4.1 Better Together is the name for the new locality community health development service, which started in April 2017. Following a service review and procurement, contracts were awarded to third sector providers in the following areas of Leeds:

- East North East Leeds – Feel Good Factor (consortia lead), Shantona, Space2, Touchstone, Zest
- South and East Leeds – Health for All (consortia lead), Asha, Hamara
- West North West Leeds – Barca

The three new contracts replace the 14 previous separate locality contracts.

4.2 The Better Together service providers link with other local partners to improve health and reduce health inequalities by targeting and focusing on the 10% most deprived neighbourhoods in the city.

4.3 The new service focuses primarily on issues that lead to poor health such as poverty, unemployment, relationships and housing issues and use a community development approach to work with individuals, groups and communities to identify local needs and work with them to find appropriate support and interventions that can help them improve their situation. It is part of the wide range of activity across the city helping people look after their own health, helping us look after each other and making the most of the strengths and assets we all have as individuals and communities.

4.4 The service complements the Leeds Integrated Healthy Living Service (IHLS) service. The 'Better Together' Service focuses primarily on addressing the wider determinants of health, whereas the LIHLS focuses primarily on promoting and improving healthy lifestyle services. The two services will work very closely together.

4.5 The first set of quarterly monitoring information is due in mid-July. We have worked closely with providers during mobilisation and the first quarter of activity. There are encouraging early signs of effective outreach and engagement for hard to reach residents and communities.

5.0 Strategic Alignment with Healthy Living Services

5.1 To ensure that the newly commissioned services meet the needs of the Leeds population, a health needs assessment and extensive consultation exercises were conducted, capturing the views of service users, current providers, primary care staff and commissioners. These findings informed the development of a model describing how an integrated healthy living service for Leeds could be commissioned within the broader system of assets in the city which support healthy lifestyles (see appendix B). The system aims to align citywide support around healthy lifestyles, with stronger interfaces between services commissioned by Leeds City Council, primary care services and third sector organisations. The model shown in appendix A illustrates how the IHLS and CHID services will interface and interact within the broader context of the health system in Leeds.

5.2 We have engaged with colleagues across Leeds City Council and partners in the city to align services with this model and ensure pathways are in place to connect up people and services. We have ensured the Leeds Integrated Healthy Living System has been incorporated into the development of the new Leeds Health & Care Plan and intend to use this to influence and align with the new service models for primary care and community services that are now being developed as part of this plan. In addition, we wish to use the model to influence the investment decisions that will be made by the Leeds Clinical Commissioning Partnership later in the year - for example on social prescribing.

6.0 Inspiring communities and partners to work differently to reduce health inequalities - Physical Activity

6.1 A city wide Outcomes Based Accountability (OBA) event was held to launch the Health Breakthrough Project in September 2015 and led by Cllr Mulherin. This was attended by 135 partners and overwhelmingly, the key issue that emerged was the need to increase physical activity amongst groups who experience particularly poor health outcomes. As a result the third priority of the breakthough work was then focused on what more we can do as a city to work with people in ways that increase their movement, improve their wellbeing and ultimately reduce health inequalities.

6.2 A second OBA session was held in July 2016 and led by Cllr Charlwood, Cllr Coupar and Cllr J. Lewis to focus specifically on issues relating to physical activity in the city. The feedback from the attendees at these events, public and service user consultation and a report produced by the Sport and Active Lifestyles Service led to the emergence of the following themes around physical activity:

- **The need for a whole system buy in** - influencing decision makers and commissioners
- **Promote the benefits of physical activity** - as the norm and part of everyday life
- **Environment** - engage partners to ensure the physical activity agenda is addressed and prioritised in the developing built infrastructure
- **Improve the measurement** of physical activity in the city
- **Take a Community approach** with a focus on assets

6.3 In response, a Physical Activity Steering Group has been set up to drive forward these recommendations. The group is jointly chaired by Public Health and Active Lifestyles and is comprised of representatives from Public Health, Sport and Active lifestyles, Parks and Countryside, Transport, Planning and Regeneration, Culture, PPPU and the Health and Wellbeing Service (Healthy Schools). This cross-directorate approach to an issue lies at the heart of the Council's aim for Breakthrough projects. External partners will be included in the group reports to the Sport Leeds Board which provides a useful external strategic reference group.

The Physical Activity Steering Group has developed a draft work programme based around the following priorities described below.

6.4 Support the delivery of a whole systems approach to physical activity – with a focus on the inner east and inner south of the city

6.4.1 Given the strong link between inactivity and deprivation an expression of interest was submitted to Sport England based on taking one (large) deprived part of the city where it is believed that significant impacts can be made in terms of a holistic approach to addressing inactivity. Unfortunately the bid was unsuccessful but there are still plans to continue to drive this work forward given the momentum gained from across the Council and partners and the potential long term benefits that could accrue. . The proposed areas for this work are in the Inner East:

- Burmantofts and Richmond Hill
- Gipton and Harehills
- Crossgates and Whinmoor
- Killingbeck and Seacroft
- Temple Newsam
- Chapeltown

6.4.2 The areas outlined provide an appropriate level of scale to work within and have high levels of deprivation. Other important factors include:

- The housing growth and highways infrastructure planned for inner and outer east Leeds.
- A number of high profile regeneration plans in the inner east area of the city (Neighbourhood Framework plans e.g. Killingbeck and Seacroft /East Leeds extension/Halton Moor). These local frameworks identify opportunities for housing development on both Council and third party land, improvements to open space and green connectivity, improvements to public transport including walking and cycling to help local people access training and job opportunities in the local area.
- A move to more focused locality working within the Council and with key wider stakeholders. This is at estate level with potential for focus on physical inactivity, social cohesion and employability. Two of the six priority areas are within the defined catchment - Lincoln Green and Torres in Burmantofts and Spencer Place, Bankside Street and St Shepherd's Lane plus Clifton / Newalls in Harehills / Chapeltown.
- A focus on locality profiling to better inform and prioritise interventions, alongside the integration and alignment of service provision.
- Two large city parks of national significance serving the catchment (Roundhay and Temple Newsam) with green corridors enabling connectivity.

- Integrated facility developments e.g. potential major development of existing Fearnville site into a large "activity park" concept including a mix of wellbeing centre / park life / open space / playing pitches / walking / commercial outdoor development / colocation with Adult Social care and other services e.g. Health / partnerships with British cycling and British Triathlon. There are also ongoing discussions with Children's Services about a possible new high school. A report will also be brought forward that will identify the preferred site for a new Wellbeing centre in the inner east of the city.

6.4.3 In parallel to this work officers have also been looking at potentially developing a similar approach in the inner south of the city focussing on the wards of Beeston and Holbeck, City and Hunslet and Middleton Park) .
The approach would aim to support the council's locality based approach to future service delivery in the six most deprived communities in the city (chosen from the 17 LSOAs in the bottom 1%) where services will focus their resources with the aim of reducing health inequalities. Two of these areas - Crosby Street, Recreations, Bartons in Holbeck & Stratford Street and Beverleys in Beeston Hill - sit within the project scope. Following recent discussions with the Communities Team there is a possibility of extending the project scope into the New Wortley area.

In addition, the project will complement the Locality Community Health Development and Improvement Service (CHID) with its focus on the 10% most deprived areas of the city/and be part of a wider integrated healthy living system. Area based contracts will be a key part of a whole systems approach to physical activity in a place.

There has been initial consultation with key partners, community leaders and organisations and although the full scoping work is still to be undertaken, gaps within a “systems approach” are emerging and include;

- Research / insight including data and intelligence access and share
- Community development and wider partner engagement
- Workforce development
- Digital technology, solutions, access and use

.
Given the local delivery pilot bid was unsuccessful officers are now in discussion with Sport England about developing an investment plan for both the inner east and the inner south areas. There is potentially a minimum sum of £500k on offer to move this wider work forward with the aim of working with partners over the next 3 months in to develop a wider investment plan to then discuss with Sport England later this year in October.

6.5 Coordination of communications, key messages & marketing campaigns in relation to physical activity

There is a priority to create key physical activity messages for the city working with Sport Leeds and partners. Key campaigns will be utilised and built upon including Active 10, This Girl Can/ Leeds Girls Can and Change for Life. The aim will be to make physical activity messages consistent and visible and connect them to other related campaigns around for example air quality and active travel. A “virtual hub” is also proposed to pull together information on physical activity opportunities. The creation of which will be scoped and tested in the Inner South.

6.6 Influencing Role

There is a priority to ensure that physical activity is on the agenda of internal and external partners and contributes to service design, and commissioning decisions. The plan will focus on the following aspects:

- One Council Approach
- Strong leadership in the city for physical activity
- Effective governance of physical activity
- Engaging city wide partners

6.7 Support the design, planning and development of the physical infrastructure that will support and enable communities to become more active based around:

- Housing
- Active travel
- Public realm
- Parks / green space

There is a proposal to develop key principles of design for health and wellbeing - including a strong focus on physical activity. The plan is to update design guidance that can be referred to by developers and communities. The intention is to engage with community groups who understand their local areas and the potential for

improving the public realm / placemaking and creating winter/wet weather uses for parks.

6.8 Managing Outdoor Spaces for Recreational Use - how do we use and manage our "green and blue" Infrastructure?

The following priorities have been proposed:

- Targeting and prioritising blue and green space projects
- Connecting green/blue spaces across Leeds - providing opportunities for active travel along green/blue corridors
- Connect up with the cycling and walking Implementation plan
- Community Infrastructure Levy (CIL) to investigate green infrastructure (GI) opportunities
- Parks and Countryside's management of parks and trees (Parks and Greenspace Strategy)
- Work with the West Yorkshire Combined Authority (WYCA) who are signed up to 'Green Streets' (cycling/pedestrian friendly)

7 Corporate considerations

7.1 Consultation and engagement

7.1.2 In order to shape the direction of the breakthrough project, the project team brought together information from a range of consultation and insight. Consultation was undertaken with the following groups:

- The public
- Existing service users
- Service providers
- Potential co-commissioners
- Public health colleagues
- Wider stakeholders

Significant consultation was undertaken during the Healthy Living and Community Health Development service reviews and service specifications were developed to ensure that needs were accurately identified and taken into account. Wider stakeholders had an opportunity to input into the service delivery approach. Consultation with stakeholders included service users and potential services users, current and potential providers, strategic city partners, health professionals, senior LCC officers and Elected Members including Locality Health and Wellbeing Champions.

7.2 Equality and diversity / cohesion and integration

7.2.1 The new IHLS and CHID Services are focused on providing services to individuals, and communities living in the most deprived areas of the city. Specific geographic areas have been identified through the service review process and are detailed in the service specification.

7.2.2 Equality, Diversity Cohesion and Integration Impact Assessments were undertaken and were subsequently reviewed at key stages of the procurement projects for the IHLS and CHID services.

7.2.3 The physical activity priorities include a focus on working with deprived communities in the inner east and south of the city.

7.3 Council policies and Best Council plan

7.3.1 This collaborative breakthrough project supports the ambition for Leeds to be the Best City in the UK by 2030. It also contributes to the Best Council Plan, Joint Health and Wellbeing Strategy Leeds Health and Care Plan and West Yorkshire and Harrogate Sustainability and Transformation Partnership Plan.

7.4 Resources and value for money

7.4.1 The breakthrough projects by definition are intended to make best use of existing resources by working innovatively as a team for Leeds. The breakthrough project is taking a citizen and asset based approach, working with partners to deliver projects.

7.4.2 Work to reduce unhealthy lifestyles is highly cost effective. The National Institute for Health and Care Excellence (NICE) have assessed the economic and health benefits of lifestyle services and conclude that most activities aimed at improving the public's health are extremely good value for money and generally offer more health benefits than the alternatives tested. Such activities include: stop smoking services, healthy eating initiatives, physical activity programmes and alcohol interventions. Some activities can be 'cost saving', that is, in the long run they reduce costs by more than the total spent on them.

7.4.3 The procurement processes were designed to drive improvements in service quality and value for money. The new services will operate on a reduced budget compared to the previous service provision and have been made more efficient for example for the IHLS by merging a number of individual contracts into one contract and for the LCHID/I services by having three providers to achieve reduced management costs.

7.5 Legal implications, access to information, and call-in

7.5.1 The recommissioning of the IHLS and CHID services were conducted in accordance with the Council's contract procedure rules and procurement law. The decision maker's authority falls under Part 3 Section 3E (09) of the Council Constitution, Officer Delegation Scheme (Executive Functions) – Director of Public Health. This decision is the implementation of a Key Decision from Executive Board of 9th March 2016 – minute number 147. There are no further specific legal implications associated with the issues identified in this report. The report is subject to call in.

7.6 Risk management

7.6.1 The scope of this programme of work is substantial particularly as the involvement of external partners across the city who have a role to play in supporting healthy living is key to its success. The issues tackled are complex and there is a need to be mindful of health inequalities and the impact upon more vulnerable people living

in the city. A key challenge for this project is creating a strong joint narrative to promote the aims of this breakthrough project positively both within the council and to external partners and the general public in a climate of cuts to services. Risks associated with the re-commissioning of the Integrated Healthy Living Service have been and will continue to be identified, reviewed and managed through the mobilisation period. The identification of new and increasing risks has taken place an on-going basis and will continue to through the management of both the IHLS and CHID contracts.

8 Conclusions

8.1 The Early Interventions and Reducing Health Inequalities Breakthrough project is making progress against its three priorities and has the potential to make a positive contribution to the ambitions of improving health and reducing inequalities in the city as set out in the Leeds Health & Wellbeing Strategy. The new IHLS – *One You* Leeds service is currently being mobilised and will be operational in October 2017. *One You* Leeds will provide support to adults to achieve lifestyle behaviour change, particularly focusing on smoking cessation, weight management, cooking skills, healthy eating and drinking and physical activity. Whilst the *One You* service will provide universal support, in order to improve outcomes for those who experience the poorest quality health, face to face support and outreach work will be targeted at the most deprived areas of Leeds.

8.2 The CHID – Better Together service successfully launched in April and the first quarter of monitoring will be available at the end of July. The new service will focus primarily on issues that lead to poor health, such as poverty, unemployment, relationships and housing issues and use a community development approach to work with individuals, groups and communities to identify local needs and work with them to find appropriate support and interventions.

8.3 Following two OBA events physical activity was identified as a priority focus for the Breakthrough Project and a cross Council Steering Group has been established to drive forward the work. A series of priorities have been proposed for the physical activity work programme including locality pilots in Inner East and South Leeds the latter funded by Sport England. Other priorities include co-ordination of communications, better planning and design to encourage physical activity and managing outdoor spaces for recreational use.

9 Recommendations

The Scrutiny Board (Adults & Health) is asked:

9.1 To note the overall progress against the three priorities of the Early Interventions and reducing Health Inequalities Breakthrough Project.

9.2 To note the early positive indications of the impact of effective outreach and engagement with hard to reach groups by the CHID - Better Together Service providers.

9.3 To comment and advise on the proposed priorities around physical activity.

Appendix A: Maps showing inequalities between deprived and non- deprived Leeds

Figure 1:

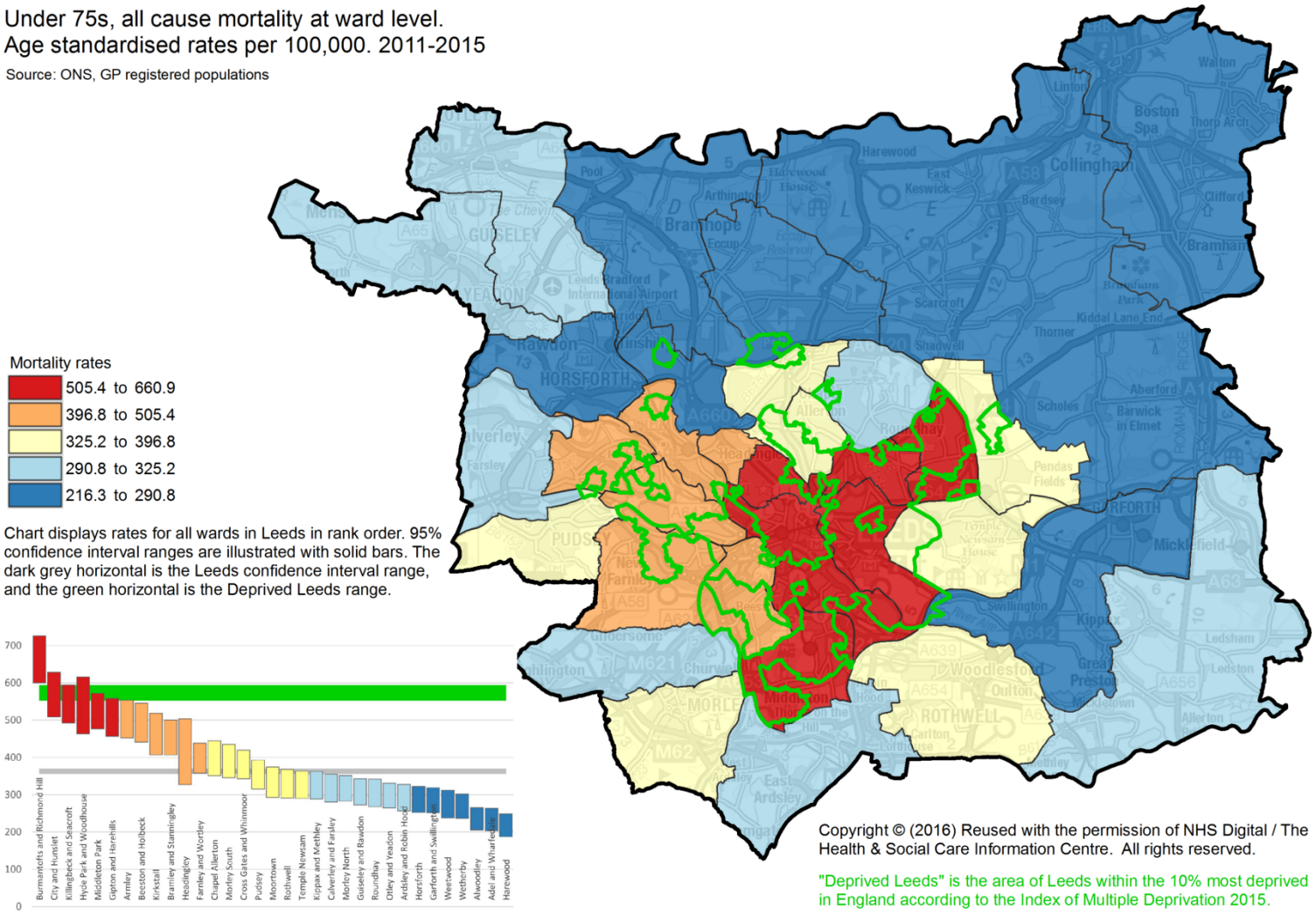


Figure 2:

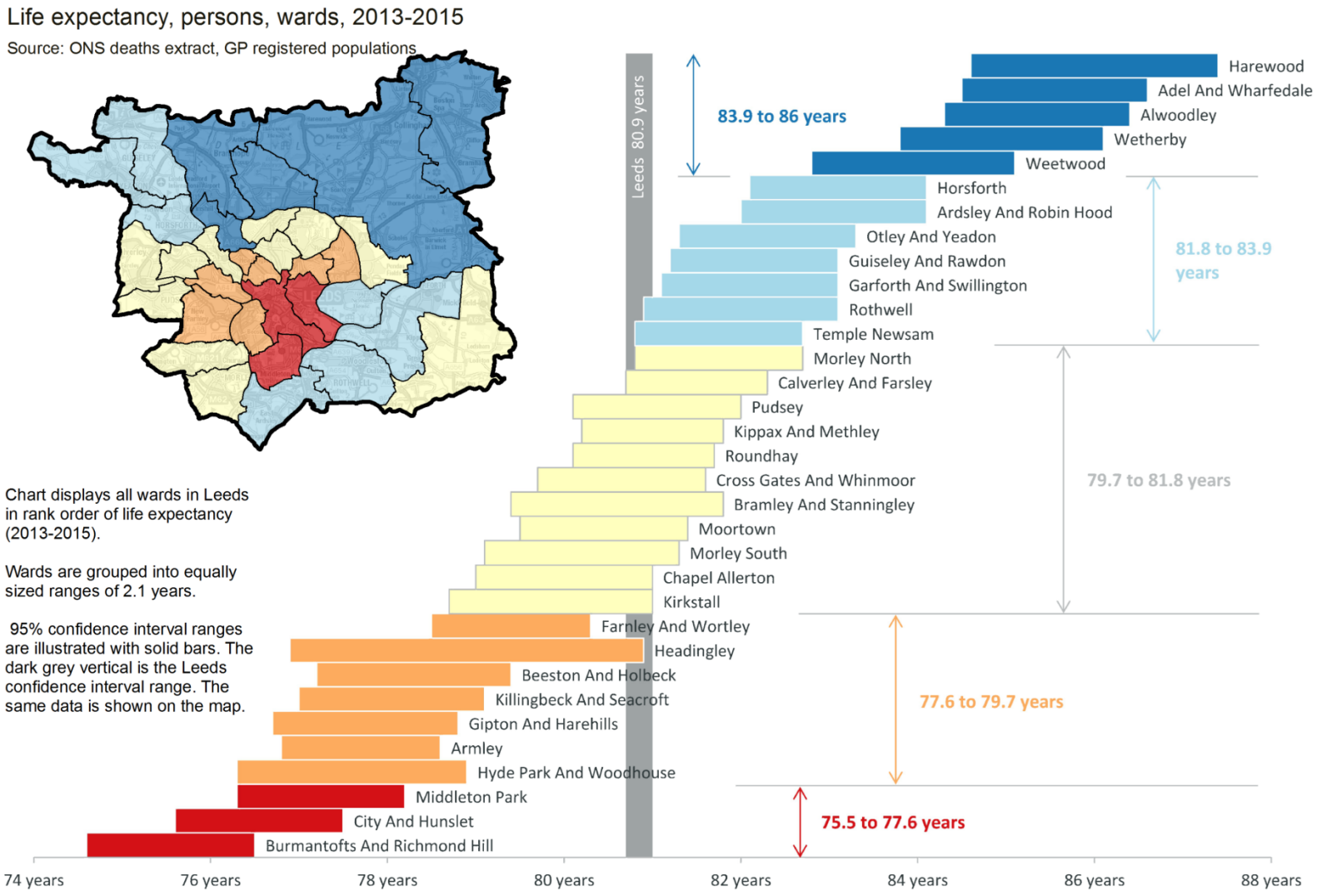


Figure 3:

Smoking, adults, ward level.
Age standardised rates per 100,000. January 2017

Source: Leeds Primary Care data extraction programme - Public Health Intelligence Team

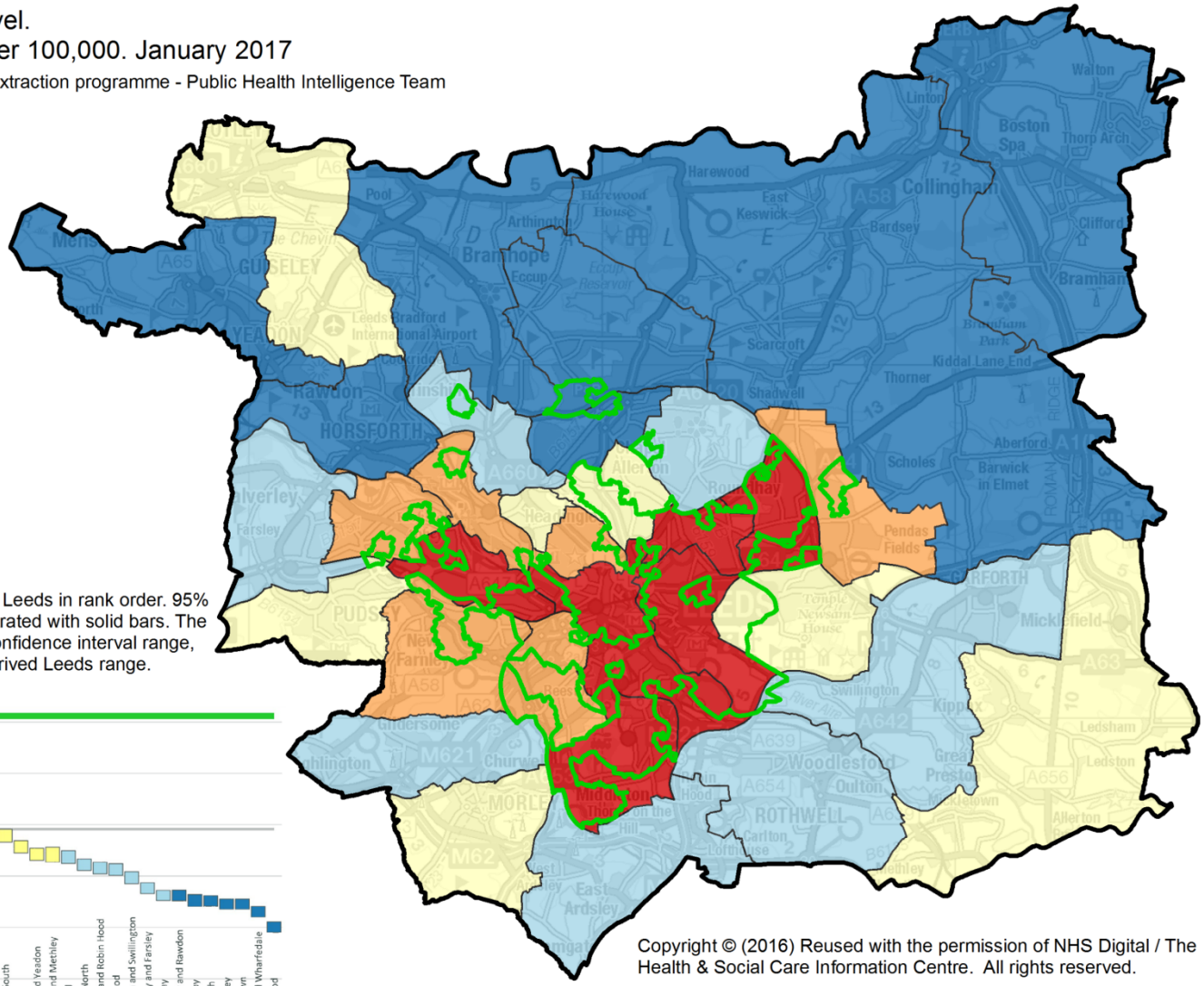
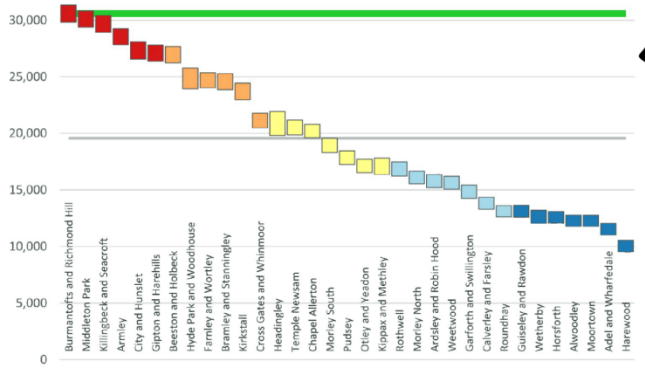


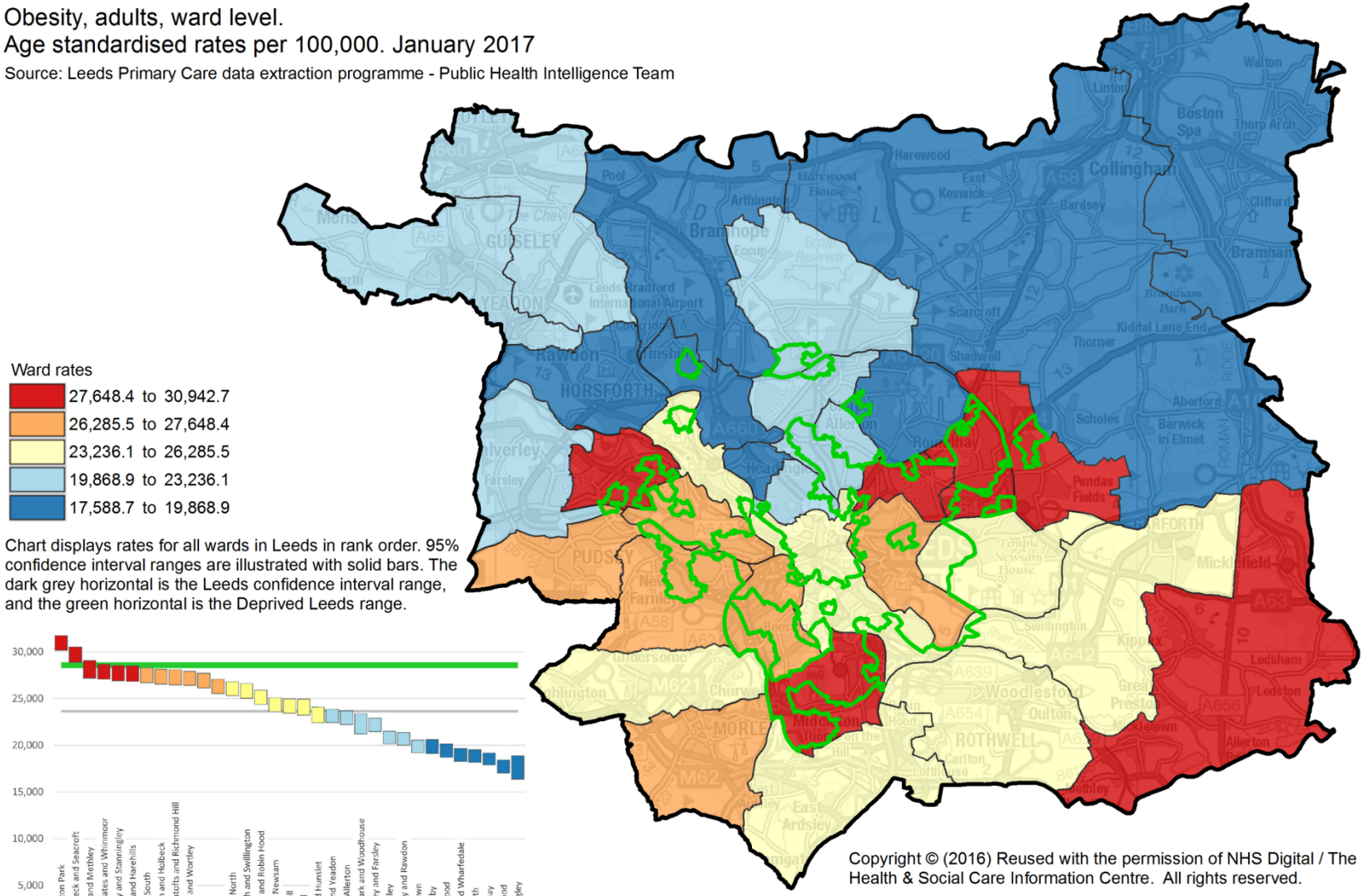
Chart displays rates for all wards in Leeds in rank order. 95% confidence interval ranges are illustrated with solid bars. The dark grey horizontal is the Leeds confidence interval range, and the green horizontal is the Deprived Leeds range.



"Deprived Leeds" is the area of Leeds within the 10% most deprived in England according to the Index of Multiple Deprivation 2015.

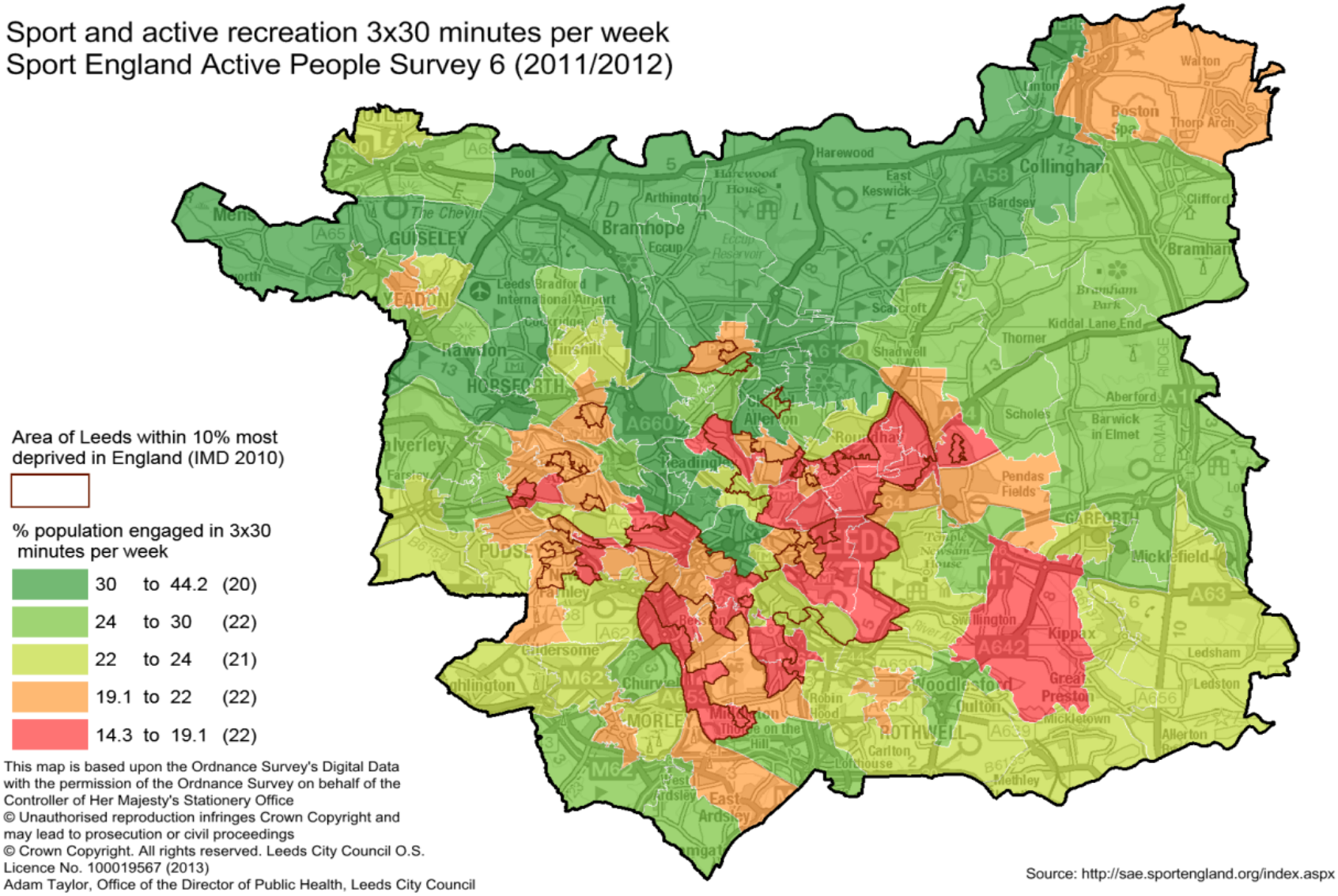
Figure 4:

Obesity, adults, ward level.
Age standardised rates per 100,000. January 2017
Source: Leeds Primary Care data extraction programme - Public Health Intelligence Team



"Deprived Leeds" is the area of Leeds within the 10% most deprived in England according to the Index of Multiple Deprivation 2015.

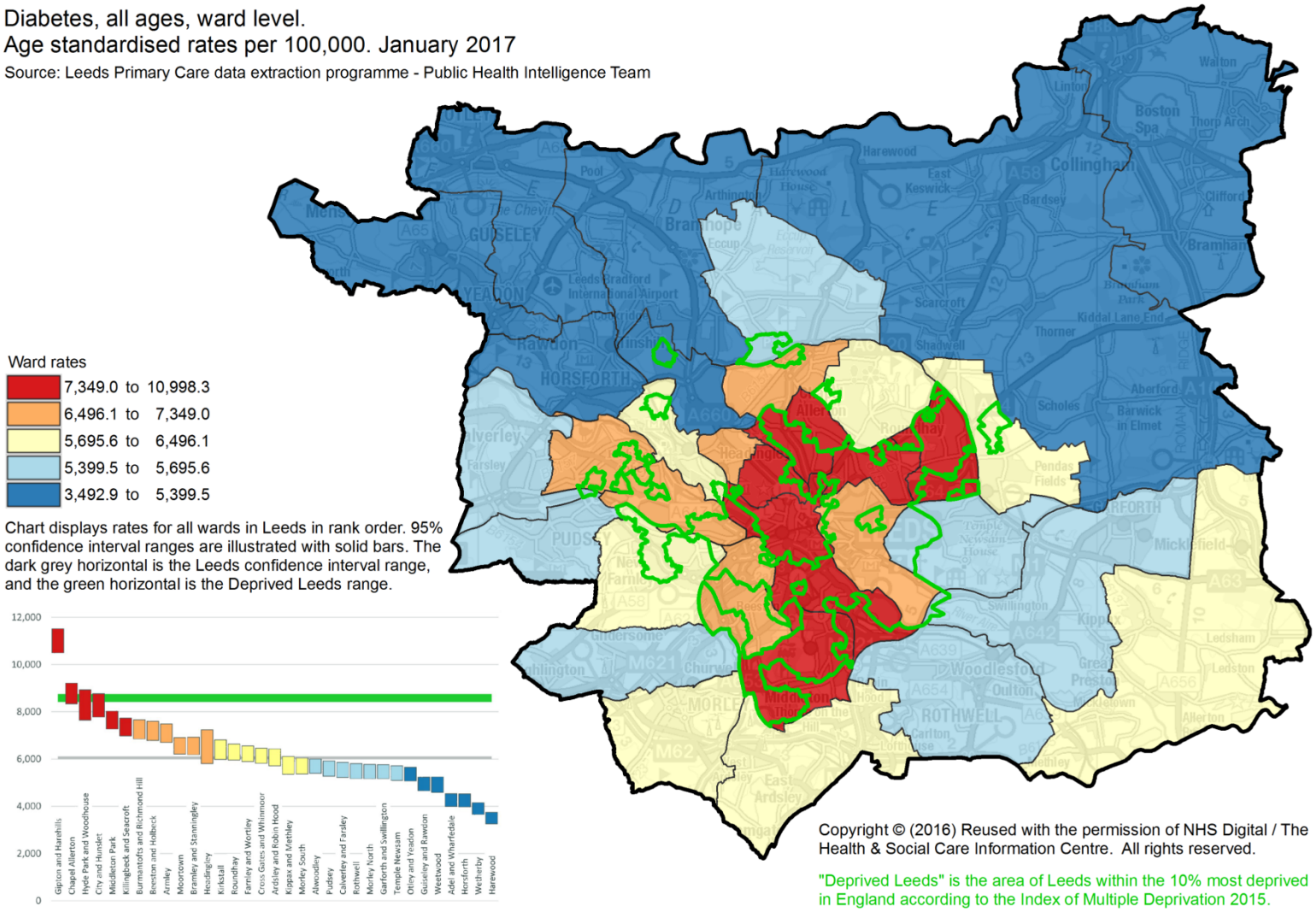
Figure 5:



Adam Taylor, Office of the Director of Public Health, Leeds City Council

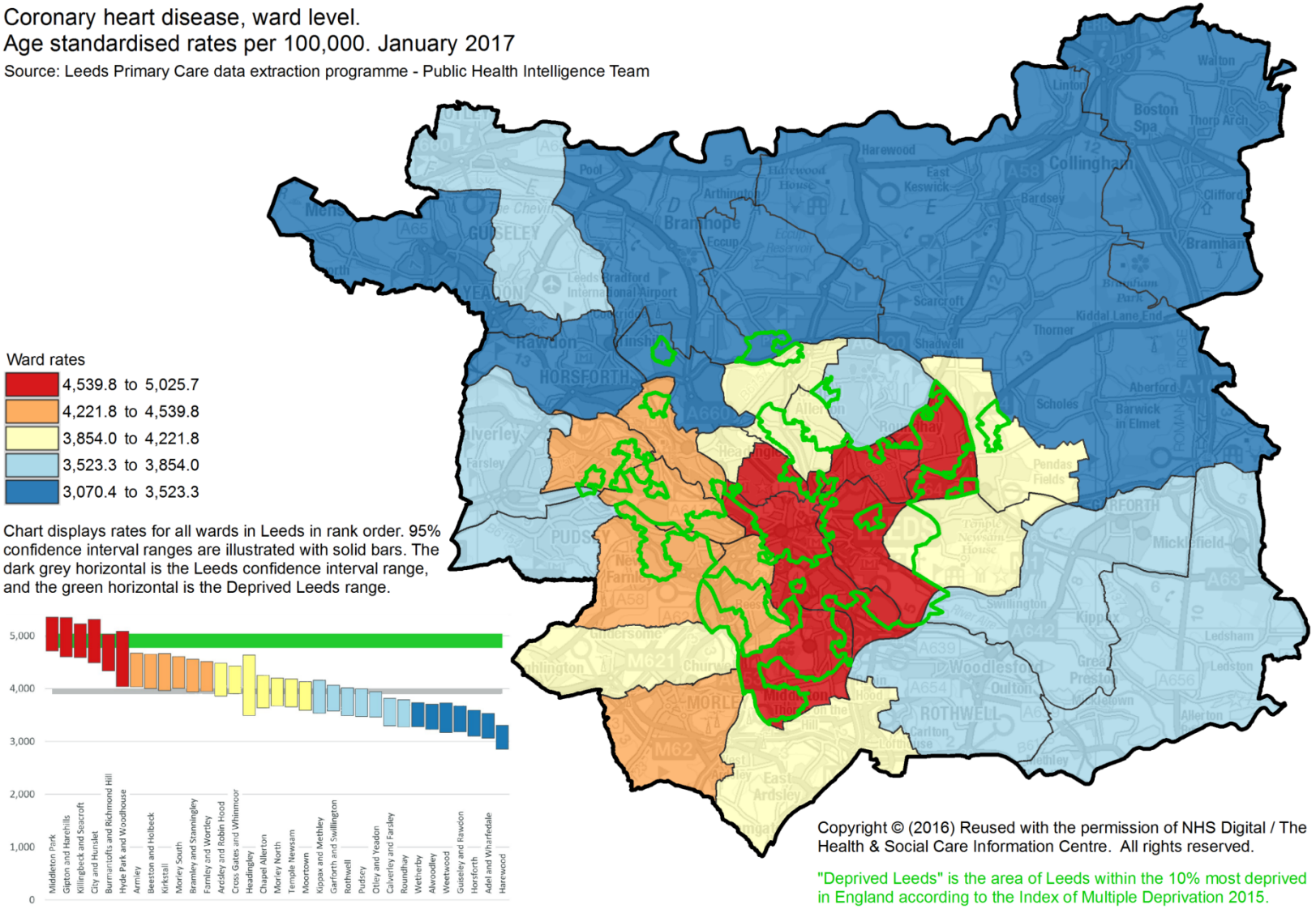
Figure 6:

Diabetes, all ages, ward level.
Age standardised rates per 100,000. January 2017
Source: Leeds Primary Care data extraction programme - Public Health Intelligence Team



"Deprived Leeds" is the area of Leeds within the 10% most deprived in England according to the Index of Multiple Deprivation 2015.

Figure 7:


Coronary heart disease, ward level.
Age standardised rates per 100,000. January 2017
Source: Leeds Primary Care data extraction programme - Public Health Intelligence Team
Ward rates
4,539.8 to 5,025.7
4,221.8 to 4,539.8
3,854.0 to 4,221.8
3,523.3 to 3,854.0
3,070.4 to 3,523.3
Chart displays rates for all wards in Leeds in rank order. 95% confidence interval ranges are illustrated with solid bars. The dark grey horizontal is the Leeds confidence interval range, and the green horizontal is the Deprived Leeds range.
5,000
4,000
3,000
2,000
1,000
0
Middleton Park
Gipton and Harehills
Killingbeck and Seacroft
City and Hunslet
Burmantofts and Richmond Hill
Hyde Park and Woodhouse
Armley
Beeston and Holbeck
Kirkstall
Morley South
Bramley and Stanningley
Farnley and Wortley
Ardsley and Robin Hood
Cross Gates and Whinmoor
Headingley
Chapel Allerton
Morley North
Temple Newsam
Moortown
Kippax and Methley
Garforth and Swillington
Rothwell
Pudsey
Otley and Yeadon
Calverley and Farsley
Roundhay
Wetherby
Alwoodley
Weetwood
Guiseley and Rawdon
Horsforth
Adel and Wharfedale
Harewood
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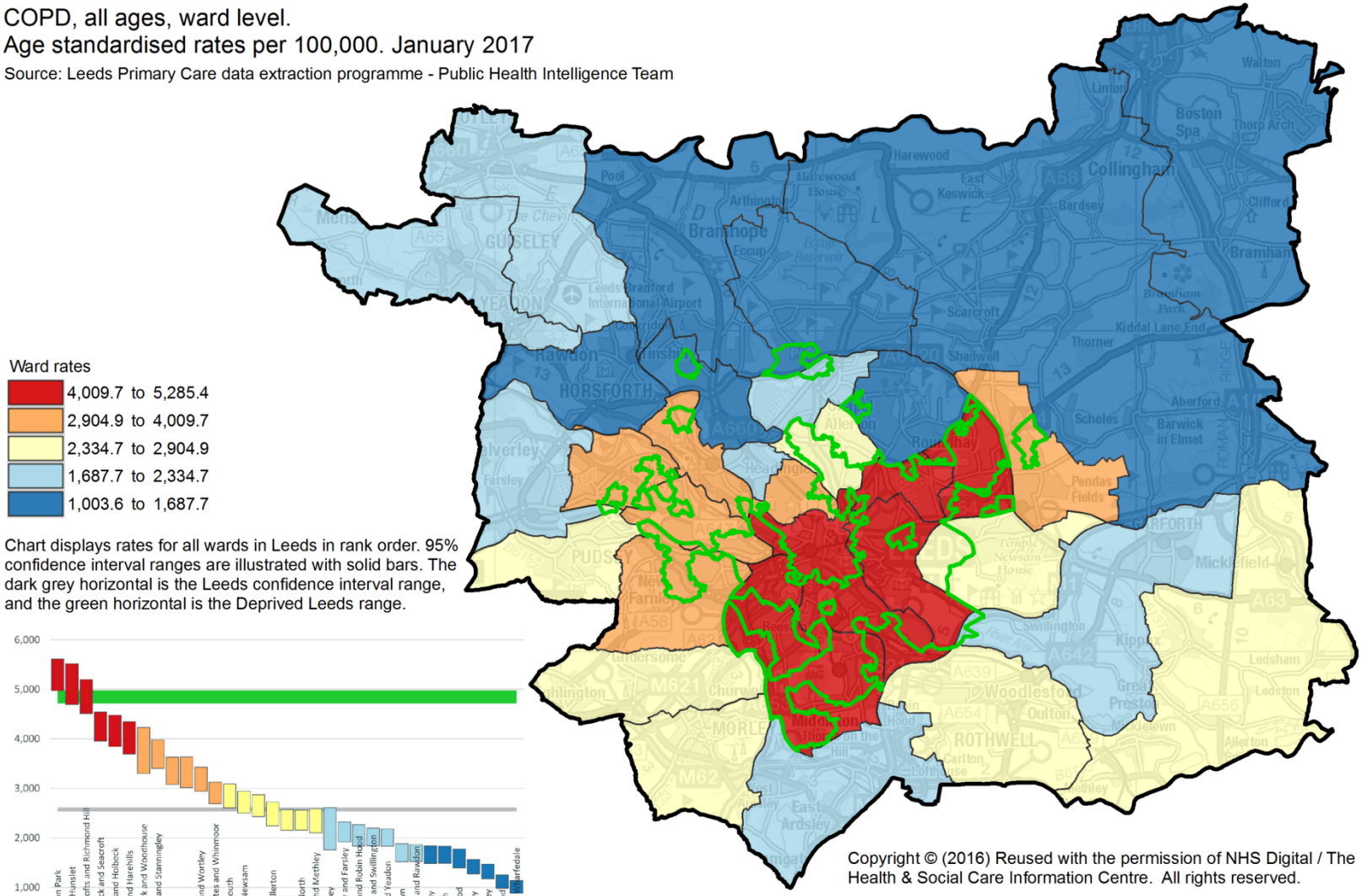
"Deprived Leeds" is the area of Leeds within the 10% most deprived in England according to the Index of Multiple Deprivation 2015.

Figure 8:

COPD, all ages, ward level.
Age standardised rates per 100,000. January 2017
Source: Leeds Primary Care data extraction programme - Public Health Intelligence Team



"Deprived Leeds" is the area of Leeds within the 10% most deprived in England according to the Index of Multiple Deprivation 2015.

Appendix B: Leeds Integrated Healthy Living System

The person can be seen at the centre of the model. Services in italics are directly commissioned services which form the Leeds IHLS. Services that are not in italics are services which are aligned and form part of the Leeds Integrated Healthy Living System but are not directly commissioned.

The red section of the model is where intention to change is built. The IHLS will ensure staff use an outreach approach and campaigns to work with people who may not be aware of their unhealthy behaviours. Activity may target people in a range of settings or following a range of life events. The service will also respond to referrals from NHS partners.

The green section of the model provides information, support and navigation to a service user. Service users could have a coaching conversation with a navigator to access the right support, or independently access the *One You* website which may provide enough information and support to make a behaviour change themselves.

The blue section of the model describes the range of services to choose from to facilitate and support change. These include self-help, accessing healthy living activities in the community, accessing a more traditional healthy living intervention, receiving holistic support to work to remove barriers to behaviour change or a peer support approach. People wishing to make a behaviour change can enter and exit the system at any single point - there is no set pathway.

Drawing on service reviews, the Community Health Development outcomes are increased social capital, increased community and individual resilience and reduced health inequalities with a focus on the wider determinants of health. The IHLS outcomes are increased confidence to change, increased level of motivation, increased physical activity, healthier weight, healthier nutrition, reduced problematic alcohol use, improved emotional health and reduced smoking.