

Leeds Health & Wellbeing Board

Report authors:

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Report of: Chief Officer, Health Partnerships

Report to: Leeds Health & Wellbeing Board

Date: 20 November 2013

Subject: Delivering the JHWS – Focus on Outcome 3

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 3 of the strategy, 'People's quality of life will be improved by access to quality services'.

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 3 of the Strategy, and priorities 7, 8 and 9, are being realised:
 - Priority 7 – Ensure an increased emphasis on population wellbeing, including addressing underlying factors across all partners (e.g. housing, debt, employment) to broaden the focus beyond mental illness through specialist services, ensuring connectivity between key programmes across the whole life course, from young children to older people.
 - Priority 8 – Consider the relationship between and user importance of front line access services and reported satisfaction in the services received and the implications for resource allocation decisions.

- Priority 9 – Ensure alignment of the investment within statutory and third sector provision with the associated service outcomes, ensuring the ability to meet the quality expectations of the population.

1 Purpose of this report

- 1.1 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 3 of the strategy, 'People's quality of life will be improved by access to quality services'.

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 24th 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 second 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 3 at section (2).

3 Main issues

3.1 Section 1 – Overview

The Board is 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

This paper highlights some of the extensive range of work underway to deliver the strategic aim that 'People's quality of life will be improved by access to quality services'. The board will see that there is considerable work being undertaken, but that these efforts are sometimes in conflict with the parallel financial priorities in the system. The associated presentation will explore some of the key issues around both the issues of wider determinants of health and wellbeing including the impact of enduring economic pressures for individuals and organisations, and the need for a whole of life approach.

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 the Board's commitments, refreshed for this report. The Board may wish to consider any data or information presented here.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 In relation to section (2) of the report, significant engagement pieces have been undertaken around key work streams, and all engagement activity has been mindful of ensuring that individuals and communities with protected characteristics are included in this work.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 In relation to section (2) of the report, the Board will note that some additional work may be required around access for the Lesbian, Gay, Bisexual and Transgendered community.

4.2.2 Work continues to address equitable access to psychological therapy (IAPT) services for older people and those in BME communities with initial findings indicating that the introduction of further online and group options in addition to traditional one to one provision will both improve equity of access for people in these groups.

4.3 Resources and value for money

4.3.1 The Outcome 3 report highlights that the drive to manage financial constraints has an impact on the reported experience of those using services. This is particularly noticeable in areas where, though need may continue to be met, or quality maintained, familiar services which were valued by users are changed or withdrawn. The board is asked to consider in the highlighted issues how this tension is managed.

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 in relation to section (2) of the report:

- Many of these programmes of work are being undertaken within a programme management structure including formal risk management overseen by the Transformation Board or statutory body Boards.
- 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.

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 section (2) of the report, there are three specific conclusions to be drawn:

- This report presents a cross section of the work being done across the city to align the work of the system to delivery of Outcome 3. The team who contributed to the production of this paper frequently responded that it was 'difficult to think of anything we're doing that is not trying to achieve this' and as such this report should not be read as a full account of the activity being undertaken in the city.
- There is further work to be done in addressing health and wellbeing for the whole of life.
- A further change in means of delivery, whether that be in the distribution of activity across the statutory and third sectors, or in the model of delivery (such as online contact) will be required to maintain quality and further improve equity of access and satisfaction. However, due to financial pressures in the system these changes will need to happen within existing or reduced resource

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 focussing on outcome 3 of the Strategy, and priorities 7, 8 and 9, are being realised:
 - Priority 7 – Ensure an increased emphasis on population wellbeing, including addressing underlying factors across all partners (e.g. housing, debt, employment) to broaden the focus beyond mental illness through specialist services, ensuring connectivity between key programmes across the whole life course, from young children to older people.
 - Priority 8 – Consider the relationship between and user importance of front line access services and reported satisfaction in the services received and the implications for resource allocation decisions.

- Priority 9 – Ensure alignment of the investment within statutory and third sector provision with the associated service outcomes, ensuring the ability to meet the quality expectations of the population.