
Writing the Leeds Health and Wellbeing Strategy 2016-2021

Getting views on some proposed outcomes and strategic priorities for better health and wellbeing in Leeds

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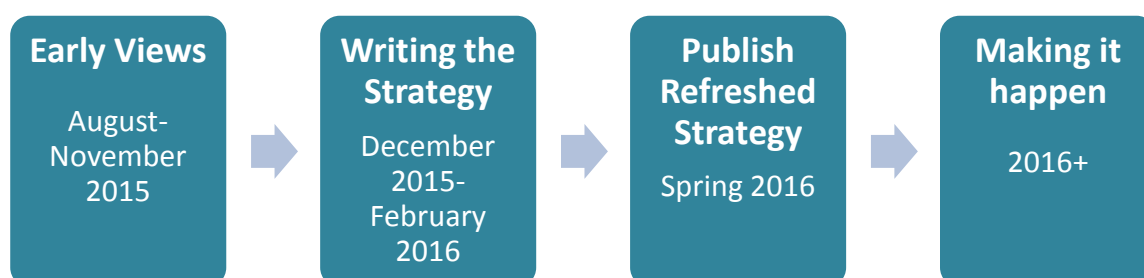
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About this document

This document is for getting views from people and organisations in Leeds about some proposals for what could be included in the Leeds Health and Wellbeing Strategy 2016-2021. It asks four questions about these proposals.

This follows a public exercise to gather early views from people around the city to help inform the drafting of these proposals. Answers to the four engagement questions at the end of this document will be used to help write a full version of the Leeds Health and Wellbeing Strategy. This final version will be formatted, designed and need to tell the Leeds story in an interesting and accessible way. This will be published in Spring 2016.

Writing a good health and wellbeing strategy is important; working to achieve the outcomes in it over the next 5 years will be the most important part.



1. Introduction

Leeds' greatest strength and most important asset is our people. Everything starts with people: our connections with family, friends and colleagues; the behaviour, care and compassion we show one another; the environment we create to live in together.

Our joint health and wellbeing strategy is about how we create the best conditions in Leeds for people to live healthy, happy and fulfilling lives. This means how we create a healthy city and provide high quality services. Everyone in Leeds has a stake in creating a city that does the very best for its people. The **health and wellbeing strategy** is our blueprint for how we will achieve that. It is led by the partners on the Leeds Health and Wellbeing Board¹, but it belongs to everyone.

The first health and wellbeing strategy in Leeds covered 2013-2015. In 2016 we need to publish a new one.

The Leeds Health and Wellbeing Strategy 2013-2015

Since 2013 we've seen many positive changes in Leeds, and the health and wellbeing of local people continues to improve. Some notable achievements so far include:

- Leeds continues to have a strong and growing economy, and fared better than many of our neighbours during the recession
- Outcomes for children and young people are good and improving
- Potential Years of Life Lost (a measure of premature death) is decreasing, and decreasing at a faster rate in deprived areas of Leeds
- People's level of satisfaction with the quality of services is increasing

This is good news, but there is a lot more to do to achieve our ambition that Leeds will be the best city in the UK for health and wellbeing.

What should the Leeds Health and Wellbeing Strategy 2016-2021 do?

A health and wellbeing strategy should aim to do various things, including:

- Be a **call to action** for the whole city to work towards better health and wellbeing
- Set the **outcomes** which Leeds wants to achieve
- Set local **priorities** for joint action
- Identify areas for **joint** action between organisations
- Influence what gets commissioned by the NHS and local government
- Analyse the wider perspective of **wellbeing**
- Have a particular focus on **inequalities** and the groups with the worst health outcomes.
- Be based on **robust evidence**, primarily from the Joint Strategic Needs Assessment

¹ The Leeds Health and Wellbeing Board brings together representatives from the NHS, Leeds City Council, Healthwatch and the Third Sector, to plan how best to meet the needs of the Leeds population and tackle local inequalities in health.

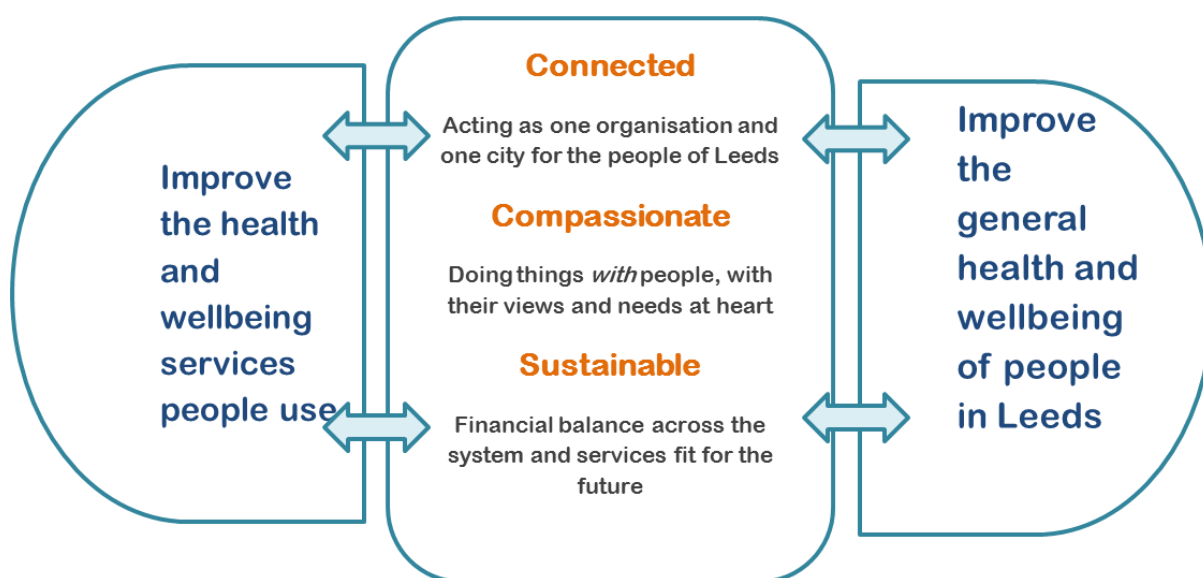
2. The Vision for Health and Wellbeing in Leeds

The vision of the Health and Wellbeing Board remains the same. The vision is:

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

This means the city will continue to focus on working to reduce health inequalities. This has been an underlying principle of the Health and Wellbeing Board and runs through all the work which it is involved in.

To be a healthy and caring city we need to promote good health and wellbeing for people in Leeds and also ensure we provide high quality services. We also need to ensure this is done within financial limits so the health and care system is financially sustainable. The scope of the health and wellbeing strategy is therefore focused on achieving the following:



The Health and Wellbeing Strategy explains how work across the city can help to achieve the vision.

3. Our Current Position

3.1. The Health and Wellbeing Challenges for the city of Leeds

Leeds has an ambition to best the Best City in the UK by 2030. As part of this, we want to be the Best City for Health and Wellbeing and we think we have the ambition, organisations and people to do this. On the whole, the health and wellbeing of people in Leeds continues to improve. People are living longer, healthier lives. The city has a robust and growing economy with good employment rates.

Leeds is a growing city, with over 750,000 people living here. Over the next 25 years the population of Leeds is predicted to grow by over 15%. It is a city of great contrasts and diversity, encompassing large rural areas and densely populated inner-city areas.

There is deprivation and significant inequalities in the city; over 163,000 people in Leeds live in areas ranked amongst the most deprived 10% nationally. There is a greater than 10 year difference in life expectancy between the most deprived and most affluent parts of the city.

We have a diverse population; in the last decade the black and minority ethnic (BME) population and the number of children and young people with English as an additional language has increased, from 13% in 2010 to 16% in 2014. We have an ageing population; the number of people aged over 65 is estimated to rise by 30% to around 153,000 by 2030.

As people live longer there will be a significant increase in the number of people living with long term conditions such as stroke, diabetes and dementia. This will be proportionately higher in areas of disadvantage. The rise in the number of people having more than one life-limiting condition will require a different service model of health and social care.

The Joint Strategic Needs Assessment provides a detailed analysis of population needs in Leeds and their key determinants such as the economy and the labour market. It is the primary evidence based for the Health and Wellbeing Strategy.

For the Health and Wellbeing Strategy 2016-2021, we consider the following to be the major health and wellbeing challenges which we need to tackle as a city:

Children and Young People	Adults and Older People
Emotional Wellbeing 0-2 Years (Best Start) Obesity	Cancer Long Term Conditions Mental Health Frailty
Priority Lifestyle Factors	Priority Wider Determinants
Smoking Alcohol Weight, Nutrition and Physical Activity	Economic Wellbeing Housing Education

Question 1

In your experience, do you agree that these are the major health and wellbeing challenges we need to address in Leeds?

3.2. The Financial Challenge for Health and Social Care in Leeds

The Leeds Health and Wellbeing Strategy 2013-2015 committed to make sure all health and wellbeing partners make the best use of their collective resources. Organisations committed to using the 'Leeds pound' wisely on behalf of the people of Leeds.

This is an even more apparent priority in 2016. The financial sustainability of each organisation depends on integrated working and coordinated planning. For the Health and Wellbeing Strategy 2016-2021, the financial sustainability of the whole social care and health system will be of crucial importance.

The Health and Wellbeing Strategy is primarily focused on improving health outcomes for the people of Leeds, but this needs to be considered in the context of the available resources. Over the last 12 months, partners have made assessments of the size of the financial challenge faced by Leeds NHS organisations and the City Council over the next five years. These estimates have been in the range of £620m-£930m, depending on how you calculate it. Challenges of this scale are being faced across the country.

In time for the publication of the final 2016-2021 strategy, a refined assessment of the financial challenge will be done to provide an estimate and context for the content of the strategy.

3.3. Health Inequalities in Leeds

Reducing health inequalities has been and will remain a primary focus for the work of the Health and Wellbeing Board and partners in Leeds. This will be a major theme in the final published version of the Health and Wellbeing Strategy. The vision statement is about the link between socio-economic status and people's health. This will need to run through all our priorities as a principle of the way work gets done in the city.

People's health outcomes can depend on specific characteristics, such as ethnicity, gender and sexuality, amongst others. There are vulnerable groups in the city who experience a range of socio-economic conditions which impact on their health. For some groups, tailored work may need to be done to help close the gap in health outcomes, sensitive to specific needs. This means services which consider people as a whole, not a list of individual conditions.

This also applies for those with learning and/or physical disabilities who need specific support in order to thrive in the city; enabling this is a priority focus for Leeds.

4. Proposed Outcomes for Health and Wellbeing in Leeds

- 4.1. The Health and Wellbeing Strategy 2013-2015 sets five outcomes for the health and wellbeing of the people of Leeds. Outcomes are important because they describe what it is we're trying to achieve. The outcomes cover both health and wellbeing, and try to encompass all the things that contribute to good health. Everyone should be able to find a way to contribute to at least one of the five outcomes, and therefore contribute to the Leeds Health and Wellbeing Strategy.
- 4.2. The proposed five outcomes for the Health and Wellbeing Strategy 2016-2021 are:
1. People will live longer and have healthier lives
 2. People will live full, active and independent lives
 3. People's quality of life will be improved by access to quality services
 4. People will be actively involved in their health and their care
 5. People will live in healthy, safe and sustainable communities
- 4.3. The outcomes have stayed largely the same. This is because experience has found them to be inclusive of the work that goes on in the city and useful for guiding work across health and wellbeing. Retaining five outcomes reflects how they have been a strong aspect of the previous strategy.
- 4.4. We propose that Outcome 4 is changed from 'People will be involved in decisions made about them' to 'People will be actively involved in their health and their care'. This is because the previous outcome was felt to be too passive, where decisions continue to be made by professionals on behalf of people. Over the next five years, we have an aspiration to involve people more and give them more control over their health. It will become more important for people to take responsibility to stay healthy and be enabled to manage their own long term health conditions. It will continue to be important for people to be involved in decision making.
- 4.5. We also propose to change Outcome 5 to include the word 'safe'. This is because being and feeling safe is a really important factor in personal and community wellbeing. It should also reflect the opportunity for the work of the Health and Wellbeing Board to connect with the work of safeguarding, emergency services, Community Safety and the 'Safer Leeds' partnership.

Question 2

What views do you have on our five proposed outcomes for health and wellbeing in Leeds?

5. Proposed Strategic Priorities for Health and Wellbeing in Leeds

5.1. There are lots of things people and organisations in Leeds need to do in order to achieve the outcomes that the Health and Wellbeing Strategy sets. The following are a list of priorities which we think are central to achieving the best health and wellbeing outcomes for people. They also reflect the areas which the Health and Wellbeing Board consider they can add value and leadership to as a partnership. The priorities detail what a healthy city with good quality services may look like. All of the city will be responsible for making progress against these priorities; the public, community, voluntary and private sectors and people of Leeds. The Health and Wellbeing Board will provide leadership and direction for this delivery.

5.2. This list of priorities summarise information from various places, including:

- The Health and Wellbeing Strategy 2013-2015
- The Joint Strategic Needs Assessment
- Plans and Strategies from organisations across Leeds
- Views submitted during the initial engagement phase on the refreshed Health and Wellbeing Strategy
- Priorities from national policy, legislation and guidance
- Discussions held at two internal Health and Wellbeing Board workshops
- Commitments made to greater integration made across the city

Our proposed priorities for Health and Wellbeing in Leeds are listed below. They include some detail to help explain what they mean and how they will be delivered. This detail can be included in the final published strategy.

Continue our drive for Leeds to be a Child Friendly City, where children have the Best Start in life.

There is a huge opportunity to improve health and wellbeing outcomes by having a focus on children and young people. Having the best start in life provides some of the most important foundations for having good health and wellbeing throughout life.

This means the best start for every baby in Leeds, where we continue to provide safe, high quality maternity care which meets the needs of all families in the city. It means when organisations work with a child or young person their family relationships are recognised as crucial factors for their wellbeing and the care they receive.

We need to have a major focus on reducing child obesity, and reducing the inequalities which exist across the city in levels of child obesity. Prevalence among children in the most deprived areas of Leeds is double that of children in the least deprived areas. Obesity has major health and wellbeing consequences for children and we must continue to address this challenge.

We must also retain a focus on the social and emotional wellbeing of children in Leeds. The whole system of support for social, emotional and mental health and wellbeing will be reviewed, with a focus on enabling children and young people to access services quickly, easily and effectively.

There have been significant achievements over the last few years in work for children and young people; the Ofsted rating of children's services and safeguarding partnership as good with outstanding features is one example of these achievements. We will continue to support the ambitions for Leeds as a Child Friendly City.

Be a city that values people's mental wellbeing equally with their physical health, with good quality services and joined-up provision

Good mental health is fundamental to our health and wellbeing and to how we all live our lives. It is important for our relationships, our education, our work and in fully achieving our potential. More than 105,000 people in the city suffer from common mental health problems such as anxiety and depression, and mental health problems are the largest source of disability in Leeds.

Our ambitions for mental health are a crucial part of work to reduce health inequalities. Levels of poor mental health and wellbeing are very much linked with deprivation within the city. People with severe mental illness die on average 15-20 years earlier than the rest of the population.

Mental and physical health are intertwined. We want to see improved integration of mental health with physical health services in a way which works for people's lives. Services need to be integrated around all the needs of individuals. This means seeking good physical health for those living with mental illness, and always considering the mental and emotional wellbeing of those with physical illness.

Improving mental health is everyone's business and must be the responsibility of all who live and work in Leeds. We want to see this led by employers, service providers and communities. This includes the implementation of the Leeds Mental Health Framework which has been agreed by partners across the city.

Community mental health services need to be re-designed, with better links, improved information and advice and more joined up working to reduce repeat assessments and unnecessary referrals. Care for people experiencing a mental health crisis should be improved, with resolution to crisis available 24/7 and better provision within health and social care so that police custody is not used.

75% of lifetime mental illness (except dementia) begins by the age of 25. Mental health and wellbeing in children and families is therefore a priority. We need to improve the connections between children and families and adult mental health services. This includes early support for women during pregnancy, improved links with schools and better

experiences for service users as they move from Children and Young People's to Adult Services.

A stronger focus on prevention, particularly for long term conditions

Long term conditions are the leading causes of death and disability in Leeds. Cases of cancer, diabetes and cardiovascular disease will increase as the population of Leeds grows and ages. They are most common in deprived areas of the city. Treating these conditions costs a huge amount for health and social care. Most of their significant risk factors are avoidable. For a fairer city and sustainable social care and health we must see a radical upgrade in how we prevent and treat these conditions.

This means a continued focus on tackling obesity, reducing smoking and reducing harmful drinking. A radical upgrade in prevention requires a whole-city approach. Nowhere is this more apparent than for obesity, which presents a huge challenge for the city, as the rest of the UK. Obesity is preventable, but we currently have rising levels of obesity due to poor diet and low levels of physical activity. Leeds must take a whole-city approach to tackling the underlying causes of obesity.

Our health services need to be proactive, targeting prevention in primary care and make more use of evidence-based interventions at the early stages of disease before full symptoms develop. This will require timely elective care which is coordinated across providers for Leeds in order to have the best planned care, screening and diagnostic services available. Local and easy access to these services will be important, together with innovative approaches which can identify those who are at higher risk of hospital admission. Together, these approaches should provide for people in Leeds for whom earlier intervention will lead to remaining healthy and independent for longer.

Also important is the need to protect the health of communities in Leeds. Air quality and infection are priorities which will be improved by a coordinated partnership approach within Leeds, and with our partners across the region. The Health and Wellbeing Board will support the Leeds Health Protection Board to continue to take a lead on this key agenda.

Support more people to care for themselves and manage their health conditions

With an ageing population, over the next five years we will continue to see a rise in the number of people who are managing long term health conditions and a rise in the number and complexity of these conditions. This means we will need people, families and communities to have more capacity to better care for themselves and manage their own health conditions. This is reflected in Outcome 4 of this strategy.

Focus must continue to be on empowering people to maintain their independence and wellbeing within their local community for as long as possible. We will pursue care which is personalised and promotes social inclusion. We will also increase the emphasis on self-care and the contribution technology makes to this, particularly within long term condition management.

In order for people to have more active involvement in their health and care, we need to enable them to make the best and most appropriate use of services. We need to make sure the best thing for people to do is the easiest thing for people to do. This means having more effective and coordinated information to make it easier for people to understand what to access, when. We also need to ensure care is provided in the most appropriate setting. Success in this area will be particularly important for ensuring health and social care organisations are able to cope with surges in demand and that Leeds has effective urgent and emergency care.

Strong, engaged and well connected communities

The relationships and resources which exist within communities are building blocks for good health and the biggest resource which we have for health and wellbeing in Leeds. We must work to have strong, engaged and well connected communities, where all can make meaningful and valued contributions to the life of the city. Leeds has brilliant and diverse communities across the city, well established neighbourhood networks and a thriving third sector. For better health, organisations in Leeds must work with and harness the strengths of our communities.

Social isolation and loneliness can have a significant detrimental effect on people's health. This is particularly true for vulnerable groups and people with high levels of health need. We want a city where no one is lonely and there are a range of opportunities for people to live healthy, active and fulfilling lives.

Carers are crucial to our communities. Without the 70,000 plus unpaid carers in Leeds our health and social care would not function and thousands of people would be left without support. We want carers to be recognised, valued and supported. This will be done by identifying the needs and contribution of carers early on when decisions are being made about care and support. The physical, mental and economic wellbeing of carers also needs to be continually promoted.

Finally, we want Leeds to be the best city in the UK to grow old in. We will be a city where ageing is promoted positively and older people feel valued and make much contribution to the life of the city.

Maximise the benefits for health and wellbeing from information and technology

If we want people to be more in control of their health and their care then we need to maximise the potential benefits from digital technology. This is also true for closer and more coordinated working between organisations. Leeds has fantastic potential to become a world leading city in using information, technology and data to improve the quality and efficiency of care which people receive. The city has a huge concentration of digital, data and technology innovators and a wealth of talent across the health sector. With collaboration across private, public, academic and community organisations, Leeds is perfectly placed to be a great location for health innovation, designed around what people want and need.

This includes continuing the development of the Leeds Care Record to ensure health and social care professionals directly involved in care have access to the most up-to-date information, integrated across organisations. People tell us they don't want to keep repeating the same information to different professionals involved in their care and they want to choose the channel they use to communicate. Joined-up information should help here. We also want patients to have access to and control over their personal health records. Linked to this, for planning and decision making we need to make better use of the data which is available across organisations in Leeds.

We want to make better use of technological innovations in patient care, particularly for long term conditions management. This will support people to more effectively manage their own conditions in ways which suit them.

Ensure that Leeds has a strong economy providing good quality employment opportunities for local people

For people of working age, having a good job is a really important factor for good health and wellbeing. Leeds needs a strong local economy which drives sustainable economic growth for all people to reduce social inequalities across the city.

One of our biggest economic strengths as a city is our health and medical sector. Leeds is home to national NHS organisations, leading research, delivery and manufacturing companies and universities. Huge contributions can be made between these organisations to drive innovation and local economic growth.

We must also recognise that health and care organisations employ a huge number of people in the city. The Leeds City Region has around 200,000 people working in the health sector. We must do all we can to develop the skills of this workforce and to ensure employers promote health and wellbeing and work to reduce social inequalities.

Ensure that housing and the environment enables all people of Leeds to be healthy, social and mobile

The places where we live have huge influence on our health and wellbeing. For a healthy city our environment must promote positive wellbeing, exercise, social connections and good health. This involves having health as a priority in the provision of housing, transport, schools, employment, energy, green space, natural resources and health facilities.

The Leeds Core Strategy includes an additional housing requirement of 70,000 new homes to be built between 2012 and 2028. This represents a 20% increase in houses in Leeds and will change the face of the city forever. We must ensure developments help to improve health and wellbeing.

It is important for health and wellbeing for all partners to work collaboratively to ensure that housing in the city is affordable and of good quality. This applies for new housing growth and existing stock in Leeds. Houses must also promote independent living for vulnerable children, adults, people with disabilities and people returning home after time

spent in hospital. For the increasing number of older people who live in Leeds we need to work with developers and specialist housing providers to increase the number and modernise the type of specialist housing. Progress in these areas should increase the number of people in Leeds who are supported to live safely and sociably in their own home.

Environments with green spaces, leisure provision and walking and cycling opportunities help to make people healthier and happier. In considering the future growth of Leeds, there is a need to ensure an adequate provision of quality and accessible greenspace. The areas of the city with the lowest overall greenspace provision in terms of quantity and accessibility are predominantly traditional high density housing areas of inner city Leeds. To reduce health inequalities in the long term we need to improve provision of green space in these areas.

As the population of Leeds grows and the settings for care changes, there will be demand for buildings to enable the best care to be provided in the right place for the most efficient use of resources. Health and social care organisations need to ensure facilities are sufficient and fit for purpose for the populations we serve and the professionals which practice within them.

Get more people, more physically active, more often

If everybody in Leeds took on the challenge to be more physically active, more often, we would see a major shift in the health and happiness of our city. The burden of sedentary lifestyles on people's wellbeing and the costs to healthcare is huge; physical inactivity is our fourth largest cause of disease and disability. More physical activity will help reduce obesity, improve social connections and wellbeing for all people and improve the rate of rehabilitation for people recovering from health problems.

As a general rule, the more we move the greater the benefit. The greatest benefit will be for those who are currently inactive getting to a significant level of activity. This gives our organisations an incentive to focus resources on this group of people, but we also want everyone in the city, at every age, to take on the challenge of being more physically active, more often.

We want Leeds to be the most active big city in England. This requires wide-ranging action, including inspiring people to be active and targeting participation in sports and other activities to specific geographic and vulnerable groups in the city. It means integrating physical activity as part of treatment more. It means making active travel the easiest and best option wherever possible with loads more walking and cycling due to good infrastructure planning and behaviour change.

The best care, in the right place, at the right time

For more effective and efficient health and social care we need to move more services from a hospital setting to community environments. This requires an expansion of primary and community services where people can get the best possible care from the right organisation

at the right time. In order to deliver this we need to have models of integrated social community care which are sensitive to the needs of local populations. This must be supported by better integration between physical and mental health and care provided in and out of hospital.

Services closer to home will need to be provided by integrated multidisciplinary teams which plan proactively in order to reduce unplanned care and avoidable hospital admissions. They will need to improve coordination for getting people back home after a hospital stay. These teams will be rooted in neighbourhoods and communities, with co-ordination between primary, community, mental health and social care. They will need to ensure care is accessible, timely, person-centred and social. Aligning incentives between commissioners and providers will be important to make this happen.

It will be the job of our health and social care commissioner and provider organisations to lead on the coordinated delivery of these changes over the coming years. This strategy sets the outcomes which these changes should achieve and also begins the conversation with people in Leeds. How services are configured and where they are placed will change over the coming years, so it is paramount for people to understand the implications and can influence the long term decision making for health and care to the same extent they currently influence specific service developments.

A valued, well trained and supported workforce for Leeds

We have a highly motivated and caring workforce in our city that works hard for people in Leeds. This workforce, many of whom live as well as work in the city, are crucial for shaping our priorities for the future and ‘being the change’ that will ensure they are fully delivered.

Better workforce planning is needed to have a workforce of the right size, composition and knowledge and skill mix to meet our future demographic challenges of a growing, diverse and ageing population. New population based approaches, informed by the health and care needs of people in localities, will help shape the right role and skill mix of a multi-disciplinary workforce in different areas. To meet workforce gaps, now and in the future, we need a city wide approach to attract people, particularly young people, to health and social care jobs and careers.

Our workforce needs to act as ‘one workforce’ to achieve our priorities. Shared values and behaviours will support such integration as well as flexible and collaborative ways of working. There will be increased demand to work across organisational boundaries and to develop more generic skills to support multi-disciplinary team work, as well as identify areas for increased specialisation.

Working more fully in partnership with those in other caring and volunteer roles in the community will also be important. We all need to be more digitally literate so we can use services and technologies in new ways to improve their health and wellbeing.

Our city has already attracted national recognition for innovative approaches in its workforce. We need to build on this by offering leading education and training across health and social care in our city. Opportunities need to attract people who reflect the full diversity of our population and ensure that we continue to build the very best, modern and fit for purpose workforce for Leeds now and in the future.

Question 3

What views do you have on our 11 proposed priorities for health and wellbeing in Leeds?

6. What will the Leeds Health and Wellbeing Board do to help make all this happen?

The Health and Wellbeing Board exists to help all partners deliver the outcomes and priorities set out in the strategy. It provides **leadership** across the city, **influences** the work of partners, **engages** with the public on items associated with health and wellbeing, **coordinates** various pieces of city wide work and **reviews progress** that the city is making to achieve the aims of the strategy. This means that to help make all this happen, over the next 5 years the Health and Wellbeing Board will:

- *Provide a public forum for partners in the city to build relationships and consider how they can work as one organisation for the people of Leeds*
- *Provide leadership and direction to help and influence everyone to work towards the 5 outcomes in a coordinated way*
- *Work with Healthwatch Leeds and all our other partners to engage with the people of Leeds*
- *Provide opportunities for public engagement and democratic accountability for strategic decision making across health and wellbeing*
- *Endorse and challenge the commissioning plans of Leeds City Council, the Leeds Clinical Commissioning Groups and NHS England as required*
- *Support and endorse any formal mechanisms for joint commissioning and partnership working as required*
- *Support the continued development and production of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment*
- *Review the progress which we are all making to achieve the aims of the Leeds Health and Wellbeing Strategy*
- *Represent and influence for Leeds nationally*

7. Your Views

We want to hear your views. Whether you want to respond as a patient, a member of the public or as a representative of an organisation in Leeds please get in touch.

You can submit your views between now and 5 February 2016 by:

Responding online via www.inspiringchangeleeds.org/get-involved/

Emailing healthandwellbeingboard@leeds.gov.uk or feedback@inspiringchangeleeds.org

Writing to:

Health Partnerships Team
Leeds City Council
3rd Floor Enterprise House,
12 St Pauls Street, Leeds,
LS1 2LE

Questions:

1. In your experience, do you agree that these are the major health and wellbeing challenges we need to address in Leeds?
2. What views do you have on our five proposed outcomes for health and wellbeing in Leeds?
3. What views do you have on our 11 proposed priorities for health and wellbeing in Leeds?
4. Are there any things which you think the Leeds health and wellbeing strategy should say which are not included within this document?