Leeds Health and Wellbeing Board

Anna Frearson (Public Health, LCC), Polly Cook (PPPU, LCC) and Louise Hackett (Safer Leeds)

Report of: Anna Frearson (Chief Officer/Consultant in Public Health), Polly Cook (Executive Programme Manager, PPPU, Leeds City Council) and Louise Hackett (Head of Safeguarding and Community Safety Partnership Development, Safer Leeds, Leeds City Council)

Report to: Leeds Health and Wellbeing Board

Date: 23rd November 2017

Subject: Making a breakthrough: a different approach to affect change

Are specific geographical areas affected? If relevant, name(s) of area(s): Priority Neighbourhoods in East of the City Physical Activity work is planned for Burmantofts and Richmond Hill, Gipton and Harehills, Crossgates and Whinmoor, Killingbeck and Seacroft, Temple Newsam and Chapeltown	☒ Yes	☐ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

We have a bold ambition that Leeds will be the best city for health and wellbeing. The Leeds Health and Wellbeing Strategy 2016-21 includes 12 priority areas where action is required to tackle health inequalities and achieve our agreed outcomes for the people of Leeds. Led by Leeds City Council, there are a number of themed areas where work has been targeted, a different approach sought, in order to make a breakthrough towards more fulfilling lives for our population. This paper introduces the Health and Wellbeing Board to three of these areas which relate to wider or social determinants of health and wellbeing. Each of the topic areas is presented as a chapter in this combined report, but will be presented at the Health and Wellbeing Board meeting in turn, using the information in this paper as a prompt for place-based discussion.

Recommendations

The Health and Wellbeing Board is asked to:

- Consider the recommendations made relating to each chapter under 3.1.3, 3.2.8 and 3.3.3.

1 Purpose of this report

1.1 This report provides the Health and Wellbeing Board with an overview of approaches taken to address challenges relating to three determinants of health and wellbeing: supporting the inactive to become active, air quality, and domestic violence and abuse.

1.2 Given the clear links with priorities of the Leeds Health and Wellbeing Strategy 2016-21, the Board has an opportunity to understand persistent challenges relating to these wider determinants, provide a view on what else can be done, explore and ensure links with our city's other strategic plans (such as the Leeds Health and Care Plan, Inclusive Growth Strategy) and agree individual and collective action that can contribute to improved outcomes for people in Leeds.

1.3 Although prepared as a combined report for all three topic areas, this paper presents information for consideration in three chapters. This will form the 'running order' of discussions at the Health and Wellbeing Board meeting.

2 Background information

2.1 Leeds City Council has established eight breakthrough projects to support its ambition of a strong economy, a compassionate city and a city where people have the potential to realise their full potential.

2.2 The themes selected as the focus of this work are closely linked to the priorities of the Leeds Health and Wellbeing Strategy and therefore contribute to the city's vision that 'Leeds will be a health and caring city for all ages, where people who are the poorest improve their health the fastest'.

2.3 Given the strong links the Health and Wellbeing Strategy, which is overseen by the Health and Wellbeing Board, in October 2016, the Board received a round-up report of all 8 breakthrough projects.

2.4 Rather than repeat the exercise of updating Board members on the progress of these projects themselves, this paper (and the subsequent discussions) seeks to explore a small number of these topics – of wider and social determinants of health – and ask the Board to share a view on action that can contribute to taking a different approach to tackling issues, unblocking persistent challenges and progressing towards our shared ambitions for the city and our population.

3 Main issues

3.1 Chapter 1: Early interventions and reducing health inequalities

Making Leeds the most active city by supporting the inactive to become active

Introduction

3.1.1 This chapter explores how we can make Leeds the most active city – supporting the inactive to become active and introduces a new model for the delivery of physical activity within localities and to support engaging communities and partners in this collaborative, systems based approach.

3.1.2 Sport England's most recent Active Lives Survey shows that 23% of the adult population in Leeds are inactive (taking 30 minutes or less of physical activity per week), with 21.6% of adults obese; rates that are higher than the national average. Half of young people in the city are not currently achieving the Chief Medical Officer recommended 1 hour of moderate to vigorous physical activity per day.

Recommendations

3.1.3 The Health and Wellbeing Board are asked to:

1. Consider the contribution that physical activity and moving more can make to city's priorities.
2. Agree ways they can contribute to increasing physical activity including:
    - As commissioners – how to integrate physical activity into health and care pathways and services.
    - As employers – how to upskill staff to better support people to become active and commit to creating workplaces that support staff to become more active / less sedentary (including active travel to work).
    - As collective leaders – how to develop a whole systems approach to physical activity in Leeds in relation to improving collaboration and the sharing of resources between partners.
3. Provide views on the role of the HWB in terms of new governance structures that will be put in place for Sport Leeds and the new Sport and Active Lifestyle Strategy; to better reflect the positioning of Physical Activity in the City and focus on decreasing inactivity levels.

Why is being physically active so important?

3.1.4 Increasing physical activity has the potential to improve the physical and mental health and wellbeing of individuals, families, communities and the city as a whole. As well as being physically active, it is important that all adults and children minimise the time spent being sedentary (sitting) for extended periods. Even among individuals who are active at the recommended levels, spending large amounts of time sedentary increases the risk of adverse health outcomes

3.1.5 There is strong evidence to suggest that an active lifestyle is essential for physical and mental health and wellbeing and that:

- Being active can reduce the risk of developing diabetes by 30-40%. People with diabetes can reduce their need for medication and the risk of complications by being more active.
- Persuading inactive people to become more active could prevent one in ten cases of stroke and heart disease in the UK.
- Being active every day can reduce the risk of developing breast cancer by up to 20% and also improve the lives of those living with cancer.
- Staying active can reduce the risk of vascular dementia and also have a positive impact on non-vascular dementia.
- People who are inactive have three times the rate of moderate to severe depression of active people.

3.1.6 Lack of physical activity is costing the UK an estimated £7.4 billion a year, including £0.9 billion to the NHS alone. Long term conditions such as diabetes,

cardiovascular and respiratory disease lead to greater dependency on home, residential and ultimately nursing care. Increasing activity levels in a population has the potential to reduce these costs.

3.1.7 There are wider, socio-economic benefits from physical activity, such as:

1) Being active plays a key role in brain development in early childhood and is also good for longer-term educational attainment.
2) Participation in physical activities contributes £244.1 million to Leeds economy and provides a total of 7374 jobs in Leeds.
3) Active travel – walking and cycling - also has the ability to connect people and places together whilst supporting an improvement in air quality through a reduction in road traffic emissions.

3.1.8 National statistics, supported by local data and insight, suggest that being physically inactive is often clustered with other unhealthy behaviours such as smoking and excess alcohol consumption. Clustering of unhealthy behaviours is notably worse in areas of higher deprivation. The map attached as appendix 1 illustrates that adults in affluent communities are more active than adults living in deprived Leeds.

3.1.9 There are marked differences in levels of activity in certain groups of people that must be considered. Many minority ethnic groups have lower rates of physical activity participation and do not achieve the recommended levels of physical activity. Disabled people are half as likely as non-disabled people to be active. Only 1 in 4 people with learning difficulties takes part in physical activity each month compared to over half of those without a disability. Men are more active than women in virtually every age group. Half of all lesbian, gay, bisexual and transgender people say they would not join a sports club, twice the number of their heterosexual counterparts.

How can physical activity help the city achieve its wider ambition and outcomes?

3.1.10 The following key citywide strategies and policies and plans are now in place and demonstrate the strength of the commitment to physical activity in achieving our shared outcomes for the city:

- **Health and Wellbeing Strategy (2016 – 2021)** - ‘More people, more physically active, more often’ is one of the 12 priorities, owned by the Leeds Health and Wellbeing Board.
- **Leeds Health and Care Plan** – contains a physical activity workstream within the Prevention work programme, with the ambition that ‘We will ensure that people of all ages understand the benefits of being physical active. We will create environments that encourage people of all ages to build physical activity into their everyday life’. Increasing physical activity contributes to the ‘Leeds left shit’ due to its potential role in preventing and managing illness.
- **Best City Plan (2015 -20)** - ‘Promoting physical activity’ is one of 20 priorities in the Best Council Plan.
- **Sport Leeds – Sport and Active Lifestyles Strategy** (2013-2018) - tackling health inequalities is firmly embedded, aiming to ‘support the inactive to become active’. The strategy is about to be refreshed and will have a bigger focus on increasing physical activity in the future.

- **Early intervention and reducing health inequalities breakthrough** – physical activity was chosen by partners at a large Outcomes Based Accountability event as a key priority for the Breakthrough Project to focus on. A steering group was then established to oversee the work programme, jointly chaired by Public Health and Sport & Active Lifestyles with cross-directorate Council representatives. The aim is to begin to broaden the membership to include external partners. The group reports to the Sport Leeds Board and the Leeds Health and Care Plan Prevention Board.

3.1.11 It should be noted that there are significant numbers of projects and programmes that are in place to increase physical activity in the city (e.g. in schools, leisure centres and community and volunteer run projects) with partnerships and collaboration at their heart. This paper is proposing some bigger system wide shifts that could achieve significant changes in terms of encouraging Leeds to be more active.

Working differently

3.1.12 **Vision**
This is about more than sport and asks us to widen our understanding of physical activity. It also includes sedentary behaviour. In order to make a real change, the vision for Leeds is to get everybody moving more, every day. Unlike many health messages, this is positive inspiring and creates energy, whilst having wide reaching impact. This is a 'hold your nerve', long term goal, which requires investment, time and commitment.

3.1.13 **Governance and leadership**
There is an opportunity for the Health and Wellbeing Board to provide system leadership to galvanise organisations and partnerships across the city.

The Sport Leeds Board is a key group which oversees the city's Sport and Active Lifestyles Strategy and can drive this work forward on behalf of the HWB. Sport Leeds is a currently a broad partnership chaired by Sally Nickson Head of Sport & Active Lifestyles at Leeds Beckett University with a Public Health and lay Sports representative as vice chairs. Sport Leeds are about to embark upon a review of the Sport and Active Lifestyles Strategy alongside a review of the governance structures around physical activity in the city. It would be helpful if there was a clearer relationship between the Sport Leeds Board and the HWB once its role and membership has been reviewed.

3.1.14 **Influencing employers across the City**
It is important that public sector employers and local business create workplace cultures that encourage the workforce to be physically active and break up sedentary behaviour. This might include helping organisations to translate active, healthy workplaces into sickness absence and productivity savings.

3.1.15 **Workforce**
We need to build the knowledge skills and understanding of the workforce to embed physical activity into their everyday work. This includes commissioners and planners along with health and social care professionals, third sector workers and other front line workers.

3.1.16 **A whole Systems approach to physical activity**

A systems approach to physical activity requires a fundamentally different approach to the way organisations work together. This is being led by the Sport and Lifestyles team (LCC) along with involvement from city wide partners. A systems based approach in Leeds will seek to:

- Create a blueprint for how to collectively run and operationalise a physical activity system
- Demonstrate how this system can improve outcomes for specific communities and be replicated in other areas across the city/region/country

Given the strong link between inactivity and deprivation, a whole systems approach to addressing inactivity is being developed in areas of high deprivation across Leeds. This work creates links with a number of high profile regeneration plans in the inner east area of the city and joins up with the Council's more focused locality working.

However, there are a number of challenges in delivering a systems approach to physical activity including:

- The scale of delivery required – enabling whole communities to be impacted by the change, whilst ensuring individuals needs are still being met through the approach
- Engagement / influencing of partners towards a shared agenda
- Working in a truly collaborative way with partners, sharing and aligning resources
- Gaining community buy-in – taking a 'working with' approach
- Collating a comprehensive understanding of the current position in the Inner East to inform future decision making and action planning
- Measuring the impact of the project

What are the persistent challenges?

3.1.17 **Active Leeds: getting people moving at scale**

Getting Leeds on the move will only happen if we involve all sectors and communities. Despite a raft of schemes and interventions already in place, getting people moving 'at scale' requires bigger system changes.

3.1.18 **Promoting an 'Active City'**

People are more likely to be active if it is seen as 'normal', and if their friends and peers are also active. Large, community-wide campaigns are needed to increase physical activity, as long as they are supported by local level community activities.

Good marketing and communication strategies based upon the principles above linked to moving more are vital. In Leeds we have already had success with national campaigns such as One You – Active 10, Change for Life, 10 minute shake up, and Leeds Girl Can. We need to build on these and lead the movement for change getting all sectors of Leeds involved and working together.

Work is underway to link up the messages about physical activity with the positive improvements to air pollution/congestion, active travel and improving health and wellbeing.

3.1.19 **Active environments**

Environment shapes behaviour. Homes, workplaces and local environments often make it more difficult to be physically active and our neighbourhoods and towns have largely been designed around car use.

The Breakthrough approach brings together spatial planners, regeneration, transport, parks and countryside, healthy schools, public health and sport and active lifestyle staff to establish key design principles. These will help to ensure the future design and development of physical infrastructure that will support and enable communities to become more active.

3.1.20 **The role of front line staff**

Health and social care professionals and third sector workers can play a significant role in supporting people through a 'working with' approach – for example, 1 in 4 patients would be more active if advised by a GP or nurse. For those that require more structured support, staff across the city need to be equipped with the skills to give brief advice and make referrals for physical activity.

3.1.21 **Active workplaces**

As large employers, health and care organisations in Leeds can support and enable staff to be more active and less sedentary, such as:

- flexible working policies and incentive schemes
- policies and practical measures to encourage employees to walk or cycle
- information, ongoing advice and support
- independent health checks focused on physical activity
- installing simple signs near lifts, pointing out that 2 minutes of stair-climbing each day could burn enough calories to eliminate the weight an average adult gains each year

3.1.22 **Measuring progress**

To make everybody active every day we need to monitor progress and measure the impact at a population, organisational, programme and individual level. Data around physical activity is poor particularly at local level. A collective effort is needed to improve data and insight, possibly using more creating sources, to inform the development of policy and practice.

3.2 Chapter 2: Cutting carbon and improving air quality

Introduction

3.2.1 This breakthrough programme covers a wide area but for the purpose of this report will focus on the impact of fuel poverty and air pollution due to the direct links with health outcomes for the city.

3.2.2 The Department of Environment Food and Rural Affairs (DEFRA) carried out a national assessment of air quality based on the requirements of the EU Directive on air quality. As a result of this, in December 2015 DEFRA published their updated air quality action plan that named Leeds, along with Nottingham, Birmingham, Derby, Southampton, and London as places in the UK that will be

not be compliant with nitrogen dioxide targets by 2020. The latest revision (July 2017) of the UK Air Quality Plan states that the aforementioned cities would have to deliver a Clean Air Zone (CAZ) by the end of 2019, with a further 24 cities to deliver a CAZ by late 2020.

3.2.3 The national model identified that two stretches of the Inner Ring Road would be non-compliant by 2020. However, the local, more detailed modelling and monitoring has highlighted other areas of concern such as the city centre by Neville Street and Main Street in Pool in Wharfedale.

3.2.4 The CAZ is a defined area in the city where vehicles of a certain type, age and fuel are charged for entering the zone. The charging is achieved by a ring of number plate recognition cameras at strategic points along the boundary of the zone.

3.2.5 Leeds City Council's vision for the city includes improving air quality as a corporate priority. Creating a city that is attractive, safe and clean aligns with the authority's 'Best City' objectives. A city that delivers improved air quality provides benefits in terms of public health outcomes as well as creating an environment that is attractive for those who live or work in the city as well as for those who visit. As such the air quality strategy for the city will look to deliver improvements across all areas of the district in addition to meeting UK and EU air quality standards.

3.2.6 In 2013 11.6% of households in Leeds were living in fuel poverty. Fuel poverty is the inability to afford to stay reasonably warm at home and this is a significant cause of ill health, particularly in the very young, old or those suffering cardio vascular, respiratory or mental health conditions. The large number of Victorian terraced properties in Leeds, makes tackling this issue complicated and expensive.

3.2.7 In summary this chapter outlines the overall communication of the health impacts of poor air quality, work that the council has achieved on lowering carbon and improving air quality through council action and the planning of the Clean Air Zone and progress made on keeping vulnerable people warm in their homes.

Recommendations

3.2.8 For the Health and Wellbeing Board to:

1) Provide advice and guidance on how best to link through to the city's health professionals to promote key messages on air quality.
2) Encourage the city's health organisations to lead by example in terms of their own fleet and travel planning.
3) Consider how best to utilise air pollution data to support vulnerable groups
4) Participate in the air quality consultation process.
5) Support an integrated independent living and affordable warmth service to ensure that vulnerable people receive physical improvements to their homes that will allow them to be warm and well at home.
6) Champion affordable warmth across the health and social care sectors, to ensure that trusted frontline carers continue to refer clients for support.

7) Consider joint investment in energy efficiency improvements in particularly vulnerable residents where there is a health business case (i.e. to improve hospital discharge processes).

Why is cutting carbon and improving air quality so important?

3.2.9 There is now categorical evidence that long-term exposure to everyday air pollutants contributes to cardiovascular disease (including heart diseases and stroke), lung cancer, and respiratory disease (including asthma and chronic bronchitis).

3.2.10 Failure to improve air quality also means a risk of failing to deliver a health benefit to the public, and that the impact in terms of deaths and ill health associated with poor air quality aren't reduced. Air pollution is responsible for approximately 680 deaths per year in Leeds.

3.2.11 There is also categorical evidence that living in a cold home is a major determinant of ill health. The medical and psychological consequences of living in cold and damp conditions are well recognised and led to the National Institute for Health and Care Excellence (NICE) publishing a quality standard in 2016 entitled *Preventing excess winter deaths and illness associated with cold homes*.

How can cutting carbon and improving air quality help the city achieve its wider ambition and outcomes?

3.2.12 The Best Council Plan sets out what the council will do to help improve the lives of local people and how we will measure progress in delivering better outcomes across Leeds. The most relevant of these are identified below:

- Supporting communities and tackling poverty: improving housing conditions and energy efficiency.
- Promoting sustainable and inclusive economic growth: improving the competitive position of the city through the enabling of low carbon energy infrastructure and reduced carbon emissions.

3.2.13 The following key citywide strategies and policies and plans are now in place and demonstrate the strength of the commitment to cutting carbon and improving air quality in achieving our shared outcomes for the city:

- The ability to identify and target those areas of most concern regarding air quality is in line with the Council's ambition to reduce health inequalities across Leeds. There is a need to reduce air pollution-related risks for all. However, it is also the case that greater health gains can result from targeting those areas and people most at risk.
- It is the ambition of Leeds, set out in the *Vision for Leeds 2011-2030* to ensure that all homes in the City are of a decent standard and that everyone can afford to stay warm.
- Preventing cold related illness is an objective of *Leeds Health and Wellbeing Strategy* which seeks to ensure that people can thrive in healthy and sustainable communities by maximising health improvements through action on housing.

3.2.14 The Affordable Warmth Strategy (2017-30) has two overall aims:

- To increase the average SAP rating of housing in Leeds to band C by 2020 as a whole, and to ensure that no properties are below band E by 2030. This is more ambitious than the target outlined in the National fuel poverty strategy "to ensure that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency rating of Band C by 2030".
- To ensure that resident's health and wellbeing isn't put at risk due to being unable to heat their home, as per the NICE guidelines on preventing excess winter deaths.

Working differently

3.2.16 **Communication and engagement**

Many of the options to support the reduction of emissions complement the other themes of this report particularly Chapter 1. For example the work to improve air quality includes promoting active travel to reduce car use.

There are a number of key, yet simple messages that we are seeking to ensure are available to the residents of Leeds to enable to reduce both their own emissions and their exposure to emissions. For example, travelling by car can actually increase exposure to poorer air quality particularly in heavy traffic. Exposure can be reduced by choosing a greener route to walk or cycle that is just a few meters away from a congested roadway or on adjacent back streets. The health benefits of exercise, even along a busy road, outweigh the risk factors of poor air quality exposure.

With access to these basic messages on air quality, residents can use the information to make active health choices about walking or undertaking exercise outdoors; residents can manage their routes to avoid pollution hotspots, seek to travel outside of rush hour where possible and use less congested routes to walk or cycle so avoiding the bulk of vehicle congestion and minimising their exposure to emissions while maximising the benefits of being active.

Steps are already being taken to raise awareness of relevant information in the public domain about the current air quality in the city. Defra produce information which is available via their website. The council uses a number of twitter accounts to highlight low pollution days and to make calls to action or detail progress.

As part of the CAZ implementation, that Leeds is mandated to implement by the Government, there will be a staged approach to consultation. This will include not just the sectors most affected by the proposals but also members of the general public living and working in Leeds. This will link with work undertaken with local schools and in localities most affected by poor air quality to raise awareness, provide access to key messages and encourage everyone to make small individual changes that can have a collective positive impact on improving air quality in Leeds.

Work has recently been undertaken as part of National Clean Air Day to update and inform health care professionals such as asthma nurses and respiratory consultants about air quality and to share the key messages of how people can reduce their exposure.

This work would benefit from being offered on a rolling programme for front line health professionals as part of their on-going continuous professional development. The briefings or updates could also include others working directly with children and families to improve health and wellbeing such as schools and children's centre staff.

3.2.17 **Vehicle procurement**

Leeds City Council is replacing an increasing number of its corporate fleet with zero or ultra-low emission vehicles (ULEV), with over 100 projected to be on fleet by the end of the current financial year. This will represent the largest ULEV fleet of any local authority in England. The council has also undertaken a study to look at the future needs of the city in terms of alternative fuel infrastructure. This transition needs to be supported and replicated in other public and private sector organisations across the city to speed up the transition to clean air.

The Leeds Teaching Hospitals Trust is currently running a pilot with six low emission vehicles one of which is an electric vehicle. The Trust is also working with Fleet Services looking at alternative options for their fleet of 30+ vehicles the majority of which run in the city centre. The pilot continues to run and discussions are taking place around future strategies.

3.2.18 **Travel planning**

Organisations across the city undertake travel planning for their workforce and have the opportunity to influence their employees. There are a number of new initiatives that employers can help to promote:

- The new cycle superhighway that has been opened recently, providing a cycle link between Bradford and Leeds and the plan to deliver a further phase in 2018 with a 10km City Centre Loop being constructed,
- Park and rides at Elland Road and Temple Green with future expansion at Stourton
- New train stations at Appleby Bridge and Kirkstall Forge with future expansion at Leeds Bradford airport, White Rose and Thorpe Park
- Changes to bus services to support the aim to double patronage
- Free ULEV parking permits for Leeds' residents

3.2.19 **Mode shift stars scheme in schools**

Activity to promote sustainable travel and improve air quality in schools has seen 80 Leeds schools register for the 'Mode Shift Stars' scheme. Mode Shift Stars is an externally assessed scheme that assesses schools travel plans and home to school travel profiles and awards schools for developing low impact travel behaviours. Shifting journeys to school from using the private car/taxi to modes with less emissions will have a positive impact on air quality both at schools specifically and in Leeds generally. This also supports the drive to increase activity of the population so supports multiple outcomes.

3.2.20 **Warmer homes for vulnerable residents**

The Leeds Affordable Warmth Partnership has been working with all sectors in the city to tackle fuel poverty for many years. There have been real successes, with the average energy efficiency of homes increasing significantly with a strong

network of health, social and voluntary sector organisations working together to provide planned and crisis support for vulnerable residents in fuel poverty.

The partnership has agreed the following objectives in order to improve affordable warmth across the City:

- Increasing Energy Efficiency
- By providing schemes to increase the energy efficiency of domestic housing
- By providing energy efficiency advice to residents across Leeds
- Reducing Fuel Poverty:
- By targeting fuel poor households with assistance
- By maximising the income of households in fuel poverty
- By reducing household fuel bills
- Improving Health and Wellbeing through Increasing Affordable Warmth:
- By improving household heating without increasing carbon emissions where possible
- Through crisis intervention for vulnerable people in cold homes, including heating installation and repairs
- With help to prevent people falling into fuel poverty
- Enabling Residents to Benefit from Renewable Energy

This is delivered through a three pronged approach to heating and energy efficiency improvements encompassing:

- City wide projects aimed at improving the whole housing stock to future proof residents against fuel poverty;
- Targeted initiatives in areas with particular characteristics that make them susceptible to fuel poverty, for example, areas of low income, hard to treat housing or with large concentrations of vulnerable households such as those with long term medical conditions;
- Crisis intervention to identify and assist those vulnerable residents most in need.

What are the persistent challenges?

There remain a number of persistent challenges that we are working to resolve to tackle fuel poverty:

3.2.21 **Improving energy efficiency of solid walled homes**
There are over 70,000 Victorian Terraces in Leeds which are characterised by being cold and hard to insulate. The council is therefore working on some area based regeneration work to provide whole neighbourhoods with external wall insulation and new roofs. The council is also trialling innovative new products which should make these solutions more affordable.

3.2.22 **Reducing the costs of energy**
Evidence shows that the vast majority of households have not switched suppliers in the last 12 months and so are stuck on suppliers most expensive standard variable tariffs. The council has therefore established *White Rose Energy* which supplies affordable gas and electricity to any household in Yorkshire. We are working to switch customers, particularly council tenants, to this new supply.

3.2.23 **Heating improvements for non-gas customers**
Gas is currently the cheapest way to heat a house. The council has invested in recent years in partnership with Northern Gas Networks in numerous gas mains extensions to all electric estates. More recently, the council has started to invest in district heating which can provide heat which is similar in price to gas but significantly lower carbon.

3.2.24 **Creating a safety net for the most at risk customers**
The council, the voluntary sector and the health sector have worked closely for many years to create really effective referral networks to ensure that trusted frontline carers can refer customers for help. A problem in the past was that the grant eligible criteria were restrictive and the solutions offered were only partial. Recently, the council secured Local Growth Funding that now allows us to trial an approach which will provide the right help – be it external wall insulation or new heating systems – for anyone in fuel poverty who suffers from related health conditions. We will gather evidence from this service and attempt to create a business case for future investment.

3.3 Chapter 3: Domestic violence and abuse

Introduction

3.3.1 Most people's lives have been touched by domestic violence and abuse in some way and many of us know someone who has been affected by it. This issue cuts across all ethnic groups, all ages and all social backgrounds.

3.3.2 The city has a history of working well and innovatively with victims of domestic violence, but nevertheless the numbers of incidents, and especially those that are repeats, remains high.

Recommendations

3.3.3 For the Health and Wellbeing Board to consider and agree collective action to address persistent challenges by:

1) Identifying opportunities to increase capacity at the FDSH
2) Identifying new opportunities to upskill staff and services to identify and respond to DV and in particular issues of coercion and control
3) Removing barriers and improving access to appropriate services for people with complex needs who are experiencing domestic violence
4) Considering ways to increase services and interventions available to perpetrators of domestic violence
5) Considering opportunities to tackle issues of social isolation as a barrier to addressing issues of domestic violence and abuse.

Why is tackling domestic violence and abuse so important?

3.3.4 The human and financial impact of domestic violence and abuse to adults, children, families and our communities is considerable. In addition to the

significant harm and disruption it causes to individual lives the cost to public services and economic output are also widely recognised.

3.3.5 The scale of the issue in the city is significant with over **19,504** incidents of domestic violence reported to West Yorkshire Police in the 12 months up to August 2017, a **9.8%** increase on the previous year. Of these, 31% involved children.

3.3.6 The Domestic Violence Breakthrough Project was established to make a step change in the way we tackle domestic violence and abuse. Work has been taken forward in four areas:

1) Changing attitudes and perceptions (individuals and communities
2) Supporting victims (adults, children and families)
3) Challenging behaviours (working with perpetrators)
4) Enabling Effective Change (workforce and organisational response)

Working differently

3.3.7 **Front Door Safeguarding Hub (FDSH)**

This involves over 15 agencies coming together on a daily basis to share information and co-ordinate and plan responses to high risk cases of domestic violence. A daily partnership meeting is a central element of the initiative. The focus of the meeting is to manage risk and the co-ordination of appropriate support. Duplication and multiple contacts to victims are also minimised through this approach. Clear action plans are set with for actions relating to victims, children and perpetrators.

Since the FDSH was established in April 2015 we have seen a **20% increase** in cases coming to the daily domestic violence meeting in the form of increased referrals from all agencies and the number of police incidents.

As part of the FDSH arrangements, processes to notify schools and GPs of domestic violence incidents have been introduced:

- Schools now receive information at the beginning of the school day of any incident where one of their pupils has been present at an incident of domestic violence that the police have attended. Since April 2016 over 3000 notifications have been completed to schools.
- CCG staff at the front door notify GPs of concerns for all victims identified at the daily domestic violence meetings. Since this was established over 2976 notifications to GPs have been made and there has been an increase in referrals to the daily meeting from GPs.

An audit of these notifications have enabled the CCG Safeguarding Team to identify the GP Practices who have high incidence of patients subject to or at risk of Domestic Violence and Abuse incidents. The CCG Safeguarding Team are working with Safer Leeds to promote services to these areas and plan to offer bespoke training for each GP practice.

Leeds Community Health Care NHS Trust and the Leeds and York Partnership NHS Foundation Trust (LYPFT) are partners within the Front Door Safeguarding Hub ensuring that Health Visitors, School Nurses, and health staff across LYPFT

are notified of victims that they are working with who have been discussed at the daily meeting.

3.3.8 **Developing Routine Enquiry in GP Practices**

Following a successful pilot in Garforth, routine enquiry about domestic violence is being rolled out to GP practices in Leeds. To date 16 practices are now undertaking Routine Enquiry and discussions underway with a further 18.

This has been recognised as national good practice with the pilot at Moorfield Practice shortlisted for a BMJ award in the primary care category. Despite not winning the award the judging panel commented that the work was inspirational.

NHS England have also recognised the work, inviting staff from Safer Leeds and the GP practice to input into a delegation for health colleagues from Georgia and also hosting a conference (planned for April 2018) with the aim of rolling the Leeds Model out across the North of England.

3.3.9 **Family Drug and Alcohol Court and the West Yorkshire Problem Solving Court**

Leeds Children and Young People's Social Care is involved with two innovative approaches in the court arena, the Family Drug and Alcohol Court and the West Yorkshire Problem Solving Court. Both involve approaches which are non-adversarial in the court arena and which give targeted support to parents who are motivated to change, often as a result of care proceedings being issued. Domestic Violence features very heavily in causes for children being at significant harm and it is crucial that services to support both victim and perpetrator are available at the point that parents are acknowledging the need to change. Whilst there are DV services, those available to perpetrators in particular are limited and not available in a timescale that fits with the needs of the child and the timescales laid down in statute for care proceedings.

3.3.10 **The Leeds Domestic Violence Quality Mark**

The Leeds Domestic Violence Quality Mark was designed to equip staff with the skills to deliver sensitive responses to those disclosing domestic violence and seeking help and promote appropriate and effective response from the whole organisation. Organisations undertaking the Quality Mark receive bespoke training, help with developing policies and guidelines and supported to engage effectively with MARAC processes and other initiatives.

Over 20 statutory, 3rd sector and private sector agencies have attained the Quality Mark in the last 12 months including the Adult Social Care Operations services within LCC Adults and Health Directorate. Organisations who have undertaken the Quality Mark tell us that they feel much better equipped to respond to both service users and their employees who are affected by domestic violence and abuse.

Feedback from Adults and Health is that; "*The Domestic Violence Quality Mark has significantly raised awareness of domestic violence amongst staff. We have introduced a full day mandatory training session to equip them with the skills to identify, respond and refer to specialist support services and the implementation*

of routine enquiry has resulted in more vulnerable individuals disclosing domestic violence. The quality mark has promoted joint working between agencies."

What are the persistent challenges?

3.3.11 **The capacity to manage volume**
Resources at the FDSH are stretched. A review is being undertaken to identify resources required and opportunities to manage demand. For example it has been identified that the health input might be more effectively managed by a system wide collaborative response working across the health economy and with access to all key health information systems. Earlier intervention may also provide an opportunity to prevent situations escalating. Models of work for this are being explored but will require resourcing.

3.3.12 **Lack of understanding**
Not understanding stalking and coercive control means that incidents are often seen as isolated occurrences rather than as a pattern of abuse.

3.3.13 **Social isolation**
Victims who are socially isolated can be more vulnerable and find it more difficult to seek and receive support. Isolation has featured in different ways in a number of DHRs including:

- Language barriers and lack of appropriate translation for whom English is not their first language.
- Young mothers having little social support outside of abusive partner.
- Older people where domestic abuse is not recognised as occurring in this age group.

3.3.14 **Engaging with and understanding people with complex needs**
A number of reviews involved victims (and perpetrators) with complex needs such as historic abuse, drug, alcohol and mental health issues. These issues can make it difficult for people to make and maintain contact with health agencies, drug and alcohol services and mental health services – this was often interpreted as the victim choosing not to engage and cases were closed, without exploring what/who might be preventing the victim from engaging or considering referrals to other agencies. Also some of the criteria and thresholds for services can make it difficult for some people to access the right help and support.

3.3.15 **Gaps**
There is a recognised gap in responses for perpetrators of violence with little available outside of Criminal Justice System.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 A wide range of consultation and engagement has been undertaken as part of all three of these areas of work.

4.1.2 The physical activity project team brought together information from a range of consultation and insight. Consultation was undertaken with the public, service users and providers, potential commissioners and wider stakeholders.

4.1.3 There has been initial consultation with key partners, community leaders and organisations for the whole systems approach to physical activity. This includes a project planning workshop in collaboration with the University of Leeds. There has also been a South Leeds Community Committee workshop on physical activity, 'Enabling Active Communities' workshop with partners from across City Development and Public health, engagement of other Breakthrough projects (air quality, communities, vibrant city centre, housing growth) and the New Wortley localities group.

4.1.4 The themes and priorities for the domestic violence breakthrough approach were identified and developed through a series of Outcomes Based Accountability (OBA) sessions and workshops. OBA methodology is still used as a key engagement tool and to identify issues and opportunities to take forward work. Over the last few months this has included specific sessions with: health economy professionals; the LGBT+ community; and BME and migrant communities.

4.1.5 In September 2017 Safer Leeds Executive, the Leeds Safeguarding Children Board and the Leeds Safeguarding Adults Board came together at a joint meeting to identify joint issues and priorities. Domestic Violence and Abuse was identified as a key issue for all three boards in the context of a broader theme of violence in the home. Programmes of work will be developed from this, aligned with the breakthrough approach for domestic violence.

4.1.6 Leeds has a strong track record in engaging with city stakeholders on climate change and this approach continues in the planned consultation process outlined in this report. Engagement with the Health and Wellbeing Board is invited as an important part of the way that wider partners are engaged in this agenda.

4.2 Equality and diversity / cohesion and integration

4.2.1 Issues of equality and diversity have been considered where appropriate in the chapters of this report.

4.3 Resources and value for money

4.3.1 The approaches taken around the themes presented in this report intend to make best use of existing resources by working innovatively as a team for Leeds. Person-centred and asset-based ways of working with citizens and stakeholders form part of the breakthrough approach. Working with partners forms a key part of working differently in Leeds to deliver improved outcomes in these areas.

4.3.2 The human and financial impact relating to these three topics have been well documented in this report and add to the rationale for taking a different approach, collectively and to make best use of the Leeds £.

4.4 Legal Implications, access to information and call In

4.4.1 There are no direct legal implications arising from the recommendations in this report.

4.5 **Risk management**

4.5.1 Breakthrough project teams manage risks relating to the work outlined in this report and develop any mitigating actions.

5 Conclusions

5.1 This report has highlighted the valuable role that approaches taken around these three themes can play in delivering the Health and Wellbeing Strategy, the Leeds Health and Care plan and contributing to broader city priorities.

5.2 The information presented confirms that in order to realise improvements that are at scale, long-lasting, or require a comprehensive new model, then bigger systems changes are required. Equally, combatting persistent challenges cannot be achieved alone or in isolation. Often the required solutions extend beyond the health and care system and not only benefit, but will rely on, a wider partnership drawn from other sectors.

5.3 There are a raft of schemes and interventions already in place across the city supporting these three areas of health and wellbeing (not all contained within this report), which in turn contribute to our agreed city outcomes. Rather than addressing specific initiatives, this paper allows the Board to reassert its focus on the wider determinants of health and agreeing action to deliver the vision. In this way, the three chapters in this report prompt action-based discussion through which Board members exercise their place-based leadership role; developing a longer term perspective of what is required locally to support the approach to breaking through for change in these areas.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to consider the recommendations made relating to each chapter under 3.1.3, 3.2.8 and 3.3.3.

These are:

<u>Making Leeds the most active city by supporting the inactive to become active</u>

1. Consider the contribution that physical activity and moving more can make to city's priorities.
2. Agree ways they can contribute to increasing physical activity including:
    - As commissioners – how to integrate physical activity into health and care pathways and services.
    - As employers – how to upskill staff to better support people to become active and commit to creating workplaces that support staff to become more active / less sedentary (including active travel to work).
    - As collective leaders – how to develop a whole systems approach to physical activity in Leeds in relation to improving collaboration and the sharing of resources between partners.

3. Provide views on the role of the HWB in terms of new governance structures that will be put in place for Sport Leeds and the new Sport and Active Lifestyle Strategy; to better reflect the positioning of Physical Activity in the City and focus on decreasing inactivity levels.

Cutting carbon and improving air quality

1. Provide advice and guidance on how best to link through to the city's health professionals to promote key messages on air quality.
2. Encourage the city's health organisations to lead by example in terms of their own fleet and travel planning.
3. Consider how best to utilise air pollution data to support vulnerable groups
4. Participate in the air quality consultation process.
5. Support an integrated independent living and affordable warmth service to ensure that vulnerable people receive physical improvements to their homes that will allow them to be warm and well at home.
6. Champion affordable warmth across the health and social care sectors, to ensure that trusted frontline carers continue to refer clients for support.
7. Consider joint investment in energy efficiency improvements in particularly vulnerable residents where there is a health business case (i.e. to improve hospital discharge processes).

Domestic violence and abuse

Consider and agree collective action to address persistent challenges by:

1. Identifying opportunities to increase capacity at the FDSH
2. Identifying new opportunities to upskill staff and services to identify and respond to DV and in particular issues of coercion and control
3. Removing barriers and improving access to appropriate services for people with complex needs who are experiencing domestic violence
4. Considering ways to increase services and interventions available to perpetrators of domestic violence
5. Considering opportunities to tackle issues of social isolation as a barrier to addressing issues of domestic violence and abuse.

7 Background documents

7.1 N/A

THIS PAGE IS LEFT INTENTIONALLY BLANK

How does this help reduce health inequalities in Leeds?
The challenges highlighted in this report are experienced persistently by some of our most vulnerable communities. There are marked differences for certain groups of people and in our deprived areas of Leeds. New approaches are needed to make a breakthrough for our vulnerable communities and to support our shared vision of improving the health of the poorest the fastest.

How does this help create a high quality health and care system?
Increasing physical activity can contribute to outcomes across all areas of the Prevention Programme (Leeds Health and Care Plan) along with other programmes e.g. Proactive care and self-management due to its potential role in preventing and managing illness.

How does this help to have a financially sustainable health and care system?
Physical inactivity is costing the UK an estimated £7.4 billion a year, including £0.9 billion to the NHS alone. Long term conditions such as diabetes, cardiovascular and respiratory disease lead to greater dependency on home, residential and ultimately nursing care. Increasing activity levels in a population therefore has the potential to reduce these costs.

The human and financial impact of domestic violence and abuse to adults, children, families and our communities is considerable. In addition to the significant harm and disruption it causes to individual lives the cost to public services and economic output are also widely recognised.

To successfully deliver many of the carbon cutting / air quality initiatives, a cross Council and cross partner approach is required as it cuts across so many areas of work (e.g. public health, planning, parking, transport, environmental health, highways, waste management, Housing Leeds). This supports a shared cost burden and more preventative approach.

The three topics covered in this paper report that a shared, collaborative approach is necessary, extending beyond health and care and into wider partnerships in order to create long lasting, sustainable change that benefits our population and the health and care system.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	

Appendix 1 - Participation and Sport and Physical Activity by MSOA 2011/12