

Leeds Health and Wellbeing Board

**Our First Year
2013-14**

draft

Foreword



I am delighted to publish this report highlighting some of the excellent work done by Leeds Health and Wellbeing Board in our first year, laying out some of our aspirations for the future and detailing some of the health and wellbeing challenges the city faces.

The Joint Health and Wellbeing Strategy (JHWS) was published as our guiding document and we have sought to use it to shape health and care services in Leeds to make us a **'Healthy and caring city for all ages'**.

Our Board is the key body in Leeds uniting the council, third sector and NHS, working **on behalf of the citizens of Leeds** to join up services, promote healthy living, and achieve our ambition to be the Best City for Health and Wellbeing. By bringing together such a wide range of those involved in the city's health and wellbeing, we provide real opportunities to ensure the work on these issues is both joint and strategic, an increasingly crucial need as funding and demographic challenges become ever greater.

All of the five JHWS outcomes and priorities have been the focus of Board meetings across the course of the year, and these have linked with issues as diverse as:

- urgent care provision
- fuel poverty
- active lifestyles
- the integration of health and social care.

What has become clear over the last year is the way the Board increasingly is the focal point for our efforts to build a **high quality and sustainable health and social care system**. This has become evident – for example – when we have discussed NHS strategies, council plans, and how they align with the JHWS. It has also been very apparent as we have planned how to allocate **the Better Care Fund**, a pooled budget worth £55m for Leeds.

Much of this was already commissioned jointly but is now being used to give us fresh impetus in our integration efforts.

We are crucially in a place not just to do this well but to do it better than anywhere else, as Leeds is the only city in the country to have won Integration Pioneer status.

This Pioneer Status was awarded to us by the Department of Health in November 2013, and we are now using the freedoms and flexibilities granted to us to innovate, commission and deliver services in radically different and better ways.

Finally, across the year the Board has extended its support to a number of initiatives we consider important for the city: for example, dementia-friendly Leeds, the needs of carers, and the rights of disabled children. Much of this springs from our overarching ambition to **'improve the health of the poorest fastest'**. Events such as our 'Health without Wealth' summit and the launch of the Homeless Accommodation Leeds Pathway have been other steps we've taken to move this further on.

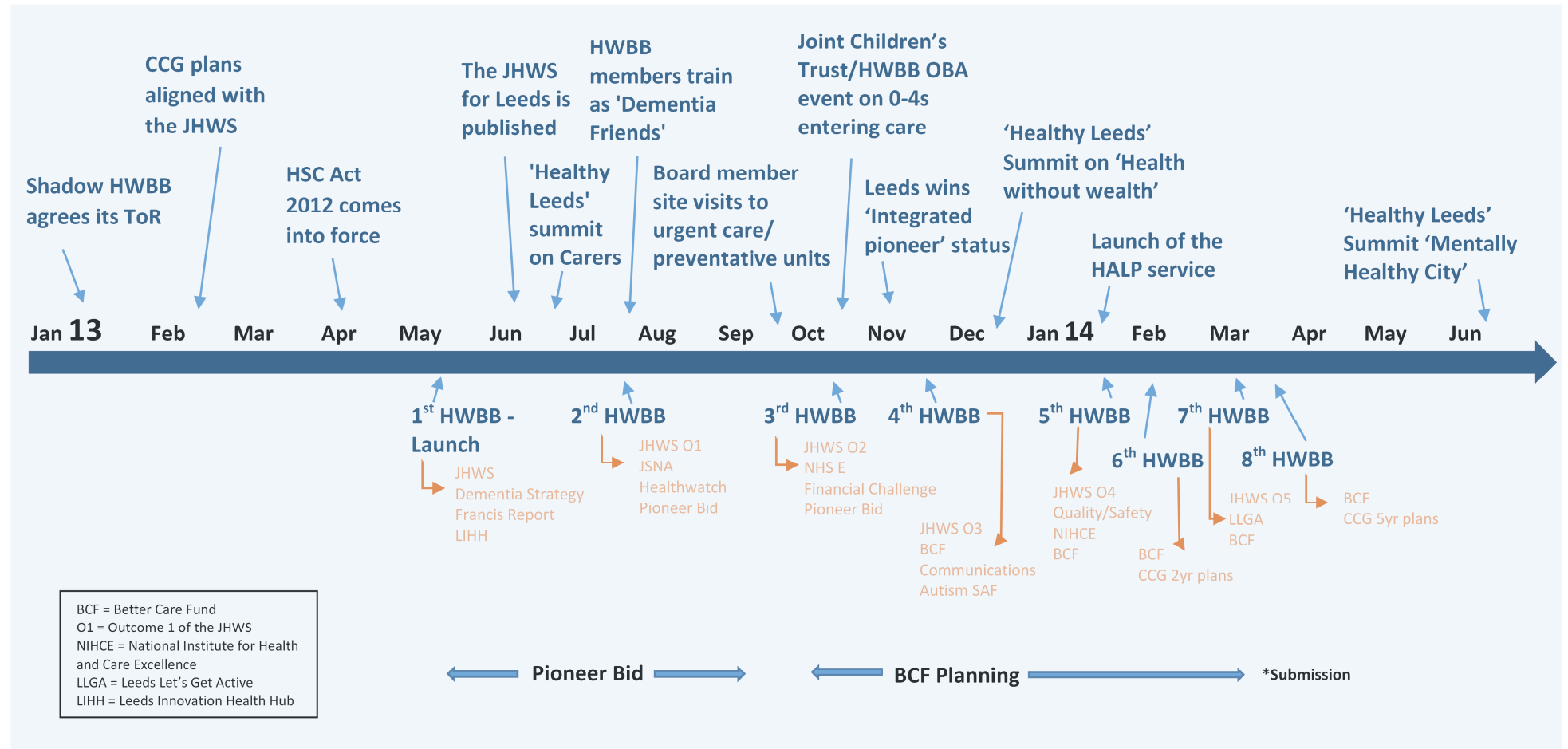
I hope you enjoy reading our first year report, and that it will inspire you to join us in working together to make Leeds the Best City for Health and Wellbeing.

Councillor Lisa Mulherin

Chair, Leeds Health and Wellbeing Board

To get a quick overview of the Board's first year, see our handy timeline on the following page!

Leeds Health and Wellbeing Board – Our First Year at a Glance



The Work of the Health and Wellbeing Board

The Health and Wellbeing Board's first priority was to agree a Joint Health and Wellbeing Strategy for the city. The Board approved this at our first meeting in May 2013, and it has since formed the basis for our work.

The Joint Health and Wellbeing Strategy

Our vision for the city is that:

Leeds will be a healthy and caring city for all ages

And because of the high level of health inequality in Leeds, we know that to achieve this we have to set a 'principle in all outcomes':

People who are the poorest, will improve their health the fastest

The four commitments

We will...

Support more people to choose healthy lifestyles

Ensure every child will have the best start in life

Increase the number of people supported to live safely in their own homes

Improve people's mental health and wellbeing

To achieve this, we identify our five outcomes. These are 'future states' that we would like to see in the city as the result of our collective efforts.



*"A highlight of this year for me was the 'Health Without Wealth' event. It was really encouraging to see so many people from such a wide range of organisations come together and pledge to support **practical and innovative ways to combat poverty**. It is only by working in partnership, with organisations from all sectors and across Leeds, that we can start to reduce the health inequalities seen in our most disadvantaged communities and make progress against the principle within the health and wellbeing strategy that **people who are the poorest will improve their health the fastest**."* **Susie Brown, CEO Zest Health for Life**

We have set 15 priorities linked to 5 outcomes which identify the areas of health and social care we need to focus on. Four of these are 'commitments' (see inset box), where we have decided to give extra impetus to; encouraging healthy lifestyles, giving every child the best start in life, helping people to live independently, and improving people's mental health and wellbeing.

Finally, the partners have agreed a set of 22 indicators, which gives the Board an overview of the city's health and wellbeing, as well as helping us to tell if we are making a difference-for instance the percentage of people who smoke in Leeds.

The Joint Health and Wellbeing Strategy can be found [here](#).

How did we put the Strategy together?

The Leeds Joint Health and Wellbeing Strategy was developed to be an integral part of the cycle of assessment and planning for services in the city. It provides a framework to help partners plan their work and commissioners to commission the right care and support for the people of Leeds.

Becoming the 'Best City for Health and Wellbeing'

We monitor how Leeds is progressing to achieve the Strategy, and how it compares to other cities: currently, of the 18 indicators we can make comparisons for, **Leeds is the best core city for 6 – better than any other city.**

See our 'Delivering' the Strategy' report [here](#) for further details.

The JHWS is based mainly on the Joint Strategic Needs Assessment of 2012, which provides a detailed picture of the health needs and assets of the Leeds population, as well as other research and the views of multiple stakeholders across Leeds.

We also considered national guidance from the Secretary of State, including the NHS Mandate, national outcome frameworks, national data profiles, and financial modelling. The JHWS also plays a key part in the planning and commissioning cycle within the city, building on data and intelligence to shape the plans of commissioners and influence the behaviour of the public, private and third sectors to make Leeds the Best City for Health and Wellbeing.



In Leeds, the level of involvement by members of the public in the health and care system is substantial and a tremendous asset for the city; this reflects well on the work of many of the organisations and services in the city, but there is always more we can do, with the forum of the Health and Wellbeing Board central to our ambitions. Healthwatch Leeds was pleased that the Health and Wellbeing Board agreed to support a more co-ordinated approach across

Leeds to strengthen patient and public involvement further” **Linn Phipps, Chair Healthwatch Leeds**



Meetings, activities, events

The Board has undertaken a variety of activities in its first year. Some of these are captured in the ‘Our First Year at a Glance’ diagram, while others are highlighted in cutaway boxes.

As well as formal meetings, the Board has held ‘Healthy Leeds’ events (see inset box), met staff and patients at site visits, held workshops on topics such as giving children the ‘best start in life’, and commissioned communications work such as videos and newsletters to inform and engage the public.



“The Leeds Health and Wellbeing Board has a strong all-age focus, and I particularly welcomed the event it hosted in October 2014 which used Outcomes-Based Accountability methodology to tackle the problem of 0-4s entering the care system in Leeds” **Cllr Judith Blake, Executive Member for Children’s Services, Leeds City Council**

Improving the health of the poorest the fastest:

The Board is committed to tackling health inequalities in Leeds, and 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.

In December we 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 in the city about 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.



Another way we have improved the health of the poorest fastest is through our ongoing commitment to support the Homeless Accommodation Leeds Pathway, a programme we launched in January 2014 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. It 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 mantra- *'What is it that only the H&WBB can do?'*

....and collaborating with international partners:

Communities in Leeds aren't alone in facing real challenges both now and in coming years as changes in the economy, lifestyle and life expectancy impact on the health and social services they need. Leeds is blazing a trail with new ways of delivering services which meet some of those challenges. Other cities want to learn from our examples of good practice. In October, Leeds showcased pioneering examples of best practice to European experts visiting Leeds as part of the URBACT 4D Cities project. Leeds is one of 8 European cities working together to develop strategies "from health to wealth" by looking for joint, effective and sustainable solutions for developing better, healthier lives and job opportunities.



In September, after a discussion of urgent and emergency admissions it was proposed that the visits to urgent and preventative care sites be arranged for Board members. Locations such as St James Hospital A&E, Hannah House, Age UK, the Becklin Centre, and Urgent care facilities for older people all subsequently hosted visits.



“Making services accountable to the people of Leeds can only be done by continually talking to those delivering and receiving treatment and care on the front line. I have learned an immense amount visiting mental health settings and children’s centres to understand the challenges and opportunities there.” **Cllr Stewart Golton, Leader of the Liberal Democrat Party, Leeds City Council**

The Board has also supported to a number of initiatives at a local and national level which are in line with the Joint Health and Wellbeing Strategy.

The Board approved the **Dementia Strategy for Leeds** at its first meeting in May, and endorsed the ambition for us to become a ‘Dementia-Friendly’ city. This commitment was followed up by board members demonstrating their personal commitment to supporting people living with the condition by undertaking training to become ‘Dementia Friends’..

In November, the Board was pleased to receive their certificate of recognition from the Mayor of Dublin following the city’s adoption of the Dublin Declaration on **Age-Friendly Cities**.

In January, the Board hosted the launch of the **Homeless Accommodation Leeds Pathway (HALP)** service, a partnership between NHS providers and the third sector in Leeds to tackle problems around homelessness, housing crisis and hospital admissions in Leeds.

In March ‘14, the Board together signed the ‘Every Disabled Child Matters’ charter, which committed us to supporting a number of actions through the Children’s Trust Board, to make Leeds a better place for disabled children and their carers.

Work to promote integration

One of the statutory duties of the Board is to promote integration of Health and Social Care. Part of this is about integrating services around the needs of people, and to help achieve this we need to make sure we are making the best use of our collective resource (the “Leeds Pound”). The Board has therefore spent a considerable amount of time this year focussing on the Better Care Fund plans and its bid for Leeds to become an Integration Pioneer

Healthy Leeds

Across the course of the year, the Health and Wellbeing Board holds a number of summits for the wider partnership, third sector and providers. These focus on key issues facing the city and identified in the JHWS. Recent events have been:

June 13’: Carers

A focussed session on the needs of carers in Leeds, with speakers including Dr Elizabeth Rimmer, lead for the Royal College of GPs on carers.

December 13’: Health without wealth

A half-day conference on the relationship between poverty and health in Leeds, with speakers from the Joseph Rowntree Foundation, NHS England and the Children’s Society

June 13’: Mentally Healthy City

A summit on the relationship between mental health/wellbeing and the built environment, including a master-planning session on key development sites in Leeds and a talk from David Rudlin (Director, URBED)

Our work in practice:

Better Care Fund

In August 2013, the government also announced the **Better Care Fund** (formerly the Integration Transformation Fund), which brought together £3.8bn of the existing national budget for the NHS and social care into pooled funding arrangements in local areas (currently £55m in Leeds). Despite tight timescales, the Board, together with a large number of commissioning partners, providers and patients/the public, worked swiftly to develop the necessary plans to maximise the impact of this pooled budget for Leeds. Building on our strong history of joint commissioning, we believe we have created a robust plan in Leeds, geared around providing seamless care wrapped round the needs of local people with the objectives of appropriately keeping people out of hospital, improving earlier discharge from hospital and reducing re-admission to hospital.



“One of the key things the Board has done this year has been to oversee planning and approving the Better Care Fund for Leeds –£55m of pooled funding between the NHS and Social Care which means our services will be more integrated. The strength of our BCF plan is a great example of how we are increasingly functioning as one ‘body’ working for the citizens of Leeds.” **Phil Corrigan, Chief Operating Officer, NHS Leeds West CCG**

Pioneering in Integration

In May 2013, the Government announced the creation of a prestigious group of areas that would pioneer new ways of working to achieve integrated health and care services. Given Leeds’ excellent track record in integrating health and social care for both children and adults, the city was well placed to submit an expression of interest. After a rigorously competitive process (111 local areas applied) Leeds was announced as one of 14 Integration Pioneers in November 2013, the only city to achieve this accolade. As part of the pioneer programme, Leeds is benefitting from strategic support and expertise from a number of national partners to go ‘further and faster’ with our integration and innovation plans, and is taking the role of a national exemplar for integrated care.



“Within Adult Social Care we often talk about ‘Elsie’s Key’. Elsie was a one of our service users who felt she had to have a big bunch of keys when dealing with health and care to open multiple locks. What she really needed was one single key to open all the doors for her care. If we could use the powers and influence of the Health and Wellbeing Board to make life better for Elsie, we’d have done something vital and good.” **Sandie Keene /Cllr Ogilvie**

...and its effect on real people

The South Leeds Independence Centre (SLIC) is a community rehabilitation unit, which opened in April 2013 as part of the city’s integration programme. It is an innovative 40 bed facility, uniting health and social care, where patients are supported in their rehabilitation and recovery. By having a team of nurses, physiotherapists, occupational therapists and clinical assistants, with access to other health care professionals such as dieticians, joint care managers and medical practitioners, patients can have care tailored to their specific circumstances. This means that recovery can occur more quickly and individuals are better placed to regain independence and health.



What the press has said about us:

Yorkshire Evening Post
20/12/13 1°C to 5°C Sunny spells
LATEST NEWS REGIONAL NEWS NATIONAL NEWS
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Reduction in L obesity levels

Child obesity levels in Leeds have fallen but a third of youngsters are still too heavy, latest figures reveal.

Levels of obesity remained the same but the proportion of year six pupils who were overweight has dropped.

Among pupils aged four and five in Leeds, there was a very slight fall in the proportion who were overweight or obese, from 22.8 to 22.6 per cent. However there has still been a stable increase in weight problems among youngsters in the city over the past seven years.

The proportion of reception class children who are overweight has gone up by 20 per cent while obesity among 10 and 11-year-olds has risen by 10 per cent, data from the Health and Social Care Information Centre shows.

Ian Cameron, director of public health for Leeds, said the issue was one of their main priorities.

Reducing obesity in 10 and 11-year-olds is one of the indicators we are using to measure the

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Pioneer Status Gives Leeds A Healthy Future

Members of the Leeds Health and Wellbeing board celebrate Pioneer status

Leading figures from Leeds health and social care met with government ministers and service integration experts at an event in Westminster to inaugurate the Health Pioneer status the city has been awarded. Councillor Lisa Mulhern, Chair of Leeds Health and Wellbeing board, and Dr Andy Harris, Chair of the Citywide Transformation programme, were part of a delegation from the city who met with other pioneer city teams and health minister Norman Lamb MP.

The city has been recognised for the pioneering work already being done to make sure health and care services in the city work together to deliver a seamless service. It is one of only fourteen chosen from over 100 around the country chosen to become 'pioneers', demonstrating the use of ambitious and innovative approaches to delivering integrated care.

Councillor Mulhern said: "We're aiming to make sure Leeds citizens get high quality and seamless health and care services which improve the experience of everyone who uses them, even at a time when while funding is under pressure. Pioneer status also puts us in a strong position to lobby for resources to make integration work as well as possible."

"We will now be well-placed to use examples of good practice from around the country as well as sharing knowledge we have with other communities. We've recognised internationally for the progress we have made, but confirmation of Pioneer status is a real vote of confidence in the way we are moving the health and care agenda forward in the city."

Experts believe integration of health and care is crucial to delivering effective health and wellbeing and health and care professionals in the city say it offers people in Leeds the chance to increasingly have services delivered around their needs, not the needs of the organisations delivering them.

Pledge to take action on health and poverty

KATIE BALDWIN
LEEDS REPORTER
@katiebaldwin

TACKLING THE impact of poverty on health and wellbeing is a "huge mountain to climb", experts have been told.

More than 100 health and care workers discussed the issue and how to combine it in Leeds, poverty at a conference in Leeds.

The event focused on the scale of the problem, including people struggling with affording food and fuel, and pledged to take action.

The event organised by the Leeds Health and Wellbeing board took place the same day that a group of national experts described food poverty as a "public health emergency" and follows new figures which showed admissions for malnutrition to Leeds hospitals had trebled in five years.

Coun Lisa Mulhern, chairwoman of the Leeds Health and Wellbeing Board, said the impact of poverty on health was massive and included issues like social isolation and poor educational outcomes.

"It can be quite depressing because it's such a huge mountain to climb," she said.

"But there was a positive message from the event as over 100 people attended from across health and wellbeing bodies. It's been incredibly positive and everybody has taken away some ownership of what they will do to make a difference." As well as talking about the scale of the problem, experts looked at practical and innovative ways of helping those affected.

Coun Mulhern said they would especially focus on youngsters from birth to the age of four, as it was shown that being in this age group made the biggest difference to lives.

Speakers from the Children's Society, NHS England and the Joseph Rowntree Foundation were at the event at Leeds City Museum.

Dr Emma Stone, director of the foundation, said there were clear commitments from attendees at the conference and it would be possible to combat the effects of poverty.

"This is incredibly difficult and it feels hard to do now, but it is also important to do those sharing their stories at health issues."

Health bosses, politicians, rugby players and even White Rose Shopping Centre members for adult social care, promoted Time to Talk Day.

Volunteers talked about their experiences as part of a campaign which aims to encourage openness about mental health.

Coun Adam Ophite, Leeds City Council's executive member for adult social care, said: "We were determined that people in Leeds be given the chance to learn why we need to talk about mental health."

TIME TO TALK: From left, Ronnie the Rhino, Keith Coun Ophite, Coun Lisa Mulhern and Laura Robinson, retail liaison manager at the centre.

TAKE THAT CHANGE: Mental health event at centre

SPORTS STARS were among those sharing their stories at an event designed to break down stigma around mental health issues.

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TIME TO TALK: From left, Ronnie the Rhino, Keith Coun Ophite, Coun Lisa Mulhern and Laura Robinson, retail liaison manager at the centre.

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Warning on £250m Leeds health cash gap



Dr Iain Cameron

Health and social care in Leeds could face a £250m funding shortfall within two years.

Politicians and NHS bosses have warned that the city faces an "unprecedented" challenge as a result of demands to cut costs and reduced Government funding. And the gap could widen further if a forthcoming decision over health service funding means another £64m is lost.

22 November 2013 09:00

14 comments

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Health chiefs back HIV campaign



Health bosses backed a sexual health unit to promote HIV testing during a national awareness week.

Coun Lisa Mulheirn, Leeds City Council's executive member for health and wellbeing, joined the city's director of public health, Dr Ian Cameron at the Centre for Sexual Health at Leeds General Infirmary.

They met staff to hear about their efforts to increase the number of people tested, as one in 100 people in Leeds has the infection - but a quarter of them are thought to be unaware. Dr Amy Evans, lead clinician at the Leeds Centre for Sexual Health, said: "It's really great to see such a joined up approach to leaving no-one behind."

"By promoting testing we can create better outcomes for people here in Leeds."

03 December 2013 08:31

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 HEALTH CONSUMER SCAM WATCH

Health: Learning the health lessons of the past



Dr Iain Cameron

A public health chief has revealed the next year, Katie Baldwin revealed.

On the face of it, Leeds in the 1800s had toilets today.

Then, only 9,221 houses had toilets.

Out of 48,787 children who should be attending school, places for 27,328.

Thankfully, things have changed massively.

Emmerdale star Kelsey-Beth Crossley, who plays Scarlett Nicholls, has

YORKSHIRE **Evening Post**
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 HEALTH CONSUMER SCAM WATCH

Stop - in the name of your health. That's the message as Stoptober kicks off in a bid to encourage thousands to give up smoking this month.



Coun Mulheirn and public health expert Paul Lambert publicise Stoptober

by Katie Baldwin

The campaign, which aims to encourage smokers to quit during October, was launched in Leeds at Kirkgate Market by Coun Lisa Mulheirn, Leeds City Council's executive board member for health and wellbeing, with a giant stop sign.

She said: "We know more than one in five adults in Leeds still smoke and it is a priority for Leeds to reduce this number. For some areas of the least well off parts of the city, such as Middleton, that figure rises far higher.

"We know if you stop smoking for 28 days you are five times more likely to stay smokefree and Stoptober is a great opportunity to achieve this. You could also be saving over €150 a month and almost €2,000 a year, so it is good for the health of your bank balance as well as your body."

Smoking is the UK's biggest killer with half of long-term smokers dying prematurely.

Emmerdale star Kelsey-Beth Crossley, who plays Scarlett Nicholls, has

03 October 2013 06:41

0 comments

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The Future Work of the Health and Wellbeing Board

The Health and Wellbeing Board will continue its work to improve the health of the city, and to further focus its attention on aspects and priorities from the JHWS. One of the first things we will be considering in 2014/15 is the city's Primary Care services.



"The Board has recognised the important role primary care services and specialised health services play in meeting the needs in Leeds. We are looking forward to working ever more closely with the Board to ensure that these services are at the heart of the health and care services strategy for the city." **Andy Buck, Director (West Yorkshire), NHS England**

We are also planning to discuss a number of issues receiving national attention in the immediate future, including the Care Act, health commissioning for Children and Families, and the joint importance of mental and physical Health in the NHS and social care.



"Mental Health has been a big theme: both within the NHS – with our recent commitment to 'parity of esteem' between physical and mental health – and the commitment we've made at the Leeds Health and Wellbeing Board to improve the mental health and wellbeing of Leeds. We need to stop seeing mental health as the 'poor cousin' of physical health, and instead come together to tackle the growing and worrying rise of conditions like depression, anxiety, and other mental health problems." **Nigel Gray, Chief Operating Officer, NHS Leeds North CCG**

The following table gives a summary of the Board's upcoming discussions as they stand in June 2014, and the dates for our meetings through 2014/15. There will be numerous other items, activities and issues the Board will devote time to over the course of the current year, as well as continuing its ongoing work leading the Better Care Fund plans and the integrated pioneer programme.

Meeting Date	Topics to be discussed
18 June 2014	<ul style="list-style-type: none"> • Priority 8: Primary Care Services • Planning for Health and Wellbeing in Leeds • Health Protection Board • LCC Declaration on Tobacco Control
16 July 2014	<ul style="list-style-type: none"> • Priority 2: Best Start in life (including a focus on the Children and Families Bill) • The role of NIHCE • LIHH plan 14/15 • Update on the Leeds Transformation Programme
22 October 2014	<ul style="list-style-type: none"> • Priority 9: Carers support + self-management (including impact of the Care Act) • Children and Young People's Plan
26 November 2014	<ul style="list-style-type: none"> • Priority 6: Long Term Conditions • Annual Reports of the LSAB and LSCB
4 February 2015	<ul style="list-style-type: none"> • Priority 7: Mental Health
25 March 2015	<ul style="list-style-type: none"> • Priority 12: Housing

Afterword

I hope you have enjoyed reading the 'Our First Year' report and seeing the extent of the work the Leeds Health and Wellbeing Board has undertaken in 2013/14.

As H&WBBs up and down the country have become settled and established, there have been many lessons learnt through this new way of working in partnership. I am confident that we are on the right track here in Leeds to continue to play a leading role in creating a healthier Leeds and a sustainable care system for the city. I hope that as a health professional, service user or citizen, you have been inspired to play your part in making Leeds the Best City for Health and Wellbeing

Cllr Lisa Mulherin

Chair, Leeds Health and Wellbeing Board.

ps - we hold our meetings in public, and people are welcome to attend to observe and ask questions of the Board in our open forum discussion. See [here](#) for the agenda and location of our meetings, published a week beforehand – why not come along next time and see for yourself the vital work the Board is doing?!

Appendix 1 - Membership and terms of reference

The Health and Social Care Act 2012 placed a requirement upon Leeds to establish a Health and Wellbeing Board. By the time the Act came in to force, the Board had existed in shadow form since October 2011, giving members the opportunity to begin working together, undertake a development programme and decide together the initial direction of the Board and its aspirations. In particular we spent much time discussing and consulting on the Joint Health and Wellbeing Strategy. As the responsibility to establish a Health and Wellbeing Board rests with Leeds City Council, the way it is governed was approved at the Council Annual General Meeting May 2013, after agreement and approval by the shadow Board.

The Health and Social Care Act laid out a minimum statutory membership to apply to all Health and Wellbeing Boards up and down the country. This consists of: one Elected Member of the Council, one representative of each relevant Clinical Commissioning Group, the Directors of Public Health, Adult Social Care and Children's Services, and a representative of the local Healthwatch. The Board is permitted, and has indeed opted, to appoint further members to the Board. The terms of reference also allow for substitute members to attend in place of nominated members. The membership list as of May 2014 is below and is currently under review. The Board's quorum was resolved to be 4, with a minimum of 1 CCG and one Elected Member representative.

Member	Role
Dr Andy Harris	Clinical Chief Officer, Leeds South & East Clinical Commissioning Group
Cllr Adam Ogilvie	Executive Member for Adult Social Care, Leeds City Council
Cllr Graham Latty	Conservative Party Representative, Leeds City Council
Cllr Judith Blake	Executive Member for Children's Services, Leeds City Council
Cllr Lisa Mulherin	Chair, Executive Member for Health and Wellbeing, Leeds City Council
Cllr Stewart Golton	Liberal Democrat Party Representative, Leeds City Council
Moira Dumma	Director, West Yorkshire, NHS England
Dr Gordon Sinclair	Clinical Chair, Leeds West Clinical Commissioning Group
Dr Ian Cameron	Director of Public Health, Leeds City Council
Dr Jason Broch	Clinical Chair, Leeds North Clinical Commissioning Group
Linn Phipps	Chair, Healthwatch Leeds
Tanya Matilainen	Director, Healthwatch Leeds
Matt Ward	Chief Operating Officer, Leeds South & East Clinical Commissioning Group
Nigel Gray	Chief Officer, Leeds North Clinical Commissioning Group
Nigel Richardson	Director of Children's Services, Leeds City Council
Phil Corrigan	Chief Officer, Leeds West Clinical Commissioning Group
Sandie Keene	Director of Adult Social Care, Leeds City Council
Susie Brown	Chief Executive, Zest Health for Life, for Third Sector Leeds
<i>Rob Kenyon</i>	<i>Chief Officer Health Partnerships, Leeds City Council (Officer of the Board)</i>

The Terms of reference for the Leeds Health and Wellbeing Board were approved at its first formal meeting in May 2013, and authorises it to carry out the following functions:

1. to encourage integrated working in relation to arrangements for providing health, health-related or social care services;
2. to prepare and publish a joint strategic needs assessment (JSNA);
3. to prepare and publish a joint health and wellbeing strategy (JHWS);
4. to provide an opinion to the authority on whether it is discharging its duty to have regard to the JSNA, and the JHWS, in the exercise of its functions;
5. to review the extent to which each Clinical Commissioning Group (CCG) has contributed to the delivery of the JHWS;
6. to provide an opinion to each CCG on whether their draft commissioning plan takes proper account of the JHWS;
7. to provide an opinion to NHS England on whether a commissioning plan published by a CCG takes proper account of the JHWS;
8. to prepare a local pharmaceutical needs assessment; and
9. to exercise any other functions of the authority which are referred to the Board by the authority.

Appendix 2 - Our Focus, Our Progress

Focus

Health and Wellbeing Boards have been given a range of clearly defined statutory functions, for example, to prepare and publish a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy, to promote integration of services, and to influence the commissioning plans of partners. Many functions of Health and Wellbeing Boards however are quite broadly described in legislation, thus leaving room for local interpretation. In considering issues, papers and topics, the Leeds Health and Wellbeing Board has therefore opted to focus its attention by asking at all times **“what is it that only the Health and Wellbeing Board can do?”**



“I’m convinced the best way for us to tackle some of these more intractable problems will be through the Health and Wellbeing Board, bringing the whole city, including the NHS, council, Healthwatch and the third sector together. The Joint Health and Wellbeing Strategy has demonstrated its worth by focussing attention on areas that will reduce health inequalities in Leeds – including active lifestyles, poverty and mental health.” **Dr Ian Cameron**

Measuring our progress

We have chosen to measure our progress against the strategy by using some principles from the ‘Outcomes-based Accountability’ (OBA) model of performance management. Every meeting, the Leeds Health and Wellbeing Board receives and considers a report giving information on how the city is delivering the outcomes and priorities in the Strategy, using a balanced scorecard approach:

1. Overview: a scorecard view of the most current data for the 22 indicators (see below)
2. Outcome: a focussed ‘deep-dive’ on one of the outcomes each meeting
3. Exceptions: a space to highlight issues and risks
4. Commitment: assurance on work around the 4 commitments

Overview: the 22 Indicators										1 2 3 4										
Out-come	Priority	Indicator	LEEDS				BEST CITY				Overview									
			LEEDS	DOT*	ENG AV.	BEST CITY	SE CCG/ SE LCC*	W CCG/ WWM LCC*	N CCG/ NWE LCC*	Leeds Dependent†	Period	Goal =	Prog.	CP†						
1. People will live longer and have better health	1. Support more people to choose healthy lifestyles	1. Percentage of adults over 16 that smoke	23.04%	↔	20%	19.9% 8*ham	27.4%	↔	22.3%	↔	18.7%	↔	36.0%	↔	Q1 13/14	LO	Quar-terly	NHS OF		
		2. Rate of alcohol related admissions to hospital (per 100,000)	1992	↓	1973.5	1721 Sheff.	2,376.1	↓	1,890.5	↓	1,693.9	↓	2,916.6	↓	12/13	LO	Year.	PH OF		
	2. Ensure everyone will have the best start in life	3. Infant mortality rate (per 1,000 births)	4.8	↔	4.3	2.7 Bristol	4.8	↔	3.9	↓	5.7	↔	5.6	↔	2007-2011	LO	Year.	PH OF		
		4. Excess weight in 10-11 year olds	35.0%	↔	40%	32.7 8*ham	36.4%	↔	34.9%	↔	33.5%	↔	38.4%	↔	12/13	LO	Year.	PH OF		
	3. Ensure people have equitable access to screening and prevention services to reduce premature mortality	5. Rate of early death (under 75s) from cancer (per 100,000)	113.1	↓	108.1	113.1 Leeds	131.4	↓	110.8	↓	97.8	↓	150.9	↓	2010-2012	LO	Year.	PH OF		
		6. Rate of early death (under 75s) from cardiovascular disease (per 100,000)	67.0	↓	60.9	63.3 Bristol	78.6	↓	67.2	↓	55.2	↓	111.2	↓	2010-2012	LO	Year.	PH OF		
	4. Increase the number of people supported to live safely in their own home	7. Rate of hospital admission for care that could have been provided in the community (per 100,000 population)	283.3	↓	314.9	507.5 Manc	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Q4 12/13	LO	Year.	CCS OF		
		8. Permanent admissions of older people to residential and nursing care homes (per 100,000 population)	667	↑	653	667 Leeds	757.5	↑	679.5	↑	628.6	↑	628.6	↑	Q3 13/14	LO	Quar-terly	ASC OF		
	5. People will live longer and have better health	5. Ensure more people recover from ill health	9. Proportion of people (50 and over) still at home 91 days after discharge into rehabilitation	85.8%	↑	84%	85.8% Leeds	73.9%	↑	92.9%	↑	100%	↑	100%	↑	Q3 13/14	HI	Quar-terly	ASC OF	
			10. Proportion of people feeling supported to manage their condition	67.08%	N/A	68.2%	72.9% Newsc	64.57%	↓	69.14%	↓	66.8%	↓	66.8%	↓	2013	HI	2x Year.	CCS OF	
6. Ensure more people cope better with their conditions	7. Improve people's mental health & wellbeing	11. Improved access to psychological services: % of those completing treatment moving to recovery	45.7%	↑	44.26%	45.7% Leeds	41.88%	↑	47.73%	↑	46.18%	↑	46.18%	↑	Q2 13/14	HI	Quar-terly	CCS OF		
		12. Improvement in access to GP primary care services	74.58%	↔	75.46%	79.78 % Newsc	72.13%	↑	73.53%	↓	79.64%	↑	79.64%	↑	2012/13	HI	2x Year.	NHS OF		
7. Improve people's mental health & wellbeing	8. Ensure people have equitable access to services	13. People's level of satisfaction with quality of services	67.6%	↑	65%	67.6% Leeds	71.8%	↑	66.3%	↓	66.9%	↑	66.9%	↑	Q3 12/13	HI	Quar-terly	ASC OF		
		14. Carer reported quality of life	8.1	N/A	N/A	8.7 Newsc	7.8	↔	8.4	↔	7.9	↔	7.9	↔	2011/12	HI	Year.	ASC OF		
8. People will live longer and have better health	9. Ensure people have a positive experience of their care	15. The proportion of people who report feeling involved in decisions about their care	93%	N/A	N/A	93% Leeds	93%	N/A	N/A	N/A	N/A	N/A	N/A	Q3 12/13	HI	2x Year.	ASC OF			
		16. Increase the number of people that have more choice and control over their health and social care services	66%	↑	58%	66% Leeds	66%	↑	58%	↑	58%	↑	58%	↑	Q3 12/13	HI	Quar-terly	ASC OF		
9. Ensure people have a positive experience of their care	10. Ensure that people have a voice and influence in decision making	17. The number of properties achieving the decency standard (%)	94.22%	↑	N/A	94.22% Leeds	94.22%	↑	N/A	↑	N/A	↑	N/A	↑	Q3 12/13	HI	Year.	Loc at PH OF		
		18. Number of households in fuel poverty	11.3%	N/A	10.9%	11.3% Leeds	11.3%	N/A	10.9%	N/A	10.9%	N/A	10.9%	N/A	2010	LO	Year.	PH OF		
10. Ensure that people have a voice and influence in decision making	11. Increase the number of people that have more choice and control over their health and social care services	19. Amount of benefits gained for eligible families that would otherwise be unclaimed	£5,078,283	N/A	N/A	£5,078,283 Leeds	£5,078,283	N/A	N/A	N/A	N/A	N/A	N/A	Q3 13/14	N/A	Quar-terly	Loc at PH OF			
		20. The percentage of children gaining 5 good GCSEs including Maths & English	57.3%	↑	60.8%	59.8% 8*ham	57.3%	↑	60.8%	↑	60.8%	↑	60.8%	↑	2013	HI	Year.	PH OF		
11. Increase the number of people achieving their potential through education and lifelong learning	12. Maximize health improvement through action on housing, transport and the environment	21. Proportion of adults with learning disabilities in employment	7.6%	↑	5.8%	7.8% Livr.	7.6%	↑	5.8%	↑	5.8%	↑	5.8%	↑	Q3 12/13	HI	Quar-terly	ASC OF		
		22. Proportion of adults in contact with secondary mental health services in employment	14.27%	↓	32.37%	39.2% Newsc	14.27%	↓	32.37%	↓	32.37%	↓	32.37%	↓	Q4 12/13	HI	Quar-terly	NHS OF		

↑ = indicator is improving ↔ = indicator is static ↓ = indicator is getting worse