Draft 4a - 6th February 2009

Health and Wellbeing Partnership Plan

2009 to 2012

Improving health and reducing health inequalities in Leeds

Add contents page

Foreword

Welcome to the Leeds Health and Wellbeing Partnership Plan for 2009 to 2012.

This Plan is part of the broader Leeds Strategic Plan, based on the outcomes and priorities agreed with our partners and shaped by local people. We are pleased that the priorities which have emerged are closely linked to those of our previous Plan for 2005-8 but we have taken into account feedback that the associated Framework for Action needed more focus.

The new Plan does not attempt to cover all of the wide ranging work which individual partners are doing to improve the health and wellbeing of Leeds residents. Instead it concentrates on the main Healthy Leeds Partnership actions for the agreed strategic priorities and how we are going to help deliver the aspirations for the city set out in the Vision for Leeds 2004 to 2020. Our holistic approach to health and wellbeing for individuals, communities and the city as a whole enables us to link up a wide range of activities happening as a result of related plans and strategies and thus to make them more effective. We attach especial importance to the Children and Young People's Plan developed by Children Leeds. Links to other partnership priorities and plans are listed in an Appendix. We also regard our focus on tackling health inequalities as a cross-cutting theme that needs to be addressed in all the priority areas. This includes inequalities between different neighbourhoods in Leeds as well as between different priority groups and the general population.

The strength and quality of partnership working in Leeds were recognised during 2008 by the national award of Beacon status to Leeds Initiative. Success in building effective partnerships to address the many and varied challenges faced by the city, depends on their structures being clear, fit for purpose and flexible enough to adjust to change. In response to changes in national expectations and local requirements, we have updated the Healthy Leeds Partnership structures during 2008 to include stronger joint commissioning arrangements with clearer governance and accountability. This will help us to ensure we are using our resources as effectively as we can and will give us a clearer view of how well we are doing.

This partnership plan is an indication of the real commitment of all sectors to focus our efforts collectively so that we can together bring our resources to bear on the problems and the opportunities facing Leeds over the next three

years. We know that the issues we have to address will take more than three years to change but we hope at the end of this period to have a clear indication that we are on the way.

Signed

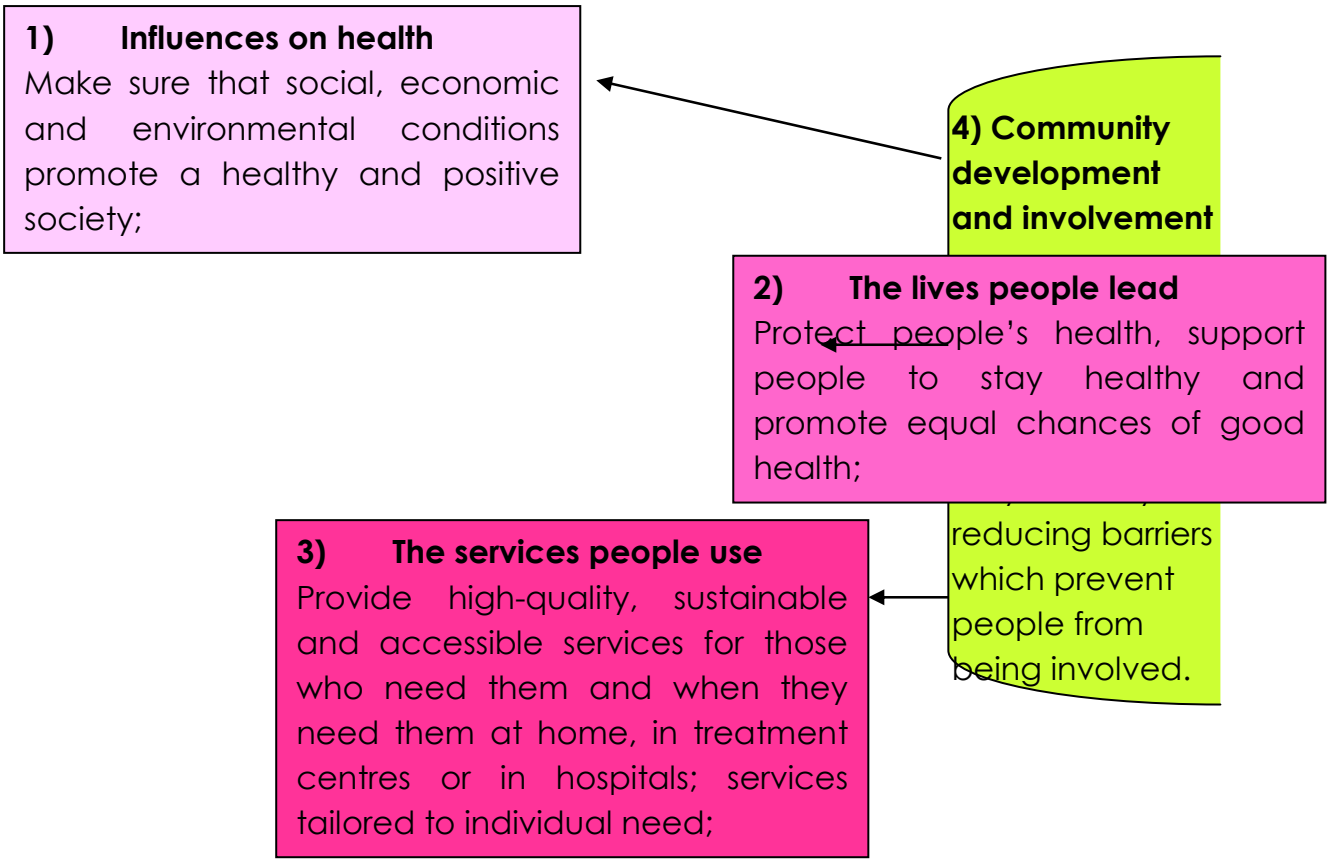
Healthy Leeds partners

Section One

Vision

Leeds will be a healthy city for everyone who lives, visits or works here, promoting fulfilling and productive lives for all. We will reduce inequalities in health between different parts of the city, between different groups of people and between Leeds and the rest of the country.

Aims



Wellbeing

This plan is for the health and wellbeing of the people of Leeds. Wellbeing is a broad term and we propose working to the following statement of common understanding of well being for policy makers developed by a government task group:

> "Wellbeing is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It arises not only from the action of individuals, but from a host of collective goods and relationships with other people. It requires that basic needs are met,

that individuals have a sense of purpose, and that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, involvement in empowered communities, good health, financial security, rewarding employment, and a healthy and attractive environment."

(Whitehall Wellbeing Working Group 2006)

Section Two

National context and drivers

The principal elements of national policy are given below, concentrating mainly on the most recent initiatives. A list of relevant Plans, Policies and other documents is in Appendix I.

Improving Health and Reducing Health Inequalities

Over the last ten years, beginning with *Saving Lives: Our Healthier Nation* (1999) and continuing through the *NHS Plan* (2000); *Tackling Health Inequalities: A Programme for Action* (2003), *Choosing Health* (2004), *Our Health Our Care Our Say* (2006), *Putting People First* (2007) through to *Tackling Health Inequalities: Progress and Next Steps* (2008) and the *NHS Next Stage Review* (2008), the government has set out a series or programmes and actions to improve health, improve the quality of health and social care services, and reduce health inequalities.

National Targets

Health targets for England set in 1999 included:

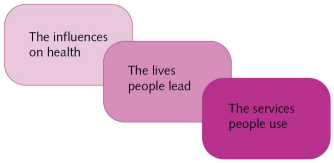
> **Improve the health of the population by 2010.** (Increased life expectancy at birth and reduced infant mortality)
>
> **Substantially reduce mortality rates from coronary heart disease and stroke, from cancer and from suicide by 2010** (from the Our Healthier Nation baseline, 1995-97)

Progress across the country means that at a national level these targets are likely to be met. Early deaths from heart disease have halved, while the death rates for stroke and cancer have fallen by 44% and 18% respectively. There is a similar pattern in Leeds.

But these targets as originally framed did not take account of inequalities. In fact the health of those who are better off or who live in better off areas has improved much faster than the health of people who are more disadvantaged, so the inequalities gap was actually increasing. The government identified the 20% of local authority areas with poorest health and classed them as 'spearheads' where the effort to reduce inequalities should be targeted. (Because the size of Leeds disguises the extent of poor health within parts of the city, Leeds was not a spearhead area.) A new

target was developed to narrow the gap between the health experience of the spearhead areas and the average for England as a whole.

> **Reduce health inequalities** by 2010, by 10% as measured by infant mortality and life expectancy at birth [from a 1995-97 baseline].



The National Targets for England and the three areas of action highlighted in Tackling Health Inequalities are reflected in the priorities of the Leeds Strategic Plan and this Health and Wellbeing Plan which aim to reduce the gap in mortality between the deprived parts of Leeds and Leeds as a whole.

A further national set of targets aims to tackle some key underlying determinants of ill health and health inequalities by:

reducing **adult smoking rates** (from 26% in 2002) to 21% or less by 2010, and a reduction in prevalence among routine and manual groups (from 31% in 2002) to 26% or less;

halting the **year-on-year rise in obesity among children under 11** by 2010 (from the 2002-04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole.

reducing the **under-18 conception rate** by 50% by 2010 (from the 1998 baseline), as part of a broader strategy to improve sexual health.

The importance of the national health inequalities targets for the NHS is reinforced by their inclusion in the top priorities of the *NHS Operating Framework* since 2006. But health is not the responsibility of the NHS alone and health inequalities are also included in priorities for local government, both in its role as 'place shaper' and for the transformation of social care as set out in documents such as *Putting People First* with the key themes of

- prevention
- early intervention and re-enablement
- personalisation
- information, advice and advocacy.

The health and wellbeing objectives of the Leeds Strategic Plan are a joint response to these obligations and also include commitments to developing support for independent living and safeguarding vulnerable adults.

Commissioning for Outcomes

Commissioning is using the available resources to achieve the best **outcomes** by securing the best possible **health** and care services for local people. The main commissioners are NHS Leeds and Leeds City Council, but there is an increase in Practice Based Commissioning by consortia of General Practitioners.

One of the most important ways to achieve change is by switching from service planning (top-down) to service commissioning which is more locally based and takes better account of local needs. Commissioning should be people-centred with the needs of NHS patients, the users of social care services and local people at the centre of Commissioners' work.

The ***Commissioning Framework for Health and Wellbeing*** (2007) made it clear that commissioners should involve local communities to provide services that meet their needs, beyond just treating them when they are ill, but also

keeping them healthy and independent. There should be detailed attention to social inclusion and a focus on reducing inequalities

The outcomes may be

- Health gains for specific or general communities
- Different ways of delivering clinical & care services outcomes – e.g. clinically effective care pathways
- Outcomes for local communities, developing links, skills opportunities and capacity.

Choosing Health

Choosing Health was the first ever White Paper on Public Health. It set out a wide range of proposed actions to address major public health problems, placing population health and health inequalities at the centre of the Government's health policy agenda. The White Paper identified the following six priorities for action:

- Reducing smoking rates
- Reducing obesity and improving diet and nutrition
- Increasing exercise
- Encouraging and supporting sensible drinking
- Improving sexual health
- Improving mental health

Next Stage Review

During 2008 the Department of Health published national and regional reports of the NHS Next Stage Review led by Lord Darzi. The review aims to secure high quality care for patients and the public by:

- helping people to stay healthy by working in partnership to promote health, and ensure easier access to prevention services;
- empowering patients, giving them more rights and control over their own health and care;
- providing the most effective treatments;
- keeping patients as safe as possible.

Partnerships and joint working should be embedded across health and local government, working to shared plans and priorities and where appropriate through pooled budgets informed by the Joint Strategic Needs Assessment. A framework for funding community and mental health services will also be developed.

NHS Leeds, in common with every other PCT is expected to commission comprehensive wellbeing and prevention services with local authorities with the services personalised to meet the specific needs of their local populations. The Review supports the priorities identified by *Choosing Health* with the addition of treatment for substance misuse. Other significant issues for partnerships include:

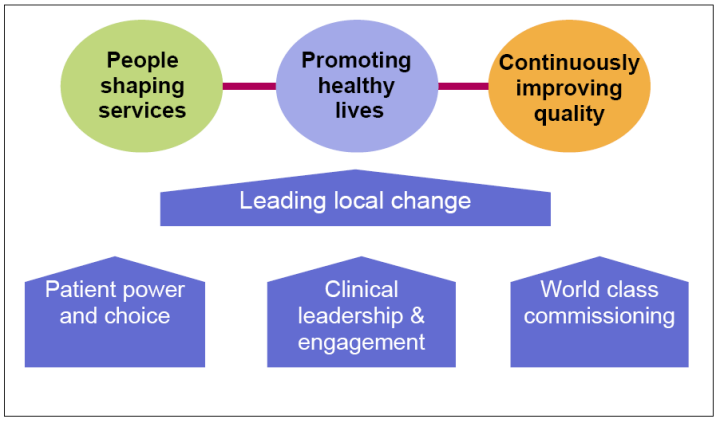
- The offer of a care plan for everyone with a long term condition

- Service for children and families and a new Children's and Young Persons strategy
- Planned care closer to home
- Extending mental health services in the community
- Reducing unnecessary hospital admissions

Next Stage Review Vision For Primary And Community Care

The Darzi Review also include a vision for primary and community care built around three main themes and a number of supporting policies and programmes.

DARZI REVIEW 3 KEY THEMES



For both health and social care services the stated intention is to "move away from a one-size-fits-all service to one that is tailored around the needs of patients, focusing on quality and prevention while ensuring equitable access".

This focus on continuing quality improvement will depend not just on formal performance management but the genuine involvement of patients, service users and local people, actively using all available levers to improve performance, and work with everyone concerned, including staff, to continuously drive up standards.

Putting People First

The personalisation process affects both health and social care services. *Putting People First* (Dept of Health, Dec. 2007) developed the programme for enabling people to have the best possible quality of life irrespective of illness or disability. This means a system where adults are increasingly involved in commissioning their own services. Care services need to be transformed so that they consistently promote independence and choice for the delivery of services whilst ensuring people's safety. Services are also required to work actively for prevention, including early intervention and a more general awareness of wellbeing needs.

Adult Social Care has a crucial and championing role to play here and, in some ways can be see as a key 'glue' for other services to develop a needs-based approach. Changes in workforce practice will be needed to ensure that commissioners and providers become genuine enablers so that people remain in control of their lives as far as possible.

Development of locality working and integrated provision (Section 5) is key to implementing all these plans

Section Three

The Leeds Joint Strategic Needs Assessment (JSNA)

Leeds City Council and NHS Leeds have a new statutory duty to produce a Joint Strategic Needs Assessment that identifies the currently unmet and future health, social care and wellbeing needs of the local population.

The first Leeds JSNA was carried out during 2008 and confirms that the priorities identified in the Leeds Strategic Plan are the right priorities to be tackled at the present time.

However, the JSNA has also raised the need for further work in new areas, for example:

- **An ageing population** As in most areas of the country, Leeds has a growing proportion of older people who are living longer than previous generations. The pattern of needs is therefore changing.
- **Infant Mortality** Improvement in Infant Mortality rates is positive for Leeds as a whole, but there are some communities of Leeds with higher levels of risk.
- **Children's Health** We need to ensure that children and young people are healthier – unhealthy children of today will become the unhealthy adults of tomorrow!
- **Neighbourhood needs** Existing inequalities and differences in health experience between neighbourhoods may widen without specific measures to counteract this.
- **Specific Challenges** We need a continuing focus on specific health and wellbeing challenges, particularly obesity, alcohol, drug taking and smoking.

From the broad range of themes identified there are three main areas with a number of particular issues for commissioners to take into account in future:

- Responding effectively to demographic change
- Responding effectively to specific health and wellbeing challenges
- Targeted work to improve health and well being outcomes for specific groups.

Responding effectively to demographic change

- **An ageing population.** People will expect the quality and availability of services to increase in line with demand. However as people age and

live longer, there will be an increase in life-limiting conditions such as stroke, diabetes and dementia, particularly in areas of disadvantage. At the same time there are already difficulties in recruiting people into personal care roles as the proportionately of younger adults in the population falls. There will also be more older people from minority ethnic communities. Part of the solution will be investment in services which help people keep fitter for longer; services which provide early support; and social and environmental interventions which promote and prolong the possibility of independent living but we need to develop wider discussion and engagement around this issue.

- **Children and Young People** Unhealthy children of today will become the unhealthy adults of tomorrow. The importance of ensuring the effectiveness of programmes that tackle childhood obesity, emotional wellbeing, teenage conception and sexual health cannot be under estimated, both from an individual and a population perspective. The health of children in disadvantaged neighbourhoods and the projected increase in the proportion of children from new or minority ethnic communities highlight the need for more targeted action. One focus will be on reducing infant mortality through the Infant Mortality Action Plan as the data shows that in some communities the rates are within the lowest nationally, in contrast with the overall rate for Leeds, which compares favourably with the national rate.

Specific health and wellbeing challenges which require an effective response

- **Obesity** – Overweight and obesity have been shown to be associated with significant risks to health and a large decrease in life expectancy. The National Health Survey for England has found that in 2007 41% of men and 32% of women were overweight with a further 24% of both men and women being classed as obese (compared with 13% of men and 16% of women in 1993. Obesity among women is more common at lower income levels but there is little difference for men . Yorkshire and Humber has the highest standardised rate for overweight and obesity (measured by Body Mass Index) of any English region and the issue has been identified by *Yorkshire Futures* as being the main threat to public health in the future.

- **Alcohol** – National surveys show that adults in all age groups except the oldest tend to be drinking above the recommended limit and the consumption is more than twice above the recommended limit for younger age groups. The latest alcohol profile for Leeds (2008) estimate hazardous and harmful drinking in Leeds to be significantly higher than the national average, with alcohol related admissions to hospital higher in Leeds than the average across England and increasing. With the estimated cost of alcohol misuse in Leeds to be £275m, this represents a significant challenge for those responsible for commissioning and delivering programmes and services. The city's

Alcohol Strategy is showing some results, requiring a focus on high impact preventative action, perhaps combined with increased use of available regulatory powers.

- **Drugs -** Existing data does not give a clear message on trends. The number of young people using drugs, whilst a concern, is in line with the national rate, but the proportion of drug users aged 15-64 is higher than the national average. Around one third are unknown to treatment and 84% of drug users in treatment in Leeds use heroin, a higher proportion than nationally. There are signs of a changing pattern of use: younger drug users are choosing cocaine rather than opiates. Commissioners of statutory services also need to address the significant social impact of drugs usage.

- **Smoking –** Although trends are going in the right direction there will continue to be a sizeable proportion of smokers, with the highest rates (46%) being found in inner east, inner south and inner west Leeds. The take up of smoking amongst young people and particularly amongst women appears to remains a problem pointing to the need to continue with current smoking cessation programmes with more funding from mainstream sources.

Targeted work to improve health and wellbeing outcomes for specific groups

Whilst there are important health and well being issues for all sectors of the population, the JSNA process, particularly through stakeholder events, has highlighted the need to develop better data, analysis and understanding of the health and well being needs of particular groups including:

- People with a learning disability
- Gypsy and travellers
- People with dementia
- Asylum seekers and newly arrived communities
- Looked after children and young people

Some of this work is already under way and will be used to inform commissioning plans.

Counteracting widening inequalities between neighbourhoods

- The national Index of Deprivation is the main source for ranking areas of Leeds in relation to each other and to other parts of the country and for identifying those which fall into the most deprived 10% nationally. As we target improvements on these areas, it is hoped that they will improve both absolutely and relatively to elsewhere. Already a few

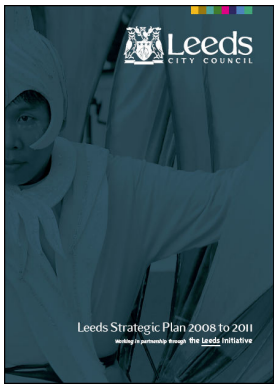
areas have moved out of the most deprived group while others are included. However any such marginal improvement is likely to leave a smaller number of areas which remain deprived and become relatively more disadvantaged, both generally and in relation to health.

- It is also possible that this acceleration of difference will include a fragmentation of community and an accelerated development of particular needs concentrated in what may be quite small neighbourhoods within those areas. These needs will include health dimensions (direct and indirect) As city leaders, the City Council will (with its partners) wish to direct commissioning priorities to manage any increase in potential fragmentation across neighbourhoods and communities.

- To meet changing patterns of need (particularly in relation to the effects of economic downturn) it is likely that NHS Leeds, as a partner, would have to consider whether and how it could use its commissioning process to assist Leeds City Council in meeting wider social, economic and infrastructural challenges which impact on health inequalities and affect the overall health and wellbeing of the whole Leeds population.

Section Four Health Priorities for Leeds

We are not starting from a clean sheet. We are following on closely from our previous Framework for Action (2005-2008) and the consultations which prefaced local and government agreement to the following strategic outcomes in the ***Leeds Strategic Plan 2008 to 2011***:



Strategic Outcomes

- Reduced health inequalities through the promotion of healthy life choices and improved access to services.
- Improved quality of life through maximising the potential of vulnerable people by promoting independence, dignity and respect.
- Enhanced safety and support for vulnerable people through preventative and protective action to minimise risks and maximise wellbeing.
- Communities which are inclusive vibrant and

Ten Improvement Priorities have been agreed between the partners

Improvement priorities

The agreed improvement priorities for health and wellbeing are:

1. Reduce premature mortality in the most deprived areas
2. Reduction in the number of people who smoke
3. Reduce alcohol related harm
4. Reduce rate of increase in obesity and raise physical activity for all
5. Reduce teenage conception and improve sexual health.
6. Improve the assessment and care management of children, families and vulnerable adults.
7. Improve psychological, mental health, and learning disability services for those who need it
8. Increase the number of vulnerable people helped to live at home
9. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives

Each priority has a separate plan summarising actions, identifying outcomes, targets and indicators, and related strategies and plans. (See Section 7)

The details of the health and wellbeing partnership structures are in Appendix II and these will provide the mechanisms for taking forward the action in this plan.

The new Children and Young People's Plan (CYPP) for Leeds (April 2009) will run for the next five years and make a crucial contribution to wellbeing in Leeds. Children Leeds has statutory responsibility for strategic development, planning and commissioning services for children and young people aged 0-19, extending to the age of 25 for those with additional needs

Another key document is the strategy for Leeds Primary Care Trust (now NHS Leeds) which sets out a number of local priorities for delivering health improvement including those selected for the World Class Commissioning programme.

There are a range of priorities in other themes of the Leeds Strategic Plan which have an impact on health. The Healthy Leeds Partnership will aim to support and influence the key partners and partnerships responsible for the delivery of these priorities which include:

Culture

- Enable more people to become involved in sport and culture by providing better quality and wider ranging activities and facilities

Learning

- Increase the proportion of vulnerable groups engaged in education, training or employment

Transport

- Deliver and facilitate a range of transport proposals for an enhanced transport system including cycling and walking (

Environment

- Reduce emissions from public sector buildings, operations and service delivery
- Undertake actions to improve our resilience to current and future climate change

Thriving places

- Reduce the number of people who are not able to adequately heat their homes
- Improve lives by reducing the harm caused by substance misuse

Harmonious communities

- Increase the number of local people engaged in activities to meet community needs and improve the quality of life for local residents

Other contributing initiatives include the Valuing People programme, the revised Housing Strategy for Leeds and the Financial Inclusion Project . These are referenced in section 7.

Section Five How we will deliver these priorities

Making our partnerships more effective

We are building on our previously successful partnerships by adapting them to the new requirements and priorities. We will be working together to commission and deliver appropriate services and interventions and we will ensure that we get feedback about how well these are working. The new partnerships are listed in Appendix I1.

Developing people-centred services

The most important way of judging success will be looking at the real effects for people in Leeds. These are not always easy to measure but the impact of our actions will be as far as possible judged through outcomes rather than just listing activities. We will involve users of services in the development of our plans, paying especial attention to those who find it hard to access appropriate services. Both health and social care services will maximise the opportunities for people to design services which suit them as individuals and families, for example by increasing the provision of direct payments. We will work towards a system of commissioning care planning which is focused around individual needs and enables choices to achieve as good a level of health and wellbeing as is possible.

Developing integrated services

Many NHS and Social Care services still operate independently of each other partly because their funding streams and accountabilities are very different. However the structure of services is changing. Through Children Leeds, we are moving towards the final stages of integrated planning and provision for children and young people. Some services for adults are already integrated and we are actively examining what more can be done to ensure that people have easier access to exactly what they need and to improve effectiveness. This will include single gateways for finding out what is available as well as much greater flexibility in care planning and service provision. Our performance management systems will also join up.

Preventing ill-health and intervening early

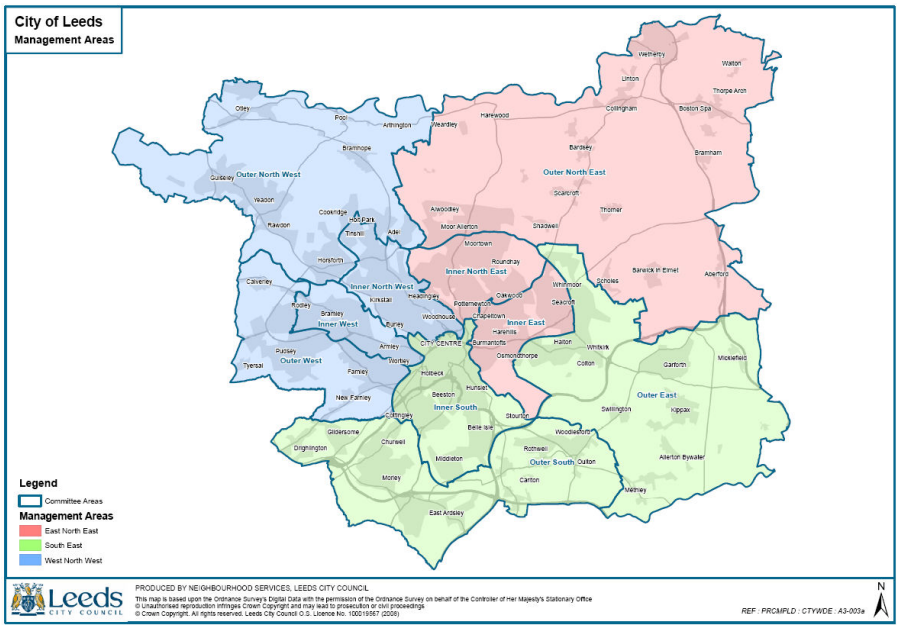
We know that there are many factors which influence people's health, wellbeing and need for services. These include social, economic and environmental factors which produce disadvantage and create barriers to recognising needs and being able to access facilities and services. We need to strengthen the overall skills and resources of individuals, families and communities and to remove the barriers which are the result of how facilities and services are designed and provided. It is no longer enough to try and cure problems when they arise. All organisations, including the NHS, are now seeking to find ways of working to prevent, delay or mitigate the onset of health problems as this is not just beneficial but also cost-effective. By seeking to embed a community development approach throughout our work (the fourth aim of this plan), we will try to ensure that we not only promote engagement and involvement but also make best use of all the resources available.

Developing our Locality Approach

Although our priorities are for the whole city, our actions are based around narrowing the gap in health experience between those people who live in the most deprived areas (20% of the population) and the city as a whole. Because of this we need to ensure that our actions deliver improvements at a local level and this requires active engagement with locality services and with communities. This must not ignore the population groups whose needs have been picked out through the Joint Strategic Needs Assessment and who do not live just within those deprived areas.

During 2009 this theme plan will be taken through a process of workshops in the three localities of the city and then discussed a still more local level in order to ensure that the city wide priorities are tailored to local and specific needs and to explore how they can be integrated into area plans.

Leeds City Council Management Areas and Area Committees



Recognising emerging and new priorities

Our society is changing in many ways which affect needs, expectations and resources. Some of these changes, such as the balance of population, will have increasing effect over time, while others, like the economy, technological development or climate change are more unpredictable. The recession which developed in late 2008 will have a definite impact which our work will need to take account of. Our plans will need to be able to adapt

to changes which affect health and wellbeing and the 2008 JSNA has already pointed to gaps in our knowledge and provision. Our planning processes need to take all this into account during the period covered by this plan and to ensure that its successor in 2012 will be fully appropriate for its time.

Section Six

Measuring progress

Joint Strategic Needs Assessment (JSNA)

The JSNA will start and continue to support the process to measure our overall progress on health inequalities and on health and social care needs. This work will include a focus on vulnerable groups and deprived neighbourhoods. It will help measure trends over time and show if our activities are having an impact on people's health and wellbeing.

Leeds Strategic Plan

The performance monitoring of the Leeds Strategic Plan will require partners to collect information on activities that contribute to each improvement priority. Six monthly performance reports will be produced on the indicators within the Leeds Strategic Plan (including the Local Area Agreement) co-ordinated by Leeds City Council and will be reported to the Local Strategic Partnership's Strategy Group. If there are specific issues or problems that need to be addressed by the partnership, these will be brought to the relevant group – Healthy Leeds Partnership, Joint Strategic Commissioning Board or locality partnerships – to discuss and find possible solutions.

Comprehensive Area Assessment (CAA)

Starting in April 2009, the CAA will provide collective accountability to local people for the use of public money. It brings together 7 inspectorates to provide an overview of how successfully the local organisations are working together, and with local communities, to improve services and quality of life in their area. For health and social care, the three existing separate inspectorates will be replaced by the Care Quality Commission.

It will be focused on outcomes in the LAA and include statutory and non-statutory partners. The CAA will pay particular attention to those most at risk of disadvantage or inequality including those whose circumstances make them vulnerable. It will look for innovative approaches to the commissioning and delivery services.

Views of local people will be a key source of evidence: service users, residents, community groups and third sector organisations. The first CAA report is due in November 2009 and should influence commissioning for future years

Healthy Leeds

An annual report will be produced which will describe where progress has been made and celebrate successes.

Section Seven Action Plans

(see separate working draft templates)

Appendix I

National context and drivers

The NHS Plan (July 2000)

Tackling Health Inequalities: A programme for Action (July 2003)

Health Inequalities: progress and next steps (2008)

Choosing Health: making healthier choices easier (November 2004)

Health Challenge England – next steps for choosing health (October 2006)

Our health, our care, our say: a new direction for community services(2006)
Our health, our care, our say: making it happen (2006)

High Quality Care for All (NHS Next Stage Review) July 2008

Health Ambitions – Yorkshire and Humber Strategic Health Authority(2008)

Valuing People: A new strategy for learning disability for the 21st century (November 2007)
Valuing People Now: from progress to transformation

NHS Next Stage Review: Our Vision for Primary and Community Care (July 2008)

Putting People First: a shared vision and commitment to the transformation of adult social care (December 2007) and associated documents

Working for a healthier tomorrow (March 2008)

Secretary of State Report on disability equality: health and care services December 08

Every Child Matters:

These last 2 are local and referenced on the templates
Leeds Children and Young People's Plan (Forthcoming)

Supporting People (Housing and health)

Note – other documents will be added to this Appendix

Appendix II

Partnership structures

The partnership arrangements for health and wellbeing in Leeds include:

- **Healthy Leeds Partnership**
  One of the nine strategy and development groups within the Leeds Initiative structure. Responsible for developing and driving forward the health and wellbeing theme of the Vision for Leeds and overseeing the Local Area Agreement.

- **Healthy Leeds Joint Strategic Commissioning Board**
  Responsible for strategic leadership and coordination of commissioning for health and wellbeing. Focus on delivery of strategy, agree priorities, align resources and hold to account (via commissioning sub-groups) programme teams responsible for delivery.

- **Commissioning Sub-Groups**
  The breadth of the health and wellbeing agenda is too large for the Joint Strategic Commissioning Board to have a detailed understanding of each area together with the capacity to performance manage delivery. It has three commissioning sub-groups on: Promoting Health and Wellbeing, Priority Groups and Planned and Urgent Care.

- **Cross-cutting groups**
  Some key issues go across a number of partners and partnerships, for example. Information, Estates. Workforce and Transport . These are covered by specific joint cross-cutting groups.

- **Programme Teams and Networks**
  Responsible for delivery of the strategy for specific client groups or health and wellbeing issues. Programme teams will also influence overall strategy and develop detailed implementation plans.Enable effective involvement to inform and support the planning and delivery of improvements in health and wellbeing, including high quality health and social care services.

- **Locality health and wellbeing partnerships**
  These will be developed as part of the co-ordination groups facilitated by the Council's Area Managers. They will link to area committees and

their delivery plans, Practice Based Commissioning consortia and the developing Children's and Young People's partnerships.

Diagram 1 below shows how the different parts of the partnership arrangements will link together, set in the wider context of the people of Leeds.

Diagram 1

Area Partnerships will be added to this diagram