

# Leeds Health & Wellbeing Board

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**Report of:** The Leeds Joint Information Group

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

**Date:** 22<sup>nd</sup> May 2013

**Subject:** Joint Health and Wellbeing Strategy Indicators – Baseline Position

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
If relevant, Access to Information Procedure Rule number: Appendix number:		

## Summary of main issues

1. Ensuring an understanding of the twenty two core indicators as the basis for reporting future progress across the objectives and priorities identified with the Health and Wellbeing strategy.
2. Ensuring ownership of the core indicators by each of the fifteen priority areas.
3. Supplementing the core indicators with other measures within each priority area to ensure that the full breadth of improvement is achieved.

## Recommendations

The Health and Wellbeing Board is asked to:

- Review and become familiar with the baseline position across the twenty two joint Health and Wellbeing Strategy indicators in order to better assimilate future performance reports.

## **1. Purpose of this report**

- 1.1 This report is designed to provide Health and Wellbeing Board members with some initial familiarity of the indicator set that represents the fifteen priority areas of the Joint Health and Wellbeing Strategy.
- 1.2 This initial report represents a 'base-lining' exercise. It is not the intention of this report to make any particular recommendations or draw any specific points to the attention of the Health and Wellbeing Board.
- 1.3 However, in conjunction with the priority area leads, future reports will provide the Health and Wellbeing Board with a view on selected areas where it is deemed that matters of progress or issues should be brought to the Health and Wellbeing Board's attention.

## **2. Background information**

- 2.1 Twenty two indicators have been consulted upon and then selected to cover the five outcomes and fifteen priorities as defined by the Joint Health and Wellbeing strategy.
- 2.2 Where possible, the indicators were selected to have the following features:
  - Nationally defined and nationally available, for example, within a national 'outcomes' frameworks
  - Stable over time
  - Already familiar and meaningful to those committees, groups and work streams charged with improving the identified priority area, for example, the Children's Trust Board, Tobacco Management Board and Alcohol Management Board.
  - Available against a benchmark
  - Available below city-wide level
- 2.3 It should be noted that some definitions may be subject to change by the associated national body, however, the indicators themselves are now finalised.
- 2.4 These twenty two indicators form a core and key method of assessing progress against the joint health and wellbeing objectives and priorities.
- 2.5 However, it is expected that each priority work stream will use other indicators and other measures to illustrate the 'story' of improvement. It is likely that these will include service user perception and cost improvements.
- 2.6 As the indicators are sourced from a number of collection points within the NHS and Local Authority, the following features should be noted:
  - Different indicators may cover different time periods
  - Different indicators may be collected at different intervals
  - Different indicators may use different peer comparator groups
  - The latest formally reported information will be included

- Any local 'intelligence', in addition to the formal figures, may be used to provide a narrative in future reports.
- Not all indicators have targets set

### **3. Main issues**

- 3.1 It is important that the twenty two core indicators are understood by the Health and Wellbeing Board, as well as those Officers leading the individual priority area work streams. The indicators can therefore be used effectively as the basis for reporting future progress.
- 3.2 It is recognised that the twenty two indicators do not represent the full story for each priority area, but rather a recognised set of core measures. Therefore, each priority area will likely use supplementary measures to describe that full picture.
- 3.3 The Joint Health and Wellbeing Strategy Steering Group is currently working to produce a transparent view of each priority area work stream, leadership and governance arrangements and a set of supplementary indicators for local use.
- 3.4 The Health and Wellbeing Board will likely want to take reports from individual priority areas that provide the full picture of the work underway to improve health and wellbeing within the city.

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

### **4.1 Consultation and Engagement**

- 4.1.1 The Joint Health and Wellbeing Strategy indicators have been consulted upon as part of the process to select the strategy objectives and priorities.

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

- 4.2.1 Due regard has been given in the setting of the Joint Health and Wellbeing Strategy.
- 4.2.2 Consultation was undertaken at the start of the Joint Health and Wellbeing Strategy
- 4.2.3 An Equality Impact Assessment was undertaken for the Joint Strategic Needs Assessment which provided the intelligence to develop the Joint Health and Wellbeing Strategy.

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

- 4.3.1 The baseline gathering exercise has been undertaken using a collaborative approach across health and the local authority, using existing resources and coordinated by the Leeds Joint Information Group [JIG].

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

- 4.4.1 There is a legal requirement as the Joint Health and Wellbeing Strategy is a statutory requirement.

4.4.2 All the information for the Joint Health and Wellbeing Strategy, including the indicators, will be publically available on the Council website and Leeds 'Observatory' website.

4.4.3 This is subject to 'call-in'.

#### **4.5 Risk Management**

4.5.1 The Health and Wellbeing Board are accountable for delivering the five strategic outcomes. The performance risks are managed within the individual priority areas.

### **5. Conclusions**

5.1 This report represents a baseline against twenty two selected indicators that will provide the minimum level of assurance that progress is being made against the five objectives and fifteen indicators of the Joint Health and Wellbeing Strategy.

5.2 It is expected that Health and Wellbeing Board members will become familiar with this indicator set, as will the lead managers and senior executives leading those priority area improvements.

5.3 However, each priority area will use a broader set of measures to ensure that the full breadth of improvement is achieved.

### **6. Recommendations**

6.1 The Health and Wellbeing Board is asked to:

- Review and become familiar with the baseline position across the twenty two joint health and wellbeing strategy indicators in order to better assimilate future performance reports.