

Report of: Director of Public Health, Director of Adult Social Services, Director of Children's Services

Report to: Executive Board

Date: 10th February 2016

Subject: The Leeds Health and Wellbeing Strategy 2016-2021

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of Main Issues

1. 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 which has a timescale of 2013-2015.
2. The Health and Wellbeing Strategy needs to be refreshed and published in 2016. The Health and Wellbeing Board are currently engaging publicly on a draft document with proposals. A final strategy will be published based on these proposals in Spring 2016.
3. The Leeds Health and Wellbeing Strategy will retain its vision and 5 outcomes. Two of these outcomes will be edited to reflect changing policy and priorities. Appendix 1 to this report gives a one page overview. Appendix 2 to this report is a public engagement document which lists the strategic priorities and some detail for what needs to happen to deliver them.
4. Sustainable, high quality health and social care is one of the biggest challenges facing public services. Working in partnership with other organisations to achieve the aims set out in the Health and Wellbeing Strategy and the Best Council Plan will therefore be a major focus for the Council over the next five years.

Recommendations

Executive Board is asked to:

- Note the outcomes and priorities in Appendix 1 and Appendix 2 and how they complement the proposed Best Council Plan 2016/17.
- Support the Leeds Health and Wellbeing Board in their development of the Leeds Health and Wellbeing Strategy for publication in Spring 2016

1 Purpose of this report

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

2 Background information

- 2.1 Leeds City Council and the 3 Leeds Clinical Commissioning Groups have an 'equal and joint statutory duty' to produce and publish a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy, discharging this responsibility through the Health and Wellbeing Board.¹
- 2.2 There has been good progress made during the course of the 2013-2015 Strategy with improvements in a number of health outcomes. This is summarised in the Joint Strategic Needs Assessment, which is the main evidence base for the production of the Leeds Health and Wellbeing Strategy.
- 2.3 There have also 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.
- 2.4 There have also been good change initiatives and joint working across partners in the city. These have included Child Friendly Leeds, Age Friendly City and the Inspiring Change programme, amongst many others.
- 2.5 The rising costs of providing health and social care amidst budget pressures is perhaps the biggest challenge to the delivery of public services over the coming years. Organisations need to work together to make services as cost effective and high quality as possible. The city needs to work together to improve the health and wellbeing of people in Leeds.
- 2.6 The timing of the new Strategy therefore offers an opportunity to review our health and wellbeing priorities in the context of demographic change, policy direction and progress in programmes and projects across health and wellbeing.
- 2.7 The Leeds Health and Wellbeing Strategy should take a broad perspective of wellbeing and consider the wider determinants of health. This means that it will make mention of housing, planning, education and the economy, amongst others. It is therefore relevant to all Council departments.

¹ Health and Social Care Act 2012

- 2.8 The Leeds Health and Wellbeing Strategy should also consider how services should work together and take an integrated approach to commissioning and providing services in the city. This means that it is relevant for work in public health, children's social services and adult's social services, in particular.
- 2.9 This discussion coincides with engagement with the public currently underway in the city. Appendices 1 and 2 have been published online and people have been invited to make comment on the contents of the strategy. The Health and Wellbeing Board also discussed the documents at their meeting on 20th January.

3 Main issues

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

- 3.1.1 Appendix 1 shows a one page overview of the key themes of the health and wellbeing strategy. 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 Strategy, the focus is on getting the proposed outcomes and priorities right and writing them in a collaborative way across partners and the public.
- 3.1.3 The following sections provide a rationale for why each element of the strategy has been proposed in the way it is set out.

3.2 Vision

- 3.2.1 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”

- 3.2.2 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. Retaining the vision statement will aid continuity between the previous strategy and the refreshed strategy. In addition to this, the vision aligns with the council's overarching renewed Best City/Best Council ambition aimed at tackling poverty and inequalities.

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. It is suggested that the priority headline health challenges that the strategy 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, but this needs to be considered in the context of the available resources. 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 done to provide an estimate and context for the content of the strategy. This will need to take into account changes for Leeds which result from the local government financial settlement.

3.5 *Outcomes*

3.5.1 The Health and Wellbeing Strategy 2013-2015 set 5 outcomes for the health and wellbeing of people in 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 be actively involved in 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 It is proposed that outcome 4 is changed from 'People will be involved in decisions made about them' to 'People will be actively involved in 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 be continue to be very important for people to be involved in decision making.

3.5.5 It is proposed that outcome 5 is changed 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 which the Health and Wellbeing Board consider that 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. People have told us that they could have had more detail about what the priorities 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. The level of detail and style of writing in Appendix 2 attempts to do this.

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 role of the Health and Wellbeing Board as a body is explained in section 3.10 of this report.

3.6.5 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 stronger 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*

3.6.6 The summary of each priority is included in Section 5 of Appendix 2. It is envisaged that this detail will be used in the final strategy document, subject to feedback and amendments. There is potential for each priority commentary to include more detail about how they will be delivered and who will take leadership for delivery. The Board should consider how much they want the Leeds Health and Wellbeing Strategy to detail this for 2016-2021.

3.7 Alignment with proposed Best Council Plan 2016/17

3.7.1 There should be good alignment between the Leeds Health and Wellbeing Strategy and the Best Council Plan. This is because they should be trying to achieve the same kind of things in the same way.

3.7.2 Both strategies communicate the same core messages to the same people, so they should tell the same message. We need to be mindful that key public messages are clear, consistent, interesting and that there aren't too many of them.

3.7.3 Cross-checking the Best Council Plan and the Health and Wellbeing Strategy shows good alignment between them:

Best Council Plan 2016/17	Health and Wellbeing Strategy
<i>Vision</i>	
Best City / Best Council: Tackling poverty and reducing inequalities	Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest
<i>Best City Outcomes</i>	<i>Outcomes / Priorities</i>
Be safe and feel safe	Outcome 5: People in Leeds will live in healthy, safe and sustainable communities
Enjoy happy, healthy, active lives	Outcome 1: People will live longer and have healthier lives 'Get more people, more physically active , more often' 'A stronger focus on prevention , particularly for long term conditions' 'The best care, in the right place, at the right time'
Live with dignity and stay independent for as long as possible	Outcome 3: People will live full, active and independent lives
Do well at all levels of learning and have the skills they need for life	'Continue our drive for Leeds to be a Child Friendly City, where children have the Best Start in life.'
Earn enough to support themselves and their families Supporting economic growth and access to economic opportunities	'Ensure that Leeds has a strong economy providing good quality employment opportunities for local people.'
Earn enough to support themselves and their families	'Ensure that Leeds has a strong economy providing good quality employment opportunities for local people'
Live in decent, affordable homes within clean and well cared for places	'Ensure that housing and the environment enables all people of Leeds to be healthy, social and mobile'

Move around a well-planned city easily	<p>'Ensure that housing and the environment enables all people of Leeds to be healthy, social and mobile'</p> <p>'Get more people, more physically active, more often'</p>
Enjoy greater access to green spaces, leisure and the arts	<p>Outcome 5: People will live in healthy, safe and sustainable communities</p> <p>'Ensure that housing and the environment enables all people of Leeds to be healthy, social and mobile'</p>

3.8 *Alignment with NHS Planning*

- 3.8.1 Producing a Health and Wellbeing Strategy is an equal and joint statutory duty of both the local authority and clinical commissioning groups. The CCGs in Leeds have therefore been actively involved during the engagement and writing phases of the refresh of the Health and Wellbeing Strategy.
- 3.8.2 Individual CCG Commissioning Plans and citywide plans use the outcomes in the Joint Health and Wellbeing Strategy as a foundation for planning. These plans have been received by the Health and Wellbeing Board in the past to ensure that they align with the Health and Wellbeing Strategy.
- 3.8.3 The NHS planning guidance published on 23 December 2015 included a requirement for local areas to produce a new five year Sustainability and Transformation Plan (STP) by June 2016. These plans will set out how health services will help to improve prevention, care and quality and achieve financial balance. They are a key part of delivering the NHS Five Year Forward View and will cover some of the delivery required from the Health and Wellbeing Strategy. The Leeds STP will be approved by the Health and Wellbeing Board before June 2016. This process should ensure alignment between the two plans and partnership working between health and social care partners.

3.9 *Measurement*

- 3.9.1 How progress against the strategy will be measured will be determined once the priorities have been agreed. This measurement will complement existing arrangements for intelligence across partner organisations and also reflect measurement which is done for the Best Council Plan. It will retain a long-term strategic view against the outcomes in the Strategy.
- 3.9.2 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.
- 3.9.3 With this in mind, two big themes which run through every priority for the Board to focus its evaluation and planning on are:

- *Reducing health inequalities*
- *Preventing hospital admissions*

3.9.4 Progress against these two goals would be driven by progress under each priority and lead to achievement of the vision and the five outcomes. Partners in the city will agree how the Health and Wellbeing Board can best measure progress of these two goals over the coming months. Hospital admission rates and re-admission rates, for example, could be useful measures to focus coordinated action across partners

3.10 Design and Communication

3.10.1 A full published Strategy will be graphically designed. 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. The final version will therefore look much different from Appendix 2, though much of the wording may remain depending on feedback which is received from public engagement.

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

3.11.1 The refreshed Strategy will need to say something about the role and purpose of the Board in the delivery of 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.

3.11.2 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 citywide work. This means that over the course of the refreshed Strategy over the next 5 years the Health and Wellbeing Board will:

- 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
- Provide leadership and direction to help and influence everyone to work towards the 5 outcomes in a coordinated way
- Work with Healthwatch Leeds and all our other partners to engage with the people of Leeds
- Provide opportunities for public engagement and democratic accountability for strategic decision making across health and wellbeing
- Endorse and challenge the commissioning plans of Leeds City Council and the Leeds Clinical Commissioning Groups and NHS England where appropriate
- Support and endorse any formal mechanisms for joint commissioning and partnership working as required
- Support the continued development and production of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment

- Review the progress which we are all making to achieve the aims of the Leeds Health and Wellbeing Strategy
- Represent and influence for Leeds nationally

3.12 *Timescale*

3.12.1 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.
- Planning cycles for Clinical Commissioning Groups are five years, so a citywide strategy helps to correspond with this.

4 Corporate considerations

4.1 Consultation and Engagement

4.1.1 Engagement of the public and partners is a crucial part of writing the next Health and Wellbeing Strategy. A significant amount of engagement activity has already taken place. 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 views gathered so far have informed the production of Appendix 1 and 2. A summary report on these views is available on request.

4.1.3 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.

4.1.4 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.

4.1.5 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. Equality, Diversity, Cohesion and Integration Screening has been completed for this report and is included as an Appendix to this report.

4.3 Council policies and the Best Council Plan

4.3.1 A report was submitted to Executive Board on 16th December 2015 about the emerging 2016/17 Best Council Plan priorities. The proposals in the Leeds Health and Wellbeing Strategy are consistent with the Best Council Plan proposals and have been cross-checked and collaboratively worked on. The Health and Wellbeing Strategy takes a wider determinants view on health so includes items around housing, education and the economy, which are included in the Best Council Plan. It also includes the themes of 'Strong Economy, Compassionate City', the council's renewed ambition agreed by the Executive Board in September 2015 which form the basis of the proposed Best City ambition in the proposed Best Council Plan 2016/17.

4.4 Resources and value for money

4.4.1 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.

4.5 Legal Implications, Access to Information and Call In

4.5.1 There are no direct legal implications as a result of this report.

4.6 Risk Management

4.6.1 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 statutory 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, Leeds City Council Executive Board and input from people in Leeds.

6. Recommendations

6.1 The Executive Board is asked to:

- Note the outcomes and priorities in Appendix 1 and Appendix 2 and how they complement the proposed Best Council Plan 2016/17.
- Support the Leeds Health and Wellbeing Board in their development of the Leeds Health and Wellbeing Strategy for publication Spring 2016

7. Background Documents²

7.1 None

8. Appendices

8.1 Appendix 1 – Leeds Health and Wellbeing Strategy One Page Overview

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

8.3 Equality, Diversity, Cohesion and Integration Screening Document

² The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.