

Report of: A joint report of the Directors of Public Health, Adult Social Services and Children's Services.

Report to: Executive Board

Date: 25 June 2014

Subject: Leeds – Best City for Health and Wellbeing 13/14

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input 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

As part of the vision to be the best city in the UK, Leeds aspires to be the best city for Health and Wellbeing. We have a long and successful history of partnership working amongst health and care partners, and a common vision and narrative in place: we want to be a healthy and caring city for all ages, and we are striving to improve the health of the poorest in the city the fastest.

The Health and Wellbeing Board in Leeds has had a successful first year, with a number of notable achievements. It has gained national recognition for the city as a Health and Social Care Pioneer; it has an ambitious set of plans for the Better Care Fund (£55m joint budget from 15/16 controlled by the Health and Wellbeing Board); it has led demonstrable alignment of NHS and social care plans around the Joint Health and Wellbeing Board Strategy; and much work has been done to tackle health inequalities through – for example – practical schemes such as the Homeless Accommodation Leeds Pathway (HALP).

This report, together with the attached annual report 'Leeds Health and Wellbeing Board: Our First Year', documents the work being done in Leeds to make the city a healthier place, tackle the health effects of poverty, and create a sustainable and high-quality health and social care system. This links with many of the priorities identified in the Best Council Plan, particularly under the priorities and outcomes of 'Tackling Poverty and Supporting Communities', 'Delivering the Better Lives Programme' and 'Building a child-friendly city'.

Recommendations

- Executive Board is asked to note the achievements of the Health and Wellbeing Board in its first year within the attached draft report, 'Leeds Health and Wellbeing Board: Our First Year', and to note that the report will be submitted for approval at the Health and Wellbeing Board on the 18th June 2014.

1.0 Purpose of this report

- 1.1 Full Council established the Health and Wellbeing Board in Leeds in May 2013 as the statutory strategic committee for Health and Social Care in Leeds. This report presents to Executive Board the work of the Health and Wellbeing Board one year on from becoming a formal Board (Appendix 1.)

2.0 Background information

- 2.1 In April 2013 the Leeds Health and Wellbeing Board became a statutory body and formal committee of the council, having been created by the major reorganisation of health and care services through the Health and Social Care Act 2012. The attached draft report – 'Leeds Health and Wellbeing Board: Our First Year' – highlights the work of the Health and Wellbeing Board in its first year.
- 2.2 Due to publication timescales, this report is submitted to Executive Board in draft form, and will be presented to the Health and Wellbeing Board meeting on the 18th June 2014 to consider approving the contents for publication.

3.0 Main issues

- 3.1 The Health and Wellbeing Board aims to make Leeds a 'healthy and caring city for all ages', and is becoming the linchpin of a sustainable and high quality health and social care system in Leeds.
- 3.2 Given its statutory functions and duties, the broad agenda it covers, and its wide ranging Joint Health and Wellbeing Strategy (JHWS), the Health and Wellbeing Board stands at the centre of both the Health and Social Care system in Leeds, and wider partnerships that contribute to health and wellbeing in Leeds. It acts as the key strategic body for the Council, NHS and third sector health services, and it is statutorily responsible for the planning and governance of the Leeds Better Care Fund (BCF), currently, a £55m fund commissioned jointly between organisations.
- 3.3 In addition to this, the JHWS acts as the framework by which commissioners of over £2.5bn of health and social care spending set their strategies and plans, and this has been amply evidenced in the latest NHS planning cycle (see Health and Wellbeing Board report 18 June 2014 Item 9)
- 3.4 The Health and Wellbeing Board led the successful bid for Leeds to be recognised as an Integrated Health and Social Care 'Pioneer' by the Department of Health; only 14 out of the 111 areas were successful in gaining this recognition, and Leeds is the only city to be awarded Pioneer status.

3.5 The achievements of the Health and Wellbeing Board in its first year fall into two categories, improving systems leadership and tackling health inequalities:

3.6 Leading the Health and Social Care System in Leeds

Health and Wellbeing Boards are established to be the key strategic decision making body for health and care in a local area. Building on an excellent platform of partnership working, the Leeds Health and Wellbeing Board has made considerable progress in system leadership in its first year. The Executive Board's attention is drawn particularly to:

- *Leading the Better Care Fund plans:* The Health and Wellbeing Board is responsible for systems leadership in a local area for health, and during the course of its first year this has been augmented with statutory responsibilities for investing a £55m pooled budget in Leeds from 15/16 known as the Better Care Fund (BCF) (see Executive Board report 5 Mar 2014 Item 196) Although not new money, in Leeds this fund is targeted at jointly planning services (some of which were already jointly commissioned) aimed at reducing hospital admissions, reducing the amount of time people need to stay in hospital, and helping people on return home through reablement to prevent readmissions. The Leeds BCF plans will operate in a 'shadow' year for 14/15 during which funds will be used to 'pump-prime' the system and test out transformative approaches before full roll-out in 2015/16. They include ambitious schemes for enhancing primary care services, the introduction of an 'eldercare facilitator' role into integrated neighbourhood teams, improvement in falls services, expanding capacity in the city's Community Intermediate Care beds, enhancing integrated neighbourhood teams, improving medication prompting for people with memory problems, and working with Urgent Care partners to reduce duplication and improve efficiency.
- *Meeting the financial challenge:* There is a significant financial challenge for Health and Social Care system as a combination of several factors including: demographic pressures, funding cuts to local government which impact on Adult Social Care budgets, a 'squeeze' on NHS resources, and inflationary pressures within healthcare. As a result, partners anticipate a gap between available funds and demand of around £550m across the Health and Social Care system in Leeds over the next 5 years. The Better Care Fund and our status as an integration 'pioneer' are key components of the city's plans to meet this financial challenge.
- *Pioneering integration of care:* Being a 'Pioneer' should help the city to go further and faster with its efforts to provide better care integrated around the needs of patients and citizens rather than organisations. Support is being provided from prominent national bodies in healthcare policy, economic modelling, contract specialists and workforce design to help us innovate, commission and deliver care better. This will build upon the existing excellent

practice in several areas including 13 integrated health and social care neighbourhood teams, 25 Early Start Teams, and the South Leeds Independence Centre (SLIC) which is delivering better outcomes for patients and driving down the amount of time people need to spend as an acute inpatient. We are also at the forefront nationally of a move towards integrated patient record system (the Leeds Care Record), helped by our national work on Information Governance.

- *Planning for better health and care:* The Joint Health and Wellbeing Strategy is the framework around which commissioners of services plan their spending and investment. This brings agencies together to make the best use of our collective resources: the 'Leeds pound'. As the year has unfolded it has become increasingly clear the value the Strategy adds to commissioners and providers in Leeds, and recent work carried out to assess and consider plans and strategies demonstrates a considerable alignment across plans from differing organisations. The Health and Wellbeing Board will consider an in-depth report on this strong strategic alignment across the city when it meets on the 18th of June, in what is believed to be a unique exercise across national HWBBs to assess and map priorities to add value to planning.
- *Seeing real outcomes for citizens:* The Health and Wellbeing Board has set a menu of indicators in its Strategy which provide a high-level overview of the health and wellbeing of Leeds. Despite the long term nature of change in many areas, the H&WBB has seen positive progress, and comparing Leeds to the 7 other core cities it can be seen that Leeds is 'Best City' in 6 out of the 18 that are comparable. This is twice as many as our nearest counterpart and signifies real health and wellbeing benefit for the citizens of Leeds arising from our collective efforts.

3.7 Tackling Health inequalities

The Health and Wellbeing Board is committed to tackling health inequalities in Leeds through its overarching priority to 'improve the health of the poorest the fastest'. Executive Board's attention is drawn particularly to:

- *Leading a conversation on 'health without wealth':* In December 2013 the Health and Wellbeing Board hosted a summit on 'Health without wealth' where speakers from the Joseph Rowntree Foundation, NHS England and The Children's Society spoke to over 100 health and care professionals on the links between poverty/low income and poor health. Participants were invited to use the workshops to explore some of the challenges facing the city, such as the impact of wage pressures, welfare reform, housing costs, and the emerging food crisis, and ask how health professionals could best deal with the health effects. Attendees then committed to a range of pledges to take back to their organisations to galvanise change. Following this, the Health and Wellbeing Board devoted an extensive session in March to

discussing poverty in relation to the ambitions of the Joint Health and Wellbeing Strategy, with experts attending to advise all sectors on how to support ongoing work.

- *Supporting healthcare to combat poverty:* A practical example of the way the H&WBB has improved the health of the poorest fastest is through our commitment to support the Homeless Accommodation Leeds Pathway. This is a programme run in conjunction with a number of third sector organisations and Leeds Community Healthcare NHS Trust. It aims to tackle the problem of poor health amongst the homeless community, and joins up parts of a system which are often at odds with one another. Early evidence has already demonstrated an improvement to health outcomes for homeless people admitted to hospital, and leads to a reduction in hospital readmissions and a reduction in the length of stays. This is good example of a scheme that would not be happening without Health and wellbeing Board support through the Better Care Fund and is a living example of the Health and Wellbeing Board's overarching ambition to improve the health of the poorest fastest.
- *Focussing on wider determinants and health behaviours:* The Health and Wellbeing Board has based its strategy and activity on the evidence-base of the JSNA, which tells us there is a life-expectancy gap of 12.4 years for men and 8.2 years for women between the least and most deprived communities in Leeds. A large number of the priorities and indicators within the strategy (for example, those on housing, access to services, healthy lifestyles) focus commissioner efforts on tackling some of the underlying causes of health inequality – the wider determinants of health and health behaviours. We have therefore supported the work of the Leeds Lets Get Active (LLGA) scheme to increase physical activity in the city, the Stoptober campaign to encourage people to engage with NHS stop smoking services, work on improving Gypsy and Traveller Health, and have held a workshop to explore the links between planning, the built environment and health.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 This report presents the work of the Health and Wellbeing Board in its first year. The foundational documents of the Health and Wellbeing Board, the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, underwent extensive consultation and engagement in their formation.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 Issues relating to equality, diversity, cohesion and integration were fundamental when the Health and Wellbeing Board undertook its statutory duty to produce a Joint Health and Wellbeing Strategy in early 2013. An Equalities Impact

Assessment was written at the time. There are no direct issues relating to equality, diversity, cohesion and integration in this presentation of the 'Leeds Health and Wellbeing Board: Our First Year' report.

4.3 Council policies and City Priorities

4.3.1 The work of the Health and Wellbeing Board is in line with a number of the Best Council Plan priorities and outcomes, particularly 'Tackling Poverty and Supporting Communities', 'Delivering the Better Live Programme' and 'Building a child-friendly city'. It also directly overlaps with the City Priority to be the Best City for Health and Wellbeing.

4.4 Resources and value for money

4.4.1 The work of the Health and Wellbeing Board is geared towards making best use of the collective resources Health and social care organisations have at their disposal in the city: the *Leeds Pound*. The JHWS enables partners to align and prioritise their collective investment strategies to increase effectiveness and efficiency. The Better Care Fund work is a practical example of the partnership coming together to agree how it will spend money on behalf of the people of Leeds.

4.5 Legal Implications, Access to Information and Call In

4.5.1 There are no legal implications. As a report to the Executive Board this report is subject to call in.

4.6 Risk Management

4.6.1 This report presents the work of the Health and Wellbeing Board in its first year. There are no major risks associated with this report.

5 Conclusions

5.1 The Health and Wellbeing Board has had a successful first year of operation, acting to promote integration of services, tackle health inequalities, and to join up the health and social care partnership around the common vision to make Leeds 'a healthy and caring city for all ages'.

6 Recommendations

7 Executive Board is asked to note the achievements of the Health and Wellbeing Board in its first year within the attached draft report, 'Leeds Health and Wellbeing Board: Our First Year', and to note that the report will be submitted for approval at the Health and Wellbeing Board on the 18th June 2014.

8 Background documents¹

8.1 None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.