

Leeds Health and Wellbeing Strategy Refresh – a strategy to 2030

Date: 18 October 2022

Report of: Chief Officer, Health Partnerships

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

Since 2012 it has been a statutory requirement to have a Health and Wellbeing Strategy. The current Leeds Health Wellbeing Strategy covers the period of 2016-21 providing a framework for improving health and for making Leeds the best city for health and wellbeing.

This report provides an update to Scrutiny Board of the approach to the refresh of the Leeds Health and Wellbeing Strategy, as we resume the development work initiated in early 2020 but paused due to the Covid-19 pandemic.

The Health and Wellbeing strategy refresh is an opportunity to further embed and build on the strong existing health and care partnerships in the city which have effectively navigated us through an unprecedented period and as the system enters a new phase of health and care integration. Aligning closely to key strategic ambitions and plans including the Best City Ambition and two other key city pillars in inclusive growth and zero carbon, the strategy will reset our continued relentless focus on improving the health of the poorest the fastest. It will be by a renewed commitment from a cross section of partners in health and care and beyond to tackle health inequalities and the impacts of poverty, which have been highlighted and exacerbated by the global pandemic.

Alongside the Leeds Health and Wellbeing Strategy refresh, The West Yorkshire Partnership Strategy is also going through a refresh process, as part of the new statutory Integrated Care System (ICS) arrangements. Given the key subsidiarity principles where decisions are taken as close to local communities as possible and the importance of the links to our place health and wellbeing strategy, this paper also provides an update of the approach to this work.

Recommendations

- Scrutiny Board members are asked to note the approach outlined in this report to the refresh of the Health and Wellbeing Strategy.
- To comment specifically on the approach to the refresh of the Health and Wellbeing Strategy and the refreshed priorities highlighted in this report.

What is this report about?

1. This report provides an update to the Scrutiny Board on the approach to the refresh of the Health and Wellbeing Strategy and seeks comments from the Board on the approach and the refreshed priorities highlighted in this report.
2. **The current Leeds Health and Wellbeing Strategy 2016-21**
3. Since 2012 it has been a statutory requirement to have a Health and Wellbeing Strategy. The Health and Care Act 2012 added new sections into the 2007 Act highlighting that a “*Joint Health and Wellbeing Strategy*” is a strategy for meeting the needs identified in Joint Strategic Needs Assessment. In setting priorities for partners to address locally determined needs, making best use of local assets and tackling wider determinants of health, health and wellbeing strategies outline key priority areas for improving people’s health and reducing health inequalities.
4. The current Leeds [Health Wellbeing Strategy \(HWS\)](#) (Appendix 1) covers the period of 2016-21 providing a framework for improving health and for making Leeds the best city for health and wellbeing. The current strategy highlights that wellbeing starts with people and everything is connected. 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 keep us healthier for longer. Focusing on twelve priorities, the HWS articulates the aspiration of how Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. This vision aims to support people to build resilience, live happier, healthier lives, do the best for one another and to have access to the best care possible.
5. Progress has been measured against the 21 indicators and updates provided to the Health and Wellbeing Board throughout this period including as part of yearly reviews.
6. The HWS in Leeds has widely been recognised as an example of good practice (including by the Kings Fund and Health Foundation) and was one of the first to integrate economic development priorities into the health system. The same approach has been applied by other areas across England. The levels of leadership and strong buy-in and ownership of the strategy has also been noted by key bodies such as the Care Quality Commission (CQC).
7. Though Leeds had made some good progress on improving the health and wellbeing of the people of Leeds progress made against some of the indicators has been impacted by the growing health inequalities exacerbated by the pandemic. Responding to the individual and system impact of the cost-of-living crisis means that a refreshed focus on tackling health inequalities is even more important now than it has been in the past.
8. Work was initiated in early 2020 to review and refresh the Strategy but this was put on hold due to the Covid-19 pandemic. At the HWB development session in February 2020, the Board considered proposals and agreed an approach for extending the HWS to 2023. Work was undertaken including starting the process in drafting a refreshed strategy with further engagement with the HWB in a session in June 2020. This report provides the Scrutiny Board with an update on the refreshed HWS as we resume the development of city’s strategic framework to address health inequalities.
9. **Key developments since 2016**

There have been a number of key developments since the previous HWS was agreed. The following is not an exhaustive list but highlights some of the key changes which will inform the HWS refresh and the city’s health and care partnership in tackling health inequalities:

- **Living with Covid – the impact of the pandemic:** The impact of the Covid-19 pandemic has been felt by all communities in Leeds, but for some the impact has been greater. During 2020, clear trends and evidence emerged nationally showing that Covid-19 mortality and morbidity impacted more severely on certain groups in our population with disproportionate impacts dependent upon age, gender, pre-existing conditions, ethnicity and deprivation. The pandemic has also intensified and exacerbated existing mental health inequalities and groups who were already at risk of poor mental health are more likely to have struggled during the pandemic. Long Covid and other potential long term impacts of the pandemic on health inequalities will be a key focus of health and care partners in Leeds over coming years.
- **Cost of Living crisis:** The financial pressure on households has intensified this year with the impact of inflation and rising prices of food, fuel and energy, all of which disproportionately impact low-income households. In many cases these households were already struggling with poverty and low wages. Linked to this is the impact of winter on people's health with potential impacts of winter illnesses including flu and Covid. The impact of financial hardship and fuel poverty further presents risks to people's health – both physical and mental. A refreshed HWS must consider the impact of the cost of living crisis and how this will affect people's health.
- **Health and care integration– building on the strengths of health and care partnerships:** The response to the pandemic highlighted the strength of partnerships in Leeds. This partnership is made up of organisations including Leeds City Council, NHS, the Integrated Care Board, Voluntary, Community and Social Enterprise (VCSE) and Healthwatch Leeds and it has grown from the strength to strength. The Leaving No one Behind Health inequalities Covid Vaccination programme is one of many examples where partners have worked tirelessly to ensure that every part of the city has had access to the vaccine. Moreover, the work to improve health and care delivery for local people has not stopped and the Local Care Partnerships (LCPs) across the city further developing innovative partnership working at community level to support local health needs, for example by integrating employment support into pilot GP practices. As the health and care system navigates these challenges, it has also gone through further transformation with the Health and Care Act 2022 establishing Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) across England in July 2022. Along with all partners, the ICBs and ICPs are central to the new architecture for health and care integration and maintain a responsibility for bringing together key health and care partners to jointly assess population health needs and agreeing a health and wellbeing strategy.
- **Best City Ambition:** With the increasing focus on population health needs and the determinants of good health and wellbeing, it is vital that the HWS refresh firmly connects to key strategic ambitions at a local level which influence directly or indirectly people's health needs and outcomes. The [Best City Ambition](#) (BCA) sets out an overall vision for the future of Leeds, shared amongst partners and communities in the city. At its heart is the mission to tackle poverty and inequality and improve quality of life for everyone who calls Leeds home. The Ambition champions a Team Leeds approach and describes how stakeholders in the city have committed to work together. The goals and priorities it includes are structured around the three pillars of Health and Wellbeing, Inclusive Growth and Zero Carbon – all key strategic ambitions going through a process of refresh too. The Ambition was produced in response to the findings of the 2021 Leeds Joint Strategic Assessment and, through the approaches, policy goals and breakthrough priorities it establishes, seeks to drive improvement over the next decade.

- **Enabling local strategies, plans and ambition:** Alongside the BCA there are the Three Pillar strategies (Inclusive Growth, Net Zero and Health and Wellbeing), wider key health and care connecting plans such as the Healthy Leeds Plan and Children and Young People Plan and a cross section of strategic ambitions (some under development) for example the Better Lives Strategy, Mental Health strategy, Food Strategy, Culture Strategy, Digital, Physical Activity Ambition, Age Friendly with organisational priorities across the system. It is vital all are working in alignment with the HWS refresh given their key influence in tackling health inequalities. Rooted in the priorities of the HWS will be a firm commitment to fairness and a key part of achieving this will be our focus in becoming a Marmot City by taking action to reduce health inequalities and looking at this with a social determinants of health lens. Work is underway to agree a plan to reduce inequalities with an initial focus on Best Start in Life and Health and Housing.
- **Interface with national strategies, approaches and relationships:** It is important that the local HWS refresh also balances the national approaches and strategies whilst also focusing on local priorities. These include NHS priorities linked to tackling health inequalities outline in legislation and in key plans such as the [NHS Long Term Plan](#) and [Core20PLUS5](#). Leeds has also recently launched the new [Health and Social Care Hub](#) bringing together the Department of Health and Social Care (DHSC) and various local partners to improve health outcomes across the region. Utilising key partnership working at all levels to improve health outcomes locally will be key to driving improvements in people's health.

10. Significantly new to the Strategy refresh approach will be the degree of development the HWB has undertaken in relation to hearing and including the voice of health inequalities in its work. Since the current Strategy, and in part as a response to the pandemic, the HWB has established significant and multiple mechanisms for hearing, planning and responding to those communities most likely to experience inequalities. The Tackling Health Inequalities Group is a subgroup of the Board is an advisory and challenge body for the Board's and partners actions and impact on inequalities. The Board's Allyship programme has paired HWB members with key third sector organisations in the city supporting direct insight into particular geographies and communities. The Board is also an active participant in a Kings Fund supported programme to bring insight from the most under served communities to the forefront of health and care decision making (Healthy communities together).

11. The Big Leeds Chat detailed further in this report has also taken an approach towards specific events with communities within Leeds or representative groups/organisations. The HWB has further supported the development of the Communities of Interest Network – a network of organisations which support specific communities, often underserved, to collaborate and support better health and care planning and delivery. Finally, the Board has influenced and supported the core governance of the West Yorkshire Integrated Care Board and the Leeds local team and partnership governance towards embedding tackling health inequalities as a core purpose. The mechanisms are key to the refresh, the refinement of its actions and reaffirms the Strategy's continuing ambition to reduce inequalities.

12. The Health and Wellbeing Board considered the broad principles and approach to the HWS refresh on the 27 September 2022, and it was highlighted that this is not complete rewrite of the current Health and Wellbeing Strategy in Leeds but builds on the strengths of the current Strategy, informed by a strong evidence base of intelligence/analysis from a variety of sources and engagement exercises to understand the health inequality challenges in the city as well as the lived experiences and health and care priorities of people and communities. The following

includes examples of sources which will inform the development of the HWS refreshed priorities and outcomes:

13. **Joint Strategic Assessment (JSA) 2021 Findings**

14. The [JSA](#) is a reliable source of data about key demographic, socio-economic and health trends in Leeds. Key findings from the JSA include:

- Stalling of improvements in life expectancy for people living in low income areas and growth in concerns about mental health across all communities. The gap in life expectancy between some of our most and least affluent areas is illustrated by a difference in life expectancy of 13 years for women and 11 years for men. In terms of wider comparisons, Leeds lags regional and national averages for female life expectancy with a recent Lancet report highlighting that one area of Leeds (Leeds Dock, Hunslet and Stourton) has the lowest female life expectancy in England).
- The city's population has continued to become more diverse, in terms of age, countries of origin and ethnicity. These changing demographics highlight a growing number of older people, and the profile of young people becoming more diverse and focused in communities most likely to experience poverty.
- Covid-19 has had a profound impact on children and young people with increasing mental health challenges. The importance of closing the educational attainment gap for the children and young people most likely to be experiencing poverty and disadvantage will be a priority for partners over coming years.
- Achieving net zero carbon ambitions by 2030 will be challenging and efforts should focus on four fundamental issues for health: minimising air pollution, improving energy efficiency to reduce fuel poverty, promoting healthy and sustainable diets, and prioritising active travel and public transport.
- As we focus on longer term recovery and growth - a focus on skills and life-long learning will be a central element, for young people and those people who will need to renew their skills.
- The population is growing and becoming more diverse, and as each year passes demographic trends are reflected in our oldest generations. Older people from diverse ethnicities, cultures and communities of interest who have a particular identity or experience can also face specific challenges as their established networks and support diminish over time. We also know that many older people are more likely to have multiple long-term conditions with socio-economic inequalities being a key influencing factor.

15. **Big Leeds Chat 2021- priorities from people and communities**

16. The Health and Wellbeing Board (HWB) has made a firm commitment to being led by the people of Leeds, acknowledging that people should be at the centre of health and care decision making. Under the leadership of the HWB, the People's Voices Partnership (PVP) was established to bring together listening teams across the Leeds health and care partnership, so they could better collaborate on improving the engagement 'experience' of local people, work together to improve insight, to champion the voices of local people in decision making, and to ensure that the voices of those living with inequalities are better heard.

17. The Big Leeds Chat is a key element of this engagement and is a series of innovative, citywide conversations with senior leaders from across the health and care system together with the public to listen to people's experiences around health and wellbeing and find out what matters most to them. The Big Leeds Chat in 2021 involved 43 'conversations' (in-person discussion forums open to all people) taking place with both geographical communities, communities of

interest and young people organisations. These took place at a number of venues between September and November, 2021. Ten key themes emerged from these conversations and formed the basis for 10 Big Leeds Chat Statements (where the HWB agreed on 28 April 2022 to support governance arrangements to progress each Statement):

1. Make Leeds a city where children and young people's lives are filled with positive things to do.
2. Make Leeds a city where there are plentiful activities in every local area to support everyone's wellbeing.
3. Make Leeds a city where people can use with services face-to-face when they need to.
4. Make Leeds a city where people feel confident they will get help from their GP without barriers getting in the way.
5. Make Leeds a city where each individual community has the local facilities, services and amenities they need.
6. Make Leeds a city where fears about crime and antisocial behaviour are no barrier to enjoying everything the community has to offer.
7. Make Leeds a city where services acknowledge the impact of the pandemic on people's mental health and where a varied range of service- and community-based mental health support is available.
8. Make Leeds a city with affordable activities that enable everyone to stay healthy.
9. Make Leeds a city where green spaces are kept tidy and welcoming, because services understand the vital role they play in keeping people well.
10. Make Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs.

18. Leeds Best City Ambition– Health and Wellbeing

19. As outlined earlier, Health and Wellbeing represents one of the three pillars contained in the Best City Ambition. The Ambition describes a vision that in 2030 Leeds *“will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life.”* A series of priorities underpin this vision, capturing issues including equal access to services, safe and welcoming communities, children having a great start in life, building connected communities which enable people to be physically active, and the imperative to improve poor quality housing to support good health and wellbeing.
20. The Ambition also launched five breakthrough priorities – targeted areas of work where cross-city teams will collaborate to tackle a specific and well-defined challenge or opportunity. Many of the breakthroughs have a clear link to health and wellbeing, and indeed some have secured support from the Health and Wellbeing Board. The priorities are:
 - Better homes for health and wellbeing
 - Promoting mental health in the community
 - Inclusive green jobs
 - Learning outcomes for social mobility
 - Responding to the cost-of-living crisis
21. Consultation and engagement to support development of the Best City Ambition was delivered through a mixture of face to face and online discussions, workshops and surveys. This included discussions at all ten of Leeds's community committees, in addition to engagement with equality hubs, community forums, city partners, the third sector, local community organisations and small groups of citizens directly. Some of the key headlines related to Health and Wellbeing highlighted the importance of:

- Ensuring better and more equal access to essential services in health and education and promoting care closer to home
- Ensuring children in all areas of the city have access to best start in life
- Access to green spaces, providing a place to be active and safe for play
- Improved mental health, wellbeing, and reduced loneliness
- Tackling poverty, particularly recognising the lifelong impacts of child poverty and its role in deepening inequalities

22. National research and analysis

23. Alongside key local and regional data and intelligence sources, there is also a rich set of analyses which continue to inform our understanding of the impact of health inequalities and links to determinants of health. Data from sources such as the Office for Health Improvement and Disparities (OHID) regional dashboards linked to areas for example like Housing and Health and Employment and Health will complement local analysis.

24. Additionally, the team responsible for developing the strategy will work closely with local universities and national think-tanks like the Kings Fund, Wellcome Trust and Health Foundation to ensure the strategy is informed by the latest local, national and international best practice.

What impact will this proposal have?

25. Approach to the Leeds Health and Wellbeing Strategy refresh - What will look familiar?

26. The Leeds Health and Wellbeing Strategy 2016 – 2021 is embedded across the health and care partnership by all partners and is widely seen as one of the most effective nationally providing a strong strategic direction of health and care priorities. Owned by the city and overseen by an effective Leeds Health and Wellbeing Board, it has been recognised by organisations like the Local Government Association as innovative and delivery focused.

27. Informed by the engagement with HWB members and key stakeholders, a key approach to the HWS refresh will be maintaining elements of what works effectively with the current strategy and updating parts which will further strengthen our focus in tackling health inequalities.

28. Key elements of the current strategy approach which will remain in relation to how the Health and Wellbeing Board utilises the strategy:

- Working with local people and communities, 'anchor organisations' and broader partners and networks that have a significant influence on the health and wellbeing of communities (people and geographical).
- A continued focus of the united partnership as a central 'place board', responsible for aligning and driving the work of partners behind shared ambitions.
- Taking an asset-based, population health approach to tackle the wider determinants of health.
- Making further progress on health and care integration and prevention
- A continued commitment to long term financial sustainability - sharing or integrating resources, focusing on outcomes and seeking value for money.

29. Several strong features of the current strategy remain relevant today and key to our ambitions and priorities. These broadly include the following:

- Wellbeing starts with people: this will remain a key focus to ensure that the refreshed strategy retains the effective approach of people at the heart of everything we do to improve

health outcomes. The strength in our communities is a key asset and supporting a health and care system powered by our diverse communities will be vital.

- The strategy is always informed and rooted in evidence such as the JSA and people's voices.
- Continues to follow a whole life course framework that will seek to achieve improved outcomes ensuring the best start in life and ageing well.
- A relentless focus on addressing health inequalities and improving the health of the poorest the fastest and being the best city for health and wellbeing supported by five clear outcomes.
- Everything is connected principle backed by inclusive partnership and a unifying narrative context focused on shared priorities to achieve our agreed vision.
- Setting the long term, strategic direction for a wide range of partners who directly and indirectly influence health outcomes.
- Measuring progress continuously and consistently.
- Continue to be outward facing and sharing good practice: unifying strategy that is recognisable and shared locally, nationally and internationally.

30. A strategy to 2030 and updating our approach to the 12 priorities

31. Informed by engagement with the HWB and the refreshed work exercise which took place in 2020, several key principles will inform the approach to updated the HWS refresh priorities: Updating the language of the strategy to reflect the current context; alignment with key strategies and plans; further clarity about the inter-relationships between the priorities whilst also being clearer what each pertain to; creating opportunity to emphasise key areas of work more explicitly which were previously 'hidden' within other priorities; ensuring that the breadth of partners can 'see themselves' in the priorities and how they can contribute and going further in directly including evidence and statistics against priorities to clearly measure where we are making progress.
32. With these principles in mind, it is proposed that the HWS refresh covers the period from 2023 to 2030 – firmly aligning with the key connected strategies such as the Best City Ambition and the other two strategic pillars in the city which are also currently undergoing reviews.
33. The recently agreed [Leeds Housing Strategy 2022-27](#) is one of many key examples of how important areas of focus such as housing are seen as a key determinant of health and as such partners and linked sectors have a critical role in contributing towards the reduction of health inequalities in Leeds. Supporting good mental and physical health through improved housing quality and affordability is a key element of the Housing Strategy and it is vital that the priorities which form the Leeds HWS refresh align and help influence in realising key objectives set in connect strategies, plans and ambitions.
34. With this in mind, the proposed priorities in point 35 have a strong narrative reflecting the determinants of health and health and care integration whilst retaining priorities which respond to the findings of the JSA and engagement with the public. It is proposed that within each of the refreshed priorities clear actions are developed which can be driven forward via existing partnerships groups.
35. To enable a greater focus it is proposed that the following three groupings are used to enable close alignment with existing strategies, plans and ambitions:

People

- 1) A friendly Leeds for people of all ages
- 2) Get more people, more active, more often
- 3) A mentally healthy Leeds

- 4) Supporting people who care for a relative, neighbour or friend

Place

- 5) Connected communities with strong cultural identities
- 6) Healthy, safe and sustainable spaces that protect and promote health and wellbeing.
- 7) Good housing for better health
- 8) Integrating health and care to improve population health

Productivity

- 9) Improving access to work and training for people with mental health, learning disabilities and physical health problems
- 10) A strong, inclusive economy with a highly skilled workforce
- 11) World leading research, innovation and health technology
- 12) A fairer Leeds for all

36. Team Leeds approach

37. The effective health and care partnerships in Leeds is one of our key strengths and the response to the Covid-19 is a recent example of what can be achieved collectively when faced with unprecedented challenges. As we enter a new part of the journey of health and care integration, the Team Leeds approach continues to be vital as we support one another to make Leeds the best it can be and the best city for health and wellbeing.

38. In sharing ideas and learning, working in genuine partnership and being ambitious about our collective impact the values which underpin our partnership will be clearly articulated in the HWS refresh as we navigate the challenges in the short, medium and long term.

39. Indicators and measuring progress

40. The current strategy has 21 indicators to measure progress against and linked to this work has been undertaken to identify outcomes, metrics and indicators for the key strategies and plans such as Healthy Leeds Plan framed around three strategic indicators in the Health Outcome Ambitions; System Activity Metrics and Quality Experience Measures.

41. It is proposed that further work is done to simplify and consolidate the number of different metrics and indicators within the refreshed Leeds HWS Strategy and ensure there is alignment with strategies such as the Best City Ambition performance framework (under development), Healthy Leeds Plan and connect to wider connecting strategies such as the WY Partnership Strategy highlighted later in this report.

42. The final Strategy indicators should be at the population level and align to the outcomes described in the Strategy whilst also supported with gathering lived experiences to help with understanding the wider impact of our partnership work.

43. It is important that the progress continues to be reported to the Health and Wellbeing Board. The Board continually reviews, and challenges actions taken forward reflecting on the progress annually, commissioning a review directed by the Health and Wellbeing Board. It will continue to be guided by the Leeds Health and Wellbeing Strategy and summarises the actions and

updates from those who have brought items to the Board and an overview of progress around the priorities and indicators of the Leeds Health and Wellbeing Strategy.

44. In understanding lived experiences, we will explore opportunities in connecting to wider performance frameworks such as the Social Progress Index (SPI) which the council is seeking to adopt. Designed by the Social Progress Imperative, a global non-profit organisation based in Washington DC, the SPI first launched in 2014 and is now used across the world, including by the United Nations, as a comprehensive measure of real quality of life.

45. **Visual identity**

46. During the Strategy refresh work, the Board considered using an enhanced visual identity which built on the approach utilised in the current strategy and recent developments in the communications of the Leeds Health and Care Partnership.

47. A refreshed approach to the look and feel of the strategic documents will be more representative of people who live and work in Leeds to better represent the diversity of the communities of Leeds. It is proposed that approach is used throughout the new Strategy.

48. **Timeline and Next steps**

49. As previously highlighted the HWS refresh process was paused as the focus of the health and care partnership was responding to the Covid-19 pandemic. As we resume the development of the HWS refresh, we are building on the review work which has already been progressed before the pandemic and more recent cross partnership engagement which will inform this process. Moreover, as the two other pillars (Inclusive Growth and Zero Carbon) are also being reviewed the timeline below seeks to ensure as close alignment as possible in producing the HWS refresh:

The high-level timelines are:

- **September 2022- December 2022:** Further Development in refining strategy via HWB engagement and wider stakeholder engagement including Adults, Health and Active Lifestyles Scrutiny Board.
- **December 2022:** Health and Wellbeing Board to consider a draft copy of content to be included in the final refreshed HWS for approval and for engagement with stakeholder committees for endorsement and final comments.
- **January 2023-March 2023:** Further committee engagement including Executive Board and Health and Care partnership organisational bodies engagement for endorsement and final comments.
- **March 2023-July 2023:** Final design of the refreshed HWS document and associated products; Engagement across health and care partnership workforces promoting HWS refresh and formal public launch of HWS refresh.

50. **Headlines from the Leeds Health and Wellbeing Board public meeting- 27 September 2022**

51. The Leeds Health and Wellbeing Board considered the proposed approach to the refreshed Health and Wellbeing Strategy at the public meeting on 27 September 2022, as described in

this report. The HWB endorsed the approach to the HWS refresh and provided further comments outline below which will contribute to the development of the strategy moving forward:

- An evolution of strategic priorities rather than rewrite - recognising that whilst there has been progress against existing priorities, it is important to acknowledge that there is still more to do to fully realise the impact set in the current HWS. Therefore evolving and retaining the priorities in the refresh will be key, but reflecting current context to effectively articulate how these will make a difference to people and communities across the city.
- When drafting the refreshed HWS being clear the priority is important – including: what progress has been made; why is there a focus on this priority; what will be the change/delivered; where will these be delivered; and by when. Furthermore, being clear which key partners and groups who will contribute to the delivery of the priorities
- Being clear where the HWS sits alongside aligned strategies / plans including the Healthy Leeds Plan, Best City Ambition, Inclusive Growth and Zero Carbon, and also the West Yorkshire ICS strategy, and appropriate delivery through Local Care Partnerships
- Leading with the ‘so what?’ for public and staff and being clear what the difference will be.

52. Refresh of the West Yorkshire Partnership Five Year Strategy

53. As part of the move to the new statutory arrangements, there is also a mandated requirement of refreshing the West Yorkshire Health and Care Partnership Five Year strategy by March 2023. This strategy will articulate the collective ambitions for the people and population of West Yorkshire and improving outcomes at local level. In parallel, it also highlights the development of an approach to an improvement and delivery framework to both enact the strategy and to monitor progress and outcomes through the creation of a joint forward plan. It is important that priorities set at regional level also connect to the city priorities which will be included in the HWS refresh. A update on the development of the WY Partnership strategy was recently provided at the recent Health and Wellbeing Board meeting in September.

54. In December 2019, the West Yorkshire Health and Care Partnership Board approved the Partnership’s Five Year Strategy, [Better health and wellbeing for everyone](#). This strategy reflected what is important to the Partnership based on a range of engagement with the public and partners. Since its publication, the context and focus for the work has changed significantly.

55. In line with the ethos of subsidiarity, the partnership strategy will continue to be built from neighbourhoods and places to ensure that our work is locally led. The place Health and Wellbeing Strategies will form the foundation of our overall Integrated Care Strategy.

56. It will be equally important to also ensure that our strategy both reflects and addresses, key strategic risks for our partnership as highlighted in the Board Assurance Framework. In addition, this will need to be embedded in its delivery through the Joint Forward Plan.

57. Listening to what citizens are sharing is important to them is central to the development of the West Yorkshire Partnership strategy. The Partnership also has a long history of working with Healthwatch to support with gathering insight and they have supported in also developing a scope for this work. The mapping from phase 1 is now broadly complete and the Healthwatch Insight report set out the detail from this, [‘What people across West Yorkshire are telling us about their experience of health and care services’](#). Extensive engagement has also been undertaken with partners throughout the strategy design phase.

58. As a result of the data, evidence and insight received so far, there are a number of areas of focus for the refresh of the WY partnership strategy. Firstly, it is intended that the refreshed strategy be a short document which provides a strategic overview of the purpose, vision, ambitions and ways of working as a partnership. Much of the detail behind the ambitions will be contained within its delivery arm, the Joint Forward Plan.

59. It is also proposed that there is a need to embed tackling poverty and the cost of living crisis throughout our 10 Big Ambitions. The table in Appendix 2 illustrates the refinements which are intended to make to the WY partnership strategy in the context of the four core purposes of an ICS. It is helpful to note however, that some of the ambitions highlighted, will naturally connect to more than one core purpose.

60. With the new requirement to develop a five year joint forward plan (with two years operational detail) in autumn 2022, it is helpful to now revisit this work in this new context. Work is currently underway with representatives from across the Partnership to co-design a process in which we can ensure meaningful alignment of the Joint Forward Plan, operational planning, better care fund and winter planning to the integrated care strategy. This will require place based plans which reflect contribution to priorities at place, WY’s ambitions and national must dos as outlined in the diagram below:



61. The proposed timeline for the development of the WY partnership strategy between September 2022 to March 2023.

How does this proposal impact the three pillars of the Best City Ambition?

- Health and Wellbeing
- Inclusive Growth
- Zero Carbon

62. This paper proposes that the HWS refresh is aligned to priorities of our Leeds Health and Wellbeing Strategy 2016-2021 and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. This will continue to be a key feature of the strategic priorities as set out in the current Health and Wellbeing Strategy to tackle inequalities, aligning more closely to Inclusive Growth and Zero Carbon – an approach which will be reflected in the HWS refresh.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?

Yes

No

63. The Health and Wellbeing Board has made it a city-wide expectation to ensure the voices of citizens are reflected in the design and delivery of strategies and services. This paper highlights the wealth of sources which will inform the development of the HWS refresh including key engagement via the Big Leeds Chat.

What are the resource implications?

64. There are no specific resource implications from this report. A continued feature of the HWS refresh will be reaffirming the aim of spending the Leeds £ wisely under the strategic leadership of the HWB- sharing or integrating resources, focusing on outcomes and seeking value for money as part of a continued long term commitment to financial sustainability.

What are the key risks and how are they being managed?

65. Risks relating to each piece of work which will be connected to the refreshed priorities will continue to be managed by relevant organisations and boards/groups as part of their risk management procedures.

What are the legal implications?

66. Risks relating to each piece of work which will be connected to the refreshed priorities will continue to be managed by relevant organisations and boards/groups as part of their risk management procedures.

Options, timescales and measuring success

What other options were considered?

67. This report details the process of the HWS refresh which began in 2020 but was paused due to the Covid -19 pandemic. As this work now resumes, a clear timeline has been highlighted and agreed by the Health and Wellbeing Board regarding the development of the HWS refresh.

How will success be measured?

68. This report highlights that work will be progressed to simplify and consolidate the number of different metrics and indicators within the refreshed Leeds HWS Strategy and ensure there is alignment with connecting strategies.

What is the timetable and who will be responsible for implementation?

69. The timeline of the development of this strategy is included in point 49 of this report.

Appendices

- Appendix 1 - Leeds Health and Wellbeing Strategy 2016-21
- Appendix 2 - WY Partnership Strategy 10 Big Ambitions table

Background papers

- None