

Leeds Health & Wellbeing Board

Report author:

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Mark Gamsu (Outcome 4)

Report of: Chief Officer, Health Partnerships**Report to:** Leeds Health & Wellbeing Board**Date:** 20 November 2013**Subject:** Delivering the JHWS – Focus on Outcome 4

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? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

The appendix to this report presents to the Board a detailed picture of current work being undertaken to deliver the Leeds Joint Health and Wellbeing Strategy 2013-15. In particular, it focusses on Outcome 4 of the strategy, 'People will be involved in decisions made about them'.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the Overview (1), Exceptions (3) and Commitments (4) section of the report for information and discussion if required.
- Discuss and receive a presentation focussing on outcome 4 of the Strategy, and priorities 10 and 11:
 - Priority 10 – Ensure that people have a voice and influence in decision making
 - Priority 11 - Increase the number of people that have more choice and control over health and social care services
- As a response, the Health and Wellbeing Board is further asked to
 - Task Healthwatch Leeds with conducting follow-up discussions with the public to see if their perceptions match what we have described here.

- Task Healthwatch Leeds with establishing a standing group involving PPI leaders across sectors to be established to develop a 'Leeds Model' of involvement. It will be responsible for
 - identifying how to quantify the level and degree of involvement in the city, particularly how the collective experiences of patients and public are taken into account in the way in which health and care services are designed, delivered and commissioned
 - how to connect more effectively with active citizens across the health and care sector
 - developing links with the wider work on civic engagement and social cohesion of the local authority
 - better capturing the contribution of the Third Sector
 - promoting good practice, beginning with consolidation of the raft of existing guides and with a major focus on Equality, Diversity and Human Rights
- Consider how the Health and Wellbeing Board can directly raise the profile of public dialogue in service development.
- Develop and adopt outcome-based indicators appropriate to the complete picture of involvement.

Based on those conclusions and recommendations, Healthwatch Leeds invites the Health and Wellbeing Board to discuss how they may add value to and help to deliver on this outcome.

1 Purpose of this report

- 1.1 To present to the Board a detailed picture of current work being undertaken to deliver the Leeds Joint Health and Wellbeing Strategy 2013-15, in particular focussing on Outcome 4 of the strategy, 'People will be involved in decisions made about them'.

2 Background information

- 2.1 The Joint Health and Wellbeing Strategy (JHWS) sets a challenge for the Board to focus on five health and wellbeing outcomes for the city of Leeds, with each outcome being discussed in detail at consecutive Board meetings. At the Board meeting on the 24th of July 2013, the Board agreed a 'Framework to measure our progress' which proposed bringing together all performance and delivery information into one holistic report. This report is the second iteration of that holistic 'Delivery Report' which brings together the regular monitoring of work on the Overview (1), Exceptions (3) and Commitments (4) section of the report for information, together with the detailed focus on Outcome 4 at section (2).

3 Main issues

3.1 Section 1 – Overview

The Board is receiving here the scorecard giving the current Leeds position on the 22 indicators contained within the Joint Health and Wellbeing Strategy. One 'red flag' exception has been added to the data (see below).

Section 2 – Outcome Focus

This paper highlights some of the extensive range of work underway to deliver the strategic aim that 'People will be involved in decisions made about them'. The board will see that there is considerable work being undertaken, and levels of involvement in health and social care in Leeds are strong, but there are concerns around the evidence base for monitoring progress, together with a lack of a 'Leeds Model' for involving the public in decisions made about their care.

Section 3 – Exceptions

One exception has been noted during this period, for indicator 22 (the proportion of adults in contact with secondary mental health services in employment). An update from the November 'Delivering the Strategy' report has been given on this issue.

Section 4 – Commitments

Delivery and performance information has been given on the Board's commitments, refreshed for this report. The Board may wish to consider any data or information presented here.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 This report covers this subject at length. Its content and recommendations were developed in consultation with the wide range of individuals and organisations in the Healthwatch Leeds network.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 There is no uniform methodology for gathering, and interpreting equality data for involvement across the sector. It is recommended that subsequent developmental work on Outcome Four responds to this core challenge.

4.3 Resources and Value for Money

4.3.1 If Healthwatch Leeds is tasked, as this report recommends, with the development and consolidation of involvement standards in Leeds, it will work towards making involvement activities more systematic and thus address issues of duplication while seeking improvements in quality.

4.3.2 Effective involvement leads not only to individual and collective empowerment, but also to the effective use of resources and improved value for money.

4.4 Legal Implications Access to Information and Call In

- 4.4.1 The Health and Wellbeing Board should ensure that providers of health and social care act in accordance with the requirements of all legislation, in particular the Health and Social Care Act 2012 incorporates Section 242(1b) of the NHS Act 2006, placing a legal duty on health and social care bodies to consult with individuals to whom services are being, or may be provided to.
- 4.4.2 Healthwatch Leeds is a corporate body and within the contractual arrangements made with the local authority must carry out particular activities under Section 221(2) of The Local Government and Public Involvement in Health Act 2007. A lot of the subsequent legislative requirements are based on these activities, which include promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
- 4.4.3 This report is not subject to call-in.

5 Conclusions

- 5.1 A considerable amount of work is underway to align the large amount of existing Health and Wellbeing work in Leeds with the Joint Health and Wellbeing Strategy, and to take a systematic overview of the current health of the city to determine additional work necessary to achieve the ambitions of the Health and Wellbeing Board to make Leeds a 'healthy and caring city for all ages'. This report provides the assurance to the Board on this work.
- 5.2 In relation to section (2) of the report, there are a number of specific conclusion drawn:
- Leeds NHS CCGs and Leeds Adult Social Care are ahead of their neighbours, with regard to implementing Personal Health Budgets and Self Directed Support respectively.
 - That some people may choose *not* to have their care funded through SDS or PHB limits the indicator's usefulness as a measure of involvement.
 - There is no figure to quantify to the proportion of people who feel involved in their care, across such a diverse sector with such a disparate range of quality measures.
 - Quantitative satisfaction surveys offer a useful evidence base for service improvement, but can lead to a narrow, individualised and transactional view of involvement. There is a risk of undervaluing relationship-based involvement and collective participation of the public in strategic decision-making.
 - The tremendous amount of innovative work to involve people, especially the work of Third Sector organisations, must more visible, understood and connected at a system-level. Healthwatch Leeds recognises its role in progressing this.

- Currently, public involvement is evidenced overwhelming through activity, rather than through outcomes and impact.

6 Recommendations

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