

SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

Development of the Joint Health and Wellbeing Strategy (2016 – 2021)

Introduction

At a working group meeting of the Scrutiny Board on 12 January 2016, Members considered the development of Leeds' Health and Wellbeing Strategy (2016-2021) and were provided with the following details:

- A new Health and Wellbeing Strategy for Leeds will be published in Spring 2016 and will set the direction for health and well-being for 2016-2021.
- The engagement work provided an opportunity to influence decision-making across the city to maximise the health and wellbeing outcomes for people in Leeds within the available resources.
- Development and engagement on the strategy was taking place between October 2015 and March 2016.
- Supporting documents introducing some proposals about:
 - Priority challenges for health and wellbeing in Leeds
 - The 5 big outcomes for health and wellbeing in Leeds
 - The strategic priorities for health and wellbeing in Leeds
 - The role of the Health and Wellbeing Board and other organisations in planning, assurance and delivery

The following members were in attendance at the working group:

• Cllr Peter Gruen (Chair)	• Cllr Sandy Lay
• Cllr Ghulam Hussain	• Cllr Christine Macniven
• Cllr Eileen Taylor	• Cllr Billy Flynn
• Cllr Caroline Anderson	

The following were in attendance to outline the information presented, address any questions from the working group and generally contribute to the discussion:

- Rob Newton – Health & Wellbeing Policy Officer, Leeds City Council / Leeds Beckett University
- Simon Foy – Head of Policy & Intelligence, Leeds City Council
- Gina Davy – Head of Primary Care & Business Development, Leeds North Clinical Commissioning Group
- Steven Courtney (Principal Scrutiny Adviser) – Scrutiny Support, Leeds City Council

It should be noted that aspects of this response reflect some elements of the discussion at the Health and Wellbeing Board meeting, held on 20 January 2016.

Main issues

As part of the engagement work and to help inform its response, the working group was asked to consider the following questions:

- (1) Do you agree the priority challenges for improving health and wellbeing in Leeds?

- (2) What views do you have on our proposed outcomes for health and wellbeing in Leeds?
- (3) What views do you have on our proposed priorities for health and wellbeing in Leeds?
- (4) Are there any things which you think the Leeds Health and Wellbeing Strategy should say which are not currently included in the proposals?
- (5) How can the Scrutiny Board and the Health and Wellbeing Board work together to help assure the commitments made in the Health and Wellbeing Strategy?

There was a broad discussion on the information presented and this response aims to capture the main issues highlighted. Matters discussed included:

- The purpose of a Joint Health and Wellbeing Strategy;
- Leeds' previous Joint Health and Wellbeing Strategy and current progress;
- A general overview of the development of the Joint Health and Wellbeing Strategy (2016-2021).
- The underpinning needs assessment work, including the more detailed analysis of the wider determinants of health and causes of poorer health; and,
- The recently published NHS Planning Guidance and the focus on the 'place making' responsibilities of commissioners.

Some of the general issues raised by members of the Scrutiny Board included:

- The role of the Joint Health and Wellbeing Strategy in relation to the 'hierarchy' of other key strategies and its relationship with other key developments, such as:
 - The 13 integrated health and social care area teams and the development of new models of care;
 - Improving access to primary care – including extended opening hours and 7-day working; and,
 - The development of 'social prescribing'.
- The current draft does not adequately describe what success will look like. There is insufficient information in terms of specific targets, benchmarks and baseline data, together with desired outcomes and performance measures.
- While it is important for the Joint Health and Wellbeing Strategy to set out the City's ambition for health and social care, it is equally important to be realistic and manage expectations.

In addition, and specifically in response to the identified questions, the following observations were made:

(1) Do you agree the priority challenges for improving health and wellbeing in Leeds?

In general terms, the challenges described could better reflect the challenges as they relate to Leeds: Currently, the challenges as drafted could describe the challenges of any major UK city. For example, there is insufficient reference to the challenges facing the city in terms of the building of substantial numbers of new homes and the necessary supporting infrastructure across the City. This is likely to place a significant challenge on planning and providing future health and social care services across Leeds and the issues were also identified in the most recent annual report by the Director of Public Health.

Equally, the issues around 'health inequalities' are not sufficiently reflected in the challenges.

It is acknowledged that much of the detail will be identified in the Joint Health and Wellbeing Needs Assessment; however the strategy itself could usefully include more detail.

(2) What views do you have on our proposed outcomes for health and wellbeing in Leeds?

Without specific targets, benchmarks and baseline data, together with clear performance measures, it will be extremely difficult to demonstrate progress and achievements. If there are plans to produce any supporting action plans, these should be referenced in the overall strategy.

It is felt there are aspects of a 'postcode lottery' in relation to accessing some services across Leeds. As the model for commissioning continues to develop, the approach to commissioning will have a significant impact on the accessibility and availability of services. In order to achieve city-wide progress towards the proposed outcomes, a high degree of consistency and collaboration is required. The development of primary care commissioning by Clinical Commissioning Groups provides a unique opportunity to develop and embed collaborative approaches across Leeds, and it is therefore essential for all organisations represented on Leeds' Health and Wellbeing Board to continue to work constructively and collaboratively.

(3) What views do you have on our proposed priorities for health and wellbeing in Leeds?

As a five year strategy, consideration should be given to providing greater focus to the priorities by 'prioritising the priorities'. This could be achieved by considering each of the priorities and identifying actions/ outcomes for each of the 5-years of the strategy and categorising these in terms of the overall impact on the identified priorities.

(4) Are there any things which you think the Leeds Health and Wellbeing Strategy should say which are not currently included in the proposals?

Consideration should be given to making some specific reference to matters associated with other key drivers, such as migration.

Issues associated with the 'financial challenge' are not sufficiently defined. There should be some attempt to clarify and quantify the reasons for the level of the identified challenge. For example, expected increases in demand for services; expected increases in the cost of treatment; anticipated changes to the available funding.

There also needs to be clarity on the size of the 'financial challenge'. The current draft identifies the financial challenge in the range of '£620m-£930m'. This represents a variance of 50% between the lower and upper estimates. Better identification and scoping of the underlying challenges may help provide clarity on the scale of the challenge. However, this should also be provided in the context of the level of resources available and presented both in global terms and year-on-year for the lifetime of the strategy.

The current draft strategy is relatively silent on the issue of devolution and the potential impact this may have during the lifetime of the strategy.

(5) How can the Scrutiny Board and the Health and Wellbeing Board work together to help assure the commitments made in the Health and Wellbeing Strategy?

There needs to be greater clarity of the respective roles and work of the Scrutiny Board and the Health and Wellbeing Board across the system. This could be helped by on-going discussions around priority areas and through the sharing of proposed work programmes. Work should also be progressed to establish and embed a performance reporting process that allows the Scrutiny Board to assure itself of progress and any specific obstacles.

In terms of accountability, it is equally important for there to be a common understanding of the respective roles and work of the Scrutiny Board and the Health and Wellbeing Board.

It is hoped these comments, endorsed by the Scrutiny Board, enhance the development of Leeds' Health and Wellbeing Strategy (2016-2021).

**Cllr Peter Gruen, Chair
on behalf of the Scrutiny Board (Adult Social Services, Public Health, NHS)**