



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



# Leeds Health and Wellbeing Strategy

2016-2021



# Foreword

## Leeds – The Best City for Health and Wellbeing



**by Councillor Lisa Mulherin**  
Chair of the Leeds Health & Wellbeing Board

*In Leeds, as we grow up and as we grow old, the people around us, the places we live in, the work we do, the way we move and the type of support we receive, will all keep us healthier for longer. We will build resilience, live happier, healthier lives, do the best for one another and provide the best care possible to be the best city for health and wellbeing.*

In Leeds we believe that our greatest strength and our most important asset is our people. Wellbeing starts with people: our connections with family, friends and colleagues; the behaviour, care and compassion we show one another; the environment we create to live in together.

Our Health and Wellbeing Strategy is about how we put in place the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. Everyone in Leeds has a stake in creating a city which does the very best for its people. This strategy is our blueprint for how we will achieve that. It is led by the partners on the Leeds Health and Wellbeing Board and it belongs to everyone.

We're ambitious: we want Leeds to be the best city for health and wellbeing. Our first Health and Wellbeing Strategy, which ran from 2013-15, laid positive foundations for that. Leeds has seen a reduction in infant mortality as a result of our more preventative approach; we've been recognised for improvements in services for children; we became the first major city to successfully roll out an integrated, electronic patient care record; and early deaths from avoidable causes have decreased at the fastest rate in our most deprived wards.

These are achievements to be proud of, but they are only the start. We continue to face significant health inequalities between different groups. A relentless focus on reducing these inequalities will remain at the forefront of our efforts over the coming five years. That is why Leeds vision remains **to be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest.**

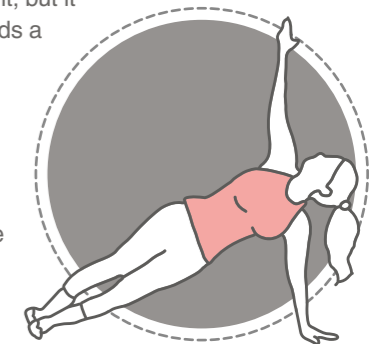
This new strategy has a wide remit. So many factors contribute to our health and wellbeing, meaning our challenge is to reflect the breadth of the agenda, whilst being specific about the areas we need to focus on to make the biggest difference. A simple statement of intent captures the connectivity between the multiple factors that contribute to people living healthier lives.

Underpinning this statement we've identified five outcomes – the conditions of wellbeing we want to realise for everyone in Leeds. We have twelve priority areas that we will focus on to make change happen, and some indicators by which we can measure our progress. Collectively, these outcomes, priorities and indicators give us a framework to test whether the work we do is making a difference to the people of Leeds. Other strategies and action plans will provide further detail on how specific parts of the citywide vision can be achieved over the next five years.

The launch of our new strategy comes at a particularly important and challenging moment for health and care services. As NHS England's Five Year Forward View recognises, to achieve consistently high quality care for everyone, respond to demographic change and achieve long-term financial sustainability across the health and care system, we must do things differently.

Leeds is well placed to respond. The network of national health leadership and research organisations in the city, along with our city's relatively strong economy and exceptional universities, creates a unique health and care infrastructure. Leeds is a pioneer in the use of information and technology. We have a thriving third sector and inspiring community assets. There has never been a stronger commitment to partnership working across health and care services. The change required is significant, but it is possible if we work towards a shared vision.

This strategy provides that vision. It invites everyone to play an active part in making Leeds a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.



# Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition:

'Leeds will be the best city for health and wellbeing'.

And a clear vision:

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

## 5 Outcomes

1. People will live longer and have healthier lives
2. People will live full, active and independent lives
3. People's quality of life will be improved by access to quality services
4. People will be actively involved in their health and their care
5. People will live in healthy, safe and sustainable communities



## Indicators

- Infant mortality
- Good educational attainment at 16
- People earning a Living Wage
- Incidents of domestic violence
- Incidents of hate crime
- People affording to heat their home
- Young people in employment, education or training
- Adults in employment
- Physically active adults
- Children above a healthy weight
- Avoidable years of life lost
- Adults who smoke
- People supported to manage their health condition
- Children's positive view of their wellbeing
- Early death for people with a serious mental illness
- Employment of people with a mental illness
- Unnecessary time patients spend in hospital
- Time older people spend in care homes
- Preventable hospital admissions
- Repeat emergency visits to hospital
- Carers supported



# The Challenges

Overall, health in Leeds remains worse than the England average. Thousands of people in deprived areas live shorter lives than they should. Costs of providing high quality care continue to rise. This strategy helps us plan how to address key challenges, so health and wellbeing in Leeds can be better, fairer and sustainable.

Over the next 25 years the number of people who live in Leeds is predicted to grow by over 15 per cent. The number of people aged over 65 is estimated to rise by almost a third to over 150,000 by 2030. The city is going to provide more complex care for more people.



12%

of households in Leeds are in fuel poverty



10 yrs

difference in life expectancy between Hunslet and Harewood



## Improving health and wellbeing

Becoming a healthier, happier city requires improvements in living conditions and lifestyle choices.

164,000 people in Leeds live in areas ranked amongst the most deprived 10 per cent nationally. One in five children in Leeds live in poverty. People living in deprived neighbourhoods are more likely to experience multiple disadvantage, die earlier, and have more years in long-term ill health. This is wrong and it needs to change.

Improving health requires having better social and economic conditions. For example, people living in good quality affordable houses, achieving in education and working in good jobs.

The majority of early deaths are related to unhealthy lifestyles; smoking, excessive alcohol use, poor diet, and low levels of physical activity. More often than not, people who develop long term health conditions have two or more of these risk factors. Poor lifestyle choices shorten lives and burden the health system. To be the best city for health and wellbeing everyone must work together to get mentally and physically healthier.



## Improving health and care services

As more people develop multiple long term conditions, focus shifts from curing illnesses to managing health conditions. Health and care services need to adapt to these changes.

Too often care is organised around single illnesses rather than all of an individual's needs. Many people are treated in hospitals when care in their own homes and communities would be better for them. Services can sometimes be hard to access and difficult to navigate.

Leeds will focus on making care services more person-centred, integrated and preventative. All organisations need to work together to achieve this.

Improving health services needs to happen alongside achieving financial sustainability. This is a major challenge. Rising cost pressures means a potentially significant financial gap by 2021 across Leeds health and social care organisations. Making the best use of the collective resources across organisations will help us sustain and develop the city's health and care system.

£700million  
estimated funding gap  
between resources  
and requirements  
by 2021



10%  
reduction in  
emergency hospital  
admissions could help  
us afford teams of  
2 GPs, 2 nurses and  
6 community care workers  
(in each of the 13 neighbourhood areas in Leeds)

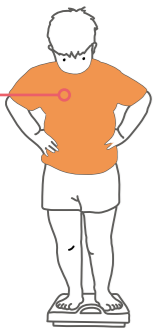
# Priorities



## 1 A Child Friendly City and the best start in life

There is a huge opportunity to improve health and wellbeing outcomes by focusing on children and young people. The best start in life provides important foundations for good health and wellbeing throughout life.

34% of children aged 11 in Leeds have an unhealthy weight



This means the best start for every Leeds baby from conception to age two, providing high quality, joined-up maternity and antenatal care guided by the mother's needs for supported families, strong attachments and positive infant wellbeing. It means professionals adopting the Leeds 'Think Family, Work Family' protocol, ensuring solutions are coordinated around needs and assets in families and the wider community.

Leeds must focus on reducing child obesity and the differences which exist across the city. Prevalence among children in the most deprived areas of Leeds is double that of children in the least deprived areas. We must address this through **long-term coordinated action**. For example, we can change environmental design, available food choices and education.

We must also continue to promote mental health and emotional wellbeing for all children and young people in Leeds. A transformation plan reviewing **the whole system of support for social, emotional and mental health and wellbeing** will focus on enabling children and young people to access services quickly, easily and effectively.



## 2 An Age Friendly City where people age well

1 in 5 people in Leeds are aged over 60. Our ageing population presents opportunities for the city and challenges for our health system. We want Leeds to be the best city in the UK to grow old in.

Being an **Age Friendly City** means promoting ageing positively and maximising opportunity for older people to contribute to the life of Leeds. We must build on the strengths of older people and recognise first and foremost their roles as employees, volunteers, investors and consumers. Our built environment, transport, housing must all promote independence and social inclusion.

Health and care services will focus on supporting independent living, reducing falls and reducing excess deaths during the winter. As a city we will talk with local communities about dying and bereavement to support people to plan for their last years of life.

37,000  
Estimated number of older people who experience social isolation or loneliness



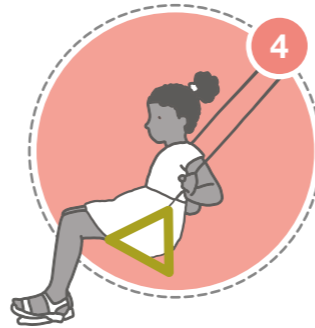
## 3 Strong, engaged and well-connected communities

The relationships and resources in communities are building blocks for good health. Leeds has brilliant and diverse communities, well-established neighbourhood networks and a thriving third sector; we must harness these strengths.

There are vulnerable groups and areas of the city which experience health inequalities. These include people in poverty, migrants, refugees and asylum seekers, the homeless and people with disabilities. People's health outcomes can also depend on specific characteristics, such as ethnicity, gender and sexuality, amongst others. For some groups, tailored work can help close the gap in health outcomes, sensitive to specific needs. This also applies for those with learning and/or physical disabilities who need specific support in order to thrive in the city. **Fair access to person-centred services, which build on individual and community strengths, will help reduce health inequalities in Leeds.**

**Social isolation and loneliness** can have a bad effect on people's health. This is particularly true for vulnerable groups and people with high levels of need. We want a city where no one is lonely, with diverse opportunities for people to live healthy, active and fulfilling lives.

Carers are crucial to our communities. Our 70,000 plus unpaid carers help health and social care to function, supporting thousands of people. We must continue to recognise, value and support these carers. **We will identify the needs and contribution of carers early on when decisions are being made about care and support.** The physical, mental and economic wellbeing of carers also needs to be continually promoted.



## 4 Housing and the environment enable all people of Leeds to be healthy, social and active

To be a healthy city, our environment must promote positive wellbeing. This means Leeds houses are affordable, warm, secure, and support independent living. This includes developments as part of the 70,000 new homes proposed in Leeds between 2012 and 2028.

Green space, leisure provision and walking and cycling opportunities promote health and happiness. Considerations about future growth must ensure **adequate provision of quality and accessible open spaces**. Areas of Leeds with the lowest overall green space provision are predominantly inner city, high density housing areas. We need to address this to reduce health inequalities.

As Leeds grows and care settings change, facilities must enable the best care to be provided in the right place for the most efficient use of resources. Health and social care organisations need to ensure **there are enough facilities and they are fit for purpose** for those who use them and work in them.



## 5 A strong economy with quality local jobs

A good job is really important for good health and wellbeing of working age people. To reduce social inequalities, Leeds needs a **strong local economy driving sustainable economic growth for all people** across the city. This includes creating more jobs and better jobs, tackling debt and addressing health related worklessness.



## 6 Get more people, more physically active, more often

If everybody at every age gets more physically active, more often, we will see a major improvement in health and happiness. We can reduce obesity, improve our wellbeing, become more socially connected and recover better from health problems.



Physical inactivity is our 4th largest cause of disease and disability

One in five adults in Leeds is inactive. As a general rule, **the more we move, the greater the benefit**. The biggest benefit will be for those who are currently inactive. We should focus efforts here.

**We want Leeds to be the most active big city in England.** This requires wide-ranging action, including inspiring people to be active and targeting participation in sports and other activities to specific geographic areas and groups. It means **including physical activity as part of treatment** more. It also means making **active travel** the easiest and best option wherever possible, with lots more walking and cycling due to good infrastructure, creative planning and behaviour change.



## 7 Maximise the benefits from information and technology

New technology can give people more control of their health and care and enable more coordinated working between organisations.

This includes **continuing the development of the Leeds Care Record** to ensure professionals directly involved in care have access to the most up-to-date information. People want to tell their story once and choose the channel they use to communicate. Joined-up information enables this.

We also want patients to have access to and control over their personal health records. Linked to this, for planning and decision making, we need to make better use of the data which is held by organisations in Leeds.

We want to make **better use of technological innovations in patient care**, particularly for long term conditions management. This will support people to more effectively manage their own conditions in ways which suit them.



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## A stronger focus on prevention

There are some specific areas where we can make a really big difference to prevent ill health.

We need to maintain a continued focus on obesity, smoking and harmful drinking. A radical upgrade in prevention requires **a whole-city approach**. Obesity is a huge local and national challenge. It is preventable, but is currently rising due to poor diet, low levels of physical activity and environments which encourage unhealthy weight.

Cancer deaths account for over **30%** of the life expectancy gap between Leeds and the rest of England

About half of people born after 1960 will develop some form of cancer during their lifetime. Many of these can be linked to lifestyle choices. Cancer prevention, early diagnosis and successful therapy will reduce inequalities and save money. Leeds must pursue a sustained programme to increase public awareness of lifestyles which **increase the risk of cancer and support lifestyle changes**.

Our services need to be more proactive and preventative in their approach. This will involve making more use of evidence-based interventions at the early stages of disease. Local, timely and easy access to tests and treatment will be important to prevent conditions getting worse, together with a focus on earlier identification of those at higher risk of hospital admission. These approaches should help people remain healthy and independent for longer.

To **protect the health of Leeds'** communities, infection prevention and control, and environmental hazards such as air quality and excess seasonal deaths will be improved by a coordinated local and regional partnership approach. The Leeds Health Protection Board lead on this key agenda.



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## Support self-care, with more people managing their own conditions

Long term conditions are the leading causes of death and disability in Leeds and account for most of our health and care spending.

Cases of cancer, diabetes, respiratory disease, dementia and cardiovascular disease will increase as the population of Leeds grows and ages. There will be a rise in the number of people living with at least two health conditions and this is most common in deprived areas of the city. We must see a shift in the way care is provided to enable people to better manage their own health conditions.

We must focus on **supporting people to maintain independence and wellbeing within local communities** for as long as possible. People need to be more involved in decision making and their own care planning by setting goals, monitoring symptoms and solving problems. To do this, **care must be person-centred, coordinated around all of an individual's needs** through networks of care rather than single organisations treating single conditions.

To have more active involvement in health and care we all need to make the most appropriate use of services. **We need to make sure the best thing for people to do is the easiest thing for people to do**. This means having better and more coordinated information to make it easier for people to understand what to access and when.



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## Promote mental health and physical health equally

Our ambitions for mental health are crucial for reducing health inequalities. Good employment, opportunities to learn, decent housing, financial inclusion and debt are all key determinants of emotional wellbeing and good mental health. **Improving mental health is everyone's business**. We want to see this led by employers, service providers and communities.

People with severe mental illness die on average **15-20 years** earlier than the rest of the population



**The Leeds Mental Health Framework will be implemented** to improve services across the city. By redesigning community mental health services with improved information and advice and more joined up working we can improve access and reduce repeat assessments. Care for people experiencing a mental health crisis will be improved, with crisis resolution available 24/7 and more provision within health and social care.

**105,000** people in the city suffer from anxiety and depression

Three quarters of lifetime mental illness (except dementia) begins by the age of 25, so mental health and wellbeing support for children and families is a priority. This includes early support for women during pregnancy and the first few months post-birth, improved links with schools and better experiences for service users as they move between children and adult services.



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## A valued, well-trained and supported workforce

We have a highly motivated, creative and caring workforce in our city, working hard to deliver high quality care for people in Leeds. This workforce, many of whom live as well as work in the city, are a huge asset for making change happen. We should **work as one workforce for Leeds**. Shared values and collaborative working will support joined-up services. New population-based models of care will require the development of multi-disciplinary working across organisational boundaries. **Better workforce planning** can ensure the workforce is the right size and has the knowledge and skills needed to meet future demographic challenges.

**Working fully in partnership with the third sector** and those in caring and volunteer roles in the community will be crucial to make the most of our city wide assets.



**57,000** people work in health and care in Leeds

Leeds is one of the best places in the UK to work in health and social care. We need to build on this through **world-class education and training**, attracting people who reflect the full diversity of our population. This will ensure we continue to build the very best, modern and fit for purpose workforce for Leeds now and in the future.



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## The best care, in the right place, at the right time

For more effective, efficient health and care we need to **move more services from hospitals to community settings**.

This needs **population-based, integrated models of care, sensitive to the needs of local communities**. This must be supported by **better integration** between physical and mental health care with care provided in and out of hospital.

Services closer to home will be **provided by integrated multidisciplinary teams** working proactively to reduce unplanned care and avoidable hospital admissions. They will improve coordination for getting people back home after a hospital stay. These teams will be rooted in neighbourhoods and communities, with coordination between primary, community, mental health and social care. They will need to ensure **care is high quality, accessible, timely and person-centred**.

Providing care in the most appropriate setting will ensure our health and social care system can cope with surges in demand with effective urgent and emergency care provision.

Our health and social care commissioner and provider organisations will lead the coordination of these changes over the coming years, starting with the city's five year **Sustainability and Transformation Plan**. How services are configured and where they are placed will change over the coming years, so **engagement with local populations** is really important.

# One city... everyone plays a part

Provide leadership and direction to help and influence everyone to achieve the 5 outcomes

Provide a public forum for decision making and engagement across health and wellbeing

Continually ask what we are all doing to reduce health inequalities, create a sustainable system and improve wellbeing

Support the priorities of the Leeds Health and Wellbeing Strategy

Create plans and strategies which help achieve specific priorities and outcomes of the Leeds Health and Wellbeing Strategy

Promote partnerships wherever possible, working as one organisation for Leeds

Provide and commission services which support the priorities of the Leeds Health and Wellbeing Strategy

Make plans with people, understanding their needs and designing joined-up services around the needs of local populations

Provide the best quality services possible, making most effective use of 'the Leeds Pound' - our collective resource in the city



# One health and care system... consistently asking

Can I get the right care quickly at times of crisis or emergency?

Can I live well in my community because the people and places close by enable me to?

Can I get effective testing and treatment as efficiently as possible?



Leeds  
CITY COUNCIL

