

Leeds Health & Wellbeing Board

Report author: Rob Newton, Health and Wellbeing Policy Officer, Leeds City Council/Leeds Beckett University

Tel: 07990088417

Report of: Cath Roff

Report to: The Leeds Health and Wellbeing Board

Date: 20th January 2016

Subject: Writing the Leeds Health and Wellbeing Strategy 2016-2021

Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

Leeds has an ambition to be the Best City in the UK for Health and Wellbeing. Organisations across the city work together under the leadership of the Health and Wellbeing Board with the vision to create a healthy and caring city for all ages, in which people who are the poorest improve their health the fastest. This vision is set by the Health and Wellbeing Strategy 2013-2015. Producing this strategy is a statutory requirement and a very important document to guide the priorities for health and wellbeing and the decisions which are made across Leeds. The strategy will be refreshed for publication in Spring 2016. Publishing a refreshed strategy provides an opportunity to review the priorities for health and wellbeing in the city, reflect on the work of the Health and Wellbeing Board and provide renewed strategic direction for how the city responds to the challenges and opportunities which are ahead for health and wellbeing.

Recommendations

The Health and Wellbeing Board is asked to:

- Consider whether the one page overview presents a clear picture of what is needed to make Leeds the best city for health and wellbeing
- Consider and approve the outcomes stated in Appendix 2
- Approve the strategic priorities stated in Appendix 2, and consider how they may be edited or added to.
- Make any final comments on the approach taken in the city to producing a refreshed Joint Health and Wellbeing Strategy

1 Purpose of this report

- 1.1 This report provides some proposals for the Leeds Health and Wellbeing Strategy 2016-2021 for the Board's comment, prior to publication of the final strategy in March.

2 Background information

Leeds City Council and the 3 Leeds Clinical Commissioning Groups have an 'equal and joint statutory duty' to produce and publish a Joint Strategic Need Assessment and a Joint Health and Wellbeing Strategy, discharging this responsibility through the Health and Wellbeing Board.¹

This discussion coincides with engagement with the public currently underway in the city. Appendix 1 and 2 have been publicised online and people have been invited to make comment on the contents of the strategy.

2.1 Purpose of a Health and Wellbeing Strategy

- 2.1.1 A Health and Wellbeing Strategy sets out a basis for local decision making for health and wellbeing. It is used for planning the delivery of integrated local services and addressing the underlying determinants of health and wellbeing which exist within an area. It should aim to do various things, including:

- Be a call to action for the whole city to work towards better health and wellbeing
- Set the outcomes which Leeds wants to achieve
- Set local priorities for joint action
- Identify areas for joint action between organisations
- Influence what gets commissioned by the NHS and local government
- Analyse the wider perspective of wellbeing
- Have a particular focus on inequalities and the groups with the worst health outcomes

- 2.1.2 A Health and Wellbeing Strategy should also link to and direct other strategies in the city across health and wellbeing. The engagement with other Boards and organisations in the city which is being undertaken should help to ensure this. Of particular relevance is the new requirement from NHS England for local health and care systems to produce 'Sustainability and Transformation Plans' for 2016-2021. This should cover all areas of CCG and NHS England commissioned activity and will help to explain some of the detail for how changes described in the Health and Wellbeing Strategy will be made for improving health and care services in the city.

¹ Health and Social Care Act 2012

2.2 Strategy and Policy Context

2.2.3 The current Health and Wellbeing Strategy has a timescale of 2013-2015. It is embedded across commissioning and strategic plans in the city, and is reflected in a great deal of the partnership work between individual organisations in Leeds. There have however been many changes since the plan was written. These include the following:

- The Joint Strategic Needs Assessment has been refreshed and this brings new insights into demography and population health.
- The scale of the financial challenge facing social care and health has become more clear and pressing.
- There have been policy changes with the introduction of the Care Act 2014, Children and Families Act 2014 and the publication of the NHS Five Year Forward View.
- Organisations in the city have made a number of commitments to integrated working. The city has implemented pooled budgeting through the Better Care Fund under the leadership of the Health and Wellbeing Board.
- Service transformation in the city has developed with the 'Inspiring Change' branding and review of the Transformation Board portfolio.

2.2.4 The timing of the new Strategy therefore offers an opportunity to review our health and wellbeing priorities. In addition, the health and wellbeing strategy forms part of a cycle of evidence gathering, prioritisation, strategic planning, commissioning and evaluating health and care services.

2.3 Evidence and Views which have informed the production of the Leeds Health and Wellbeing Strategy

2.3.1 The main evidence base for the Health and Wellbeing Strategy is the Joint Strategic Needs Assessment. This is complemented by information which is collected across different organisations in the city.

2.3.2 Alongside this information, the opinions and views of people in Leeds are gathered to input to the strategy. The process for this is ongoing and is explained in Section 4.1 of this report.

2.3.3 The views gathered so far have been collected together in a short report which the Health and Wellbeing Board received at an internal workshop in November. A copy of this report is available on request. These views encompassed a wide range of contributions, including:

- The refreshed strategy should retain a broad focus on wellbeing and the wider determinants of health
- The five outcomes in the 2013-2015 strategy have been useful and there should be continuity in the 2016-2021 strategy
- The previous strategy is lacking in detail on what things need to change and how this may be done. The new strategy should provide some more of this detail, whilst not being a detailed action plan
- There are many areas of work, people groups and policy areas which the strategy needs to address

- The next strategy should be clear, concise and understandable
- The next strategy needs to recognise the challenges and be realistic whilst also being ambitious and a call to action for Leeds

3 Main issues

3.1 Writing the Health and Wellbeing Strategy – Appendix 1 and 2

- 3.1.1 Appendix 1 shows an overview of the key themes of the health and wellbeing strategy – the ‘Plan on a Page’. Appendix 2 explains some of the detail about proposed outcomes and priorities for health and wellbeing in Leeds. They have both been distributed for public comment and feedback. The two documents provide the bulk of the text which can make up the Leeds Health and Wellbeing Strategy 2016-2021. For final publication this draft will have full graphic design suitable for publication.
- 3.1.2 This means that the final document will look a lot different and should tell the ‘Leeds story’ more effectively with the use of graphic design and a clear narrative. At this stage of writing the 2016-2021 strategy, the focus is on getting the proposed outcomes and priorities right and producing the final document in a collaborative way across partners and the public.
- 3.1.3 The following sections provide a rationale for why each part of the strategy has been proposed in the way it is set out.

3.2 Vision

- 3.2.1 The vision statement will remain the same because it is still valid and useful. The principle of reducing health inequalities remains an overarching aim across all health and wellbeing activity in the city. The vision of the strategy is:

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

3.3 Health Challenges

- 3.3.1 There are a number of health challenges which the Health and Wellbeing Strategy will need to address. The main evidence base for this is in the Joint Strategic Needs Assessment. The publication of this is another statutory duty of the Health and Wellbeing Board and is available online. It is suggested that the priority headline health challenges that the strategy and the work of the Board will focus on are as follows:

Children and Young People

- Emotional Wellbeing
- 0-2 Years (Best Start)
- Obesity

Adults and Older People

- Cancer
- Long Term Conditions
- Mental Health

- Frailty

Priority Lifestyle Factors

- Smoking
- Alcohol
- Weight, Nutrition and Physical Activity

Priority Wider Determinants

- Economic Wellbeing
- Housing
- Education

- 3.3.2 The published strategy will also include a short summary of the main demographic and economic headlines identified in the Joint Strategic Needs Assessment

3.4 Financial Challenges

- 3.4.1 The Leeds Health and Wellbeing Strategy 2013-2015 committed to make sure that all health and wellbeing partners make the best use of their collective resources. Organisations committed to using the 'Leeds pound' wisely on behalf of the people of Leeds.
- 3.4.2 This is an even more apparent priority in 2016. The financial sustainability of each organisation depends on integrated working and coordinated planning. For the Health and Wellbeing Strategy 2016-2021, the financial sustainability of the whole social care and health system will be of crucial importance.
- 3.4.3 The Health and Wellbeing Strategy is primarily focused on improving health outcomes for the people of Leeds, and this needs to be considered in the context of the available resources. We want to have a sustainable high quality social care system. Over the last 12 months, partners have made assessments of the size of the cumulative financial challenge which health and social care organisations in the city face over the next five years. These estimates have been in the range of £620m-£930m, depending on what is included in calculations. Challenges of this scale are being faced by localities across the country.
- 3.4.4 In time for the publication of the final 2016-2021 strategy, an assessment of the financial challenge will be undertaken to provide an estimate and context for the content of the strategy.

3.5 Outcomes

- 3.5.1 The Health and Wellbeing Strategy 2013-2015 sets 5 outcomes for the health and wellbeing of the people of Leeds. Outcomes are important because they state our ambitions for what we're trying to achieve for people in the city. The outcomes of the Health and Wellbeing Strategy cover both health and wellbeing, and try to encompass all the things that contribute to good health. Everyone should be able to find a way to contribute to at least one of the 5 outcomes, and therefore contribute to the Leeds Health and Wellbeing Strategy.
- 3.5.2 The proposed five outcomes for the Health and Wellbeing Strategy 2016-2021 are:

- People will live longer and have healthier lives
- People will live full, active and independent lives
- People's quality of life will be improved by access to quality services
- People will have more control over their health and their care
- People will live in healthy, safe and sustainable communities

3.5.3 The outcomes have stayed largely the same. This is because experience has found them to be inclusive of the work that goes on in the city and useful for guiding work that happens across the interests of health and wellbeing. Retaining 5 outcomes will also ensure continuity with the previous strategy.

3.5.4 We are proposing that outcome 4 is changed from 'People will be involved in decisions made about them' to 'People will have more control over their health and their care'. This is because the previous outcome was felt to be too passive, where decisions continue to be made by professionals on behalf of people. Over the next five years, we have an aspiration to involve people more and give them more control over their health. It will become more important for people to take responsibility to stay healthy and be enabled to manage their own long term health conditions. It will continue to be very important for people to be involved in decision making.

3.5.5 We are also proposing to change outcome 5 to include the word 'safe'. This is because feeling safe is a really important factor in personal and community wellbeing. It should also reflect the opportunity for the work of the Health and Wellbeing Board to connect with the work of the Safeguarding Boards, the Police, Community Safety and the 'Safer Leeds' partnership.

3.6 Strategic Priorities

3.6.1 There are lots of things that people in Leeds and organisations that work in the city need to do in order to achieve the outcomes that the Health and Wellbeing Strategy sets. Strategic priorities help to show what we think are central to achieving the best outcomes for people and the most effective change in how work gets done in health and wellbeing. They also reflect the areas within which the Health and Wellbeing Board consider they can add value and leadership to as a partnership.

3.6.2 The Leeds Health and Wellbeing Strategy 2013-2015 had 15 priorities. These were useful and reflected a good range of what was achieved during the period of the strategy. However, people have told us that they could have had more detail about what they mean and what may happen as a result. For example, the strategy has a priority to 'Improve people's mental health & wellbeing' but the document does not provide any more detail on strategy for delivering this.

3.6.3 Therefore the Leeds Health and Wellbeing Strategy 2016-2021 needs to give more detail and direction for it to have more influence and use across the city. It should strike the correct balance between providing useful long term strategic direction without being a detailed delivery plan. The priorities should provide some detail on what needs to happen and what a healthy city with good quality services may look like for people in Leeds. They should provide a framework for decisions

to be made by the Health and Wellbeing Board, and by other Boards and organisations.

3.6.4 All of the city will be responsible for making progress against these priorities; the constituent members of the Health and Wellbeing Board, all partners in the city, the voluntary and community sector and the people of Leeds. The Health and Wellbeing Board will provide leadership and direction for this delivery.

3.6.5 The list of priorities summarise information from various places, including:

- The Health and Wellbeing Strategy 2013-2015
- Plans and Strategies from organisations across Leeds
- Views submitted during the initial engagement phase on the refreshed Health and Wellbeing Strategy
- Priorities from national policy, legislation and guidance
- Recent approaches used in strategic partnership planning, such as the ‘three tests’
- Discussions held at two internal Health and Wellbeing Board workshops
- Commitments made to greater integration made across the city

3.6.6 **The proposed strategic priorities for health and wellbeing in Leeds are as follows:**

- *Continue our drive for Leeds to be a Child Friendly City, where children have the Best Start in life.*
- *Be a city that values people’s mental wellbeing equally with their physical health, with good quality services and joined-up provision*
- *Strong, engaged and well connected communities*
- *Enable more people to care for themselves and manage their health conditions*
- *Maximise the benefits for health and wellbeing from information and technology*
- *Ensure that Leeds has a strong economy providing good quality employment opportunities for local people*
- *Ensure that housing and the environment enables all people of Leeds to be healthy, social and mobile*
- *Get more people, more physically active, more often*
- *A strong focus on prevention, particularly for long term conditions*
- *The best care, in the right place, at the right time*
- *A valued, well-trained and supported workforce for Leeds*

3.6.7 The summary of each priority is included in Section 5 of Appendix 2. In the final Strategy document more detail could be provided on how priorities will be delivered and who will take leadership for delivery. Executive Board could

consider where there are relevant pieces of work and initiatives for which it would be useful for the Health and Wellbeing Strategy to make reference to.

3.7 Measurement

- 3.7.1 Measuring impact is a key part of ensuring the strategy is useful and the vision works to improved outcomes. The public sector and health and social care economy report on a range of data in Leeds. The current strategy is measured by a report with an overview of 22 indicators (about population health and service provision specific data) with local, Best City and national comparisons. This report provides just one perspective on health and wellbeing in Leeds and there is also a wealth of local, regional and national data which could be better integrated and utilised to measure the health and wellbeing strategy.
- 3.7.2 The Health and Wellbeing Board cannot measure everything. As a leadership body they are uniquely placed to take a strategic view and ensure that the health system identifies and responds to issues intelligently. A new approach to progress monitoring should focus on some high level indicators and signpost to the more detailed intelligence produced by partner organisations. Reducing the amount of 'noise' would allow the Board to devote more time to understanding the 'story behind the data' and responding to trends. In light of the Health and Wellbeing Board's commitment to engaging with citizens, the revised approach to progress monitoring should also aim to be easy to find, easy to understand and easy to cross-reference.
- 3.7.3 In order to do this, there is much to learn from the achievements in Children's Services and how they have used the Outcomes Based Accountability methodology in measuring performance and focusing strategy. Partners in health and wellbeing have made commitments in the past about using this methodology but it has not been adopted to the same extent as it has been in Children's Services. Hospital admission rates and re-admission rates, for example, could be useful measures to focus coordinated action across partners
- 3.7.4 There are a number of approaches to health system metrics which could be drawn upon to assess the progress of Leeds' health and social care economy. The indicators and approach to measuring the strategy will be developed prior to publication. These will be developed in line with the final agreed priorities and outcomes. The strategy will be measured to provide long-term strategic insight and in a way which adds value to existing intelligence gathering.

3.8 Design and Communication

- 3.8.1 The communications team at Leeds City Council will produce a graphically designed document suitable for publication. It will be really important for the strategy to be visually appealing and easily accessible. The strategy will be available on the internet and print copies will be distributed.

3.9 Role of the Health and Wellbeing Board in Implementation and Delivery

- 3.9.1 The refreshed strategy will need to say something about the role and purpose of the Board in helping to deliver the strategy. It is therefore a good opportunity to

reaffirm and clarify the role and contribution of the Health and Wellbeing Board to partnerships in the city. The Health and Wellbeing Board has been recognised as an exemplar partnership board in national reports so this is an opportunity to build on this good work.

- 3.9.2 The Health and Wellbeing Board exists to help all partners deliver the outcomes and priorities set out in the strategy. It provides **leadership** across the city, **influences** the work of partners, **engages** with the public on items associated with health and wellbeing, fulfils **statutory** obligations and **coordinates** various pieces of city wide work. This means that over the course of the refreshed strategy over the next 5 years the Health and Wellbeing Board will:

- 3.9.3 *Provide a public forum for partners in the city to build relationships and consider how they can work as one organisation for the people of Leeds*

The Health and Wellbeing Board have regular public meetings. At these meetings people attend on behalf of their organisations, but primarily for the purposes of the whole city for the purposes of the Leeds Health and Wellbeing Strategy. This helps to build relationships and encourage everyone to think as one organisation working for the people of Leeds.

- 3.9.4 *Provide leadership and direction to help and influence everyone to work towards the 5 outcomes in a coordinated way*

The 5 outcomes and strategic priorities included in the Leeds Health and Wellbeing Strategy exist to provide leadership and direction for decision making and activity across the city. As part of a leadership role, the Health and Wellbeing Board will check to see how effectively other plans and strategies take account of these outcomes and priorities.

- 3.9.5 *Provide opportunities for public engagement and democratic accountability for strategic decision making across health and wellbeing*

The Board has a role in communicating and engaging with people on how changes to health and wellbeing are happening in the city. Writing the Leeds Health and Wellbeing Strategy is a part of this. The board meets around five or six times a year in public. In these meetings there is an opportunity for people to ask questions. All agendas, papers and minutes are available online.

Healthwatch Leeds brings the voice of local people to those who plan and deliver services in Leeds. The Health and Wellbeing Board will welcome these views of children, young people and adults, to shape what is discussed and our way of thinking.

The Health and Wellbeing Board also advocates a strong role for the city's scrutiny committees. If required, the Board will suggest issues for scrutiny committees to investigate.

- 3.9.6 *Endorse and challenge the commissioning plans of Leeds City Council and the Leeds Clinical Commissioning Groups and NHS England where appropriate*

Commissioning plans of health and social care organisations should reflect the outcomes and priorities set out in the Leeds Health and Wellbeing Strategy. The Health and Wellbeing Board will ensure that this takes place and endorse commissioning plans and strategies for whole populations across Leeds.

3.9.7 *Support and endorse any formal mechanisms for joint commissioning and partnership working as required*

There may be some areas of joint working which require the approval of the Health and Wellbeing Board. The Better Care Fund has been an example of this. The Health and Wellbeing will continue to do this to support joined-up working which is done in partnership.

3.9.8 *Support the continued development and production of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment*

It is a statutory requirement for the Health and Wellbeing Board to publish a Joint Strategic Needs Assessment and a Pharmaceutical Needs Assessment. They are key exercises to understand the needs and assets related to health and wellbeing which exist within our communities.

3.9.9 *Review the progress which we are all making to achieve the aims of the Leeds Health and Wellbeing Strategy*

It is important for the Board to review and reflect progress by measuring how effectively all partners are working to achieve the outcomes and priorities set out in the strategy. Papers received by the Board on specific topics will review health and wellbeing needs and progress made. It is also an important role of the Board to analyse long term trends within the city in order to take a strategic view.

3.9.10 *Represent and influence for Leeds nationally*

NHS England is represented on the Leeds Health and Wellbeing Board and play a key role in how services are commissioned in the city. The Board will work with NHS England to coordinate priorities and commissioning for better services in Leeds.

In addition to this, the Board will represent Leeds on a national level if any influence or change is needed in national decision making. This will be important as the city takes opportunities for more localised decision making which is less dependent on central government control.

3.10 Timescale

3.10.1 The timescale of the strategy is 2016-2021. This extends the timescale from 3 years for the previous strategy to 5 years for this one. The reasons for this are:

- A citywide health and wellbeing strategy and the work of a health and wellbeing board should focus on long term strategic goals. A five year time horizon supports this approach.
- Over a period of five years, a strategy can remain relevant and useful throughout the time of its use. This would be harder if it was more long term.
- Each local health and social care system is being asked to produce a Sustainability and Transformation Plan for 2016-2021. This is intended to be a local blueprint implementing the NHS Five Year Forward View in local areas.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

- 4.1.1 A significant amount of engagement activity has already taken place to develop the Leeds Health and Wellbeing Strategy. This is alongside ongoing engagement activity on strategic decision making which occurs across the activity of the Health and Wellbeing Board and its constituent members. A further period of engagement will take place up until publication of the final strategy in March.
- 4.1.2 The first phase of engagement involved collecting together key messages from recent engagement activity across all partners. There was also an audit of how the 2013-2015 strategy has been used and what people's views on it are.
- 4.1.3 The second phase of engagement involved collecting early views from people across the city to inform the initial development of the refreshed strategy. This included conversations with other boards, forums and networks, involving citywide forums and local forums such as Community Committees. Extensive relevant information was made available on the Inspiring Change website with a questionnaire, and this was distributed publicly for comment and input. The Health and Wellbeing Board also held two private planning workshops to think about the strategy and take into account the views that people had submitted.
- 4.1.4 A third phase of engagement is taking place between December and early February. This will allow people to comment on initial proposals and overview of the refreshed strategy. These views will be taken into account for the final published strategy in March.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 There are no direct equality and diversity implications from this report. The Leeds Health and Wellbeing Strategy 2016-2021 will make reference to equality being a priority for health and wellbeing in Leeds. This is included within Appendix 2.
- 4.2.2 An Equality Diversity, Cohesion and Integration Screening Tool is currently being finalised to be included in an Executive Board Report on the Strategy.

4.3 Resources and value for money

- 4.3.1 The final version of the Leeds Health and Wellbeing Strategy will define the financial challenge which is faced by health and wellbeing services in Leeds 2016-2021. This is explained in section 3.4 of this report. The strategy will also include a principle for the city that Leeds will work towards making health and wellbeing provision financially sustainable.

4.4 Legal Implications, Access to Information and Call In

- 4.4.1 There are no access to information and call-in implications arising from this report

4.5 Risk Management

- 4.5.1 There are no direct risk management implications arising from this report. Programmes relevant to the health and wellbeing strategy will have their own risk management arrangements and the business of the Board will receive

assurances that partners work collaboratively for mitigation and/ resolution of these risks.

5 Conclusions

- 5.1 The Leeds health and wellbeing strategy is an important document for partnership working and decision making in Leeds. A new strategy in 2016 will build on much good work over the last few years and needs to help the city to address some significant health, wellbeing and financial challenges. The appendices to this report provide some proposed changes and additions to the outcomes and priorities which the Health and Wellbeing Board set for Leeds. The current stage of writing the strategy is focused on getting these correct, so recommended changes are welcome. A fully designed strategy will be published in Spring 2016 based on feedback received. Creating the best possible strategy for the city requires the leadership and views of the Health and Wellbeing Board and input from people in Leeds.

6 Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- Consider whether the one page overview presents a clear picture of what is needed to make Leeds the best city for health and wellbeing
 - Consider and approve the outcomes stated in Appendix 2
 - Approve the strategic priorities stated in Appendix 2, and consider how they may be edited or added to.
 - Make any final comments on the approach taken in the city to producing a refreshed Joint Health and Wellbeing Strategy

7 Appendices

Appendix 1 – Leeds Health and Wellbeing One-Page Overview

Appendix 2 – Writing the Leeds Health and Wellbeing Strategy 2016-2021