

Leeds Joint Health and Wellbeing Strategy 2013-2015

Our Vision:

Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest



Foreword ... and welcome

Leeds is a magnetic city and has a vision to be the best city in the UK by 2030. As part of this vision to create a thriving liveable city, Leeds aspires to be the best city for health and wellbeing. Like many other cities, Leeds is facing huge challenges including a widening inequalities gap, an increasing population of young and older people, as well as reductions in public sector funding.

Of course, for Leeds to be the best city for health and wellbeing, it means making sure that the people can access high quality health and social care services: but it also means that Leeds is a Child Friendly city, a city that creates opportunities for business, jobs and training; a city made up of sustainable communities and of course a great place to live. In short, our vision is that Leeds will be a healthy and caring city for all ages, where people who are the poorest, improve their health the fastest.

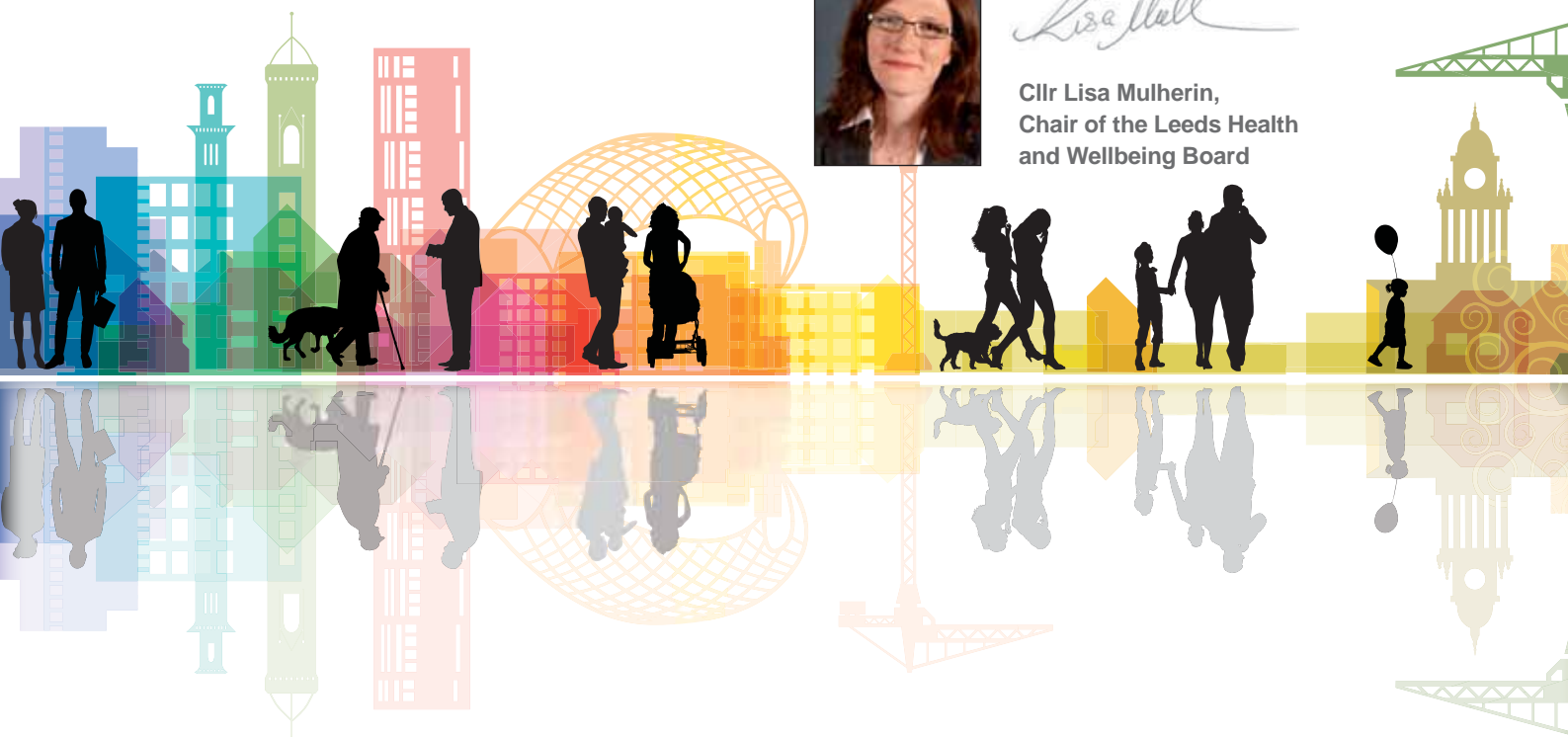
To achieve this vision, we have come together as the Leeds Health and Wellbeing Board to make sure that we make the best use of our collective resources. We are committed to using the 'Leeds pound' and 'Leeds assets' wisely on behalf of the people of Leeds. This means that we will work together when spending public money, to make sure we are maximising the impact of each pound we have. Together we will make sure that more services are joined up and that people find them easier to use.

To help us to decide how best to use our collective resources in future, we will do two things. First, we will make decisions based on good information. We all have information about people and places and by looking at this information together; we can make decisions based on a more complete picture of Leeds. We have committed to improve how we collect and use this information and after extensive consultation, we have published this as the Joint Strategic Needs Assessment. Second, we will make decisions about how we spend the 'Leeds pound' together. Using jointly agreed principles we will make a plan for how we spend our collective resources, called the Joint Health and Wellbeing Strategy. Following widespread engagement, this document sets out the Joint Health and Wellbeing Strategy for Leeds for 2012-2015. It will provide the framework for how we use resources throughout the city and enable us to be accountable to local people. It will help the council and the NHS in Leeds, working with local communities and partner organisations, to make improvements to the health and wellbeing of local people.

The Health and Wellbeing Board will oversee how we continue to improve the health and wellbeing of the people of Leeds and this document is vital to how we will work together to make it happen. We would expect everyone to use the Joint Health and Wellbeing Strategy when making decisions about spending money and planning services over the next few years, and in doing so we can truly make Leeds the best city for health and wellbeing.



**Cllr Lisa Mulherin,
Chair of the Leeds Health
and Wellbeing Board**



What is the Leeds Joint Health and Wellbeing Strategy?

Leeds City Council, Leeds North Clinical Commissioning Group, Leeds South and East Clinical Commissioning Group and Leeds West Clinical Commissioning Group have a new shared legal duty to prepare and publish a Joint Health and Wellbeing Strategy (JHWS) through the Health and Wellbeing Board. This document discharges that responsibility.

The JHWS is the result of commissioners coming together to provide the strategic direction and sets out how we will make the best use of our collective resources. It will be the 'framework' for all commissioners to use, and will help us to decide how we might bring into line the right level of resources for different needs across the city.

The JHWS spans the NHS, social care and public health across all ages and considers wider issues such as housing, education and employment. It provides a short summary of how we will address the health and wellbeing needs of Leeds and will help us to measure our progress.

It will help us to live our ambition to be the best city in the UK: a healthy and caring city for all ages where people who are the poorest improve their lives the fastest.

Leeds JHWS overview

Vision for health and wellbeing

Leeds will be a healthy and caring city for all ages

Principle in all outcomes

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

Overarching Indicator

Reduction in the differences in life expectancy between communities

The five outcomes

1. People will live longer and have healthier lives
2. People will live full, active and independent lives
3. People will enjoy the best possible quality of life
4. People are involved in decisions made about them
5. People will live in healthy and sustainable communities



How was the Leeds JHWS developed?

The Leeds JHWS has been developed from:

- Leeds JSNA including public opinion and research
- National guidance from the Secretary of State, including the NHS Mandate
- National Outcome Frameworks
- National data profiles
- Financial modelling

The JHWS has been created by focusing on a number of principles, including that it should:

- Be simple, unambiguous and measurable
- Guide strategic decision making
- Have indicators which measure one thing and that relate primarily to the outcome
- Have a wider set of local plans which sit beneath it
- Apply to all ages and be a consensus
- Include things capable of change locally
- Promote equality and meet the Public Sector Equality Duty
- Be the right thing to do

Why do we need one?

The Health and Wellbeing Board will use the JHWS to influence partners across the city to reduce inequalities and to improve the health and wellbeing of the people of Leeds. It will:

- Achieve better health and wellbeing outcomes for the people of Leeds
- Ensure partners on the Health and Wellbeing Board agree the outcomes we want to achieve and how they will contribute to the long term vision for Leeds 2030
- Provide the framework for commissioning plans for children, young people and adults healthcare, social care and public health
- Promote integration and partnership working between the NHS, social care, public health and other local services
- Inform the business plans of service provider organisations
- Promote more effective and efficient actions across the partnership
- Help to measure progress in making Leeds a healthy and caring city for all ages

Where are we starting from?

Leeds is the UK's third largest city with a population of around 750,000, expected to rise to around 840,000 by 2021. It is also one of the greenest cities in the UK with 20 major parks and two thirds of the district is classified as rural.

The most recent census (2011) indicates that the Leeds population has grown 5% since 2001. Leeds is a truly diverse city with over 140 ethnic groups including black, Asian and other minority ethnic populations representing almost 19% of the total population. In the coming years, Leeds is also expecting to see an increase in the numbers of children of primary school age as well as the numbers of those aged over 75 and over 85.

Despite the economic downturn, the city's economy is considered to be one of the most resilient in the UK. It has changed from being dominated by industry to now being a key centre for finance, business, retail, healthcare, creative industries and legal services as well as a continued strength in manufacturing. The current employment rate is 69%. Leeds remains a major centre for development with £4.3 billion worth of schemes completed in the last decade.

Leeds is also home to one of the largest teaching hospitals in Europe and to the new NHS England, HealthWatch England and five other national NHS bodies.

However, the health of people in Leeds is generally lower than the England average. It is strongly associated with the high levels of deprivation experienced by the 150,000 people in Leeds who are living in the most deprived neighbourhoods nationally. Although overall life expectancy has been increasing for all Leeds residents, the life expectancy for a man living in a deprived Leeds neighbourhood is 12 years lower than a man living in an affluent part of Leeds.

It is estimated that adult healthy eating, smoking and obesity levels are worse than the England average, with smoking-related and alcohol-related hospital admission rates above average. The high prevalence of smoking in people with low incomes, compared to the rest of Leeds, is the biggest preventable cause of ill health and early death in the city.

Some of the major issues identified in the Leeds JSNA include: deprivation, mental health, smoking, alcohol, obesity, health conditions such as cancer and cardio vascular disease and dementia, children and young people's health, financial inclusion, housing, social isolation and older people, equality groups and Issues for localities.



The JHWS will enable Leeds to turn the issues where there is deprivation and inequality into plans for action to enable Leeds to be the best city for health and wellbeing.

How will the JHWS make a difference?

It will enable us all to make better decisions about how we:

- Commission and decommission services by informing the plans of CCGs, Leeds City Council and NHS England
- Re-design services
- Use existing assets and resources of partners, including workforce, communities, buildings and information.
- Encourage service providers to work together to deliver services and act in ways that meet agreed priorities
- Influence the wider determinants of health and wellbeing through other partnerships and organisations

What is happening already?

Publishing the JHWS is a really important step to set the future direction and focus for reducing inequalities and improving the health and wellbeing of the people of Leeds. There is already a great deal of work underway in the city which is helping to change lives. We will build on the successes of this work, learn from others both nationally and internationally and use the JHWS to drive forward improvements to the outcomes we have agreed.

There is extensive work already being carried out in a range of areas linked to JHWS. These examples are just a snapshot of work underway:

(1) The Leeds Let's Change programme provides information and signposting on a range of issues to help people make healthy lifestyle choices including losing weight and stopping smoking.

(2) The Infant Mortality demonstrator sites in Chapeltown and Beeston & Holbeck are already helping families to reduce sudden infant death, smoking in pregnancy and improve access to maternity services.

(3) The NHS Health Check helping people reduce and manage their risk of heart disease, stroke, kidney disease and diabetes, and the COPD early diagnosis programme is improving prognosis for a condition far more prevalent within deprived areas of Leeds.

(4) Twelve new integrated health and social care teams are now live across the city. The teams, made up of community nursing, social care and other staff, will work closely with GPs, hospitals, the voluntary sector and patients themselves to plan care jointly.

(5) Intermediate Care teams and the reablement service are working closely together to provide support to people to ensure that they have the best possible chance of recovering from ill health.

(6) The Pudsey Wellbeing Centre has a group of volunteers helping people to cope better with managing their conditions by organising health walks, arranging social events, providing transportation so that patients can get around the area, providing one-one-one or group training sessions and leading health support groups.

(7) The NHS, council and third sector are already working together across the city and improving access to mental health services for minority groups.

(8) The "Got a cough? Get a check" campaign has already led to 2000 people from Inner East and Inner South Leeds to receive a screening x-ray and has identified 25 people with lung cancer enabling them to start treatment early.

(9) The NHS and council are working together to provide a single point of urgent referral. This improves access to services for patients in need of an urgent response from a community service.

(10) Neighbourhood network schemes are locally led organisations that enable older people to live independently and pro-actively participate within their own communities by providing services that reduce social isolation; provide opportunities for volunteering; act as a "gateway" to advice, information, and services; and promote health and wellbeing.

(11) Warm Homes Service grants are helping people who suffer from illness or have disability aggravated by cold and damp conditions to keep warm by insulating their properties.

(12) Support is available across the city which is helping people to claim the benefits which they are entitled to, leading to better finances for many people especially in poorer households.

(13) The Working Well Action Plan is supporting individuals into work and improving the health and wellbeing of employees within businesses across the Leeds economy.



What will we do next?

We will use the JHWS to review all the existing plans and strategies across the city to make sure that we are focusing our efforts and resources on the right things. This will help us to strengthen our action plans and make sure that we have not left any gaps.

The Health and Wellbeing Board has identified four 'commitments' which we believe will make the most difference to the lives of people in Leeds. If we make progress on these four commitments, then it is also likely that we will make progress with many of our other priorities too.

Our commitments

- Support more people to choose healthy lifestyles
- Ensure everyone will have the best start in life
- Improve people's mental health and wellbeing
- Increase the number of people supported to live safely in their own home



How will we measure progress?

We will measure our progress by focusing on the impact that the strategy will have on people's lives: these are the outcomes that we want to achieve. We have chosen a number of indicators for each outcome, which will help us to measure our progress. During the first year of the strategy we will develop these indicators to ensure we can measure progress accurately and that we can compare our progress with other areas. We will use an approach called Outcomes Based Accountability, which is known to be effective in bringing about whole system change. The Leeds JHWS has chosen to focus on some really tough areas that will make a sustainable difference to people's lives. We acknowledge that bringing about these major changes, will not happen overnight, so we expect to see gradual improvements over time rather than radical quick wins. The Health and Wellbeing Board will use its strategic influence to ensure that progress is made by partners across the city through:

- Regular performance reports as part of our city priority plans
- Local level reports in partnership with CCGs
- Outcome based accountability events to focus closely on particular issues.
- An annual report from the Health and Wellbeing Board



Leeds Joint Health and Wellbeing Strategy 2013-2015

Vision for health & wellbeing: Leeds will be a healthy and caring city for all ages

Principle in all outcomes: People who are the poorest, will improve their health the fastest

Indicator: Reduce the differences in life expectancy between communities

Outcomes	Priorities	Indicators
People will live longer and have healthier lives	<ol style="list-style-type: none"> 1. Support more people to choose healthy lifestyles 2. Ensure everyone will have the best start in life 3. Ensure people have equitable access to screening and prevention services to reduce premature mortality 	<ol style="list-style-type: none"> 1. Percentage of adults over 18 that smoke 2. Rate of alcohol related admissions to hospital 3. Infant mortality rate 4. Excess weight in 10-11 year olds 5. Rate of early death (under 75s) from cancer. 6. Rate of early death (under 75s) from cardiovascular disease
People will live full, active and independent lives	<ol style="list-style-type: none"> 4. Increase the number of people supported to live safely in their own home 5. Ensure more people recover from ill health 6. Ensure more people cope better with their conditions 	<ol style="list-style-type: none"> 7. Rate of hospital admissions for care that could have been provided in the community 8. Permanent admissions to residential and nursing care homes, per 1,000 population 9. Proportion of people (65 and over) still at home 91 days after discharge into rehabilitation 10. Proportion of people feeling supported to manage their condition
People's quality of life will be improved by access to quality services	<ol style="list-style-type: none"> 7. Improve people's mental health & wellbeing 8. Ensure people have equitable access to services 9. Ensure people have a positive experience of their care 	<ol style="list-style-type: none"> 11. The number of people who recover following use of psychological therapy 12. Improvement in access to GP primary care services 13. People's level of satisfaction with quality of services 14. Carer reported quality of life
People will be involved in decisions made about them	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 15. The proportion of people who report feeling involved in decisions about their care 16. Proportion of people using NHS and social care who receive self-directed support
People will live in healthy and sustainable communities	<ol style="list-style-type: none"> 12. Maximise health improvement through action on housing 13. Increase advice and support to minimise debt and maximise people's income 14. Increase the number of people achieving their potential through education and lifelong learning 15. Support more people back into work and healthy employment 	<ol style="list-style-type: none"> 17. The number of properties achieving the decency standard 18. Number of households in fuel poverty 19. Amount of benefits gained for eligible families that would otherwise be unclaimed 20. The percentage of children gaining 5 good GCSEs including maths & English 21. Proportion of adults with learning disabilities in employment 22. Proportion of adults in contact with secondary mental health services in employment





Partnership members:

Cllr Lisa Mulherin - *Chair of the Health and Wellbeing Board, Leeds City Council*

Cllr Judith Blake - *Executive Member for Children's Services, Leeds City Council*

Dr Jason Broch - *Chair, Leeds North Clinical Commissioning Group*

Susie Brown - *CEO Zest Health for Life for Third Sector Leeds*

Andy Buck - *Director (West Yorkshire), NHS England*

Dr Ian Cameron - *Director of Public Health, Leeds City Council*

Cllr Stewart Golton - *Leeds City Council*

Dr Andy Harris - *Chief Clinical Officer, Leeds South & East Clinical Commissioning Group*

Sandie Keene - *Director of Adult Social Care, Leeds City Council*

Rob Kenyon - *Chief Officer Health Partnerships, Leeds City Council*

Cllr Graham Latty - *Leeds City Council*

Cllr Adam Ogilvie - *Executive Member for Adult Social Care, Leeds City Council*

Linn Phipps - *Chair, Healthwatch Leeds*

Nigel Richardson - *Director of Children's Services, Leeds City Council*

Dr Gordon Sinclair - *Chair, Leeds West Clinical Commissioning Group*

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