Meeting: Health and Wellbeing Board

Outcome: People live longer and have healthier lives

Population: All adults in Leeds

Priority: Help protect people from the harmful effects of tobacco

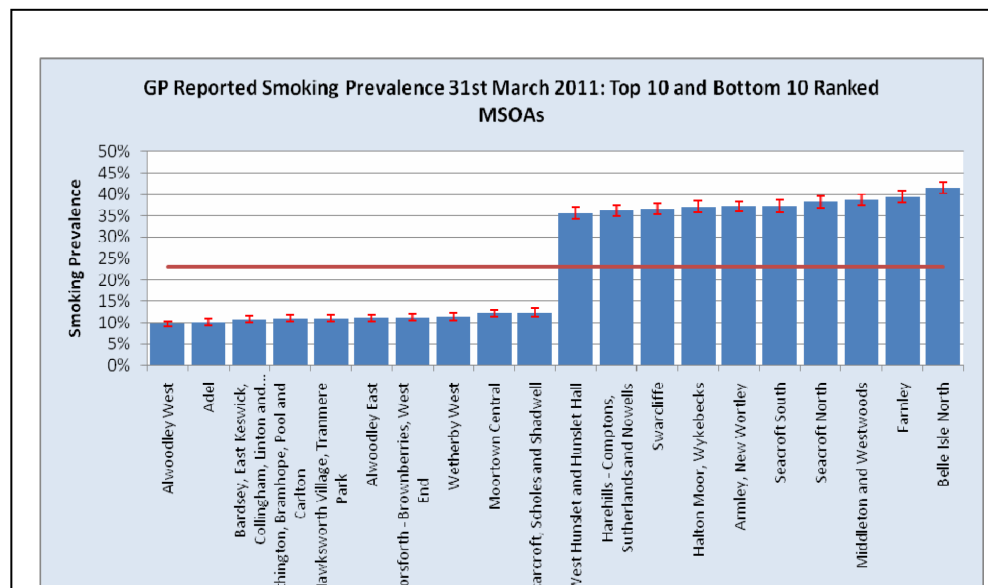
Why and where is this a priority

Smoking is the single biggest preventable cause of ill health and mortality being one of the most significant contributing factors to life expectancy, health inequalities and ill health, particularly cancer, coronary heart disease and respiratory disease.

Overall Progress: Amber

Story behind the baseline

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



- Smoking prevalence for the whole of Leeds (as recorded by GP practice registers) has declined steadily since 2006 and is now remaining static between 22 and 23%.
- Smoking prevalence in the Middle Super Output Area deprivation areas has remained relatively constant over the two years. There have been some rises and falls but these have only by around 1% and there is no clear trend from these either upwards on downwards. This reflects the general national picture although some areas are reporting increasing smoking prevalence rates.
- There is a link between smoking prevalence and deprivation with the prevalence in the least deprived areas being around 13% and the prevalence in the most deprived areas being over twice that, at around 33%. The other areas are relatively evenly spaced between these most deprived and least deprived areas, in order of deprivation.
- The new national action plan has suggested aspirational prevalence levels of:
  - ❖ Adult smoking prevalence 18.5% or less by 2015
  - ❖ Smoking prevalence among young people 12% or less by 2015
  - ❖ Smoking during pregnancy 11% or less by 2015
- In order to achieve a population smoking prevalence of 18.5% in Leeds would mean 34265 fewer smokers.
- Figures received from the smoking cessation service (both 4 week and 52 week quit rates) indicate that the current level of service provision could potentially achieve approximately 14.7% which is 5037 fewer smokers. This suggests that other tobacco control initiatives will be necessary if 18.5% prevalence is to be achieved.
- The challenge for Leeds will be to put in place effective actions to address the wide range of social and behavioural factors that encourage young people to take up smoking and that make it harder for tobacco users in some social groups to quit. The priority social groups with the highest rates of smoking include people with the lowest incomes, people experiencing mental health problems and some minority ethnic groups. Smoking by pregnant women causes serious pregnancy-related health problems and also increases the risk of infant mortality by an estimated 40 per cent.

What do key stakeholders think

There have been 2 recent consultations in relation to smoking cessation: One to accompanied a business case to increase the amount of capacity for healthy living services (including smoking cessation). This particular case received overwhelming support from clinicians and members of the public and was rated as the highest priority for further investment.

The second consultation asked smokers in relation to the current provision of current smoking services, what their ideal services would include:

Choice of appointments and support options e.g. drop-ins, groups, 1:1; Flexible hours for those in employment; venues in local communities; opportunities to self refer were considered important. The results has been fed back to the smoking services who have provided assurance that service provision is in line with potential service user comments.

What we did

A long term programme, 'Leeds Let's Change', is currently in development, the programme is designed to increase availability and access to healthy living services, including smoking and support those people who may be less motivated to change their behaviour.

Leeds is currently involved in a number of developing research and feasibility studies relating to tobacco control including work around smoke free homes. Two studies looking at using a social norms approach are being conducted, one in Seacroft working with the community around developing activities to encourage people to see non smoking as the norm. The other working in schools specifically designed to reduce the uptake of smoking among young people. Both projects are working with voluntary sector organisations and in addition to project delivery, will help develop expertise within the organisations.

Leeds is one of the best performing stop smoking services in the UK in relation to % success rates. Service provision is weighted towards deprived parts of Leeds to respond to higher smoking rates within these areas. The service also provides specialist support for specific groups such as pregnant women, minority ethnic groups and people with mental health issues.

What worked locally /Case study of impact

The 'Significant others Supported (SOS) scheme' provides incentives to pregnant women who live in challenging situations who stop smoking, and remain smokefree during and after their pregnancy. The initiative recruited 67 women and saw greater rates amongst the pregnant women on the scheme (70% were successful in stopping smoking for at least 4 weeks following setting a quit date) compared with pregnant women on a citywide basis (38%). In addition the scheme attracted 9 pregnant teenagers who are normally reluctant to access mainstream services.

New Actions

- Following publication of the new national action plan a workshop is being arranged for all stakeholders in October to develop a new citywide plan.
- Developing and testing an intervention with pregnant women to enable them to address the issue of exposure to second hand smoke in the home.
- The CLASS trial (Children Learning About Second hand smoke), a collaboration between Leeds PCT and the universities of Leeds, York, Edinburgh and Birmingham, continues to progress and is now in the phase of recruiting schools into the trial.

Data Development

- Data is currently collected on a quarterly basis from GP registers to monitor prevalence in the general population and via midwifery services to monitor smoking prevalence among pregnant women. Although the quantity of data collected form these sources have improved over the years there is limited available information to fully understand the demographic breakdown for the population as a whole although this has improved in terms of pregnant women
- Data regarding smoking and young people is currently collected through the annual 'Every Child Matters' survey which is completed by children in yrs 5,6,7,9,and 11. Although again this has limitations in demographic details.

Risks and Challenges

- Since 2009 there has been no citywide steering group to drive the tobacco agenda forward, the group is to be reconvened, however, due to the nature of tobacco control success will be dependant on the commitment and involvement of key partners and stakeholders.
- The disbanding of the regional government office which organised collaborative work across Yorkshire and the Humber.
- Lack of additional funding and competing priorities continue to pose a risk to the programme.

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.

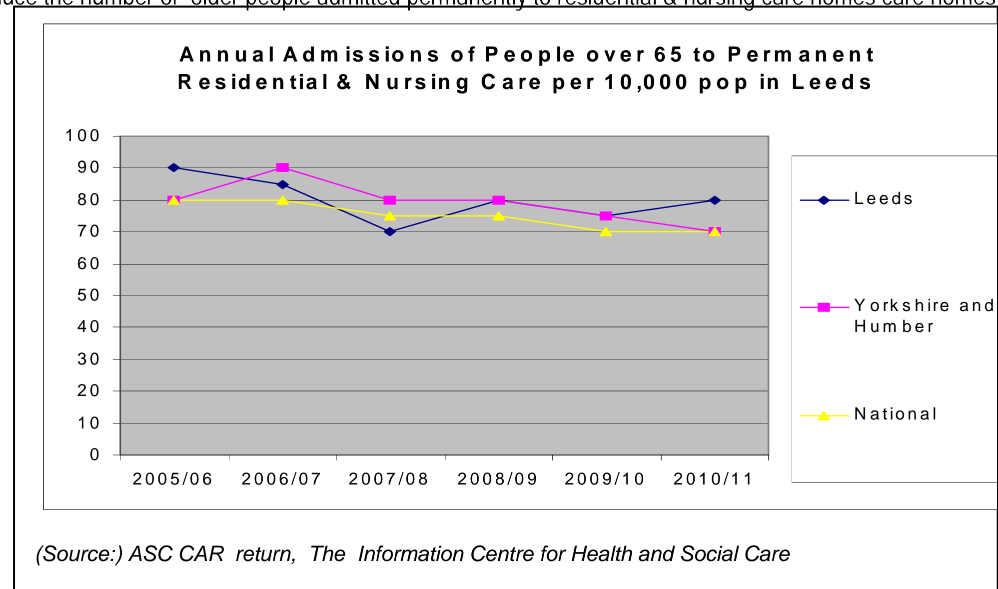
Overall Progress: Green

Story behind the baseline

Although there are annual fluctuations, there has been an overall downward trend in the number of older people requiring financial support by the Local Authority for permanent admission to care homes over the last six years. In 2005/6 985 people received support and in 2010/11 this had reduced to 910. This admission rate has been better than the national average and inline with regional figures until 2010/11. 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. Measures jointly taken by Health and Social Care partners have successfully reduced the impact of these factors. The increase in the number of older people requiring permanent admissions to residential and nursing care has been kept to 60 people in 2010/11 over the previous year. The Authority has set its target to maintain supported admission rates at this level over the current financial year. As the medium and long term plans are implemented a significant capacity to provide more effective home support will be released.

Headline Indicator: Reduce the rate of emergency admissions to hospital.

Reduce the number of older people admitted permanently to residential & nursing care homes care homes



(Source:) ASC CAR return, The Information Centre for Health and Social Care

Performance information in relation to emergency admissions to hospital is currently being developed by NHS Leeds and will be available in future reports

What do key stakeholders think

The key messages emerging from stakeholders so far are:

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. People need access to high quality information to allow them to make informed choices about how and where they receive care.

What we did

The Leeds Health and Social Care transformation programme - This has been established including a citywide agreement to work together on increasing quality and productivity in the context of future challenges regarding demographic needs and reductions in public spending. Urgent and emergency care, and older people and long term conditions have been agreed as priority areas.

One work-stream is looking at the hospital discharge pathways to ensure quick wins for the winter pressures, and additional longer term redesign to streamline the process. There has been a successful bid for transformation monies for this year to pilot additional social work and Occupational Therapy input to divert people away from hospital admission where their needs can be better met in the community.

Integration of health and social care teams - Demonstrator sites for the introduction of integrated teams have been identified and criteria for success determined.

A business case for the Wellbeing Centre on the Holt Park estate has been written and submitted to the Department of Health.

What worked locally /Case study of impact

Reablement - David's story: "Without the encouragement and support from the SkILs team I would have had to go into a home"!

After an operation and a spell in hospital David was advised to have at least three months' bed rest. He wasn't mobile enough to be able to get in and out of bed, go to the toilet, or shower himself. Mark from the Skills for Independent Living (SkILs) team has been helping to care for David with a combination of physiotherapy at the hospital, equipment around the home, such as grab rails, perching stool, some personal care and 'telecare' – electronic equipment including medication prompts and smoke/gas detectors. This gives David the reassurance he needs to live independently in his own home.

New Actions

Urgent and emergency care -The portfolio of work for urgent and emergency care is focused initially on redesigning non-inpatient pathways; and primary care assessment. The front end assessment project focuses on simplifying access to urgent primary care services by exploring the options for re-procuring the urgent care out of hours service from 2013, and examining the potential risks and benefits of integrating urgent care out of hours services with an Accident & Emergency department.

Older people with long-term conditions – The first of these projects will look at a process that can help to identify patients who are most at risk of hospital admission and would therefore benefit from a more proactive approach to diagnosis and management of disease. The introduction of a citywide approach to this is in the early stages. Once the impact on patients becomes clearer, engagement work will be undertaken with people with long-term conditions to support them in understanding this new proactive approach to their care.

The second project aims to improve support for older people and people with long-term conditions outside of hospital. The proposal is for integrated health and social care teams to provide more unified care by delivering community health and social care services for this cohort of patients through fully integrated services.

A joint action plan will be implemented to align reablement and intermediate care services. Adult Social Care and NHS Leeds have agreed to jointly commission a resource at Harry Booth house as part of a wider integrated Community Intermediate Care (CIC) bed provision.

Integration of health and social care teams - Demonstrator sites for integrated health and social care teams will be established from January 2012.

Pending financial approval, work on Holt Park will commence January 2012

Data Development Work to develop intelligence systems and sharing across social care and health continue and will be important in determining the impact of transformation work within different parts of the system.

Risks and Challenges

- Failure to develop and maintain effective partnership working and processes at both locality and city-wide strategic level between Leeds City Council and its partners to reduce health inequalities.
- Adults' Social Care Services fails to deliver the whole of its Business Systems Transformation Programme.
- Insufficient or poor quality Business Intelligence has a detrimental effect on the ability of ASC to meet its overall objectives .

Meeting: Health and Wellbeing Board

Outcome: people are supported by high quality services to live full, active and independent lives

Population: All adults in Leeds

Priority: Give people choice and control over their health and social care 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

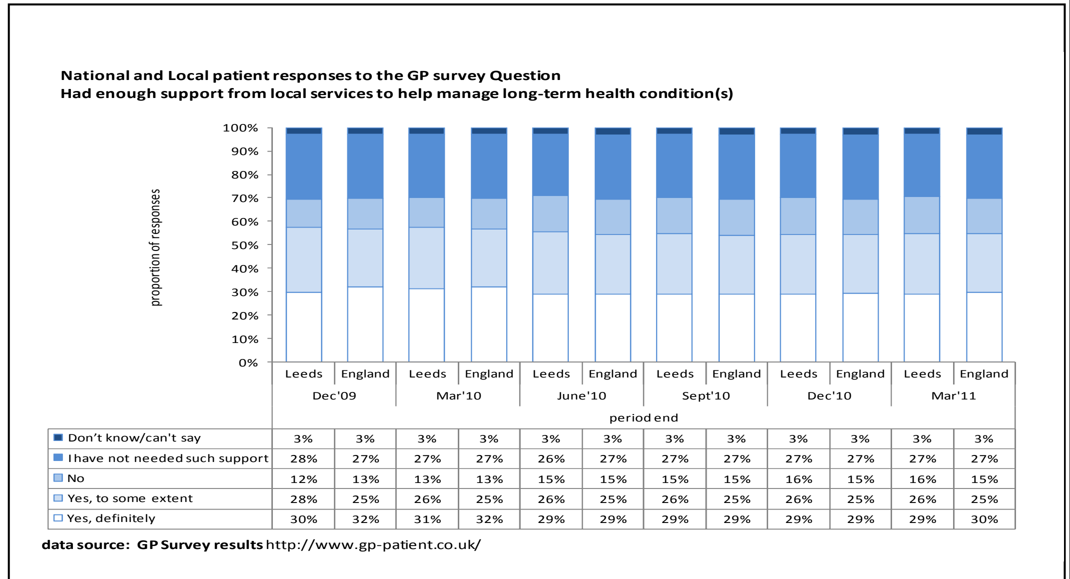
Story behind the baseline

Leeds like many other cities has a large population whose needs include both social care and health services. 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.

29% of social care service users currently have self directed support which allows them to exercise choice and control over their services. Available benchmarking data suggests that Leeds performance is inline with the average nationally.

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



	Dec'09		Mar'10		June'10		Sept'10		Dec'10		Mar'11	
	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%
I have not needed such support	28%	27%	27%	27%	26%	27%	27%	27%	27%	27%	27%	27%
No	12%	13%	13%	13%	15%	15%	15%	15%	16%	15%	16%	15%
Yes, to some extent	28%	25%	26%	25%	26%	25%	26%	25%	26%	25%	26%	25%
Yes, definitely	30%	32%	31%	32%	29%	29%	29%	29%	29%	29%	29%	30%

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

What do key stakeholders think

The key messages emerging from stakeholders so far are:

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. People need access to high quality information to allow them to make informed choices about how and where they receive care.

What we did

- Leeds has mainstreamed self directed support via care management for new service users with eligible care needs during 2010/11.
- Service transformation has included the re-commissioning of a range of key services to people who use learning disability and mental health services from outdated residential and day care services.
- An extensive consultation exercise and options appraisal have been undertaken in relation to directly provided residential and day care services for older people. In September 2011 Executive Board approved recommendations regarding the future commissioning and decommissioning of these services.
- The Leeds Health and Social Care Transformation Programme has been established including work to support people with long term conditions, National evidence for the Long Term Conditions Quality Innovation Productivity and Prevention (QIPP) programme shows best outcomes are produced through a three-part approach:

–Risk assessment tool,- a tool to ensure we can prioritise patients according to risk of hospitalisation.

–Integrated health and social care teams- a co-ordinated service delivery mechanism which reduces duplication and provides care co-ordination for the patient.

–Co-production including self-care.- the principle running throughout the whole approach that encompasses the mantra of 'no decision about me without me'.

What worked locally /Case study of impact

Self Directed Support - For the last six months Olive has been using a personal budget to employ a team of five personal assistants. "The main difference the personal budget has made is that we can dramatically improve Mum's quality of life during the day and there's a lot more flexibility. For example, previously an agency worker spent just half an hour providing lunch – Mum needs an hour for a meal. Mum gets up to all sorts of activities with her daytime personal assistant – reading and looking through books together, singing along to the old timers, doing simple jigsaws even feeding the ducks on the Wharfe or visiting the garden centre. Compare that to just sitting staring at the TV. The personal assistants are hand-picked and really care. And Mum gets to see the same friendly faces. In many ways they treat her like their own mum rather than there just being a procession of strangers who watch the clock and rush in and out.

New Actions

- A further programme of training is due to start in November which will include recent changes to improve the delivery of self directed support and further embed it into the day to day practice of social workers.
- Work is currently being undertaken to assess the needs of and identify suitable alternative services for older people whose current service provision is to be decommissioned. This work is due for completion by June 2012.
- A range of consultations with stakeholders and potential alternative providers of residential care continue including the development of extra care housing.
- A project to provide services closer to home for people with type 2 diabetes is in the process of producing promotional materials. The clinical service plan for this is due to be finalised in January 2012.
- Projects to reduce the need for secondary care for people with type 2 diabetes and chronic obstructive pulmonary diseases (COPD) have started. These will provide support in the community.
- Staff will be receiving training in delivering a home based service to people with chronic obstructive pulmonary diseases (COPD) and the first people to receive the service are due to start in October 2011.

Data Development

- Work to develop intelligence systems and sharing across social care and health continue and will be important in determining the impact of transformation work within different parts of the system.

Risks and Challenges

- Self Directed Support is not financially sustainable.
- Failure to transform services may mean that the need for self-directed support is not met.
- Failure to develop and maintain effective partnership working and processes at both locality and city-wide strategic level between Leeds City Council and its partners to reduce health inequalities.
- The Directorate fails to efficiently and effectively manage the changing workforce requirements to deliver personalised services within available financial resources.

Meeting: Health and Wellbeing Board

Population: All people in Leeds

Outcome: inequalities in health are reduced, for example, people will not have poorer health because of where they live, what group they belong to or how much money they have

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: RED

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).

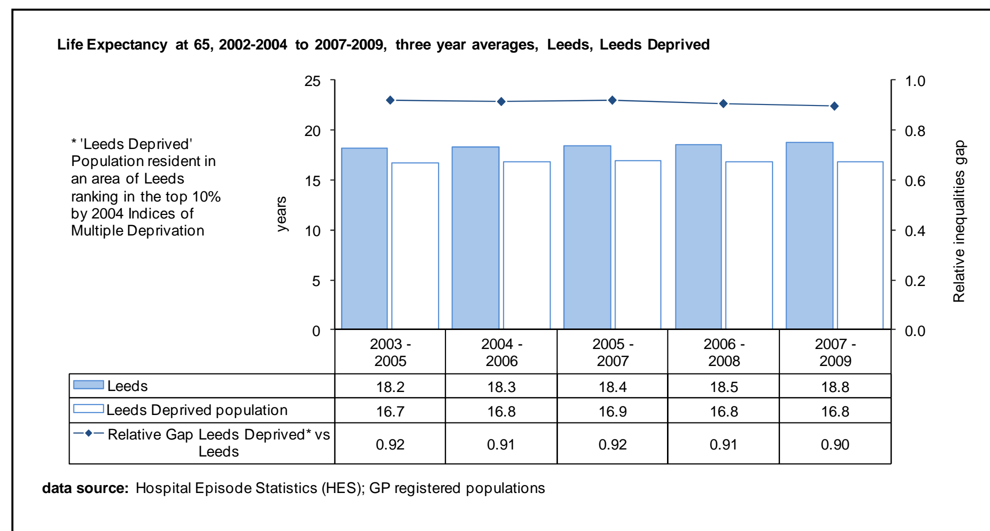
Causes of mortality from these diseases are multifaceted and include the impact of the wider determinants of health such as housing, transport, employment and poverty, as well an individual's lifestyle (in relation to smoking/alcohol/physical activity and healthy eating) , and their access to appropriate and effective services. Department of Health have set NHS health check target in of 18% of the eligible population (37,183) in 2011 should be offered a NHS health check and 26,027 should have received a NHS health check. For the first quarter of this year there was a shortfall against the target.

The scale and impact of the recession and the withdrawal of funding for the 'Health thru warmth' from NPower and a substantial reduction in measures available from Warmfront and the increasing energy prices may have an impact on the more vulnerable people in Leeds.

Headline Indicator:

Reduce the differences in life expectancy between communities

Reduce the difference in **healthy** life expectancy between communities



What do key stakeholders think?

Public consultation exercises were recently completed to understand attitudes of people living in the more deprived populations of Leeds to inform service development for early diagnosis of cancer, healthy living services, NHS Health Check, and use of leisure facilities. The findings have been considered, and will be used to increase the access and acceptability of services, interventions and information for target groups.

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

Case study of impact: Early Diagnosis of Lung Cancer Programme

Cancer mortality in Leeds is not falling as expected, driven by deaths from smoking-related cancers in more deprived communities especially among women in south Leeds. Behavioural insight with target population was used to shape communication and services, and to ensure that perceived physical or emotional "barriers" to accessing healthcare for lung cancer were diminished. Project model used a unique walk-in chest x-ray services for over 50s, community education, marketing communications campaign, and health professionals' awareness and education package. Initial outputs include increase in GP referrals for x-ray, 1238 patients were assessed and x-rayed at the new walk-in services in the St George's Centre (Middleton) and Seacroft Hospital. There has been an increase in the proportion of patients with early stage disease Jan-May 2011 compared to previous years. Since the launch of the campaign, the number of patients being diagnosed with lung cancer following emergency hospital admission has fallen from 27.6% in 2010 to 13.7% in Jan-Mar 2011. The outcome for patients with lung cancer diagnosed following emergency presentation to hospital is much worse than for those referred through outpatient clinic.

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 Local Development Framework Core Strategy

Supporting people back into work/healthy workplace

- 'Health is Everyone's Business': programme to be piloted in LCC
- Leeds Teaching Hospital Trust – 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 September to December 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 is 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
- Citizens Advice Be 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 the health and wellbeing of more vulnerable people
- 'Health is Everyone Business': large size of Leeds City Council as an employer will impact on speed in which this programme is taken forward.
- 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 Priorities 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.