



Report of Deputy Chief Executive

Report to Executive Board

Date: 17th July 2013

Subject: Amendment to City Priority Plan 2011-15

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 The current City Priority Plan 2011-15 sets out the strategic priorities and indicators we have agreed with our partners in order to deliver the ambition for Leeds to be the best city. Included within this plan are a set of priorities related to health and wellbeing. A new statutory Health and Wellbeing Board has recently been established as a committee of the council, and at its first meeting this Board has agreed a Joint Health and Wellbeing Strategy which sets out its priorities for the next two years. Within this the board has identified four “commitments” as its top priorities: to support people to choose healthy lifestyles, to ensure everyone has the best start in life, to improve people’s mental health and wellbeing, and to increase the number of people supported to live safely in their own home. It is, therefore, proposed that these are adopted as the Health and Wellbeing element of the City Priority Plan. This will ensure that the City Priority Plan remains up to date and ensures coherence and read across to the broader strategy.

Recommendations

- 2 Executive Board is recommended to:
 - Approve the revision of the Health and Wellbeing Priorities in the City Priority Plan 2011-15 in light of the “four commitments” agreed in the new Joint Health and Wellbeing Strategy

1 Purpose of this report

- 1.1 This report brings to Executive Board for approval changes to the City Priority Plan 2011-15 in light of the new Joint Health and Wellbeing Strategy. It is important that the city's strategic plan remains up-to-date and continues to reflect the main challenges. It is also important that there is coherence and read across between any wider strategies and the City Priority Plan.

2 Background information

- 2.1 The City Priority Plan 2011 to 2015 is the city-wide partnership plan which sets out the key outcomes and priorities to be delivered by the council and its partners. There are 17¹ priorities which are split across the 5 strategic partnerships who are responsible for ensuring the delivery of these agreed priorities.
- 2.2 Some partnership boards have also developed a fuller plan/strategy that articulates all aspects of their joint agenda eg Children and Young People's Plan. In these cases the City Priority Plan identifies the top priorities ie a small number (3-4) of outcomes and priorities that represent the absolute "must-dos" for each of the partnerships. In this way the City Priority Plan helps to provide real focus for partners across the city to use in developing their own strategic plans which in turn ensures resources from across the city are focused on driving a real change in outcomes for the people of Leeds.
- 2.3 The City Priority Plan forms part of the budget and policy framework and when approving the plan Council authorised Executive Board to make changes to the plan within its lifespan.

3 Main issues

- 3.1 Under the Health and Social Care Act 2012 Leeds City Council was required to establish a Health and Wellbeing Board from April 2013 with the objective of improving the health and wellbeing of the people of Leeds. The Health and Wellbeing Board was formally established by full council on 20th May 2013 and the first formal Board meeting took place on 22nd May. At this meeting the Board agreed a joint health and wellbeing strategy (JHWS) for the city. This is a joint statutory duty between the Local Authority and the three Leeds Clinical Commissioning Groups, setting out the strategic direction of travel for Leeds and the framework against which commissioners across the city will be expected to base their plans.
- 3.2 Within this strategy the Board have identified "four commitments", along with headline indicators, which will make the most difference to the lives of people in Leeds. Making good progress in these areas will also drive progress across a range of other priorities and outcomes. It is proposed that the health and wellbeing priorities previously identified within the City Priority Plan are

¹ The Sustainable Economy and Culture Board have undertaken further development work on their priorities and combined a number of these for purposes of reporting in 2012/13 ie the seven priorities have been combined into three.

replaced by these commitments to bring this in line with the new strategy. These are:

Priority	Headline Indicator
Support people to choose healthy lifestyles	<ul style="list-style-type: none"> • Percentage of adults over 18 that smoke • Rate of alcohol related admissions to hospital
Ensure everyone has the best start in life	<ul style="list-style-type: none"> • Infant mortality rate • Excess weight in 10-11 year olds
Improve people's mental health and wellbeing	<ul style="list-style-type: none"> • The number of people who recover following use of psychological therapy
Increase the number of people supported to live safely in their own home	<ul style="list-style-type: none"> • Rate of hospital admissions for care that could have been provided in the community • Permanent admissions to residential and nursing care homes, per 1,000 population

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 The process for development of the Joint Health and Wellbeing Strategy has involved consultation and engagement with a wide range of stakeholders including the third sector, public health, Clinical Commissioning Groups, Adult Social Care, Children's services, elected members (including the relevant scrutiny boards), community groups and NHS providers. Further details on this are set out in the report to the Health and Wellbeing Board on 22nd May 2013.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 Similarly an equality impact assessment screening was carried out on the Joint Health and Wellbeing Strategy and the key finding and actions proposed were included in the report to the Health and Wellbeing Board on 22nd May 2013:

- At the heart of the strategy is the principle that "People who are the poorest, will improve their health the fastest". This will clearly have very positive impacts with regard to equality characteristics.
- The board should be assured that plans to address the above form part of the JSNA development process. It will be important that equality considerations are embedded within individual JHWS action plans for each of the five outcomes across relevant and appropriate equality characteristics. Each action plan should specifically consider relevant issues of equality. It should be particularly mindful of any negative impacts and propose ways in which to mitigate these
- Consultation and engagement with some groups needs to be improved to fully understand their health and social care needs
- Health related data for some groups/conditions needs to be improved including older people; Lesbian Gay Bisexual and Transgender people; people with dementia; people with autism; carers; and physical and sensory impairments.

4.3 Council Policies and City Priorities

- 4.3.1 This report bring to Executive Board an update on the city priorities which ensures that these remain up-to-date and continue to reflect the most important issues.

4.4 Resources and Value for Money

- 4.4.1 The Joint Health and Wellbeing strategy establishes the overarching framework for the city against which commissioners will be expected to base their commissioning plans. This will encourage greater integration of commissioning plans and decisions with a view to making the best use of the collective resources at the city's disposal. The identification of the "commitments" or city priorities provides further focus for the allocation of resources across the partnership.

4.5 Legal Implications, Access to Information and Call In

- 4.5.2 There are no specific legal implications, all information within this report is available to the public and it is available for call in.

4.6 Risk Management

- 4.6.1 The risk of not approving this change is that there would not be a clear and coherent set of city priorities relating to health and wellbeing. This has the potential for confusion, delay and inefficiency.

5 Conclusions

- 5.1 A new Health and Wellbeing Board has recently been established and at its first meeting this Board has agreed a Joint Health and Wellbeing Strategy which sets out their priorities for the next two years. Within this they have identified a number of "commitments" as their top priorities and it is therefore proposed that these are adopted as the Health and Wellbeing element of the City Priority Plan. This will ensure that the City Priority Plan remains up to date and ensures coherence and read across to the broader strategy.

6 Recommendations

- 6.1 Executive Board is recommended to:
- approve the revision of the Health and Wellbeing Priorities in the City Priority Plan 2011-15 in light of the commitments agreed in the new Joint Health and Wellbeing Strategy.

7 Background documents²

- 7.1 None

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.