

# Leeds Health & Wellbeing Board

**Report author:**

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

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

**Date:** 12 March 2014

**Subject:** Delivering the JHWS – Focus on Outcome 5

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 cover report – ‘Delivering the Strategy’ – 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 5 of the strategy, ‘People will live in healthy and sustainable communities’.

## 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 5 of the Strategy, and priorities 12, 13, 14 and 15:
  - Priority 12 – Maximise health improvement through action on housing
  - Priority 13 – Increase advice and support to minimise debt and maximise people’s income
  - Priority 14 – Increase the number of people achieving their potential through education and lifelong learning
  - Priority 15 – Support more people back into work and healthy employment
- Consider the recommendations made at point 6 of section (2):

**Priority 12:**

- Support the work of the Homeless Accommodation Leeds Pathway (HALP) in Leeds, and work with the consortia to develop the most cost efficient and effective model.
- Support the programmes of work to improve referral pathways from LTHT and drugs detox into housing support.
- Consider how the Health and Wellbeing Board can contribute to improved housing for vulnerable populations at higher risk of ill health
- Recommend any areas that could be further developed to increase the provision of flexible, adapted accommodation for patients to be discharged to on a short term basis
- Continue to strengthen affordable warmth provision for vulnerable people, through proactive engagement, consideration of further resource, making ECO funding as accessible as possible to vulnerable and low income households, and continuing to allocate ring-fenced public health budget to support additional winter warmth support.

**Priority 13:**

- Support the high cost lending campaign and encourage all major institutions to actively participate, blocking access to payday lenders websites and supporting alternative affordable borrowing options
- Consider the potential role for CCGs to consider extending advice services in Primary Care as part of the approach to tackle the wider determinants of health.
- Promote the use of credit unions by patients/service users as an alternative to high-cost lending.
- Support the delivery and success of the Citizens@Leeds approach to tackling poverty.

**Priority 14:**

- Continue to support the Child Friendly City ambitions with Board members acting as ambassadors and securing pledges from their organisations;
- Support the request of the Leeds Youth Parliament to support work on The Curriculum for Life to overhaul Citizenship and PHSE curriculum in schools;
- Support the Children Trust Board to develop:
  - o a more targeted pre-school approach to support family learning in 3 neighbourhoods aligned with the Community Led and Social Inclusion proposals within the City Region European Structural Fund submission;
  - o Build on work of our Children Centres and Early Start teams to develop the readiness and capacity of families to support the learning of their children prior to entering school.

**Priority 15:**

- Support the supply of adequate job retention support in the city for people who are absent from work due to mental health issues.
- Promote and support initiatives that promote the benefits of work to people claiming Employment and Support Allowance (ESA).
- Support local small and medium sized businesses to sign up and become champions for priority 15 by: encouraging the recruitment of more people with disabilities; encouraging workforce targets for people with disabilities; looking at their well-being

at work policies; assisting more joined up working between health and DWP funded services, co-locating services jointly throughout the city to enable more joined up working; encouraging workforce targets for new employers coming into the city; ensuring at every level people with disabilities are represented.

- Consider how more services could be established and promoted for those who are closest to the labour market.
- Consider giving priority emphasis in terms of the Leeds BCF investment for people with disabilities, with a view to maximising independence and enhancing well-being.
- Promote the most up-to-date National Institute for Clinical Excellence (NICE) guidance on mental health issues (specific focus around recovery models and employment)
- Increase focus upon the implementation of Personal Health Budgets which comes into force April 2014.

## **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 5 of the strategy, 'People will live in healthy and sustainable communities'.

## **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 fourth 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 5 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 will live in healthy and sustainable communities'. The board will see that there is considerable work being undertaken across the partnership to tackle the wider determinants of health, with considerable engagement of the public, private and third sector with issues around poverty and place-building.

### Section 3 – Exceptions

One exception has been noted during this period, for indicator 22 (the proportion of adults in contact with secondary mental health services in employment). An update from the January ‘Delivering the Strategy’ report has been given on this issue, alongside further commentary offered in section (2)

### 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 in creating healthy and sustainable communities, exiting equality duties and structures within the partnership are vital to ensure the achievement of our priorities, to ensure equality of access and opportunity in Leeds, and to create a more cohesive city. There are no specific equality, diversity, cohesion or integration issues arising from this report as it stands.

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

4.3.1 The Outcome 5 report highlights several resource and financial issues that are summarised in the recommendations, alongside specific requests to the Board for support.

### **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 two risk management issues identified in relation to section (2) of the report:

- All of the schemes identified in this report that aim to improve community health and sustainability are subject to financial pressures faced by commissioners and providers, and if the Board does not provide strategic leadership on this outcome across the health and care system it may result in a haphazard approach to facing these challenges.

- If Health and Wellbeing Board partners do not take into account the wider determinants of health in planning their services, demand for health and care services may rise as opportunities are missed to prevent ill health.

## **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 Section (2) of the report offers a full – though by no means comprehensive – picture of work being done to ensure that 'people will live in healthy and sustainable communities'.

## **6 Recommendations**

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