

# Leeds Health & Wellbeing Board

Report author: Rob Newton, Health and Wellbeing Policy Officer, Leeds City Council/Leeds Beckett University

**Report of:** Cath Roff (Director of Adult Social Services), Dr Ian Cameron (Director of Public Health) and Nigel Richardson (Director of Children Services)

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

**Date:** 21 April 2016

**Subject:** Leeds Health and Wellbeing Strategy 2016-2021

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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## Summary of main issues

Leeds has an ambition to be the Best City in the UK for Health and Wellbeing. Organisations across the city work together under the leadership of the Health and Wellbeing Board with the vision to create “a healthy and caring city for all ages, in which people who are the poorest improve their health the fastest”. This vision is set by the Health and Wellbeing Strategy 2013-2015. Producing this strategy is a statutory requirement and a very important document which will guide priority setting and decision making for health and wellbeing outcomes across Leeds.

The Leeds Health and Wellbeing Strategy has been refreshed to create a new five year strategy for 2016-2021. This followed a thorough process of public engagement and partnership working across the city. The Strategy provides renewed strategic direction for how the city will respond to the challenges and opportunities which are ahead for health and wellbeing.

## Recommendations

The Health and Wellbeing Board is asked to:

- Approve the Leeds Health and Wellbeing Strategy 2016-2021

## **1 Purpose of this report**

- 1.1 This report accompanies the publication of the Leeds Health and Wellbeing Strategy 2016-2021. It provides a summary of findings from public engagement and the changes which have been made for the final publication, as attached at Appendix 2.

## **2 Background information**

- 2.1 Leeds City Council and the 3 Leeds Clinical Commissioning Groups have an 'equal and joint statutory duty' to produce and publish a Joint Strategic Need Assessment and a Joint Health and Wellbeing Strategy, discharging this responsibility through the Health and Wellbeing Board.<sup>1</sup>
- 2.2 A full report on proposals for the Leeds Health and Wellbeing Strategy was considered and approved at the Health and Wellbeing Board meeting on 20<sup>th</sup> January. The report provided a background, explanation and rationale for proposals included in a draft strategy document.
- 2.3 This report will not repeat the content included in the previous report received in January. Since January, a citywide public engagement exercise has been undertaken. Feedback received has informed the content and design of the final Leeds Health and Wellbeing Strategy which is provided for the Board's approval today.

## **3 Main issues**

### **3.1 Summary of Public Engagement**

#### *3.1.1 Process*

A significant amount of engagement activity has taken place to refresh the Leeds Health and Wellbeing Strategy. This was split into three phases as explained in Section 4.1 of this report.

Conversations have taken place citywide. The engagement website was viewed 1800 times, 100 responses were received and 20 different boards and groups discussed the strategy. This has been led by the Health Partnerships Team and informed by a Steering Group made up of representatives from across partnerships.

The Board can be assured that engagement with the public, other boards in Leeds and partners has been thorough and proportionate to the importance and role of the Health and Wellbeing Strategy in the city.

#### *3.1.2 Main points from engagement*

Feedback received has been wide ranging. The breadth and quality of this feedback cannot be sufficiently reflected within this report. However, some main themes have included:

---

<sup>1</sup> Health and Social Care Act 2012

- Broadly positive about the approach and scope which the proposals for the Strategy contain
- The Strategy should be more specific about what it is trying to achieve
- The Strategy should be communicated in a simple and understandable way for the general public
- The Strategy should be more realistic in its aims
- The Strategy should be clearer about what action is going to take place
- The Strategy should include reference to how success will be measured against its aims
- The Strategy should include more statistics which grab attention and communicate issues clearly
- The Strategy should have a clear narrative around place-based systems of care which are integrated around the needs and assets of people
- There are a number of specific amendments to the wording of the priorities and their details which should be made for the final document
- There are a number of areas missing from the strategy which should be included or emphasised more strongly in the final document. These include people with multiple needs, people with hidden disabilities, BME Communities, Asylum Seekers, domestic violence, cancer and poverty, amongst others.

Appendix 1 provides a short overview of these main themes and quotes from responses.

## **3.2 Decisions on What the Leeds Health and Wellbeing Strategy Should Say**

### **3.2.1 *General Approach***

From the outset of developing the Leeds Health and Wellbeing Strategy 2016-2021, the Health and Wellbeing Board has given the clear brief that it should:

- Be a refresh of the 2013-15 strategy
- Be short, clear and accessible to the general public
- Include a plan on a page which sets out the narrative for health and wellbeing in Leeds
- Have more detail behind the priorities than the 2013-2015 strategy to say what they mean and what will be done
- Be a strategic framework to set outcomes rather than a long and detailed delivery plan

### **3.2.2 *Plan on a Page***

The plan on a page gives an overall narrative of the Strategy. This explains the vision, outcomes and priorities. It is communicated with a diagram which contains a narrative of change with themes of asset-based people-centred services and connected partnership working in the central circle.

### **3.2.3 *Vision***

As previously agreed, the vision statement will remain the same as the 2013-2015 vision "Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest", because it is still valid and useful. The vision statement is about socio-economic disadvantage in the first instance,

but is relevant to other inequalities and elements of disadvantage and these are referred to throughout the strategy.

#### 3.2.4 *Health Challenges*

Following feedback, the priority health challenges have been slightly amended to include missing areas and be more specific. It is split into two sections; the challenges for demographics and population health, and the challenges for reforming the health and care system.

#### 3.2.5 *Outcomes*

The five outcomes will remain the same as proposals previously considered by the Health and Wellbeing Board. On the whole, engagement activity has confirmed that they are relevant to the Vision, and meaningful and representative for good health and wellbeing. They also provide continuity with the 2013-2015 Health and Wellbeing Strategy.

#### 3.2.6 *Strategic Priorities*

The strategic priorities are presented on the plan on a page. Further detail of what these priorities mean and what work needs to be done to achieve them are provided in the Strategy. They have been selected through a process of public engagement, prioritisation by the Health and Wellbeing Board and a lead author for a clear narrative.

In the 2016-2021 Strategy there is more description of priority areas than there was in the 2013-2015 Strategy. This is because throughout engagement, many people have said that the refreshed strategy should have more detail about what the priorities mean and what will happen as a result.

During the public engagement, people have said that the draft strategy is still too high level and does not give enough detail about what will actually happen. There are also some areas which were missing in the draft strategy. In the final version, changes have been made where appropriate to try and address this. The final strategy is still short and does not go into long explanatory detail. It has previously been agreed that the Leeds Health and Wellbeing Strategy should be a publicly accessible document which provides useful long term strategic direction whilst not being a detailed delivery plan. As a whole, the strategy should provide a framework for decisions to be made by the Health and Wellbeing Board, and by other Boards and organisations. The final Strategy document should achieve this.

### **3.3 How we will understand what difference has been made**

#### 3.3.1 Discussions at Board meetings and responses from public engagement have stated that it is important to show a clear understanding of what progress is made against the strategy.

Examples of activity which will be undertaken to achieve this include:

- Outcomes Based Accountability (OBA) - will be used, which is known to be effective in bringing about whole systems change. This could also include some OBA themed workshops using some of the indicators listed in the Strategy document.

- Joint Strategic Needs Assessment – Producing a JSNA is a statutory duty of the Health and Wellbeing Board. This process identifies needs and inequalities in Leeds. The JSNA can be used by the Board to understand what progress is being made to improve health outcomes in Leeds.
- Health and Wellbeing Board Plan – the Health and Wellbeing Board will select a smaller number of areas of focus on, forming a work plan, which will shape public meetings and workshops. From this, agenda items for the Health and Wellbeing Board should be aligned to the Leeds Health and Wellbeing Strategy and the Board's statutory functions. Each one of these papers should strategically assess progress related to the outcomes, priorities and aims of the Strategy.
- Engagement – An underlying principle of Health and Wellbeing Boards is for inclusiveness in the way it engages with patients, service users and the public. This includes holding public meetings, receiving public questions, and drawing its membership from organisations which carry out frequent engagement. It is vital to ensure that engagement continues to ensure that public voice and qualitative feedback is used in strategic decision making. To support this, the Health and Wellbeing Board will hold regular, topic-specific workshops that involve service users and/or Leeds citizens.

### 3.3.2 *Roles and Responsibilities in Implementation and Delivery*

The previous paper which was received by the Health and Wellbeing Board in January outlined the roles that the Health and Wellbeing Board fulfils within the health and wellbeing system in Leeds.

The Health and Wellbeing Strategy includes a summary of roles which will be fulfilled by the Health and Wellbeing Board, other boards and groups, organisations, communities and individuals in order to achieve the aims set out in the Health and Wellbeing Strategy.

It is worth noting that across the health and wellbeing agenda there are a large number of plans and strategies which support the strategic overview of the Leeds Health and Wellbeing Strategy. These should align; the Health and Wellbeing Board will ensure this takes place over the next five years. Of particular relevance is the development of the Leeds Sustainability and Transformation Plan which will provide detail for how health and care services will change in the city. This is a positive opportunity for strategic planning as both plans cover the same geography and timescale.

### 3.3.3 *Forward Plan for the Health and Wellbeing Board*

A forward plan for 2016/17 will be developed during summer 2016 to reflect the priorities of the Leeds Health and Wellbeing Strategy 2016-21 and the development of the Sustainability and Transformation Plans. The content of Health and Wellbeing Board meetings and workshops will be reviewed on an on-going basis to ensure alignment with the delivery of the Strategy. As part of this activity, the Board will continually ask what it and partners are doing to reduce health inequalities, create a sustainable and high quality health and social care system and improve our mental health and wellbeing.

### **3.4 Communications and Launch**

3.4.1 Launching the Strategy effectively will be an important part of building momentum and broadening ownership across the workforce and the city. At the time of writing a selection of resources are being finalised to promote the strategy's key messages. The Board will be presented with a 'one side summary' and this will be complemented by an animation and a video message from the Chair of the Board, both of which can be disseminated via social media. Key launch activity includes:

- Placing a range of 'storytelling' materials for the strategy, as well as the full document, on the Health and Wellbeing Board's web page
- Disseminating the plan on a page to colleagues and buildings across the city through the citywide health and care communications and engagement network
- A soft launch in the coming weeks, through attendance and input at appropriate forums or events to raise awareness of the new strategy
- A specific launch activity with local media invited – details to be confirmed
- Awareness raising via social media and other media channels
- A video blog from members of the Health and Care Partnership Executive Group that will guide people to the wider online content.

3.4.2 These materials and activities will provide the 'building blocks' to widen awareness of the strategy, but equally as important will be the use of consistent messaging by leaders across the system over the next five years. Collective ownership and advocacy of the key messages by all board members, organisations and partners across the city will reinforce the strong ambition for health and wellbeing in Leeds.

3.4.3 The strategy carries a number of key messages that can underpin a wide range of communications: notably that in Leeds everything starts with people; we have ambition to be the best; we have a vision about improving the health of the poorest the fastest; we have five outcomes and eleven priorities; and three questions which we consistently ask ourselves. Used effectively these messages can open opportunities for a wide variety of conversations across Leeds.

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

### **4.1 Consultation and Engagement**

4.1.1 A significant amount of engagement activity has taken place to develop the Leeds Health and Wellbeing Strategy. This is alongside ongoing engagement activity on strategic decision making which occurs across the activity of the Health and Wellbeing Board and its constituent members.

4.1.2 The first phase of engagement involved collecting together key messages from recent engagement activity across all partners. There was also an audit of how the 2013-2015 strategy has been used and what people thought about it.

The second phase of engagement involved collecting early views from people across the city to inform the initial development of the refreshed strategy. This

included conversations with other boards, forums and networks, involving citywide forums and local forums such as Community Committees. Extensive information was made available on the Inspiring Change website with a questionnaire, and this was distributed publicly for comment and input. The Health and Wellbeing Board also held two private planning workshops to think about the strategy and take into account the views that people had submitted.

- 4.1.3 A third phase of engagement took place between December and early February. This allowed people to comment on an initial draft, focusing on the proposed strategic priorities of the refreshed strategy. A short summary of this is included in Appendix 1.

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

- 4.2.1 There are no direct equality and diversity implications from this report. The Leeds Health and Wellbeing Strategy 2016-2021 will make reference to equality being a priority for health and wellbeing in Leeds.
- 4.2.2 An Equality Diversity, Cohesion and Integration Screening Tool has been completed and considered by the Leeds City Council Executive Board.

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

- 4.3.1 The final version of the Leeds Health and Wellbeing Strategy states the financial challenge which is faced by health and wellbeing services in Leeds 2016-2021. The strategy will also include a principle for the city that Leeds will work towards making health and wellbeing provision financially sustainable.

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

- 4.4.1 There are no access to information and call-in implications arising from this report.

## **4.5 Risk Management**

- 4.5.1 There are no direct risk management implications arising from this report. Programmes relevant to the health and wellbeing strategy will have their own risk management arrangements and the business of the Board will receive assurances that partners work collaboratively for mitigation and resolution of these risks.

## **5 Conclusions**

- 5.1 The Leeds Health and Wellbeing Strategy 2016-2021 is an important document for partnership working and decision making in Leeds. It sets a vision, outcomes and priorities as a framework for decision making and activity by the Health and Wellbeing Board, partners across the city and the people of Leeds. Decisions based around the needs and assets of people in Leeds, with a relentless focus on reducing health inequalities, creating a sustainable health and care system and improving wellbeing and mental health will help to make Leeds the Best City for Health and Wellbeing.

## **6 Recommendations**

The Health and Wellbeing Board is asked to:

- Approve the Leeds Health and Wellbeing Strategy 2016-2021.

## **7 Appendices**

Appendix 1: Summary of third phase of engagement on the Leeds Health and Wellbeing Strategy

Appendix 2: The Leeds Health and Wellbeing Strategy 2016-2021 – *This will be published as a late supplement to the Board meeting.*

Appendix 3: Indicator wording and technical description – *This will be published as a late supplement to the Board meeting.*