

Leeds Health & Wellbeing Board

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Report of: The Office of the Director of Public Health

Report to: Health and Wellbeing Board

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Subject: Update on the Joint Health & Well Being Strategy Outcome: People will live longer and have healthier lives

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| Are there implications for equality and diversity and cohesion and integration? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the decision eligible for Call-In? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Summary of main issues

The Joint Health & Well Being Strategy Outcome: People will live longer and have healthier lives has three priorities. These are to support more people to choose healthy lifestyles; to ensure everyone will have the best start in life; and to ensure people have equitable access to screening and prevention services to reduce premature mortality. The first two have been designated as key commitments within the Joint Health & Well Being Strategy.

The appended update report sets out the partnerships, strategies and actions that are in place and being developed for all three priorities. Case studies show how the lives of people in Leeds have been changed because of this work. Current data and intelligence relating to the indicators that will be used by the Health & Well Being Board to measure progress across this outcome are also included.

Recommendations

The Health and Wellbeing Board is asked to:

- Receive and note the contents of the update report
- Comment on the programme of actions and the current data presented and make recommendations on any areas that could be further developed
- Identify the support that the Health and Wellbeing Board can give to achieve the priority outcome
- Endorse and support the content of the report as a basis for coordinated action across all local agencies

1 Purpose of this report

- 1.1 To provide an update on the range of activity being driven by Strategic Partnerships in Leeds to achieve the Joint Health and Well Being Strategy Outcome 1: People will live longer and have healthier lives.
- 1.2 To describe the past trends in performance of the six headline indicators that will demonstrate progress towards achieving the outcome.
- 1.3 To seek views from the Health and Wellbeing Board on further steps, action and support needed to achieve outcome 1.

2 Background information

- 2.1 Outcome 1 of the Leeds Joint Health and Well Being Strategy has three priorities. These are to support more people to choose healthy lifestyle; ensure everyone will have the best start in life; and ensure people have equitable access to screening and prevention services to reduce premature mortality. The first two priorities have been designated two of the four key commitments within the Leeds Health & Well Being Strategy.
- 2.2 Smoking, high blood pressure, obesity, physical inactivity and alcohol are five main risk factors for ill-health. Poor sexual health can lead to infertility, unwanted pregnancy, and long-term ill health. Substance misuse is among the main drivers for disability and poor mental and physical health. All are major causes of preventable and premature death.
- 2.3 The importance of investing in the early years is key to preventing ill health later in life, as is such programmes as investing in healthy schools. The accumulation of experiences a child receives shapes the outcomes and choices they will make when they become adults.
- 2.4 Making sure that services to identify, treat and manage preventable disease at an early stage are accessible and available to all, and can meet the specific needs of the most disadvantaged and vulnerable populations, is vital in ensuring that health is improved and the gap in health inequalities is narrowed.
- 2.5 The update report is appended. It summaries the how the work progressing across the City is contributing to achieving the Joint Health and Wellbeing Strategy outcome: People will live longer and have healthier lives. It sets out the partnerships, strategies and actions that are in place and being developed. It provides case studies that show how the lives of people can be changed because of this work. The current data and intelligence relating to the indicators that will measure progress on this outcome are also included.
- 2.6 The headline indicators in place to measure progress towards meeting the priorities are: the percentage of adults over 18 that smoke; rate of alcohol related admissions to hospital; infant mortality rate; excess weight in 10-11 year olds; rate

of early death (under 75s) from cancer; and rate of early death (under 75s) from cardiovascular disease.

- 2.7 A series of partnership groups are in place to manage and report on the effectiveness of strategic actions to achieve the priority outcomes in the Health and Wellbeing Strategy. These include the Drugs and Alcohol Management Board, Tobacco Action Management Group, Integrated Sexual Health Commissioning Project Board, HIV Network Steering Group, the Ministry of Food steering group, Infant Mortality Steering Group, Family Nurse Partnership Advisory Group, Early Start Implementation Board, Childhood Obesity Management Board, Cancer Locality Group and NHS Health Check Steering group.
- 2.8 Each of the partnership groups has developed strategic plans and where possible have used the Outcome Based Accountability model to develop the actions.
- 2.9 Plans have been developed using intelligence from the Joint Strategic Needs Assessment (JSNA), national policy and guidelines and in consultation with local people.

3 Main issues

- 3.1 The health of people in Leeds is generally lower than the England average. It is strongly associated with the high levels of deprivation experienced by the 150,000 people in Leeds who are living in the most deprived neighbourhoods nationally. Although overall life expectancy has been increasing for all Leeds residents, the life expectancy for a man living in a deprived Leeds neighbourhood is 12 years lower than a man living in an affluent part of Leeds.
- 3.2 It is estimated that adult healthy eating, smoking and obesity levels are worse than the England average, with smoking-related and alcohol-related hospital admission rates above average. The high prevalence of smoking in people with low incomes, compared to the rest of Leeds, is the biggest preventable cause of ill health and early death in the city.
- 3.3 Whilst significant progress is being made to improve health and reduce health inequalities in Leeds there are factors that affect success. These include the following:
- The economic downturn coupled with welfare reforms may affect the health of most of the population but have a greater impact on those families already experiencing health inequalities.
 - National policy, campaigns and fiscal changes can make a difference to how people choose to live their lives e.g. introduction of minimum price per unit of alcohol or tax increases on tobacco.
 - Additional demands of central government e.g. the Public Health England aim to increase uptake of NHS Health Check to 75% of the eligible population.

- Priorities of agencies working in Leeds can compete with improving health e.g. the drive for economic development could lead to increase in the availability of products that can impact on health e.g. alcohol and fast foods; or reduce the opportunity to be physically active.
- The availability of national evidence based guidance is essential. The intention is to make all actions evidence based but many are innovative and still being tested. They may not be successful.
- The population of Leeds is large and demographic change is creating additional demands. There is a risk that the level of investment needed to make the scale of improvements required may not be available.
- Driving change will need robust governance of the many strategic partnership plans. How this is to be achieved needs further consideration.

3.4 Successful progress on the other outcomes in the Joint Health & Well Being Strategy will be of critical importance. This outcome can be affected by interventions throughout the life course including the quality of early year's experiences, in education, economic status, employment and quality of work, of housing and environment and effective systems for preventing ill health, treatment, care and support.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

There have been significant levels of consultation relating to the development of plans. e.g. comprehensive consultation has been carried out on the development of the drugs and alcohol strategy and action plan and also on the development of integrated sexual health services.

4.2 Equality and Diversity / Cohesion and Integration

At the heart of work described in the update report is the principle that "People who are the poorest, will improve their health the fastest". This will clearly have very positive impacts with regard to equality characteristics.

The strategic plans and activity reported in the appended update are based on the findings of the 2012 Joint Strategic Needs Assessment which was subject to an Equality and Diversity Impact Assessment.

4.3 Resources and value for money

There are no specific issues in this paper.

4.4 Legal Implications, Access to Information and Call In

There are no legal implications for the Health and Wellbeing Board arising from this briefing.

4.5 Risk Management

There are no specific issues in this paper.

5 Conclusions

5.1 The partner organisations who are represented on the many programme Boards and Steering groups have set out a series of strategies and action plans that are being implemented so that people will live longer and have healthier lives. Each of the actions plans have set of performance measures and indicators that allow the progress towards achieving change to be monitored and reported to the Health and Wellbeing Board.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Receive and note the contents of the report
- Comment on the programme of actions and the current data presented and make recommendations on any areas that could be further developed
- Identify the support that the Health and Wellbeing Board can give to achieve the priority outcome
- Endorse and support the content of the report as a basis for coordinated action across all local agencies