

# The Leeds Joint Health and Wellbeing Strategy 2016+

**Explaining the approach to creating the  
refreshed Joint Health and Wellbeing  
Strategy for Leeds and seeking early views  
for its development**

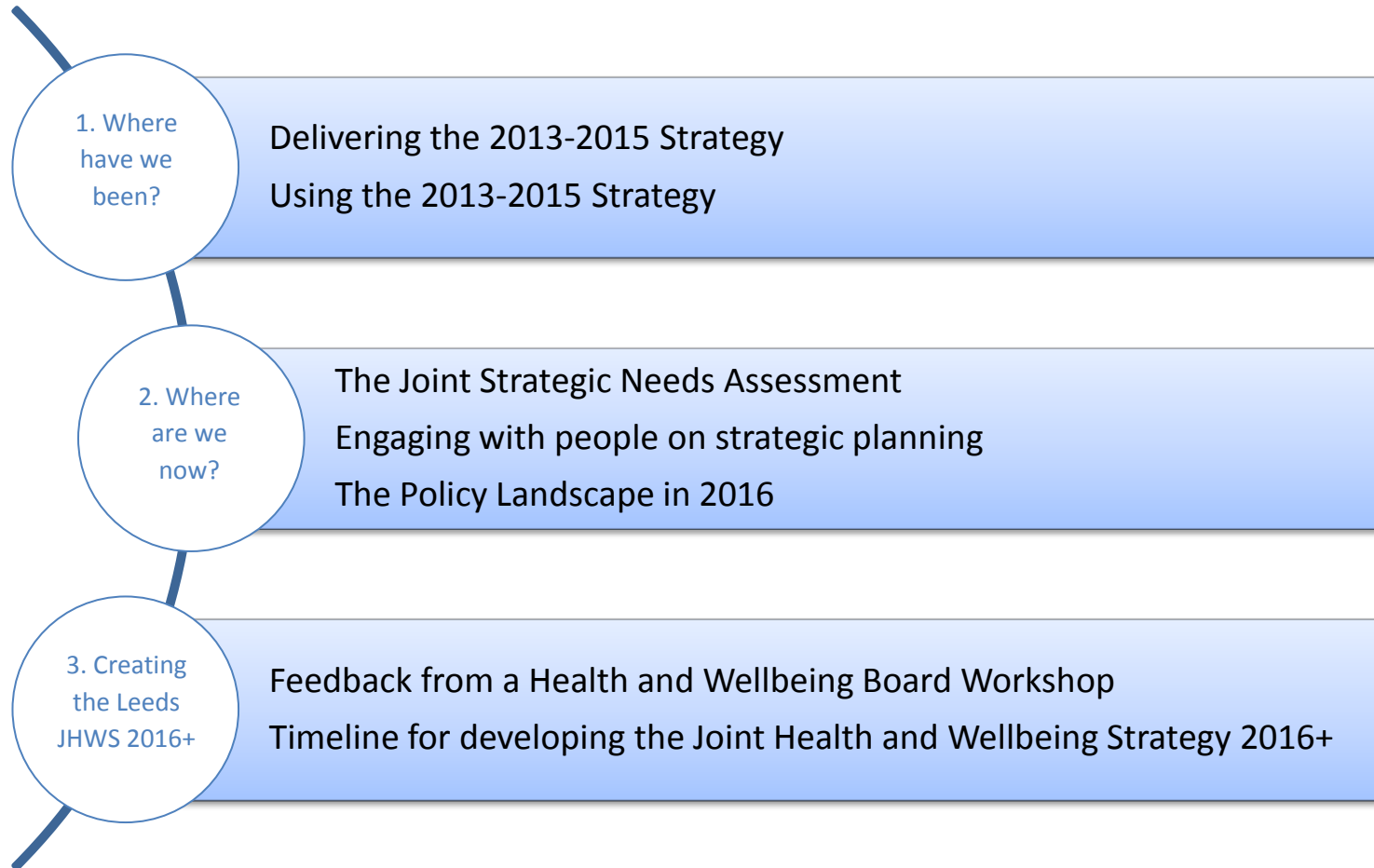
*Briefing and evidence pack*



# Briefing Pack

The Joint Health and Wellbeing Strategy (JHWS) is a statutory document which is the joint responsibility of a council and its local CCGs to prepare and publish, discharging the responsibility through the Health and Wellbeing Board. The Leeds Joint Health and Wellbeing Strategy is due to be refreshed and published by the Health and Wellbeing Board in March 2016. This pack provides background information and context in order to inform the initial development of the strategy and for seeking early views from stakeholders to contribute to the refreshed strategy.

The contents of this pack are set over three sections.



## 1. Delivering the 2013-2015 Strategy

The Joint Health and Wellbeing Strategy 2013-15 articulated a shared vision for health and wellbeing in Leeds. This vision stated that:

“Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest”

The strategy has five outcomes:

People will live longer and have healthier lives

People will live full, active and independent lives

People's quality of life will be improved by access to quality services

People will be involved in decisions made about them

People will live in healthy and sustainable communities

These outcomes were subdivided into 15 priority areas for action, and 22 measurements to give an indicator of progress towards achieving these priorities. Each Health and Wellbeing Board over the last 2 years has received a ‘Delivering the Strategy’ report which presents data on each of the 22 indicators. These regular snapshots were intended to give an indication of whether conditions are improving or getting worse, and provided Board members insight into Leeds’ progress at a local level and in comparison with the national average. The Board has also considered the 5 outcomes of the JHWS in detail in its meetings.

These performance reports are available on the [site for Health and Wellbeing Board Papers](#) and a summary report for the two year period of the 2013-15 strategy is available as Appendix A.

In summary, Leeds has on the whole maintained steady levels of performance against its key indicators since 2013. We still need to address many of the same issues that faced us in 2013. On a number of key measures (infant mortality, rate of early death (under 75s) from cardiovascular disease) there has been a significant improvement. From a healthy lifestyle perspective, we have seen reductions in smoking prevalence but an increase in the rates of alcohol related admissions to hospital. While Leeds has continued its strong performance against national trends for rehabilitation (Proportion of people (65 and over) still at home 91 days after discharge into rehabilitation), permanent admissions to nursing or residential accommodation have risen.



## 1. Using the 2013-2015 strategy

Since being published in 2013, the 2013-15 Joint Health and Wellbeing Strategy has been referred to as the key overarching strategic document for the Health and Wellbeing Board, and health and wellbeing activity across the city. It can be said to have usefully set strategic context for a wide range of planning and discussions across Leeds for the last two years. It has been used as an explanatory document for the city at meetings and referred to at key events. The strategy is frequently subject to inquiries and information requests from groups as to how it fulfils a role of giving priority to certain health conditions or special interests. It has generally stood up well to most of these inquiries. During the course of the last 3 years the current strategy has not become 'out-dated' particularly, with many priority areas relevant today and no programmes mentioned which have expired.

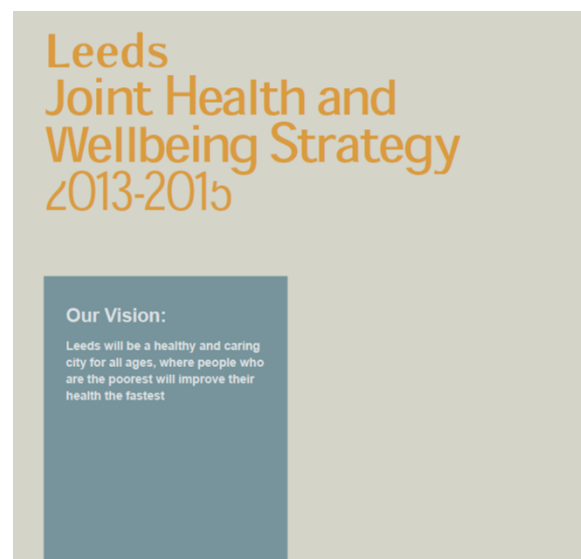
The Health and Wellbeing Strategy and the activity of the Health and Wellbeing Board have strived to focus on a broad view of health and wellbeing, considering items associated with the wider determinants of health and the configuration of health and wellbeing services themselves. There is perhaps a balance to strike between creating a strategy which is inclusive and representative of all activity which falls under health and wellbeing, whilst also being useful, incisive and about strategic prioritisation.

A small survey has been conducted across some partners to try to understand how people have used the 2013-2015 and how useful it has been. The survey asked questions such as:

- How clear is the content of the strategy?
- How user-friendly was it?
- How useful was it for influencing delivery and action?

The feedback from this survey suggested that the 2013-2015 strategy sets positive ambition, has a clear presentation and does communicate a shared vision for all partners across the city. It also suggested that the strategy could say more about what would be put into action as a result and that links to other strategy and planning in the city could be improved.

These results do not present final conclusions on the effectiveness of the strategy, but help to generate thinking about what the purpose is of the strategy and what the ingredients are of a good health and wellbeing strategy. Understanding how people have used the 2013-2015 strategy and how useful it has been is one area of interest for initial view on developing the next Joint Health and Wellbeing Strategy.



## 2. The Leeds Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) is the main evidence base for writing the Joint Health and Wellbeing Strategy. It is a continuous process for presenting a picture of the population needs and assets for Leeds. The purpose is to inform commissioners and influence priorities and the use of resources as part of the commissioning strategies and plans for Leeds. The JSNA also provides the opportunity to consider how the identified needs of the population interact with key drivers such as the economy and labour market. There are further opportunities to better understand the contribution and potential of our key assets.

All the documents that form the Leeds JSNA 2015 are on the Leeds Observatory Website accessed by clicking on the Joint Strategic Needs Assessment icon on the Observatory homepage at <http://observatory.leeds.gov.uk>. The key headline issues and recommendations for future workstreams of the JSNA are included overleaf.

The JSNA should be used to gain insight into needs and their implications in specific areas, and for particular population groups, localities or conditions. It can inform what we are doing, what we should be doing and what we should be doing differently as a city. Users of the JSNA may wish to consider the following questions:

- *How well are we doing now?*
- *What does this mean for how we want to work together in the future and what our ambitions are for Leeds?*
- *What are our strengths and assets?*
- *Where are we going to make the most difference?*
- *How does this work set the foundation for commissioning, both jointly and independently?*
- *What it is like to live in Leeds?*
- *What is it like to be a child growing up in Leeds?*



## Headline Issues

- The health and wellbeing of the people of Leeds continues to improve. However, like other large cities, we are still faced with huge challenges of a changing population and significant inequalities in health across the city against a backdrop of reductions in public spending.
- The city continues to have a relatively robust and growing economy. During the recession Leeds fared better than many of its neighbours, with workplace-based employment in the city now estimated to have recovered to pre-recession levels.
- Economic performance impacts on the rates of population growth. Leeds is a growing city; the latest Office for National Statistics mid-year projections estimate that 761,500 people live in Leeds and GP registrations put the population at 819,900.
- However, it is the change in the make-up of our population, particularly at local levels, that is most striking. There have been rapid demographic changes, particularly in some of our most deprived communities, driven by a complex combination of immigration and the local housing tenure, resulting in significant impacts on the provision of services.
- The backdrop to these very localised pressures is the wider trend of the city's ageing population; as the baby-boomer generation grows older there will be a range of implications for service provision.
- Increases in the city's birth rate appear to have plateaued in the last five years. Deeper examination of birth rates in the city's most deprived communities show higher birth rates than the Leeds average.
- The assessment of poverty in Leeds highlights the correlation between economic disadvantage and poor outcomes for children, young people and adults in the city. The clear impact of worklessness, financial exclusion and poor housing on health, educational attainment and broader life chances is concentrated in particular communities.
- According to the Index of Multiple Deprivation over 163,000 people in Leeds live in areas that are ranked amongst the most deprived 10% nationally, and this represents over 20% of the city's population. Our most deprived communities in the Inner East and Inner South areas of the city, with a further hotspot in Hawthorn in Inner West. Although the index is a snapshot, wider analysis of other indicators suggest that the same geographical areas are the focus of disadvantage.
- Our population growth and changing age profile set major challenges in providing enough quality and accessible homes, whilst protecting the quality of the environment and respecting community identity.
- Good quality housing is a pre-requisite for good health. People who live in clean, warm, safe and affordable homes are less likely to experience housing-related ill health. The continuing growth of the private rented sector is a key trend which brings with it associated challenges, particularly at the low cost end of the market where housing condition can be poor.
- Levels of poor mental health and wellbeing and mental illness are inextricably linked with deprivation within the city. Local mapping highlights these issues and emphasises the social gradient of mental health and wellbeing.
- There is evidence that some mental health problems are becoming more prevalent, particularly amongst older people. Mental health problems, particularly depression, are more common in people with a physical illness including those living with long term conditions.
- Over the last four years there has been an increase in the Leeds learning disabilities population of about 5%. This growth is particularly focussed amongst younger people with the most profound needs for care.
- Concurrent with this increase is the level of intensity of support required to meet the increasing complexity of needs. It is overwhelmingly the case in 2015 that assessed need within this population is for significantly high levels of personal support of 1:1, 2:1 and sometimes 3:1 support for individuals.
- Potential Years of Life Lost (PYLL) from all avoidable causes for Leeds as a whole has fallen in the period 2009-11 to 2011-13 by around 6%.
- The rate in deprived Leeds is reducing more quickly than Leeds as a whole meaning that health inequalities are demonstrably improving.
- The reason for this improvement has been a significantly greater reduction in PYLL due to cardiovascular disease in deprived parts of Leeds. This can be seen as evidence of a positive outcome of key public health programmes, leading to a decrease in smoking rates, the implementation of the NHS Health Check which had its initial focus on deprived Leeds, and effective management in primary and secondary care.
- The PYLL rate in deprived parts of Leeds has reduced at a slightly greater rate than the rest of Leeds for respiratory disease but the gap has remained the same for deaths caused by cancer.



## Recommendations for future work streams

The JSNA Executive Summary for 2012 made recommendations for further work which has led to better understanding about people's health and wellbeing needs in Leeds in 2015. The JSNA 2015 has now highlighted further gaps – areas where we need to gain more detailed insights, greater clarity and deeper understanding with focussed analysis particularly about the needs of a changing population.

Deeper knowledge about changes in the rates of population growth and age profile, ethnic composition, changes in household make up, and the changes taking place, both within and between communities, will be critical to understanding future health and wellbeing needs in Leeds.

Leeds is often in line with regional performance but below the national position. More work is needed to consider the regional context.

Below we highlight suggestions for key lines of inquiry for the forward work programme for consideration by the Leeds Health and Wellbeing Board:

- Integrated approach to population and demographic forecasting and scenario-building;
- Better and more timely understanding of migrant populations;
- Better and more timely understanding of the city's population;
- A more coherent understanding of our collective assets – human, physical and technological ;
- Identification of children at risk and families in need linked to domestic violence, substance misuse and mental health;
- A better understanding of the barriers to learning and their impact on the life chances of young people;
- Mental health assessment refresh;
- Suicide audit refresh;
- Older people including frail older people;
- Prevalence of physical and sensory disability;
- Carers' needs assessment;
- Refresh of key public health data packs such as life expectancy;
- Offender health;
- Impact of multi-morbidity.

Further work is also needed to broaden the range of information used within the JSNA and incorporate data from the third sector and private sector.

Critically, to be useful the JSNA has to be used – in particular by commissioners and decision makers. More work now needs to be done to examine how the JSNA is used, what it is used for and what the barriers are to using it effectively.

## 2. Engaging with people on strategic planning

Engaging partners, stakeholders and communities is an important part of making sure that the Joint Health and Wellbeing Strategy is relevant and useful for the whole city. The Health and Wellbeing Board want to ensure that the 2016 strategy is developed in partnership with the whole city whilst also recognising the existing engagement activity which takes place across organisations in Leeds.

Engagement on developing the next Joint Health and Wellbeing Strategy will take place in two stages:

### 1. Initial Views and Understanding

This stage will seek the views of partners, stakeholders and the public to contribute to the initial development of the strategy. It is also collecting together and reflecting on the various engagement activity and feedback which is received across organisations represented on the Health and Wellbeing Board.

The Board are keen to hear views about:

- The content of the 2013-2015 Joint Health and Wellbeing Strategy.
- The priority areas for health and wellbeing across all ages in Leeds.
- How health and wellbeing services should be delivered in the future.
- How priorities should be used to determine what we do more or less of.
- Other issues you want the Leeds Health and Wellbeing Board to consider as they finalise the next strategy.

This stage is taking place from August to November.

### 2. Feedback on the draft strategy

Once initial views have been sought, the Health and Wellbeing Board will write the draft strategy and discuss it at a workshop. Then during January and February, the draft strategy will be made available for anyone to comment on its content, before a final version is revised and published at the March 2016 Health and Wellbeing Board meeting.

## 2. The Policy Landscape in 2016

Policy and strategy across health and wellbeing is complex because of the number of departments, organisations and structures which have a role to play in making Leeds 'the Best City for health and wellbeing'. It is fair to say that the policy landscape in 2016 is different to what it was in 2013, when the current strategy was published. Whilst the problems we are trying to solve may remain the same, the environment in which this work gets done is different. The table below shows some current items for policy and strategy which the Joint Health and Wellbeing Strategy 2016+ will need to consider. It is an initial, not an exhaustive, list.

National Government	<ul style="list-style-type: none"><li>• Health and Social Care Act 2012</li><li>• Care Act 2014</li><li>• Children and Families Act 2014</li><li>• No Health Without Mental Health</li><li>• Cities and Local Government Bill</li><li>• Fiscal policy and departmental budgets</li><li>• Targets and Performance Management</li></ul>
NHS England and Public Health England	<ul style="list-style-type: none"><li>• Five Year Forward View</li><li>• From Evidence into Action</li><li>• New Models of Care Programme</li><li>• Diabetes and Obesity</li><li>• Future Workforce</li></ul>
Leeds Health and Wellbeing	<ul style="list-style-type: none"><li>• Mental Health Framework</li><li>• Children and Young People's Plan</li><li>• Making Leeds the Best City to Grow Old In</li><li>• 7 Day Working</li><li>• System Resilience Planning</li><li>• Financial Challenge</li></ul>

Policy and strategy direction may change over the course of the next Joint Health and Wellbeing Strategy. The key questions which every Health and Wellbeing Board must try to find answers to will remain the same, such as:

- How do we promote and support people to live healthy happy lives?
- How do we balance protecting healthcare quality now with transforming care for the future, and achieve financial balance in the long term?
- How do we ensure people get care in the best setting, either in or out of hospital?
- How do we address entrenched health inequalities in communities across our city?

Reflecting on these questions, a role of the Joint Health and Wellbeing Strategy is to establish a framework which focuses on these areas and supports people across the city to find answers to these questions and be able to deliver them.

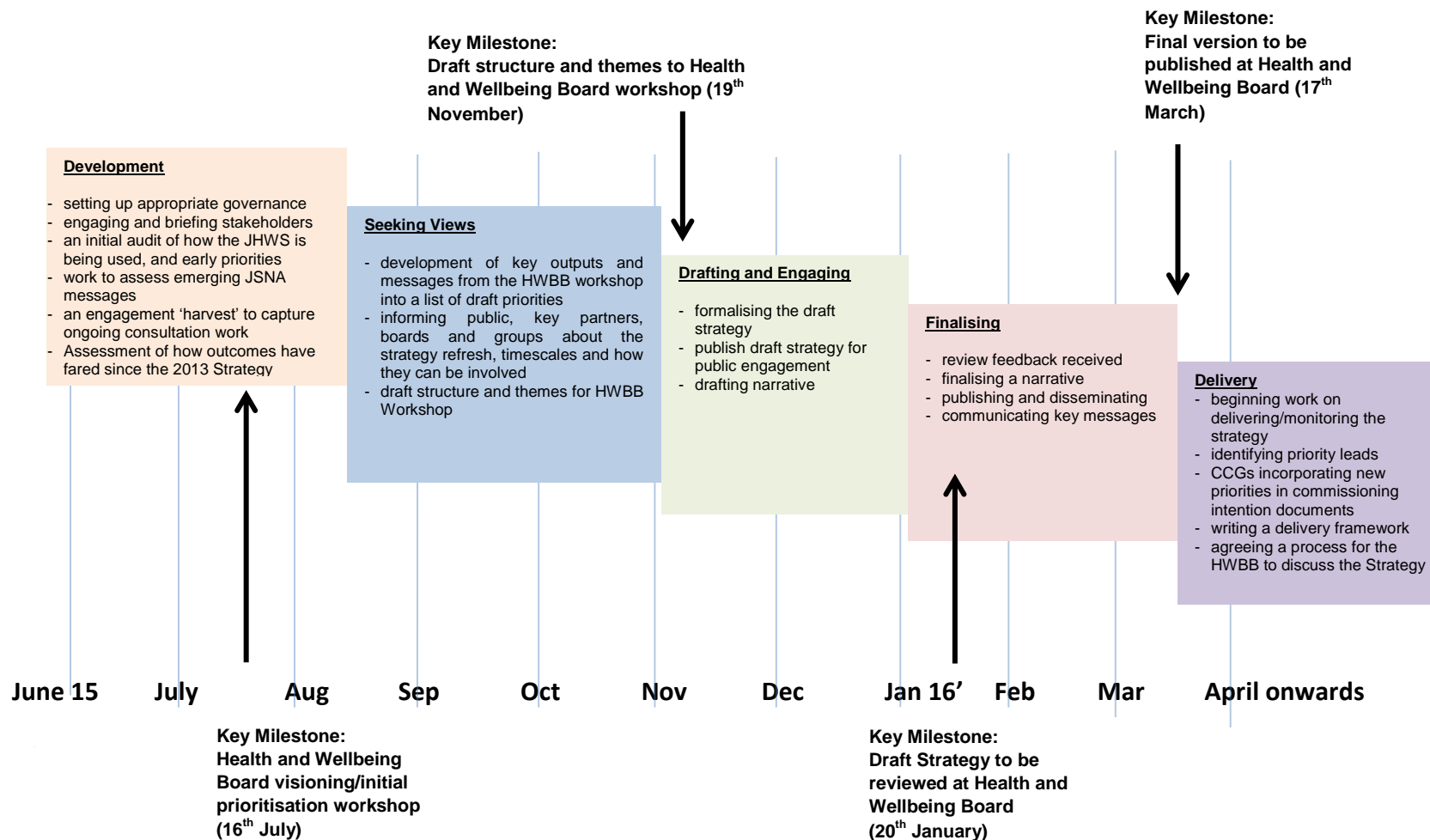


### 3. Feedback from a Health and Wellbeing Board Workshop

The table below summarises the discussions and contributions made at a Health and Wellbeing Board Joint Health and Wellbeing Strategy development workshop held on 16<sup>th</sup> July 2015. It is a starting point to outline some of the points that were raised from structured exercises and to act as a prompt for further discussion. It is not a representation of what will or won't be a focus of the next strategy.

<b>Exercise: Worries and opportunities</b>	<b>What are we most worried about?</b> <b>Money:</b> sustainability and how much current projects can ensure that; the assumption that doing the right thing will be the cheaper option; immediate challenges like the ageing population being to the detriment of longer-term approaches such as Best Start <b>Population/social issues:</b> families and communities are under pressure; impact of welfare reforms, social impact, austerity, poor housing, persisting inequalities, food poverty; Mental health provision is still sub-par. <b>Services and quality:</b> access; workforce challenges including shortage of appropriate staff and balance		<b>What are we most excited about?</b> <b>Some recent achievements:</b> OFSTED result for Children's Services, restorative practice, 'Think Family' agenda; Cardiovascular Disease, Smoking cessation and public health 'wins' <b>Technology/economy/workforce:</b> harnessing technology to see people managing their own conditions; linking innovation and data analytics; a thriving economy and attractive city to attract skills <b>Initiatives:</b> Social prescribing, and better utilisation of assets, primary care co-commissioning		<b>What key problems do we need to resolve?</b> <ul style="list-style-type: none"> <li>• Chasing 'too many rainbows'</li> <li>• Not staying firm with decisions/strategy/direction and see them through fully before deviating or working on something else</li> <li>• The wider determinant issues: we need a better, healthier, safer environment in Leeds, to improve infrastructure to encourage healthy lifestyles</li> <li>• We have to make access to our services easier, but need to assume individuals can take control themselves and identify those that need a little help</li> <li>• The local workforce – need to marry a city skills and city Health and Social Care strategy</li> </ul>
<b>Exercise: What could our priorities be?</b>	<b>For services in the short term</b> <ul style="list-style-type: none"> <li>• Increase community capacity and redesign community beds services</li> <li>• Improve access for children and adolescents into Mental Health Services</li> <li>• Develop further Integrated Teams: Mental Health in 2015/16, and consider Voluntary and Community Services and Primary Care</li> <li>• Support carers in their caring role including young carers</li> <li>• Use of new technology between: service user and Health and Social Care; Professional to Professional; enabling care without professionals present</li> </ul>	<b>For services in the long term</b> <ul style="list-style-type: none"> <li>• Integration between primary care, secondary care and social care that is person-centred</li> <li>• A workforce fit for future new models of care</li> <li>• Give people 'tools' to take control of their own health and wellbeing</li> <li>• Make it easier for citizens to navigate the system and increase understanding of right choice right time</li> </ul>	<b>For populations in the short term</b> <ul style="list-style-type: none"> <li>• Best Start- focus on the first 1001 days for the baby and parent/carers</li> <li>• Prevention- targeted populations and conditions e.g. stroke and diabetes</li> <li>• Improve the wellbeing of individuals with mental health issues: income, gap between employment rates, Mental Health friendly employers/places</li> </ul>	<b>For populations in the long term</b> <ul style="list-style-type: none"> <li>• Start to really make the links between efforts of the Health and Social Care system and those responsible for the wider determinants of health: economic growth, housing, community safety, employment and the private sector</li> <li>• Make in-roads on some persistent disease burdens: turn the curve on diabetes, close the gap on mortality – Cardiovascular Disease and Cancer</li> <li>• Stop/reduce avoidable deaths</li> </ul>	

### 3. Timeline for developing the Joint Health and Wellbeing Strategy 2016+





## Seeking Early Views

The Health and Wellbeing Board wants to hear views from people to help make sure the new strategy best meets the needs of the city. The Board are keen to get views from people at the early stages of developing the refreshed strategy, between now and November 19<sup>th</sup>. We plan to deliver an initial draft of the strategy in the new year before further engagement and final publication in spring 2016.

The Board are particularly keen to know what you think about:

1. The content of the 2013-2015 Joint Health and Wellbeing Strategy.
2. The priority areas for health and wellbeing across all ages in Leeds.
3. How health and wellbeing services should be delivered in the future.
4. How priorities should be used to determine what we do more or less of.
5. Other issues you want the Leeds Health and Wellbeing Board to consider as they finalise the next strategy.



## Contact

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