

Meeting: Health and Wellbeing Board

Population: All adults in Leeds

Outcome: people live longer and have healthier live

Priority: Help protect people from the harmful effects of tobacco.

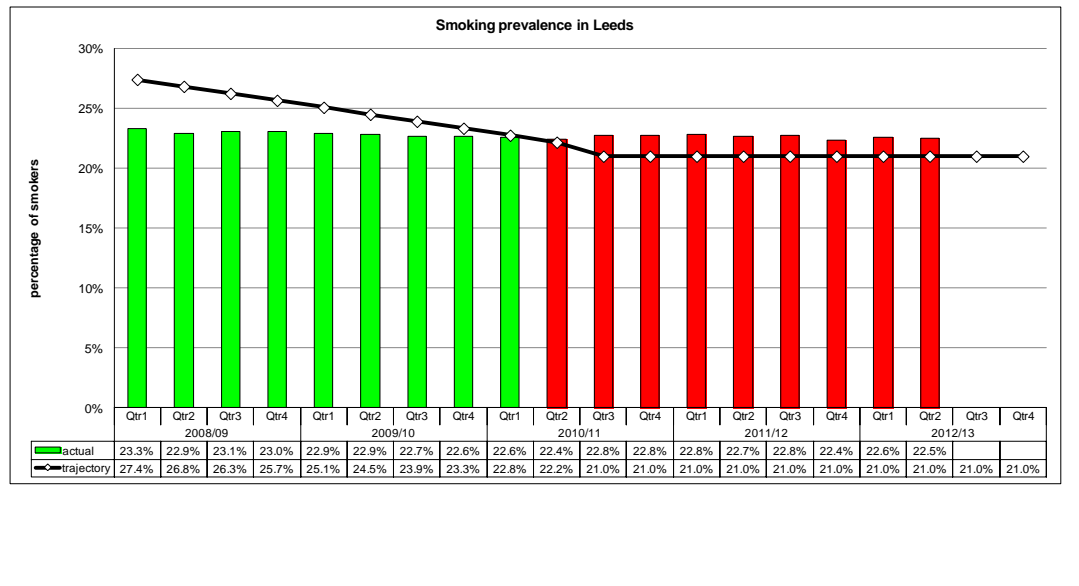
Why and where is this a priority? Tobacco use is the primary cause of preventable disease and premature death, not only to smokers but also to the people around them through the damaging effects of second-hand smoke. Smoking is the single biggest cause of inequalities in death rates between the richest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

Overall Progress: RAG rating

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

Story behind the baseline

- Leeds is currently experiencing a plateau in smoking prevalence, which is reflected in the national trend. Some areas of the country are starting to see an increase in smoking rates; this is particularly noticeable in some northern areas, highlighting the need to continue to prioritise **all** areas of tobacco control if further reduction is to be achieved.
- Nationally the number of quit attempts being made is also in gradual decline over the longer term. In recent years, there has been a year-on-year decline in the proportion of smokers making quit attempts, from 42.5% in 2007 to 33.5% in 2011²⁴. The average number of quit attempts made by smokers each year has similarly been falling, from 0.65 in 2007 to 0.50 in 2011 (West, R. *Smoking Toolkit Study*, www.smokinginengland.info)
- The 4 week quit rate target for Leeds for 2011/12 was achieved and showed an improvement on 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).



What do key stakeholders think?

Tackling Tobacco in Belle Isle – Although Belle Isle experiences the highest smoking prevalence in Leeds, data shows good access to services compared with the rest of the city and that the area is experiencing a 1% year on year decline in prevalence. However, more work is needed to see further improvement. A workshop was held in Nov 2012 which was well attended by a range of agencies to discuss new actions to tackle tobacco use in the area. From this a locality action plan will be developed.

What we did

Environment Tobacco Smoke For the last quarter we have had 11 smoking related service requests (one less than the previous quarter). Requests relate to licensed premises (3), shisha bars (3) and other enclosed spaces (5). We have also carried out a number of raids based on previous service requests and intelligence gathered. Two raids have resulted in case files being prepared for legal action, one lead to a warning being given and a fourth was aborted for operational reasons. More raids will be planned in partnership with other agencies as resources allow.

New Actions

Leeds Let's Quit Campaign To compliment the DH New Year quit smoking campaign, Leeds will be launching a local campaign called *Leeds Let's Quit* which will encourage people to order a quit kit either via www.leedsletschange.co.uk or from their local pharmacy. Posters and postcards will be 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.

Leeds Let's Change Leeds Community Healthcare have been piloting a single point of access into lifestyle services, including smoking services, with specialist teams

Niche Tobacco Use In addition to the delivery of an awareness raising programme about the harmful effect of niche tobacco, Leeds Smoking Services will be offering a programme of support for people who wish to stop,. This work will contribute to the national research programme to establish an evidence base for effective interventions for this group.

Brief Intervention Training for all community midwives was completed. This included the distribution of Carbon Monoxide monitors to enable midwives to assess smoking status and encourage referrals to service as per NICE Guidance.

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%.

Smoke Free Homes: Health For All have been successful in securing the tender to deliver Smokefree Homes in Beeston, Holbeck, Chapeltown and Belle Isle. Health for All will focus on raising awareness of the impact of second hand smoke on children and will encourage families to make their homes and cars free of second hand smoke. Intensive work will begin in April 2013

including primary care mental health, podiatry and the musculo skeletal service. Along side staff training, early indications are showing the project has resulted in increased numbers of staff referring patients into services.

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 February.

An OBA planning session on the Leeds Drug Action Plan with wider stakeholder groups is being planned.

LTHT’s Smoking Control Policy has been reviewed and was approved in November. Updates included ensuring clear signposting information for managers and staff wanting to quit (e.g. Leeds Let’s Change website), guidance on e-cigarettes and reiterating current position on smoke free workplaces. The LTHT NRT policy has also been updated and is now included on the Leeds Health Pathways website along with the NHS Stop Smoking Service referral form for easy access by all NHS staff.

What worked locally /Case study of impact

Third Sector – NHS Leeds Commissioned Activity Healthy Living Network Leeds has been working with Lloyds pharmacy in New Wortley, Armley and Freeman’s pharmacy in Lower Wortley. Community Health Educators (CHEs) have been providing weekly, 2-hour, drop-in sessions and have been effectively engaging with local people and informing them about NHS health services. Throughout quarters 1, 2 & 3 this work has resulted in a large number of people being referred into healthy living services. This work has included referring 20 people, living in deprived neighbourhoods in West Leeds, to the NHS Stop Smoking Service who would otherwise not have accessed this service for support to quit.

Risks and Challenges *any significant risks from the existing risk registers and/or any current challenges or issues with an impact on delivery*

- 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.
- **Although regional funding has recently been secured** to support Leeds becoming involved with the Action on Smoking and Health (ASH) assessment scheme (CLear) we have yet to identify 2 appropriate people to be trained as peer assessors. This is resulting in a delay in delivering both a self and peer assessment of tobacco control activity in Leeds.

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 

The Story behind the Baseline

There has been an overall downward trend in the number of older people starting to require financial support by the Local Authority for permanent admission to care homes over the last seven years. Whilst numbers have increased slightly over the last quarter this is an expected seasonal variation and the indicator is still meeting target. Overall progress against the priority is good with progress being made this quarter on a number of milestones.

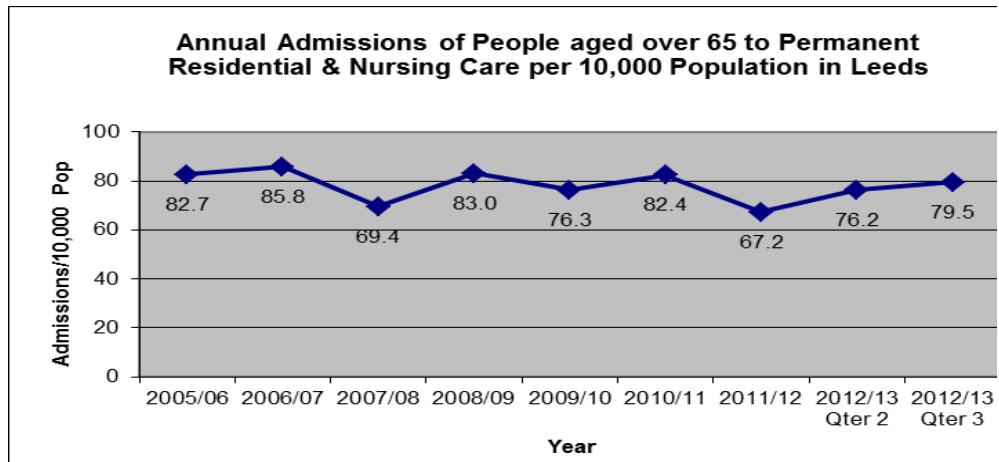
An analysis of average bed weeks purchased for older people show that:

- Leeds commissioned 138,996 bed weeks in older people’s care homes in 2011/12. This is a reduction of 3.2% over the previous year.
- Permanent nursing care bed weeks for older people reduced from 48,915 to 46,764 (4.4%) over the previous year.
- Permanent bed weeks for older people in local authority managed homes fell from 27,212 in 2010/11 to 22,932 in 2011/12 (15.7%).
- The number of permanent bed weeks commissioned in the independent sector remained almost the same as the previous year.
- At 31st March 2012 the Council supported 2,368 older people permanently in care homes. This is a reduction of 5.5%.

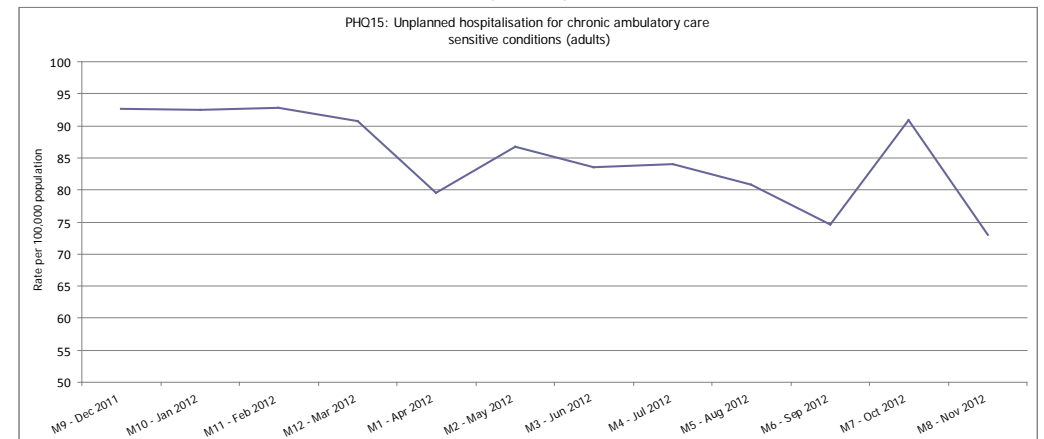
The figures suggest that older people are retaining independence for longer periods and are requiring care home support at later stages in their lives. Over the last few years the city has faced a number of challenges which have increased pressures upon the Local Authority to support people with their care. These include rising demographic pressures; an increasing number of older people who had previously funded their own residential and nursing care exhausting their own resources, and ongoing changes to the health delivery infrastructure generating short term pressures on community services as hospital ward places are reduced and investment is transferred into community alternatives.

The Ambulatory Care Pathways Transformation Portfolio is still within the design and implementation stages. Strong links continue with integrated health and social care for the long term conditions ensuring opportunities for prevention of admission are maximised. The impact of the portfolio will be delivered in future years, The graph opposite illustrates the current position.

Headline Indicators:



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



What we did:

A report has been produced on the effectiveness of joint working between the Leeds Teaching Hospital Trust (LTHT), Adult Social Care and Leeds Community Healthcare. As a result, a Strategic Discharge Group has been established with representation from LTHT, LCH and ASC. One of the primary drivers in this is to develop a common language around discharge and also to look at some of the 'pinch points' around the hospital pathway. This work is on-going and reports into the Urgent Care Stakeholder Management group and ultimately the Health and Social Care Board.

A consultation regarding the proposed AT hub has been completed. The results will be used to further inform developments and included useful insights and positive messages regarding the development. The final decision for whether to go ahead with the hub will be taken by council leaders later this year.

Twelve neighbourhood teams of health and social care staff have been established across the city.

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:

Work by Adult Social Care and Leeds Community Healthcare NHS Trust to open the first joint intermediate care service continues. Refurbishment works are progressing and the programme dates are on schedule. Construction work commenced in October 2012 and works handover for fit out will be in February 2013.

The pathway for Mental Health reablement will go live during January 2013. Work continues to develop a reablement service and align capacity and demand within the SkILs service. A pilot project to investigate the impact of home care suspensions (on full rate) during reablement was approved. The pilot will run for six months starting in March 2013 and report will come back in October 2013, with an interim report in July. Work is also on going with LCH to integrate reablement with Intermediate Care Services, as part of overarching Health and Social Care Integration work.

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 A programme of work has been established to develop the appropriate Information management and technology enablers for integrated working with the NHS. Achievements so far include the NHS number captured on the social care record, progress on the IG Toolkit, local network connections between the council and all NHS organisations in Leeds and the procurement of software, which can be used to collate and analysis data from both organisations.

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** 

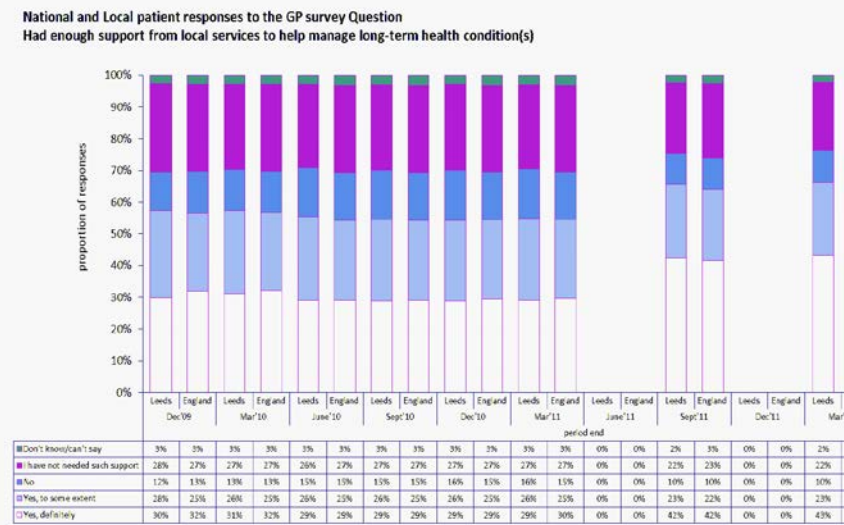
Story behind the baseline:

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).

'Transforming Social Care' LAC (DH) (2008) outlined the national policy for all social care service users to be given the opportunity to choose their support arrangements through self directed support. Leeds has been extending choice to service users, final figures for the year end 2011/12 show that the target of 45% has been exceeded, with 52% of eligible community based service users being in receipt of self directed support. Provisional data published by the National Adult Social Care Intelligence Service (NASCIS) for 2011/12 shows Leeds to be amongst the top performers of comparative authorities for both the overall percentage of people receiving self directed support and the proportion who specifically get a cash payment. The national average is around 42% for all and 13% for cash payments, whilst Leeds achieved around 52% and 18% respectively.

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



What do key stakeholders think:

A survey was undertaken regarding Self Directed Support. The majority of people asked (65%) understood the concept of personal budgets and of the remaining number 19% couldn't remember having things explained and 7% said it was explained but they struggled to understand. 9% said that it wasn't explained.

When asked about the reasons for choosing the council to arrange services (if they did) the majority (55%) said that it was their choice. Of the rest, 17% liked the idea of having more control but were worried about finding the right services, or receiving the right advice. The remaining number (in roughly equal proportions) didn't really understand the other options, didn't have other options explained or thought that buying and arranging their own support sounded too hard.

What we did:

Leeds ASC published its second Local Account and the Better Lives programme and communications have been launched. The account is produced in collaboration with service users and provides a public account of what ASC does, its progress against priorities and an outline of its future plans. Improvements in accessing information continue, during the quarter a Leeds Wellbeing Portal was launched which enables access to the full range of organisations and support for health and wellbeing.

Adult Social Care is committed to 'Better lives through Enterprise.' In addition to providing investment grants for social enterprises, a whole range of initiatives are being developed to increase opportunities for vulnerable people to be involved in communities, to incentivise community based initiatives which support vulnerable people and to encourage strengthened links across the range of public and private partners. A number of private firms, including Marks and Spencer's and First Direct are providing resources and volunteers to engage in community services such as the Neighbourhood Networks.

A consultation regarding the transformation of the Mental Health day services was completed in December. The primary aim of this transformation programme is to deliver a recovery model aimed at keeping people well and offering a more varied choice of service provision. The service will work with each person to understand what keeps them well. It will strive to make sure that the service user is at the heart of developing their own support plan, working towards building a fulfilling life, wishes, aspirations and goals.

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:

'Making it Real,' is a national vehicle for driving progress in delivering personalised social care services. In Leeds consultation is being undertaken via discussions with groups and a survey in collaboration with Lancaster University. The survey results will be due early this year. This will determine priorities for improvement. A Leadership Forum for Making it Real and Better Lives is being established including representation from services users, carers, elected members and senior officers and a project team will report to it, an inaugural meeting will be held on the 18th January.

Older Peoples Residential and Day Services Programme presented a report to CLT in October 2012, and Cabinet on the 12th November outlining the emerging options appraisal undertaken by Adult Social Care for council run residential homes and day-care centres for older people and to provide an opportunity for officers and members to consider an respond to before seeking approval from Labour Group and Executive Board.

LCC Executive Board agreed plans to build a new specialist day centre in Rothwell for people with learning disabilities with complex needs. A feasibility study was undertaken which concluded that the most cost effective option was to demolish the existing building and rebuild.

An update on the evaluation of the Integrated Health and Social Care Teams will be presented to the Leeds Health and Social Care Transformation Programme Board.

Data Development: A programme of work has been established to develop the appropriate Information management and technology enablers for integrated working with the NHS. Achievements so far include the NHS number captured on the social care record, progress on the IG Toolkit, local network connections between the council and all NHS organisations in Leeds and the procurement of software, which can be used to collate and analysis data from both organisations.

Risks and Challenges:

- Adult Social Care fails to manage the changing service and workforce requirements through its internal transformation programme to deliver personalised services within available financial resources.
- Adult Social Care and Health Partners fail to develop and maintain effective partnership working and processes at locality and city-wide strategic level to reduce health inequalities
- Adults' Social Care fails to deliver the whole of its Business Systems Transformation Programme.
- Insufficient or poor quality Business Intelligence has a detrimental effect on the ability to meet overall objectives.
- There is a risk of inadequate resources being available to support Leeds Health and Social Care Transformation Programme and project infrastructure and the implementation stage of the projects during the transition to the new national commissioning architecture.

Meeting: Health and Wellbeing Board

Population: All people in Leeds

Outcome: Best City for Health and wellbeing

Priority: Make sure that people who are the poorest improve their health the fastest.

Why and where is this a priority. 20 % of the population of Leeds live in the 10% most deprived Super Output Areas (SOAs) in England accounting for approximately 150,000 people. There are also significant numbers of vulnerable people living across Leeds. There are range of social, economic and environmental factors that affect their health and wellbeing and which are contributing to the growing health inequalities within Leeds for men and women by areas of deprivation: 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 (76.1year:85.7years)

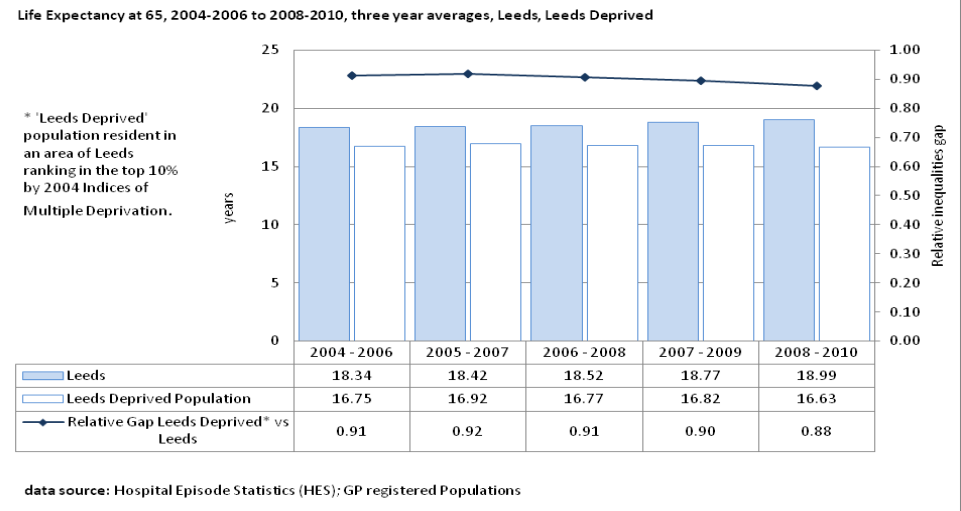
Overall Progress: RAG rating Red



Headline Indicator

- Reduce the differences in life expectancy between communities
- Reduce the difference in healthy life expectancy between communities

Story behind the baseline: Overall life expectancy in Leeds is increasing however there is a much lower level of life expectancy for those living the most deprived areas of Leeds and the absolute gap between these statistics is increasing. The key causes of premature mortality are cardiovascular disease, cancer, and respiratory disease. All premature mortality data for these diseases in Leeds have a significant gap between the rates in the non deprived areas and the deprived areas of Leeds. For some diseases such as respiratory and stroke mortality rates are showing an increase. 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.



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 Service:** expansion of HV workforce continues in line with the trajectory. Early Start pathways detailing the service offer to Looked After Children and describing Pre birth assessment support completed. A comprehensive Early Start workforce development plan written. The roll out of Preparation for Birth and beyond community based antenatal programme on track.
- **Family Nurse Partnership:** NHS commitment to sustain and expand FNP confirmed and 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:** 5 year data on the IM rate in deprived Leeds continues to show a decline, and is now at 5.5 deaths per 1000 live births. Pathways detailing the targeted support available to Gypsy, Roma and Travellers new parents completed and being implemented. Materials to promote the importance of not co-sleeping when under the influence of alcohol and drugs developed and distributed, including beer mats for use in pubs over the festive period. The Breastfeeding peer support project expansion is progressing well.

Increase advice and support to minimise debt and maximise income

- Fuel poverty now a priority in the draft health and wellbeing strategy.
- Electronic toolkit to support frontline workers in providing consistent messages to vulnerable people over winter, about staying warm and well. rolled out across Leeds as part of the Winter planning process
- Systematic referral systems embedded and strengthened within Leeds Community Health Care and 35 Energy champions have been identified and trained
- DH funding was successfully bid for to develop a pilot project with the CAB network to offer joint fuel tariff, debt and income maximisation advice over the winter period.

Healthy Employment

- Continued work to expand of Leeds Occupational Health Advisory Service
- Information now with agencies supporting people into work to increase access to healthy lifestyle and mental health services
- Actions to include health at work in Account Management Process agreed

Ensure equitable access to services that improve health

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

What worked locally /Case study of impact

Risks and Challenges

- 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
- Impact of economic recession

New Actions

Limit impact of poverty on children under 5 yrs:

- **Early Start Service:** Quality assurance visits to take place with Early Start Teams in January. Infant Mental Health Service will deliver Babies, Brains and Bonding training city wide, to support all ESTs in their work with parents. 3 further teams will be engaged to rollout 'Preparation for Birth and Beyond', resulting in programme being available from 9 community bases by March 31st 2013.
- **Infant Mortality:** Leeds will be assessed for Baby Friendly Initiative level 3 accreditation in the first quarter of 2013. A breast feeding peer coordinator role will be recruited. Brief intervention training with Children Centre staff, new 'teen friendly' materials and expansion of Leeds smoke free homes programme will contribute to reducing smoking prevalence in pregnancy. Insight work to be completed and leaflets, web pages and audio resource produced to increase understanding of the risks associated with consanguinity.
- **FNP:** From April 2013, the commissioning of FNP will move to the NHS Commissioning Board, and transfer to LCC Public Health from April 2015. Currently no clarity about how the NHSCB will undertake this role.

Increase advice and support to minimise debt and maximise income

To establish how to further strengthen energy champion approach in ASC/NHS integrated teams as the programme is rolled out across the city.

Healthy Employment

- Develop toolkit to increase economic development through improving health and wellbeing of staff
- Working well to be included under the Civic Enterprise. tool kit
- Identify 2 key businesses in a position to take forward 'Working Well'

Ensure equitable access to services that improve health

To 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

- 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