Appendix 1

Health and Wellbeing Board

Joint Health & Well Being Strategy Outcome: People will Live Longer and have Healthier Lives
Update Report

July 2013

Introduction

The following paper summaries the how the work progressing across the City is contributing to achieving the Health and Well Being 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 for the three priorities under this Outcome. 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. The actions under all three priorities are summarised in the table below. This section below then provides more detail on how these actions together seek to improve health for all and also narrow health inequalities. Workstreams take account of the different inequality dimensions including geography, age, gender and ethnicity.

Priority 1: Support more people to choose health lifestyles

- Reduce the harm caused by use of tobacco
- Reducing the harm caused by alcohol and drug misuse
- Prevention of sexual ill health and improvement of sexual health
- Improving nutrition
- Increasing level of physical activity
- Building capacity better information and access to services

Priority 2: Ensure everyone will have the best start in life

- Improving access to high quality maternity services and ante-natal and post natal support
- Improving maternal and new born nutrition
- Reducing the inequalities gap in infant mortality
- Providing consistent evidence based support to vulnerable families
- Promoting oral health
- Reducing childhood obesity

Priority 3: Ensure people have equitable access to screening and prevention services to reduce premature mortality

- Preventing heart disease, stroke, diabetes, kidney disease and certain types of dementia
- Increasing early detection of chronic obstructive pulmonary disease.
- Increasing the early diagnosis and prevention of breast, bowel (colorectal) and lung cancers

Partnerships, Strategies and Actions

Priority 1: Support more people to choose healthy lifestyles

Changing health behaviour has often focused on the individual being responsible for their own actions. To stop smoking, drink less alcohol, enjoy a healthy sex life, eat more fruit and vegetables, and take more exercise.

A smoker knows that smoking causes cancer. Cancer kills and stopping smoking reduces the risk of cancer, so why not stop? The reason is that changing health behaviour is complex. Too many influences affect the choices people have about how to behave. For example people's living and working conditions and factors such as education, income and feeling of safety all play a fundamental role. In difficult circumstances, changing behaviour can seem impossible or overwhelming. Some factors are not in the direct control of organisations working in Leeds e.g. the state of the economy and government policy have a big impact on how easy it is to find a job and somewhere decent to live.

The 2012 Annual Report of the Director of Public Health: Live Well, Live Longer- Changing lives in Leeds (http://www.leeds.gov.uk/council/Pages/Best-City-for-Health-and-Wellbeing.aspx) is focused how Leeds is responding to new research and learning on behaviour change. It sets out the economic costs of harmful behaviour, and the factors that shape our behaviour both positively and negatively. The report then describes how services are commissioned and how policy and actions are taken forward across partnerships to support people in choosing healthy behaviour, across all ages. The report includes approaches, examples and case studies of behaviour change in Leeds. This is through action and support for individuals, with communities and neighbourhoods, and through national and local policy.

The principle focus for Priority 1 is on lifestyle behaviours that impact the most on healthy life expectancy and on inequalities in health. Multi-agency partnerships are in place to develop, implement and monitor strategic action plans on each of the following:

- Reducing the harm caused by use of tobacco. A Leeds Tobacco Management Alliance has developed and performance manages the Leeds Tobacco Action Plan 2012-15. This plan was endorsed by the shadow Health and Wellbeing Board in 2012. The plan drives the actions of partners and commissioning of service including stop smoking services; innovative awareness raising programmes for children, young people and families; trading standards and environmental health services enforcement.

- Reducing the harm caused by alcohol and drug misuse. The Leeds Drugs and Alcohol Management Board have developed and performance manages the Drug and Alcohol Strategy and Action plan. The aim is to: ensure better criminal justice service enforcement to reduce alcohol and drug related crime and disorder including domestic violence and City centre disorder; to ensure more families are identified where children are living who people who misuse drugs and/ or alcohol and support available; improve prevention and support for children and young people; and to reduce the health impacts of substance misuse.
  Investment over the last ten years has built capacity in the treatment system. This has enabled more people who have drug and/or alcohol dependency to access treatment and achieve substantial health gains. It has also contributed to reducing drug-related crime. Now there is a need to be more ambitious and move people into full recovery, reintegrate people back into society free of drug and alcohol dependence. There is also a need to increase levels of support for people who are not dependant but want to change their alcohol consumption to improve their health and social wellbeing.
  A Joint Commissioning Group for drugs and alcohol leads the commissioning of services across health and criminal justice. This will run alongside a Project Board that will manage a

project to redesign and commission new integrated drug and alcohol treatment services by March 2015.

- Prevention of sexual ill health and improvement of sexual health. Services are commissioned to provide contraception and testing and treatment of sexually transmitted infections (excluding HIV treatment). A Sexual Health Project Board is in place to manage the design and procurement of new integrated, open access sexual health services so that they can be in place by March 2015. The aim of integrating services is to improve sexual health by changing access into services, testing options, staff skills mix and culture change. Prevention and behaviour change will be at the centre of the service. Patients will have both contraception and Sexually Transmitted Infection needs met in one appointment therefore removing duplication and providing a better service. More sites will offer all levels of service provision and more community outward facing clinics. Strong clinical governance and leadership will be integral to the new service.
  Comprehensive programmes of training and education have been delivered so that sexual health advice, prevention and promotion can be offered by skilled frontline staff working with people of all ages. Also social marketing approaches to public information and campaigns have been delivered including the website: www.leedssexualhealth.com

- Improving Nutrition. There has been limited skilled staff capacity to lead strategic planning to reduce obesity and improve nutrition. The aim is to remedy this over the coming months and to include, where possible the development of current projects.
  A multi-agency steering group is in place to develop the Ministry of Food project. This has been commissioned to improve cooking skills and promote healthy eating through the provision of structured cooking courses by a third sector organisation (supported by the Jamie Oliver Foundation). The courses are currently provided in Kirkgate Market and a new community approach is being piloted in the West of the City. If successful the model will be rolled out to areas of the City with highest levels of obesity.

- Increasing levels of Physical Activity. This Sport Leeds Board is a partnership that has developed the Leeds Sport and Active Living Strategy 2013-16. This includes Leeds Let's Get Active which is a programme to encourage non-active people to participate in physical activity. Supported by a social marketing programme and using new technology to encourage retention, the scheme will allow people free access to either leisure centres or activity in the community at specified times of the day.

- Building Capacity, Better Information and Access to Services. The 'Leeds Let's Change' programme aims to support people by increasing their access to lifestyle services and activities, better information to make their own choices, and better integration of services to improve support for people who may have multiple behaviour change needs.
  Key strands of work include: training of front line staff to deliver evidence based interventions ranging from brief advice, to more structured behaviour change programmes to empower healthier lifestyle choices and explore the wider social determinants that influence all of our health (Making Every Contact Count); and facilitate organisational change to embed the delivery of lifestyle interventions into routine practice. Supported by the website www.leedsletschange.co.uk, the programme delivers campaigns based on social marketing and links to national campaigns where appropriate. The programme supports the delivery of the behaviour change element of partnership action plans on smoking, weight management, alcohol and increasing physical activity.

Priority 2: Ensure everyone will have the best start in life

Ensuring the "best start" in life for every child is a key recommendation in the 2010 Marmot Review Fair Society, Healthy Lives and spans physical and emotional aspects of health and development. The best start for a child is rooted in good maternal health, both prenatally when good maternal health and nutritional status is essential, through the pregnancy and delivery, and during the baby's early life when maternal mental health has a particular impact on attachment and bonding. Further opportunities to intervene occur during the vital first two years of a child's life, when services can offer consistent, evidence based care to support vulnerable children and families.

Multi-agency partnerships are in place to develop, implement and monitor strategic action plans in the following areas:

- Improving access to high quality maternity services, and antenatal and postnatal support. This is being achieved both through effective CCG-led commissioning of maternity services, and increased awareness of the impact of maternal alcohol, tobacco and substance use in pregnancy, and the importance of early access to services. A maternity health needs assessment will be undertaken in the coming year, to support service commissioning.
  A new city-wide comprehensive programme of antenatal and postnatal support delivered to parents in the community ("Pregnancy, Birth and Beyond") will be rolled out, and its early impact will be evaluated.
  A review of antenatal and postnatal support for vulnerable groups who are less likely to access the standard programme (e.g. due to language and cultural barriers or social exclusion) will be completed, with a view to commissioning services to meet identified gaps.
  Commissioning of the Family Nurse Partnership, which is an important evidence based intervention which targets first-time teenage parents, has transferred to NHS England, which will continue to lead the multi-agency FNP Advisory Group.
  A major programme for the city in the coming years will relate to the proposed centralisation of maternity services on the Leeds General Infirmary site, which will go to consultation later this year. The health and social care community must work collaboratively over the coming year, through the Maternity and Neonatal Centralisation Programme Board chaired by LSE CCG, to fully understand this proposal and ensure the best model of services for the people of Leeds.

- Improving maternal and new-born nutrition. Work is being undertaken through Public Health to increase the uptake of Healthy Start Vitamins, and to explore options for provision of Vitamin D to vulnerable women.
  The implementation of the maternal obesity pathway in the hospital is also underway.
  The promotion of breastfeeding and implementation of the Food for Life Strategy will continue, alongside work to increase participation in the Leeds Is Breastfeeding Friendly Scheme, and support both to Leeds Community Healthcare Trust and to Children's Centres to achieve Baby Friendly Status.

- Reducing the inequalities gap in infant mortality. A key priority for the city is to continue to reduce the gap in infant mortality (deaths of babies under one year old) between the most deprived parts of the city and the more affluent areas. The Leeds Infant Mortality Programme is led by a city-wide Infant Mortality Steering Group and progress is monitored via a detailed statistical performance framework. The programme has been running since 2009 and takes account of the Department of Health guidance and of the findings and recommendations arising from the Leeds Child Death Overview Panel.
  Two geographical areas, in Chapeltown and Beeston Hill, have been the focus of intensive intervention over recent years (Demonstration Sites), and evaluation has shown this to be an effective approach. Efforts will continue to be focused in these areas which have highly mobile and vulnerable populations. Specific work will also focus on promoting 'safe sleeping' (i.e.

avoiding co-sleeping where other risk factors such as alcohol, drugs, smoking or tiredness are present) through a social marketing campaign in targeted areas. Work is also underway to disseminate the cousin marriage social marketing materials among the Pakistani community and towards the development of an intervention into schools e.g. a lesson, to raise awareness of possible risks associated with cousin marriage.
A close link exists between infant mortality and child poverty, and hence there will be close collaboration in relation to the forthcoming refresh of the Child Poverty Action Plan.

- Providing consistent evidence based support to vulnerable families. The Early Start Service (combining Health Visiting and Children's Centres) has a key role in supporting families. An Early Start Implementation Board provides a forum for partners to lead and shape the service, which is commissioned by both Children's Services and NHS England (pending the transfer of Health Visiting commissioning to the Local Authority in 2015). Development of the Early Start Family Offer will continue through workforce development to support pathways including: healthy weight; alcohol; economic wellbeing; and breastfeeding.
  New pathways will be developed around: tobacco; Looked After Children; maternal mood; and responsive parenting.
  Growth of the Infant Mental Health Service in the city will be supported through joint commissioning and further investment. The "Helping Hand" - a locally developed, strengths based approach to assessment - will be rolled out across the Early Start Service, and early evaluation will be undertaken.
  Free early education places for vulnerable 2 year olds in Children's Centres, child minders and private providers, will be established. The number of new places will be up to an additional 2235 places from September 2014.

- Promoting good oral health. The Local Authority will now lead on the commissioning of the oral health promotion service, with advice from NHS England. A Children and Young People's Oral health promotion plan will be developed over the coming year, building on the findings of the annual dental health surveys. This work is at an early stage of development.

- Reducing childhood obesity. Implementation of the Leeds "Can't Wait to be Healthy" Childhood Obesity Strategy will continue, coordinated by the Childhood Obesity Management Board, which oversees performance management.
  Four childhood obesity locality working areas provide a focus for intensive activities.
  A social marketing campaign will be implemented to reduce sedentariness and a range of statutory and VCSF services to support the obesity strategy, including school nursing services and the Healthy Schools Programme, will be commissioned.
  Specific forthcoming initiatives in the coming year include workforce development (e.g. Free School Meals training), a health promoting parks initiative, and a campaign to support parents of new primary school children to implement healthy lifestyles. In addition, work will proceed to build on the HENRY programme (Health, Exercise, Nutrition for the Really Young) through workforce development and the introduction of the HENRY parent champion programme.

Priority 3: Ensure people have equitable access to screening and prevention services to reduce premature mortality

The diseases that make the greatest contribution to the present gap in life expectancy in Leeds are cardiovascular disease, cancers and respiratory disease. The percentage contribution by each disease to the life expectancy gap is set out below. These three causes of death make up 59% of the gap in males and 63% in females.

Contribution to life expectancy gap	Male	Female
Cardiovascular disease	30 %	28%
Cancers	17%	17%
Respiratory Disease	12%	18%

Effective interventions to tackle these excess deaths include the promotion of healthy lifestyle (see Priority 1), community awareness of signs and symptoms, early identification within primary care and effective management.
The importance of identifying people early and ensuring they receive effective treatment has been shown from the result of the Leeds audit undertaken on those dying from CVD. Those on a GP register receiving treatment could live years longer than those who are not.

- Preventing heart disease, stroke, diabetes, kidney disease and certain types of dementia. In Leeds the NHS Health Check is offered to everyone between the ages of 40 and 74 on a 5 year cycle (i.e. 20% of the population each year). Since 2009, 87,000 NHS Health Checks have been carried out in NHS Primary Care with 14,326 being over 20% at risk of developing CVD in the next 10 years. Leeds is more than meeting the national 20% invite target with a successful 59% uptake. Uptake of NHS Health Checks is a priority for Public Health England which is aiming for the national uptake rate to rise to 75%.
  In Leeds the programme was initiated in the most deprived areas of Leeds, however for 2012/13 the uptake in the most deprived areas was significantly less than in the rest of Leeds. This will be particularly a challenge if we want to make a difference to premature mortality rates and meet the new national targets.
  Implementation has been driven by a NHS Health Check Group involving General Practices, Health Commissioners and Public Health. As we enter a new implementation phase, a review is to be undertaken of the most appropriate partnership arrangements.

- Increasing early detection of Chronic Obstructive Pulmonary Disease (COPD). A new innovative programme is being tested with 50 GP practices. These have been selected on the basis of the JSNA in areas of high deprivation, high smoking rates and high mortality from COPD.
  Practices are screening smokers over 35 years for respiratory function. Where appropriate, patients are offered smoking cessation advice and management of any COPD. This work is being progressed by the three CCGs with Public Health and will be evaluated.

- Increasing the early diagnosis and prevention breast, bowel (colorectal) and lung cancers. In order to improve cancer outcomes in Leeds, a three year plan (2013-16) has been developed by the Leeds Locality Cancer Group with input from the CCG's, LTHT and Public Health. It focuses on breast, bowel and lung cancers which are the most common cancers in Leeds. These three cancers will have the greatest impact on cancer health outcomes, and on reducing cancer related health inequalities. We estimate that, if cancer survival in England matches the best in Europe, then in Leeds every year we can prevent 28 breast cancer deaths, 24 bowel (colorectal) cancer deaths and 19 lung cancer deaths. The plans include action to:
  - Increase awareness of cancer symptoms and screening programmes in geographical areas of high incidence and vulnerable populations in order to encourage prompt presentation to the GP through outreach work in local communities and with vulnerable population groups through third sector contracts and local awareness raising campaigns using buses, radio etc., with a focus on the most deprived LSOAs in Leeds
  - Increase awareness of symptoms and signs and cancer screening programmes in primary care through incentivising primary care and developing systematic approaches in general practice and ensuring education and training of GPs in cancer symptoms and signs

- Ensure national breast and bowel screening programmes are delivering in Leeds through assurance of the performance of cancer screening programmes
- Ensure secondary care and specialised cancer services are of high quality and able to cope with increased demand through coordinating our plans with Leeds Teaching Hospital and its commissioners

Together with other work in the city on promoting healthy lifestyles and addressing the wider determinants of health, these actions aim to make a significant difference to improving cancer outcomes for breast, bowel and lung cancers.

Case Studies

NHS Health Check: Jack's motives for giving up

Wen Jack had an NHS Health Check at his surgery, he found out there was a strong chance he could develop coronary heart disease. The practice nurse explained his smoking was increasing the risk. Jack knew smoking could cause lung cancer but didn't realise it could damage his heart. Several people in his family had had heart attacks and this made him decide it was time to stop for good. He'd tried to stop several times before. He really wanted to stop after his grandchildren were born, but he'd only managed to give up for three weeks. The most difficult thing was not having a cigarette when he went to the pub with his friends. His practice nurse told him the local stop smoking service could offer him help and support. She said they had a good success rate and Jack made an appointment to give it a try. That was five years ago. Jack is now enjoying a smoke free life. He loves the fact that his grandchildren spend a lot more time round at his house. And he likes the fact that he can go for a drink in his local pub – now smoke free –without feeling tempted.

Reducing childhood obesity: The HENRY approach

A community nursery nurse working in South Leeds used the HENRY approach with a family whose two-year-old son was severely overweight. She started by using resources like story books to engage both mother and child. Over the visits the mother led the discussions and wanted to look at portion sizes and the range of foods her son was eating. Her goals were to reduce the amount of milk and stop all sugary drinks. Over six months, the boy's weight dropped significantly. As important, there were positive personal outcomes for his mum who now plans to return to college. "I haven't told her to do anything; she has worked it out for herself. She really connected with all the resources which helped her decide on her own goals. You can really notice the change in her, as well as what she's achieved with her son. She is more confident and has lost weight and takes more interest in what she wears."

Reducing the harm caused by alcohol and drug misuse: Tracey's story.

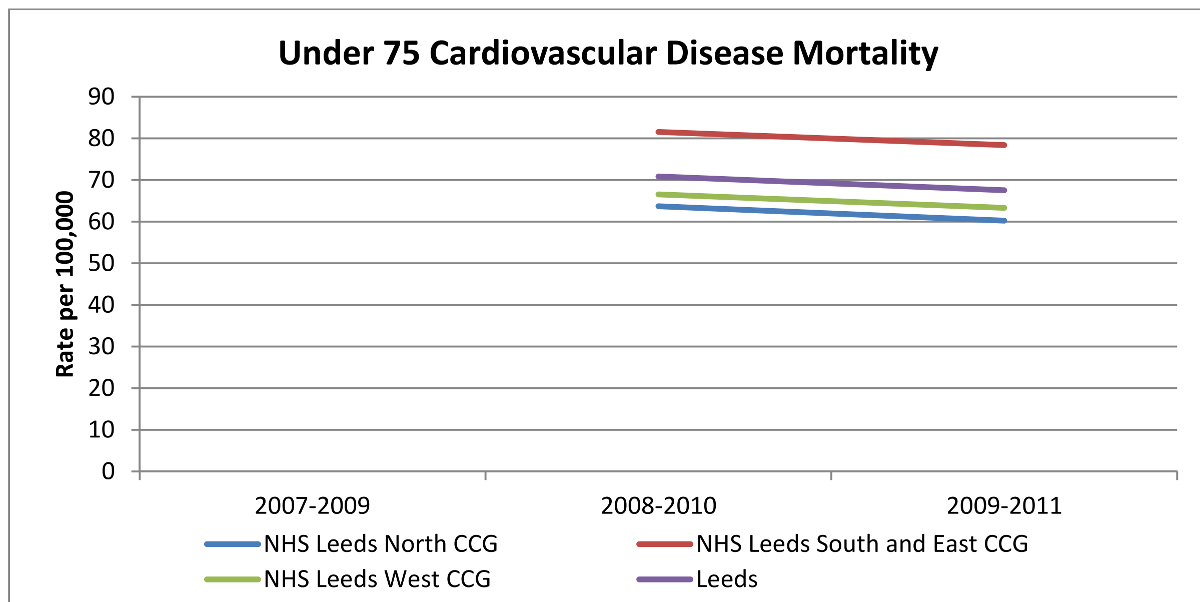
"I'd been a drinker for most of my adult life. Things got much worse after I split up from my partner of 18 years … lots of A&E visits, calling out ambulances, ending up in hospital for treatment. I went into St Anne's detox and rehab centre in 2008 but I started drinking again soon after I came out. The hospital visits got worse …I was admitted three times with jaundice. In July last year I realised I had to do something about it. I called Leeds Addiction Unit (LAU). I tried to do a home detox through them but that didn't work. Then they got me in to residential detox and rehab at St Anne's and afterwards I accessed the support of a community alcohol service called ADS. I went on the Straight Ahead programme, acupuncture and recovery group meetings with them. I also went to Learning to Live Again* women's group meetings at LAU and also to SMART recovery meetings. Since I stopped drinking my family relationships have got better. I have a good relationship now with my three teenage children. When I was drinking I lost custody of them. Things are better with my mum and sister too. My health is better. My liver function tests have got back to normal. I've got back my self-respect. Before I had problems paying bills, problems with the landlord, I was prosecuted a couple of times for assault and drink driving. This has all turned around. I still take one day at a time but I feel much more confident about the future. I'm going to train up to be an ADS peer supporter and for the Learning to Live Again mentoring … so I can support other people who want to stop. And I'm going to do college courses at Swarthmore. Keeping myself busy has helped a lot. And not hanging around with the people that I used to drink with. But my children have been a really important part of me turning it around. And I also realise I have to do it for myself."

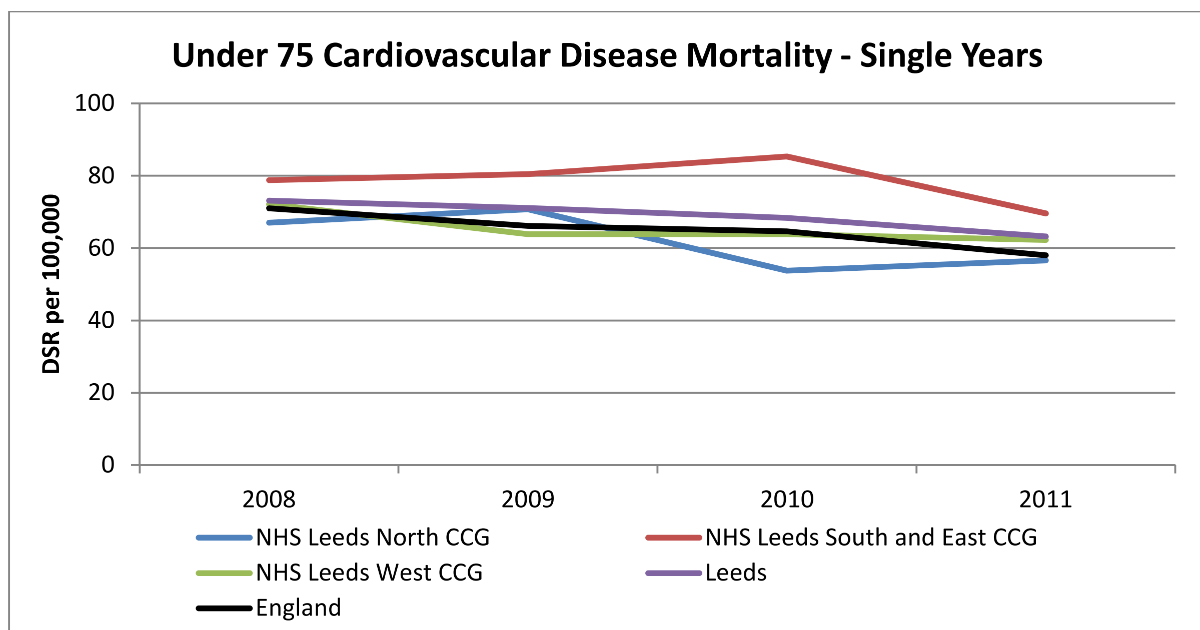
Source of the case studies: The 2012 Annual Report of the Director of Public Health: Live Well, Live Longer – Changing Lives in Leeds

Indicator Data and Intelligence

The following graphs cover the most recent data on the headline indicators in the Joint Health & Well Being Strategy that cover the three priorities within the Outcome – People will live longer and have healthier lives.

Under 75 Cardiovascular Disease Mortality



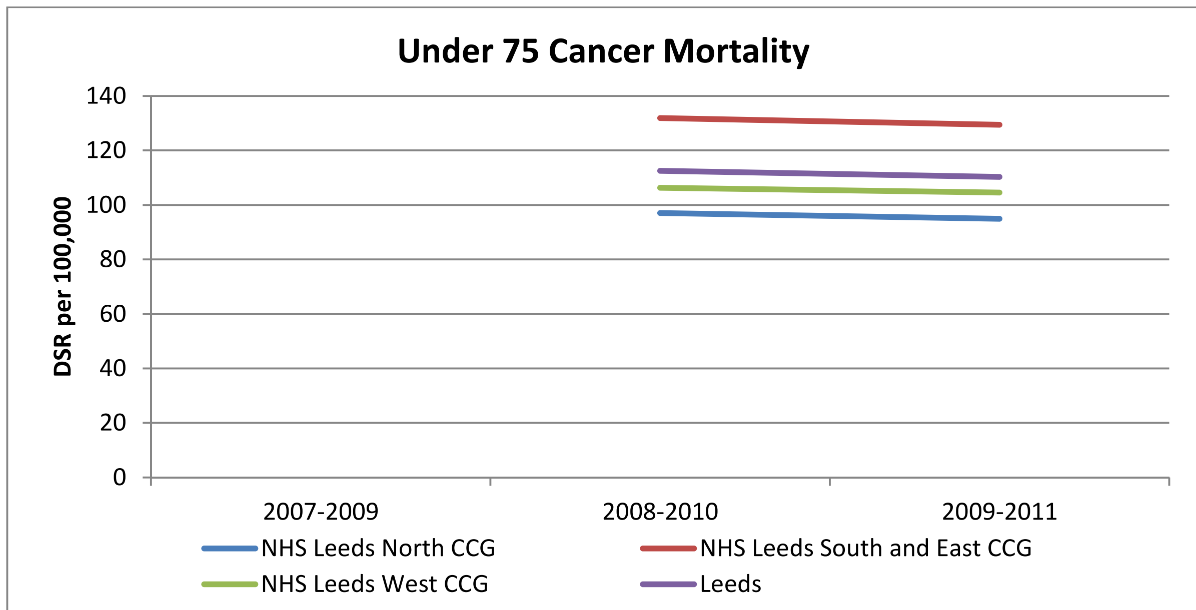


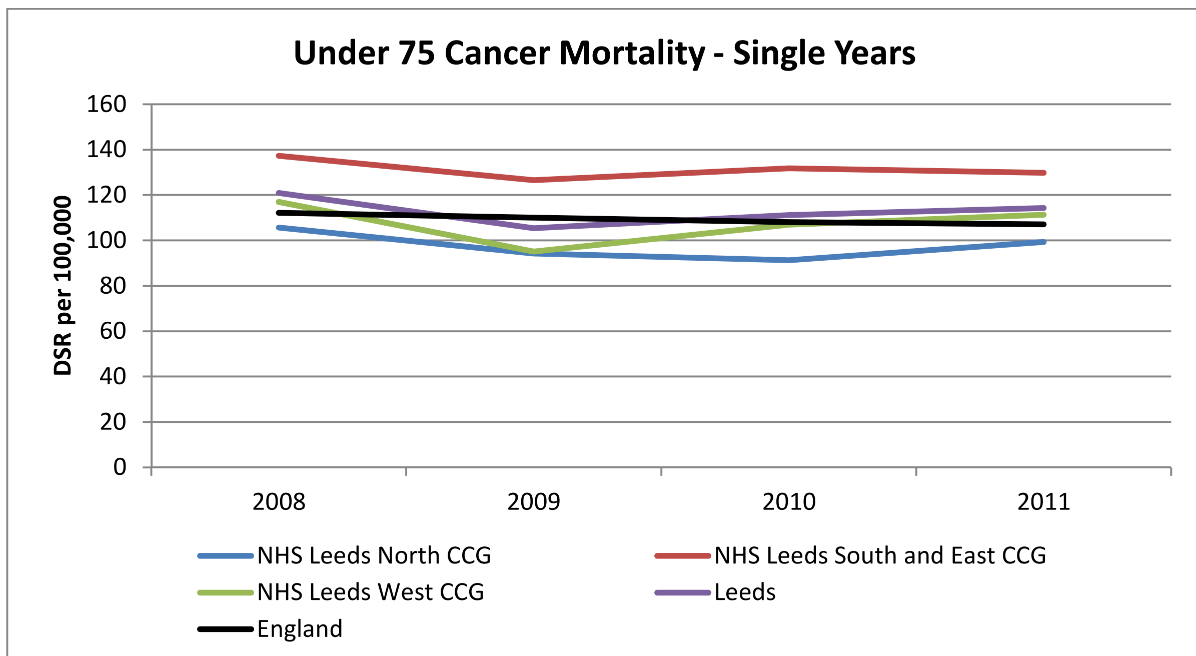
3 year average data is not available prior to 2008-2010 and national comparison rates are single year figures, hence the second chart of single year rates has been provided. Rates overall have reduced for Leeds and all three CCGs between 2008 and 2011, though there was variation within the period with an increase in Leeds South and East in 2009 and 2010, and in Leeds North in 2009 and 2011. The England rate also shows a decrease over the time period. Leeds overall, Leeds South and East

and Leeds West are currently above the England average while Leeds North is below the England average.

The numbers of Leeds residents who died from circulatory disease aged less than 75 years old in 2009, 2010 and 2011 were 564, 549 and 497 respectively, an average of 537 deaths per year.

Under 75 Cancer Mortality



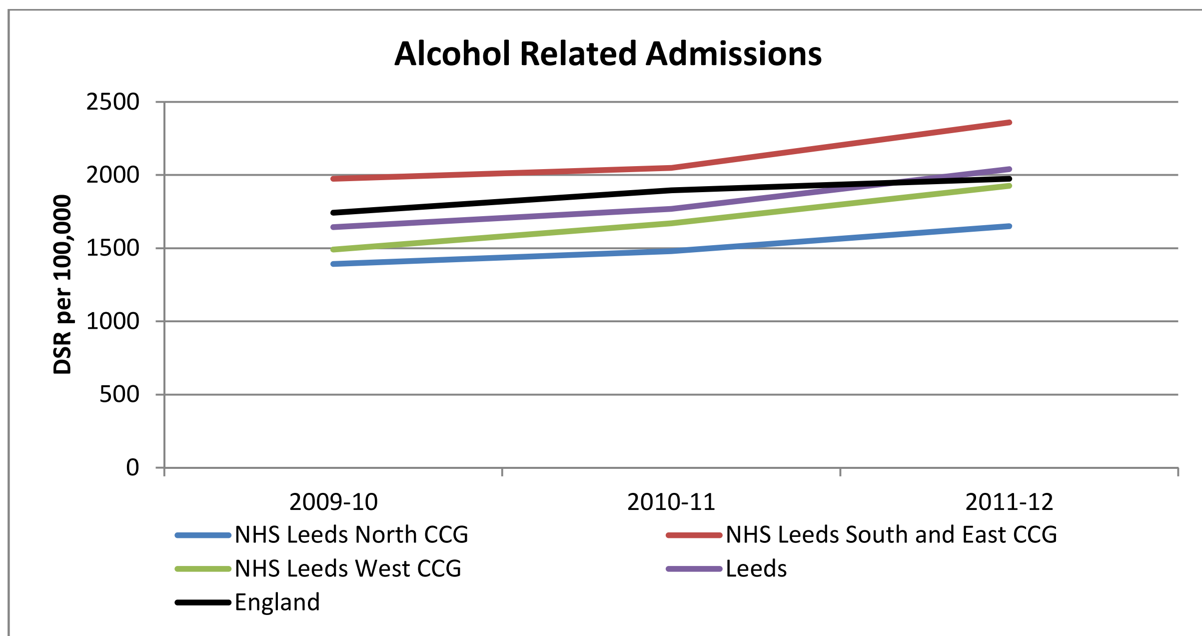


3 year average data is not available prior to 2008-2010 and national comparison rates are single year figures, hence the second chart of single year rates has been provided. Rates overall have reduced for Leeds and all three CCGs between 2008 and 2011, though there was variation within the period with a trough in 2009 and a subsequent slight rise in the rates up to 2011. The England figures have shown a very slight constant decrease over the period. Leeds overall, Leeds South and East and

Leeds West are currently above the England average while Leeds North is below the England average.

The numbers of Leeds residents who died from cancer aged less than 75 years old in 2009, 2010 and 2011 were 810, 865 and 882 respectively, an average of 852 deaths per year.

Alcohol Related Admissions

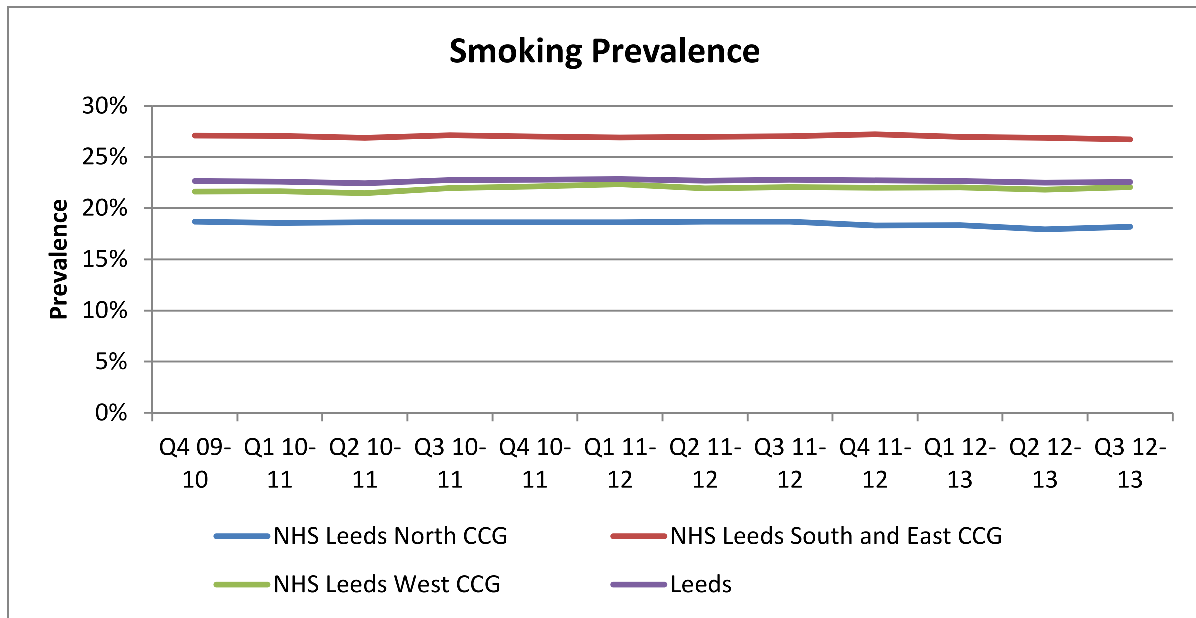


Alcohol related admissions rates are increasing between 2009-10 and 2011-12 for all three CCGs and for Leeds overall. The rate for England is also showing a constant increase, though at a slightly lower rate than the others. Leeds North and Leeds West CCGs are below the England average which Leeds South and East is above. The Leeds rate was below the England rate in 2009-10 but is above by 2011-12.

The number of alcohol related admissions[1] for Leeds residents for the financial years 2009-10, 2010-11 and 2011-12 were 15,082, 16,362 and 18,913 respectively or an average of 16,785 per year.

[1] Alcohol related admissions are fractions of admissions attributable to alcohol use; the total number of these is therefore not necessarily a whole number. The exact numbers for the financial years 2009/10, 2010/11 and 2011/12 were 15,081.9, 16,361.7 and 18,912.7 respectively or an average of 16,785.4 per year.

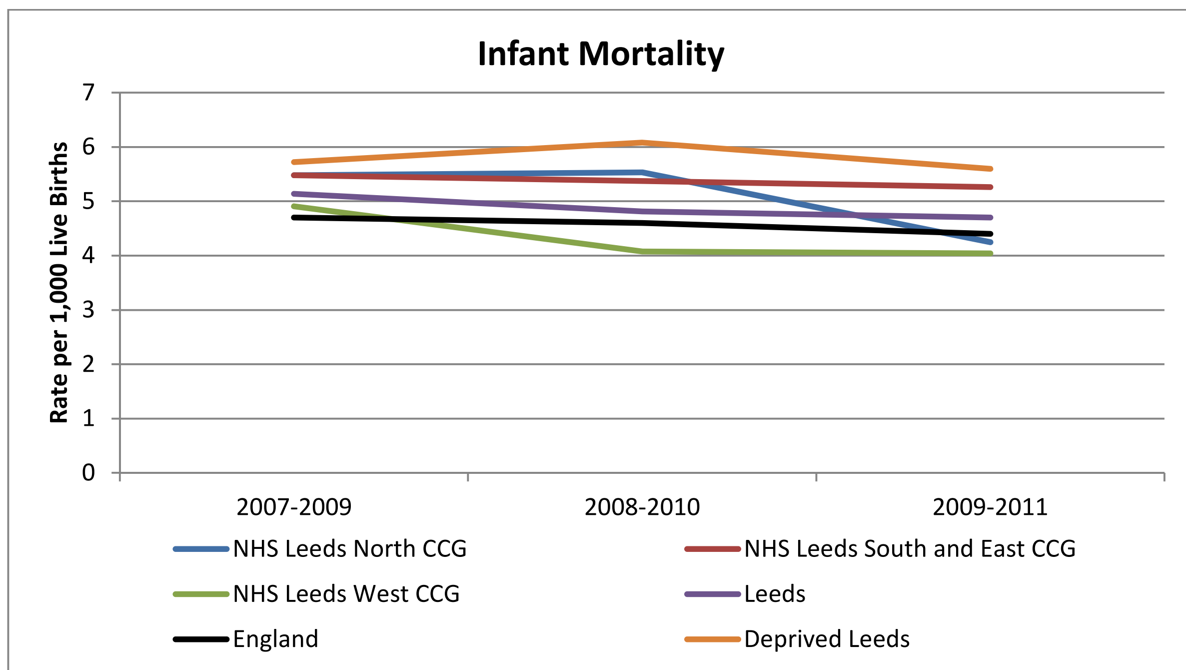
Smoking Prevalence



Smoking prevalence has remained relatively constant form Q4 09-10 to Q3 12-13 for both Leeds and the three CCGs. The highest prevalence is in Leeds South and East while the lowest is Leeds North. The England prevalence as at Q4 11-12 was 20.0%, slightly lower than the Leeds rate which remains around 22-23%. Leeds North CCG is the only one of the Leeds CCGs below the England prevalence.

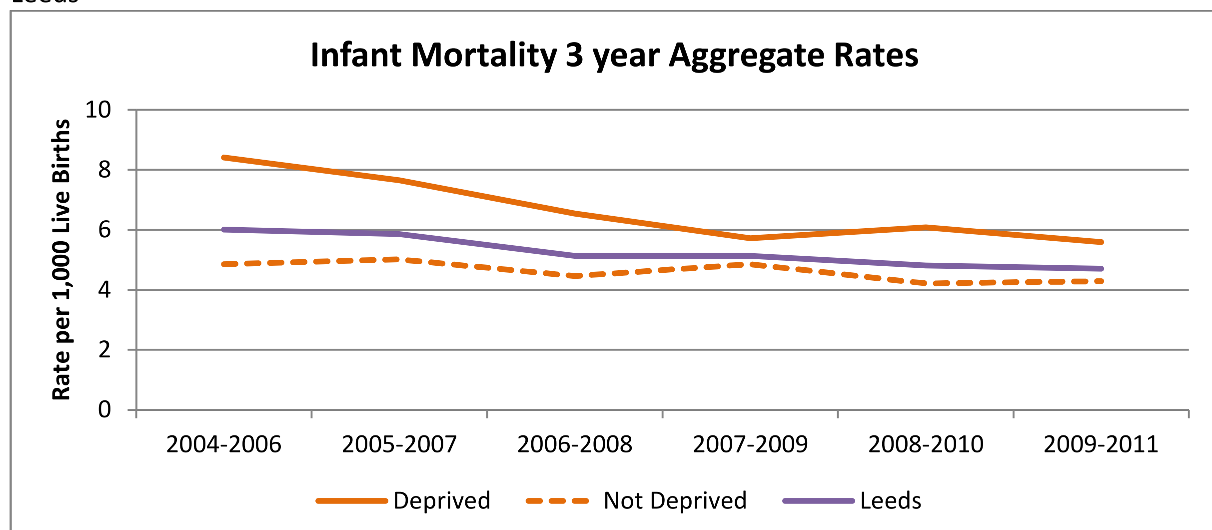
The number of smokers in Leeds aged over 16 for the most recently reported quarters are 146,936, 147,501, 147,853 and 148,151.

Infant Mortality



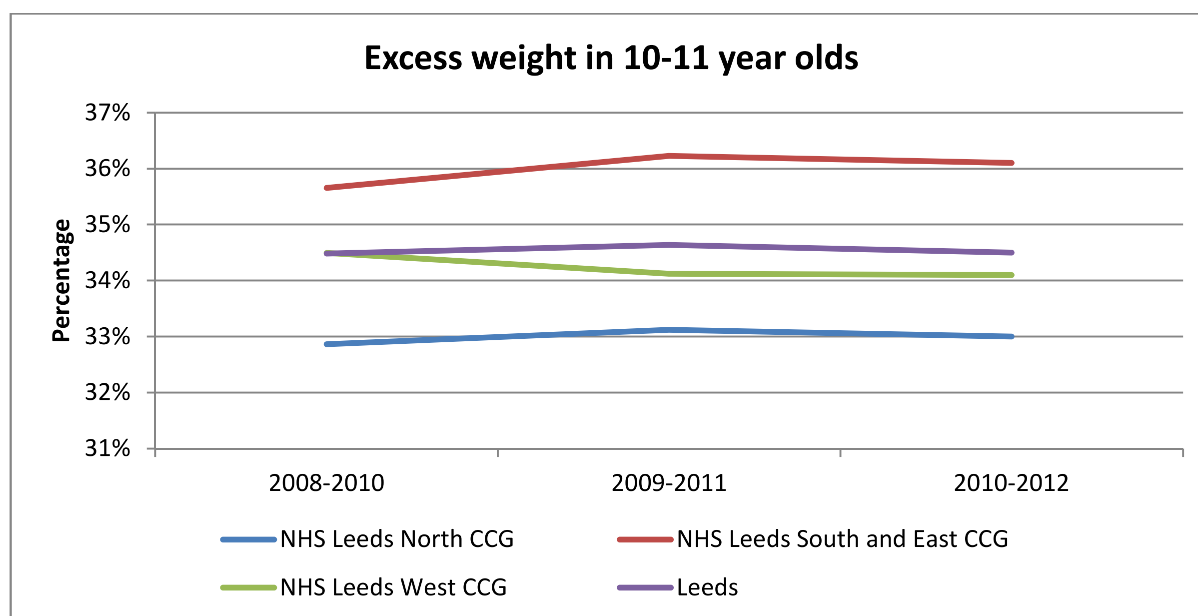
Infant mortality has reduced in Leeds North and Leeds West between 2007-2009 and 2009-2011, Leeds South and East has remained almost constant with a very slight reduction. Leeds as a whole shows a consistent downward trend over the time period. The England rate has reduced slightly. In 2007-2009 all Leeds organisations were above the England rate however by Leeds West and Leeds North are currently below the England rate and the Leeds overall figure is similar to that of England. The rate in Deprived Leeds is higher than any of the CCGs and is slightly lower in 2009-2011 than in 2007-2009 but increased in 2008-2010.

In 2009, 2010 and 2011 there were 56, 45 and 43 infant deaths (an average of 48 deaths per year) in Leeds



The above chart show the trend in infant mortality comparing populations resident in Deprived and non-Deprived Leeds over a longer time period. This chart shows an overall trend of a reducing gap in infant mortality.

Excess Weight in 10-11 Year Olds



The rate of excess weight in 10-11 year olds has increased in Leeds South and East and in Leeds North from 2008-2010 to 2010-12 and reduced in Leeds West CCG. The main changes took place between 2008-2010 and 2009-2011 while the figures remained relatively constant from 2009-2011 to 2010-2012. The Leeds overall figure has remained almost constant throughout. There are no three year average England figures however the previous three single years were all between 33% and 34%, lower than Leeds, Leeds South and East and Leeds West, and higher than Leeds North.

The numbers of children aged between 10 and 11 years old with excess weight[2] in Leeds in 2010, 2011 and 2012 were 1,801, 2,380 and 2,441 respectively (or an average of 2,207)

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[2] Excess weight – having a Body Mass Index greater than or equal to the 85th percentile using the British 1990 growth reference