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. Where have we been?
   - Delivering the 2013-2015 Strategy
   - Using the 2013-2015 Strategy

2. Where are we now?
   - The Joint Strategic Needs Assessment
   - Engaging with people on strategic planning
   - The Policy Landscape in 2016

   - Feedback from a Health and Wellbeing Board Workshop
   - Timeline for developing the Joint Health and Wellbeing Strategy 2016+
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.
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 strategy 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.
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?**
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 for Leeds has now highlighted further gaps - areas where we need to gain more detailed insights, greater clarity and deeper understanding with focused analysis to understand the population’s changing needs.

Recommendations to support further work include:

- 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.
- 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 returns.
- Suicide audit refresh.
- Older people including frail older people.
- Prevalence of physical and sensory disability.
- Carers’ assessment.
- Refresh of key public health data sets 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 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 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.
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.

### The Policy Landscape in 2016

#### National Government
- Health and Social Care Act 2012
- Care Act 2014
- Childrens and Families Act 2014
- No Health Without Mental Health
- Cities and Local Government Bill
- Fiscal policy and departmental budgets
- Targets and Performance Management

#### NHS England and Public Health England
- Five Year Forward View
- From Evidence into Action
- New Models of Care Programme
- Diabetes and Obesity
- Future Workforce

#### Leeds Health and Wellbeing
- Mental Health Framework
- Children and Young People's Plan
- Making Leeds the Best City to Grow Old In
- 7 Day Working
- System Resilience Planning
- Financial Challenge

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.
The table below summarises the discussions and contributions made at a Health and Wellbeing Board Joint Health and Wellbeing Strategy development workshop held on 16th 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.

<table>
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<tr>
<th>Exercise: What could our priorities be?</th>
<th>For services in the short term</th>
<th>For services in the long term</th>
<th>For populations in the short term</th>
<th>For populations in the long term</th>
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<td>What are we most worried about? Money: 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 Populations/social issues: 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. Services and quality: access; workforce challenges including shortage of appropriate staff and balance</td>
<td>Increase community capacity and redesign community beds services Improve access for children and adolescents into Mental Health Services Develop further Integrated Teams: Mental Health in 2015/16, and consider Voluntary and Community Services and Primary Care Support carers in their caring role including young carers Use of new technology between: service user and Health and Social Care; Professional to Professional; enabling care without professionals present</td>
<td>Integration between primary care, secondary care and social care that is person-centred A workforce fit for future new models of care Give people ‘tools’ to take control of their own health and wellbeing Make it easier for citizens to navigate the system and increase understanding of right choice right time</td>
<td>Best Start- focus on the first 1001 days for the baby and parent/carers Prevention- targeted populations and conditions e.g. stroke and diabetes Improve the wellbeing of individuals with mental health issues: income, gap between employment rates, Mental Health friendly employers/places</td>
<td>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 Make in-roads on some persistent disease burdens: turn the curve on diabetes, close the gap on mortality – Cardiovascular Disease and Cancer Stop/reduce avoidable deaths</td>
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| What are we most excited about? Some recent achievements: OFSTED result for Children’s Services, restorative practice, ‘Think Family’ agenda; Cardiovascular Disease, Smoking cessation and public health ‘wins’ Technology/economy/workforce: harnessing technology to see people managing their own conditions; linking innovation and data analytics; a thriving economy and attractive city to attract skills Initiatives: Social prescribing, and better utilisation of assets, primary care co-commissioning | | | | |

| What key problems do we need to resolve? | Chasing ‘too many rainbows’ Not staying firm with decisions/strategy/direction and see them through fully before deviating or working on something else The wider determinant issues: we need a better, healthier, safer environment in Leeds, to improve infrastructure to encourage healthy lifestyles 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 The local workforce – need to marry a city skills and city Health and Social Care strategy | | |

| What are we most excited about? | | | | |
3. Timeline for developing the Joint Health and Wellbeing Strategy 2016+

**Development**
- setting up appropriate governance
- engaging and briefing stakeholders
- an initial audit of how the JHWS is being used, and early priorities
- work to assess emerging JSNA messages
- an engagement 'harvest' to capture ongoing consultation work
- Assessment of how outcomes have fared since the 2013 Strategy

**Seeking Views**
- development of key outputs and messages from the HWBB workshop into a list of draft priorities
- informing public, key partners, boards and groups about the strategy refresh, timescales and how they can be involved
- draft structure and themes for HWBB Workshop

**Drafting and Engaging**
- formalising the draft strategy
- publish draft strategy for public engagement
- drafting narrative

**Finalising**
- review feedback received
- finalising a narrative
- publishing and disseminating
- communicating key messages

**Delivery**
- beginning work on delivering/monitoring the strategy
- identifying priority leads
- CCGs incorporating new priorities in commissioning intention documents
- writing a delivery framework
- agreeing a process for the HWBB to discuss the Strategy

**Key Milestone:**
- Key Milestone: Draft structure and themes to Health and Wellbeing Board workshop (19th November)
- Key Milestone: Health and Wellbeing Board visioning(initial prioritisation workshop (16th July)
- Key Milestone: Draft Strategy to be reviewed at Health and Wellbeing Board (20th January)
- Key Milestone: Final version to be published at Health and Wellbeing Board (17th March)

June 15         July         Aug         Sep         Oct         Nov         Dec         Jan 16’         Feb         Mar         April onwards
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 19th. 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:

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.

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