

# Leeds Health & Wellbeing Board

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**Report of:** Chief Officer, Health Partnerships

**Report to:** Leeds Health & Wellbeing Board

**Date:** 02 October 2013

**Subject:** Delivering the JHWS – Focus on Outcome 2

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 type="checkbox"/> Yes	<input checked="" 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

The appendix to this report presents to the Board a detailed picture of current work being undertaken to deliver the Leeds Joint Health and Wellbeing Strategy 2013-15. In particular, it focusses on Outcome 2 of the strategy, 'People will live full, active and independent lives'.

## Recommendations

The Health and Wellbeing Board is asked to:

- Note the Overview (1), Exceptions (3) and Commitments (4) section of the report for information and discussion if required.
- Discuss and receive a presentation focussing on outcome 2 of the strategy (2), and:
  - Consider the appetite for risk of the health and local authority community in relation to the public perception and response to potential system changes within urgent/preventative care
  - Consider the balance of investment between actions to avoid entrance to the urgent care system (e.g. admissions avoidance) and those designed to improve flow (e.g. facilitating discharge)
  - Consider how health and social care partners build trust within the community in the full range of support and interventions available

## **1 Purpose of this report**

To present to the Board a detailed picture of current work being undertaken to deliver the Leeds Joint Health and Wellbeing Strategy 2013-15, in particular focussing on Outcome 2 of the strategy, 'People will live full, active and independent lives'.

## **2 Background information**

- 2.1 The Joint Health and Wellbeing Strategy (JHWS) sets a challenge for the Board to focus on five health and wellbeing outcomes for the city of Leeds, with each outcome being discussed in detail at consecutive Board meetings. At the Board meeting on the 24<sup>th</sup> of July 2013, the Board agreed a 'Framework to measure our progress' which proposed bringing together all performance and delivery information into one holistic report. This report is the first iteration of that holistic 'Delivery Report' which brings together the regular monitoring of work on the Overview (1), Exceptions (3) and Commitments (4) section of the report for information, together with the detailed focus on Outcome 2 at section (2).

## **3 Main issues**

### **3.1 Section 1 – Overview**

The Board are receiving here the scorecard giving the current Leeds position on the 22 indicators contained within the Joint Health and Wellbeing Strategy. One 'red flag' exception has been added to the data (see below).

### **Section 2 – Outcome Focus**

There are three main issues arising from this section:

- The integration of health and social care systems for neighbourhoods requires both reconfiguration and integration of services and a whole system change in order to realise the potential benefits of the new ways of working.
- The community based provision of service has been in flux for many years with emphasis moving from activity to avoid admissions to activity to facilitate discharge
- Reforms in the urgent care system will need to include significant changes to both the style and structure of service provision, the success of which will depend on the public trust in the new provision and capitalisation on the concepts of citizenship and responsibilities

### Section 3 – Exceptions

One exception has been noted during this period, for indicator 10 (the proportion of people feeling supported to manage their condition). Background reasons are supplied, along with suggested next steps.

### Section 4 – Commitments

Delivery and performance information has been given on all four commitments. The Board may wish to consider the data development suggestions noted at the end of commitments 1, 3 and 4.

## **4 Health and Wellbeing Board Governance**

### **4.1 Consultation and Engagement**

4.1.1 The JHWS was the subject of rigorous consultation and engagement process, and as such, the regular reports on the delivery of the strategy roll out of work already achieved to bring partners together around shared objectives.

### **4.2 Equality and Diversity / Cohesion and Integration**

4.2.1 There are no specific Equality and Diversity / Cohesion and Integration implications of this report.

### **4.3 Resources and value for money**

4.3.1 This report plays a key role in enabling the Board to decide how the city makes the “best use of collective services” and spends the Leeds Pound wisely.

### **4.4 Legal Implications, Access to Information and Call In**

4.4.1 There are no direct legal implications of this report. There is no confidential information of implications regarding access to information. It is subject to call-in.

### **4.5 Risk Management**

4.5.1 There are a number of risk management issues identified within section (2) of this report, the focus on Outcome 2:

- The programmes of work are being undertaken within a programme management structure including formal risk management overseen by the Transformation Board.
- A financial risk share agreement is in place between the health commissioners in the city to mitigate any disproportionate financial impact in this financial year.
- A watching brief is being held on the changing financial environment for health and social care commissioners in the city and on-going assessment of the associated risks in the system from both this and activity pressures generated by both demographic and social changes.

- An unseasonal increase in demand for Urgent Care services was seen in August of this year which is being explored by the Operational Urgent Care Board to assess the future potential risk.

## **5 Conclusions**

5.1 A considerable amount of work is underway to align the large amount of existing Health and Wellbeing work in Leeds with the Joint Health and Wellbeing Strategy, and to take a systematic overview of the current health of the city to determine additional work necessary to achieve the ambitions of the Health and Wellbeing Board to make Leeds a 'healthy and caring city for all ages'. This report provides the assurance to the Board on this work.

5.2 In relation to Outcome 2, there are two specific conclusions to be drawn from this report:

- The system is likely to experience challenges in managing the resources to deliver the aspirations of the programmes, particularly with respect to the increased call on intermediate tier services and managing the impact of any periods of dual running of services.
- A significant change in the relationship between provision and consumption of resource will be required in order to make the most of the service changes.

## **6 Recommendations**

6.1 The Health and Wellbeing Board is asked to:

- Note the Overview (1), Exceptions (3) and Commitments (4) section of the report for information and discussion if required.
- Discuss and receive a presentation relating to the second section of the report (Outcome 2 focus), and:
  - Consider the appetite for risk of the health and local authority community with relation to the public perception and response to potential system changes within urgent/preventative care
  - Consider the balance of investment between actions to avoid entrance to the urgent care system (e.g. admissions avoidance) and those designed to improve flow (e.g. facilitating discharge)
  - Consider how the health and local authority community build trust with the community in the full range of support and interventions available