

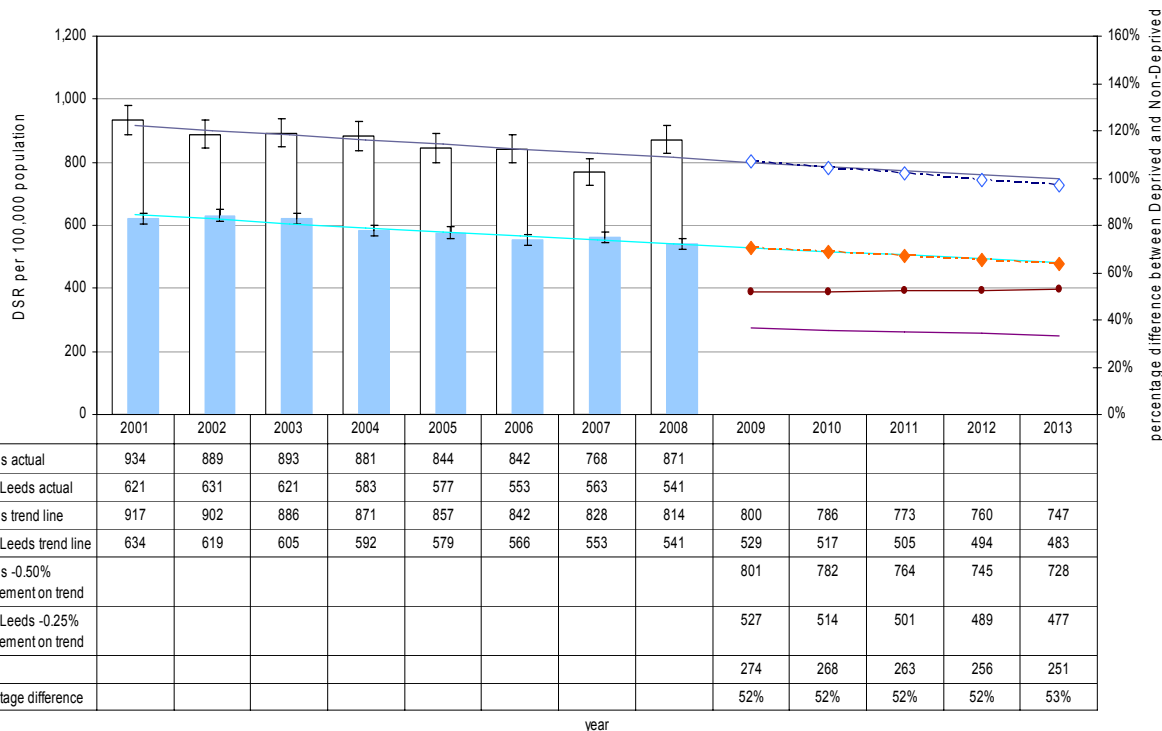


Why is this a priority

In Leeds 20% of the population live in the 10% most deprived Super Output Areas (SOAs) in England. There are 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)

Leeds Deprived and Non-deprived Gap in Mortality Rates - All Persons



sources: YHPHO, NHS Leeds and LAA trajectory submissions

Overall progress to date and outcomes achieved October 2009 – March 2010

Summary

All age all cause mortality is still a significant issue in deprived areas of Leeds however this rate has decreased each year from 2001 to 2007 but there was increase in 2008. Based on the actual figures from the five year average periods 2001-2005 to 2004-2008 a forecast continuing at the same rate shows that difference in female and male life expectancy between the 10% most deprived and 10% least deprived LSOAs will continue to increase.

Achievements since the last report

- **NHS Health Checks** - 44 GP practices have now signed up to the Local Enhanced Service (LES) for the delivery of the Health Check, 8,397 vascular risk scores were achieved in the first 3 quarters and over 30% of those seen are at over 20% risk of developing CVD in the next 10 years, and are now within a management pathway
- **Healthy Living Services** - A tiered model of interventions has been developed to prevent and support lifestyle change associated with smoking, alcohol and obesity initially targeting the most deprived communities.
- **Reducing Excess Winter deaths** - The affordable warmth programme continues to deliver targeted activity in fuel poor wards and to those most vulnerable groups. 577 referrals were made into energy saving grants (exceeding target of 240 referrals)
- **Infant Mortality** - Two programmes of evidence based interventions in two target areas of Leeds has contributed to a marked decline in the infant mortality rate. The 3 year average rate has fallen to 5.2/1000 live births for 2006-8, from 5.9 in the previous 3 year period. The Leeds 3 year rate is no longer statistically significantly higher than the E&W rate (4.8/1000 for 2006-8), and is lower than the Y&H rate (5.6/1000 for 2006-8). The single year rate for Leeds in 2008 was 4.7/1000, which was the same as the national rate.
- **Increasing Community Capacity** - New Service Level Agreements were established with 19 voluntary sector agencies to deliver work on community health development in the 10% most deprived neighbourhoods and with vulnerable groups, increasing welfare benefits and debt management

Improvement Priority – Reduce Premature Mortality in the Most Deprived Areas

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delivered in primary care settings and infrastructure support. Some highlights are:

1. 12,999 people accessed voluntary sector services (4,088 were new contacts);
 2. 7,202 were supported to access services/other support to address physical health issues, including registering with a GP/dentist, taking up cervical and breast screening, quit smoking support, flu and immunisation uptake
 3. 4,140 people made changes which led to enhanced confidence and self esteem.
- **Locality based Commissioning** - Three Health and Wellbeing Area Partnerships have been established as the local arm of the Healthy Leeds Partnership arrangements. Three senior joint NHS Leeds/ LCC posts have been appointed to facilitate Locality Partnership working and local influence on commissioning. Existing activity/services have been mapped to identify gaps, barriers and capacity. Priorities for partnership work programme and mechanisms for connecting with PCT Integrated Commissioning Teams and LCC commissioning are being agreed.
 - **West Yorkshire Fire and Rescue (WYFRS)** - Development of partnerships aimed at targeting vulnerable groups and individuals who are at more risk from fire. Linking with the work of the High risk team to put interventions into place, keeping people safe in their own homes and reducing the risk of fire
 - WYFRS have identified and referred 11 clients through to Leeds Telecare for additional support during a home fire safety check that would benefit from the services provided by TelecareWest Yorkshire Fire Service has completed 16365 HFSC from the 2009/10 year.
 - Disability DVD on fire safety in the home was launched on 4th December and will provide valuable messages to all groups on fire safety in the home. The package will be available to all partner agencies and on the internet.
 - **Additional Activity** - Leeds Citizens Advice Bureau (CAB), Chapeltown CAB, and Welfare Rights Unit were commissioned to provide 20 welfare advice sessions in target GP practices and priority neighbourhoods within Leeds. From April to December 2009 there were 2500 client contacts, most of which related to benefits or debt enquiries. The advisers have so far raised just under £1.5 million in unclaimed benefits and handled debt enquiries in excess of £1.6 million.

Challenges and Risks

- **NHS Health Check and Healthy Living Services** - Given the financial climate a 'no increase' or a reduction in investment would lead to a lower levels of Clinical engagement, lower uptake in key communities and inability to produce local and national monitoring requirements
- **Fuel Poverty** - Capacity in LCC Fuel savers scheme is still an issue which could have impact on processing referrals and the delivery of training.
- NHS Leeds commissioned providers have delivered low numbers of referrals however referrals are now on the increase after the development of the Energy Champion programme
- **WYFRS** - Individuals that are dying in fires are known to other agencies, therefore the process for involving other agencies when dealing with vulnerable individuals needs to put in place.
- **Infant Mortality** - The rising birth rate in Leeds, together with the changing ethnic profile of the child bearing population and the impact of recession on economic wellbeing (32% of Leeds births take place within SOAs which fall into the 10% most deprived nationally), are all likely to impact on infant mortality rates.

<u>Approved by</u>		<u>Date</u>
<u>Delivery Board</u>		

Improvement Priority – Reduce Premature Mortality in the Most Deprived Areas

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Action	Lead Officer	Milestone	Timescale
<p>The Leeds Strategic plan will be revised during 2010-11 and this is likely to include many of the recommendations set out in the 2010 national strategic review of health inequalities: Fair Society, healthy Lives (Marmot review) . .</p> <p>Influences on health Establish Health and Wellbeing Locality Partnership Action Plans in each locality with key focus on increasing community engagement to inform commissioning</p> <p>To inform the new Housing Strategy for Leeds, a piece of work was commissioned by Leeds City Council from Sheffield Hallam University to understand the impact of poor housing on health in Leeds and estimate the future cost of housing related ill health. The data and analysis identified the most cost effective interventions to improve the condition of private sector housing to reduce ill health and health inequalities. .</p> <p>Building on the outcomes of the regional workshop held in February 2010, develop and agree a joint approach to improve health and reduce health inequalities through spatial planning</p> <p>Lifestyle Risk Subject to investment, introduce healthy living services on a tiered ‘industrialised’ model as recommended in ‘Healthy Ambitions’ to prevent and support lifestyle change associated with smoking, alcohol and obesity initially targeting the most deprived communities.</p> <p>Commence a joint approach with trading standards to reduce the availability of illicit tobacco sales and underage sales, particularly in the areas of greatest deprivation.</p> <p>Agree a NHS Leeds and LCC joint programme of work to reduce excess winter deaths, including reducing fuel poverty,</p> <p>Increase physical activity opportunities across Leeds, particularly in deprived areas and target groups</p> <p>Agree the LTHT health promoting hospital plan and recruit a programme manger with the aim of implementing and measuring action to reduce lifestyle risk in patients, visitors and staff</p>	<p>John England/Brenda Fullard</p>	<p>Secure joint ownership of a revised Health and Wellbeing Partnership action plan with short to medium term objectives agreed</p> <p>Action plans agreed</p> <p>Recommendations of this work implemented subject to investment</p> <p>Joint approach to improve health and reduce health inequalities through spatial planning agreed</p> <p>Programme commenced</p> <p>Programme agreed:</p> <ul style="list-style-type: none"> • ‘Lets get moving’ physical activity pathway site be piloted in 5 ‘H3+’ GP practices • further expansion of the walking the way to health programme • improve the quality of support offered by VCFS and other sector staff through delivery of the Healthy Living for Life training package <p>Plan initiated and programme manager in post</p>	<p>October 2010</p> <p>June 2010</p> <p>October 2010</p> <p>October 2010</p> <p>October 2010</p> <p>July 2010</p> <p>October 2010</p> <p>October 2010</p>

Improvement Priority – Reduce Premature Mortality in the Most Deprived Areas

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Action	Lead Officer	Milestone	Timescale
To host an innovation day with other organisations and partners to explore new/different ways of working on the health inequalities agenda.			
Osmondthorpe Resource Centre work with people who have suffered from a traumatic brain injury and will be using the centre to do creative art work.	WYFRS	WYFRS will be providing input on fire safety and road safety to carers and the disability fire awareness DVD will also be shown.	Ongoing
Arson & vehicle crime programmes. Development of partnerships aimed at targeting vulnerable groups and individuals who are at more risk from fire. Vehicle crime programmes delivered to vulnerable groups.	WYFRS	A greater awareness of both the dangers of fire and reckless road use.	Ongoing

Performance Indicators

Performance indicators aligned to the Improvement Priority

Reference	Title	Owner	Frequency & Measure	Rise or Fall	Baseline	2008/09 Result	2009/10 Target	Full Year Result	Data Quality
NI 120	All age all cause mortality rate - Females city wide (per 100,000 population)	PCT	Annually Number	Fall	605 (1995-97 average)	500.49 (2008)	481	2009/10 data not yet available	No Concerns with data
	All-age all cause mortality rate - Females 10% worst SOA (per 100,000 population)				682 (2006)	640.00 (2006-8 3 year average)	628	2009/10 data not yet available	
	All-age all cause mortality rate - Males city wide (per 100,000 population)				942 (1995-97 average)	751.91 (2008)	697	2009/10 data not yet available	
	All-age all cause mortality rate - Males 10% worst SOA (per 100,000 population)				1098 (2006)	1042.00 (2006-8 3 year average)	974	2009/10 data not yet available	
NI 121	Mortality rate from circulatory diseases at ages under 75 (per 100,000 population)	PCT	Annually Number	Fall	145.00 (1995-97 average)	77.84 (2008)	72.70	2009/10 data not yet available	No Concerns with data