

**Report of:** Chief Officer Health Partnerships

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

**Date:** 18 June 2014

**Subject:** Planning for Health and Wellbeing in Leeds

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

- Leeds has a strong track record in developing shared priorities through the Joint Health and Wellbeing Strategy. The draft Strategy was used by the CCGs to shape strategic plans during their authorisation processes, and a report was received by the Shadow Health and Wellbeing Board which demonstrated existing alignment in strategic plans.
- The Health and Social Care Act 2012 placed a duty on each statutory organisation represented at the Board to take 'regard' to the Strategy in exercising their functions, and gave the Board itself the duty to assess the extent to which this was the case and provide an opinion back to organisations. This paper, together with the discussions at the Board meeting, fulfils this duty
- Across the first half of 2014, many organisations across the city have been planning services and allocating resources for the future health, care and wellbeing of the Leeds population.
- This paper brings to the Board emerging strategic plans from a number of NHS commissioning organisations and Leeds City Council, and summarises key elements and alignments against the JHWS.

## Recommendations

The Health and Wellbeing Board is asked to:

- Discuss the strategic plans of Leeds organisations, attached as appendices to this report
- Note the summary of plans as detailed at section 3 of this report, and assess how strongly or otherwise organisational strategies in Leeds align to each other and the JHWS.

### 1 Purpose of this report

- 1.1 To discuss and present the current plans and strategies of NHS organisations in Leeds and Leeds City Council in order to assess how strongly or otherwise organisational strategies in Leeds align to each other and the JHWS.

### 2 Background information

- 2.1 Leeds City Council, the three Leeds Clinical Commissioning Groups, and the NHS England Local Area Team have a statutory duty to take due regard of the Health & Wellbeing Board's Joint Health & Wellbeing Strategy. As part of annual planning cycles, these organisations have recently been going through a varying set of processes for planning care and support over the next years, and thus this current moment is a key one in assessing the commissioning intentions of partners and using the leadership of the Health and Wellbeing Board to ensure plans for the city join up. This is part of the wider remit of the Board to lead the city in making best use of our collective resources (the Leeds '£'); these plans and strategies involve a collective investment of well over £2bn in Leeds.

- 2.2 The NHS released its 'Everyone Counts' planning guidance in December 2013. This guidance required CCGs to produce 2 year operational plans for their business to be submitted to NHS England by the 4<sup>th</sup> of April. Additionally, it also required CCGs to work collectively on a 'unit of planning' basis (a local-determined geographical area) to produce 5 year strategic plans, for submission to NHS England by the 20<sup>th</sup> June. In Leeds, the 3 CCGs have therefore produced separate 2 year plans and a joint 5 year plan.

- 2.3 The 'Everyone Counts' planning guidance also requires NHS England Area Teams to produce a 5 year strategy for their direct commissioning responsibilities, including specialised commissioning and for the commissioning of primary care. In the North of England, the 5 year strategy for specialised commissioning has been written by the South Yorkshire and Bassetlaw Area Team, whilst 5 year strategies for Primary Care are produced on an individual Area Team level.

- 2.4 Leeds City Council receives its budget allocation on a yearly basis as part of the local government financial settlement, meaning that resources are currently allocated annually. The 'Best Council Plan' is the council's key strategy and planning document which guides this allocation; it was written in 2013 and

recently refreshed in 2014. In addition, for the purposes of considering alignment to the JHWS, there are a number of key commissioning strategies and plans which individual council directorates produce, namely the Adult Social Care Market Position statement, the Joint Commissioning Priorities for Children and Young People, and the Public Health Business Plan

2.5 This paper therefore considers the following plans and strategies:

- Leeds City Council Best Council Plan
- Leeds City Council Adult Social Care Market Position statement
- Leeds City Council Public Health Business Plan
- Joint Commissioning Priorities for Children and Young People
- NHS Leeds Unit of Planning 5 year strategy
- NHS Leeds South and East CCG 2 year operational plan
- NHS Leeds West CCG 2 year operational plan
- NHS Leeds North CCG 2 year operational plan
- NHS England (WY) 2 year Primary Care strategy
- NHS England (WY) Specialist Services Commissioning Strategy

2.6 A planning group drawn from senior commissioners in the above organisations has worked to align planning timescales, dates and the sharing of materials, and contributed to the authorship of this paper. This group consists of Liane Langdon (Director of Commissioning and Strategic Development, NHS Leeds North CCG), Rob Goodyear (Head of Planning and Performance, NHS Leeds North CCG), Hilary Philpott (Head of Commissioning Development, NHS Leeds South and East CCG), Sue Lovell (Associate Director of Strategy and Performance, NHS Leeds South and East CCG), Susan Robins (Director of Commissioning, Strategy and Performance, NHS Leeds West CCG), Paul Bollom (Head of Commissioning and Market Management, Children's Services, Leeds City Council), Mick Ward (Head of Commissioning, Adult Social Care, Leeds City Council), Lou Auger (Director of NHS England (WY)).

### **3 Main Issues**

3.1 This section will take each strategy in turn, briefly describing the plan, comparing it to the 15 priorities identified in the JHWS, and noting the ways in which it demonstrates and evidences:

- Identical priorities to the JHWS (priorities and intentions which are substantially the same as in the strategy)
- Strategic alignment to the JHWS (priorities and intentions which contribute to the priorities set in the JHWS)
- Alignment has been identified specifically in relation to the strategy documents themselves, and it should be noted that all organisations obviously contribute towards achieving the JHWS for Leeds in many ways not explicitly referenced in their strategies and thus not considered as part of this paper.

### 3.2 Leeds City Council Best Council Plan

The Best Council Plan has the stated ambition for Leeds to be the best city and Leeds City Council the best council in the UK. It identifies six objectives and priorities for the work of the council in 2013-2017:

- Supporting communities and tackling poverty
- Promoting sustainable and inclusive growth
- Building a child friendly city
- Delivery of the Better Lives programme
- Dealing effectively with the city's waste
- Becoming a more efficient and enterprising council

The following table notes the principal ways this strategy demonstrates and evidences identical and strategic alignment to the JWHS:

<b>Alignment of the Leeds City Council Best Council Plan</b>		
<b>Identical priorities to the JWHS (priorities and intentions which are substantially the same)</b>		
<b>STRATEGY AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
Delivery of the Better Lives Programme	4. Increase the number of people supported to live safely in their own home 5. Ensure more people recover from ill health 6. Ensure more people cope better with their conditions	Commissioning services to help people stay out of hospital e.g. SLIC, reablement, telecare, BCF Key success measures include reducing hospital admissions, bed days, reducing readmissions
	9. Ensure people have a positive experience of their care	Focus on integration of services, AT hub, CIC bed integration, TOM for integrated HSC teams
	12. Maximise health improvement through action on housing	Housing care and support through homecare and Housing and Health initiatives
Building a Child Friendly City	2. Ensure everyone will have the best start in life	Infant mortality, breastfeeding, child obesity work. Joint commissioning of early start
	14. Increase the number of people achieving their potential through education and lifelong learning	Work to improve attendance, ensure sufficiency of school places, Leeds Education Challenge, NEET reduction inc. Devolved Youth Contract
Tackling Poverty	13. Increase advice and support to minimise debt and maximise people's income	Tackling High Cost Lending, introducing CAF for financial hardship, supporting credit union, Financial inclusion in CAB, PC
<b>Strategic alignment to the JWHS (priorities and intentions which contribute to the JWHS)</b>		
<b>STRATEGY AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
Jobs, skills and growth	15. Support more people back into work and healthy employment	Boosting the local economy through supporting business, apprenticeships, maximising city deal, progressing major infrastructure, skills support
Supporting communities	1. Support more people to choose healthy lifestyles	Includes healthy lifestyle initiatives such as Leeds Let's Get Active (LLGA), tobacco control, weight management, drugs and alcohol harm reduction.

### 3.3 Leeds City Council Adult Social Care Market Position statement

The Adult Social Care Market position statement is not a commissioning strategy, but rather sets out a framework for the commissioning intentions of Adult Social care 2014/15, and gives the providers within the NHS and the diverse and large independent sector social care in Leeds information on how social care services will be procured and co-produced in the future. It sets out 6 priorities, which it also expects all providers to reflect in their plans:

- Information
- Prevention
- Recovery
- Housing Care and Support
- Self-directed support
- Quality and Dignity

The following table notes the principal ways this document demonstrates and evidences identical and strategic alignment to the JWHS:

<b>Alignment of the Leeds City Council Adult Social Care Market Position statement</b>		
<b>Identical priorities to the JWHS (priorities and intentions which are substantially the same)</b>		
<b>POSITION STATEMENT AREA</b>	<b>JWHS PRIORITY</b>	<b>EVIDENCE</b>
Home-based and preventative services	4. Increase the number of people supported to live safely in their own home	Increased investment in Homecare, preventative contracts with the 3 <sup>rd</sup> sector, Dementia care and support, emphasis on peer support and personalisation
Care and support	6. Ensure more people cope better with their conditions	Investment in telecare/telehealth. Assistive Technology Hub. Learning disability supported living framework review
Carers	9. Ensure people have a positive experience of their care	Single gateway for carers, implementation of the Care Act, investment in community-based respite services Quality Frameworks in Residential Care and Homecare
Personalisation	11. Increase the number of people that have more choice and control over their health and social care services	Increasing numbers of people choosing self-directed support, enterprise and co-production of services, pilots to increase personal budgets (e.g. Mental Health)
<b>Strategic alignment to the JWHS (priorities and intentions which contribute to the JWHS)</b>		
<b>POSITION STATEMENT AREA</b>	<b>JWHS PRIORITY</b>	<b>EVIDENCE</b>
Employment	15. Support more people back into work and healthy employment	Support for people with Mental health problems/learning disabilities into employment through commissioned services

### 3.4 Joint Commissioning Priorities for Children and Young People

The Joint Commissioning Priorities for Children and Young People were agreed by the Integrated Commissioning Executive and the Children’s Trust Board in Leeds in spring 2014, and form a framework around which partners will increasingly align and co-commission health and care services for children and young people in Leeds. The five priorities are:

- Commissioning to ensure everyone will have the best start in life
- Commissioning integrated and personalised services for children with complex needs (SEN)
- Commissioning comprehensive emotional and mental health services for children and young people.
- Pathways for children who enter and leave care and improved services for children whilst in care.
- A shared commissioning approach to family support.

These priorities involve two cross-cutting issues:

- Services which support positive transitions for children and destinations for young people to adulthood across education, skills and health.
- Minimise the effects of child poverty

The following table notes the principal ways these priorities demonstrates and evidences identical and strategic alignment to the JHWS:

<b>Alignment of the Joint Commissioning Priorities for Children and Young People</b>		
<b>Identical priorities to the JHWS (priorities and intentions which are substantially the same)</b>		
<b>STRATEGY AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
Best Start in Life	2. Ensure everyone will have the best start in life	Complex needs commissioning, Healthcare for LAC
Emotional and Mental Health and Wellbeing	7. Improve people’s mental health & wellbeing	Emotional and Mental Health and Wellbeing Commissioning Strategy, CAMHS and TAMHS
<b>Strategic alignment to the JHWS (priorities and intentions which contribute to the JHWS)</b>		
<b>STRATEGY AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
Family support	9. Ensure people have a positive experience of their care	Multisystemic therapy, Families First programme, FNP, Early start joint commissioning with NHSE
Family support	14. Increase the number of people achieving their potential through education and lifelong learning	Supporting transitions, Families first programme, Leeds Education Challenge, CHildrens Centres, Educational Health and Social Care Plan for complex needs

### 3.5 Leeds City Council Public Health Business Plan

The work of Public Health is designed around three duties: to improve the health of the population, to protect the health of the population, and to improve healthcare through NHS commissioners in Leeds. The Public Health business plan therefore aligns strongly with the JWHS, and its five priorities are in part built around it:

- Ensure every child has the Best Start in life
- Support more people to make healthy lifestyle choices
- Protect the health of the whole population
- Prevent people dying early and reduce ill health
- Influence the social economic and environmental conditions that impact on health and wellbeing

The following table notes the principal ways these priorities demonstrates and evidences identical and strategic alignment to the JWHS:

<b>Alignment of the Leeds City Council Public Health Business Plan</b>		
<b>Identical priorities to the JHWS (priorities and intentions which are substantially the same)</b>		
<b>STRATEGY AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
Best Start in Life	2. Ensure everyone will have the best start in life	Child and maternal health services commissioning, FNP (from 2015)
Healthy Lifestyles	1. Support more people to choose healthy lifestyles	Sexual health promotion and services, tobacco control, weight management, drugs and alcohol harm reduction
Healthcare Public Health	3. Ensure people have equitable access to screening and prevention services to reduce premature mortality 5. Ensure more people recover from ill health 6. Ensure more people cope better with their conditions	Intelligence, modelling and advice provided to CCGs on quality, value and population health implications of healthcare services. NHS Health Check and prevention of late diagnosis of cancers.
Wider determinants of health	12. Maximise health improvement through action on housing 13. Increase advice and support to minimise debt and maximise people's income	Work to tackle health inequality, fuel poverty/winter warmth work, financial inclusion through welfare advice in GP surgeries etc,
<b>Strategic alignment to the JHWS (priorities and intentions which contribute to the JHWS)</b>		
<b>STRATEGY AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
Health Protection	3. Ensure people have equitable access to screening and prevention services to reduce premature mortality 5. Ensure more people recover from ill health	Vaccination and Immunisation programmes, screening services (commissioning by NHS E), emergency resilience

### 3.6 NHS Leeds Unit of Planning 5 year strategy

The 5 year strategy for CCGs in Leeds uses the JHWS vision and outcomes as its basis, setting out how NHS commissioners in Leeds plan to contribute to the health aspects of the JHWS. It also demonstrates the significant challenges and ambition of commissioners in the city towards transformation of services.

NHS England has set 6 'key characteristics' they expect all CCGs to display though their commissioning portfolio:

- Citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care.
- Wider primary care, provided at scale.
- A modern model of integrated care.
- Access to the highest quality urgent and emergency care.
- A step-change in the productivity of elective care.
- Specialised services concentrated in centres of excellence.

The strategy also identifies that locally the citywide transformation programme, with its 6 key programme streams, functions as the driver for the change needed across the city to meet the financial challenge, secure patient care at exceptional quality, and deliver care closer to home. The programme streams are:

- Elective care
- Prevention and optimisation of LTC
- Urgent care
- Effective admission and discharge
- Children's programme
- Non Clinical Support Systems

The following table therefore notes the principal ways both the 'key characteristics' identified by NHS England, and the transformation programme, demonstrates and evidences alignment to the JWHS:

<b>Alignment of the NHS Leeds Unit of Planning 5 year strategy</b>		
<b>Identical priorities to the JHWS (priorities and intentions which are substantially the same)</b>		
<b>STRATEGY AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
<p><i>Key Characteristics:</i></p> <p>Citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care.</p> <p>Wider primary care, provided at scale.</p>	<p>10. Ensure that people have a voice and influence in decision making</p> <p>11. Increase the number of people that have more choice and control over their health and social care services</p> <p>8. Ensure people have equitable access to services</p>	<p>NHS Call to action engagement programme in each CCG, further use of patient advisory/reference groups, lay board members, Year of Care work, increasing planned urgent care responses, working voices approach</p> <p>Provision and optimisation of LTC programme, Year of Care care planning, GPs as case managers for over 75s</p> <p>Integrated teams and increased</p>



A modern model of integrated care.	4. Increase the number of people supported to live safely in their own home 6. Ensure more people cope better with their conditions	use of risk stratification, Year of Care work, Telehealth and digital expansion
<i>Transformational Programmes:</i>  Prevention and optimisation of LTC  Effective admission and discharge  Children's programme	6. Ensure more people cope better with their conditions  4. Increase the number of people supported to live safely in their own home  2. Ensure everyone will have the best start in life	Key work includes streams around LTC, frail elderly, EOL, dementia and multiple comorbidities. Optimisation of identification, application of evidence based frameworks for management of conditions.  Programme focuses on preventing admission from A&E, early supported discharge, appropriate discharge and prevention of re-admissions.  Child and maternal health services transformation, Improving pathways for CAMHS /TAMHS, work to reduce LAC 0-4
<b>Strategic alignment to the JHWS (priorities and intentions which contribute to the JHWS)</b>		
<b>STRATEGY AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
<i>Key Characteristics:</i>  Access to the highest quality urgent and emergency care.  A step-change in the productivity of elective care.	5. Ensure more people recover from ill health  5. Ensure more people recover from ill health 8. Ensure people have equitable access to services	Work of the Strategic Urgent Care board, targeted work in localities with high A&E use  Increased outpatient services in the community, elective redesign work, increased use of shared electronic records, productivity and pathway improvements
<i>Transformational Programmes:</i>  Urgent care  Elective care	5. Ensure more people recover from ill health  5. Ensure more people recover from ill health 8. Ensure people have equitable access to services	Links with optimising of LTC programme, but also targets urgent care for those not in those groups. Includes use of Accident and Emergency, ambulances and Out Of Hours provision of primary care.  Transformation work will focus on three workstreams, inpatients, outpatients and diagnostics and cancer care. Transformation of elective care will promote Patient decision support, innovation in delivery of outpatient appointments, and timeliness of diagnostic and elective procedures.

### 3.7 NHS Leeds South and East CCG 2 year operational plan

Whilst the CCGs' citywide 5 year strategy takes a strategic view that sets out a vision for the future shape of services in the city, the three CCG 2 year operational plans are operationally based, and address specific targets, levels of ambition and trajectories around the delivery of NHS Constitution Standards, the Cost Improvement Programmes (CIPs) of NHS providers that CCGs assure, and – to measure the effect of this work in general – five overarching outcome measures set through the NHS England national planning guidance 'Everyone Counts'. These measures are the same for all 3 CCGs, but in addition each has identified a local quality premium, which for South and East CCG is Bowel Screening uptake, and a local patient experience measure, which for South and East CCG is 'improving women and their families' experience of maternity services'.

South and East CCG's ambitions against the key outcome measures are set within a comprehensive 2 year operational plan based on the CCG's five strategic aims:

- To improve the health of the whole population and reduce inequalities in our communities
- To secure continuous improvement in the quality and safety of all services commissioned for our population
- To ensure that public, patient and carer voices are at the centre of our healthcare services, from planning to delivery
- To deliver continuous improvement in health and social care systems within available resources
- To develop and maintain a healthy organisation to underpin the effective delivery of our strategy

The following table notes the principal ways the outcomes and the local quality premium demonstrate and evidence alignment to the JWHS:

<b>Alignment of the NHS Leeds South and East CCG 2 year Strategy</b>		
<b>Identical priorities to the JWHS (priorities and intentions which are substantially the same)</b>		
<b>OPERATIONAL PLAN AREA</b>	<b>JWHS PRIORITY</b>	<b>EVIDENCE</b>
Outcome: Improving Health related quality of life for people with LTCs	1. Support more people to choose healthy lifestyles 4. Increase the number of people supported to live safely in their own homes 5. Ensure more people recover from ill health 6. Ensure more people cope better with their conditions health services	Self management/integration, improved primary care, medicines management, pulmonary rehab, cardiac rehab, IAPT, Respiratory and CVD deep-dive
Outcome: Positive Experience of hospital care	9. Ensure people have a positive experience of their care	CQUINS in LTHT contract, discharge planning, constitution plans, working on 6 characteristics, shared decision making with acute sector
Outcome: Positive Experience of care outside of hospital	9. Ensure people have a positive experience of their care	Practice MOTs, engagement schemes, members meetings, GP contract, 7 day working, PC strategy, 111, CQUINS in GP OH contract

Quality Premium measure – Increasing Access to Psychological Therapies (IAPT)  Support measure: improving IAPT recovery rate	5. Ensure more people recover from ill health 7. Improve people’s mental health and wellbeing 8. Ensure people have equitable access to services	Increase proportion of people who have depression/anxiety disorders who receive psychological therapies to 15%, and improve recovery rate to 50%, by March 2015. Improvements in LCH service, social prescribing, mental health information ‘portal’.
Local Quality Premium - bowel screening uptake	3. Ensure people have equitable access to screening and prevention services to reduce premature mortality	Ambition to achieve overall 60% uptake through work with primary care and publicity campaigns

**Strategic alignment to the JHWS (priorities and intentions which contribute to the JHWS)**

<b>OPERATIONAL PLAN AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
Outcome: Potential Years of Life Lost due to conditions amenable to healthcare	1. Support more people to choose healthy lifestyles 2. Ensure everyone will have the best start in life 3. Ensure people have equitable access to screening and prevention services to reduce premature mortality 4. Increase the number of people supported to live safely in their own home 5. Ensure more people recover from ill health 6. Ensure more people cope better with their conditions	Ambition to halve the PYLL gap between SE CCG and the average of best 5 peers in 5 years. Initiatives around Respiratory and CVD deep-dive, Primary Care cancer referral initiatives, Best Start, NHS Health checks, pro-active care management, Leeds Lets Change, Smoking Cessation, Sexual Health.
Outcome: Reducing emergency admissions	4. Increase the number of people supported to live safely in their own homes 5. Ensure more people recover from ill health 6. Ensure more people cope better with their conditions	See BCF plans and trajectories
Support measure: Dementia diagnosis rate	4. Increase the number of people supported to live safely in their own home 6. Ensure more people cope better with their conditions 7. Improve people’s mental health and wellbeing 8. Ensure people have equitable access to services 9. Ensure people have a positive experience of their care	Increase dementia diagnosis rate to 67% by March 2015. Dementia diagnosis CQUINs. New primary care based service model with specialist in-reach, and ‘eldercare facilitators’
Quality Premium measure – improving the reporting of medication errors	4. Increase the number of people supported to live safely in their own homes 5. Ensure more people recover from ill health 9. Ensure people have a positive experience of their care	Minimum 5% increase in reporting from LTHT, LYPFT, LCH and minimum 20% increase in reporting from primary care
Local patient experience outcome measure: improving women and their families’ experience of maternity services	2. Ensure everyone will have the best start in life 8. Ensure people have equitable access to services 9. Ensure people have a positive experience of their care	Children & Families health services commissioning; maternity strategy; Best Start

### 3.8 NHS Leeds West CCG 2 year Operational Plan

Whilst the CCG 5 year strategy takes a strategic view that sets out a vision for the future shape of services in the city, the three CCG 2 year strategies are operationally based, and address specific targets, levels of ambition and trajectories around the delivery of NHS Constitution Standards, the Cost Improvement Programmes (CIPs) of NHS providers that CCGs assure, and – to measure the effect this work in general – five overarching outcomes. These outcomes are the same for all 3 CCGs, but in addition each has identified a local quality premium, which for West CCG is Alcohol Misuse.

The following table notes the principal ways the outcomes and the local quality premium demonstrate and evidence alignment to the JWHS:

<b>Alignment of the NHS Leeds West CCG 2 year Strategy</b>		
<b>Identical priorities to the JWHS (priorities and intentions which are substantially the same)</b>		
<b>OPERATIONAL PLAN AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
Outcome: Improving Health related quality of life for people with LTCs	5. Ensure more people recover from ill health 6. Ensure more people cope better with their conditions	Self management/integration, improved primary care, medicines management, pulmonary rehab, cardiac rehab, IAPT, Respiratory and CVD deep-dive
Outcome: Positive Experience of hospital care	9. Ensure people have a positive experience of their care	CQUINS in LTHT contract, discharge planning, constitution plans, working on 6 characteristics, shared decision making with acute sector
Outcome: Positive Experience of care outside of hospital	9. Ensure people have a positive experience of their care	Practice MOTs, engagement schemes, members meetings, new GP contract, 7 day working, PC strategy, 111, Cquins in OOH contract
Local Quality Premium - alcohol misuse	1. Support more people to choose healthy lifestyles	Specialist community alcohol workers, work around identification and referral, increase in treatment places
<b>Strategic alignment to the JWHS (priorities and intentions which contribute to the JWHS)</b>		
<b>OPERATIONAL PLAN AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
Outcome: Potential Years of Life Lost	1. Support more people to choose healthy lifestyles 5. Ensure more people recover from ill health	Ambition to deliver the national requirement of 3.2% improvement. Initiatives around Respiratory and CVD deep-dive, Primary Care cancer referral, Best Start, NHS Health checks, pro-active care management, Leeds Lets Change, Smoking Cessation, Sexual Health.
Outcome: Reducing emergency admissions	5. Ensure more people recover from ill health	See BCF plans and trajectories

### 3.9 NHS Leeds North CCG 2 year Operational Plan

Whilst the CCGs' citywide 5 year strategy takes a strategic view that sets out a vision for the future shape of services in the city, the three CCG 2 operational plans are operationally based, and address specific targets, levels of ambition and trajectories around the delivery of NHS Constitution Standards, the Cost Improvement Programmes (CIPs) of NHS providers that CCGs assure, and – to measure the effect this work in general – five overarching outcomes measures set through the NHS England national planning guidance 'Everyone Counts. These measures are the same for all 3 CCGs, but in addition each has identified a local quality premium, which for North CCG is 'People with severe mental illness who have received a list of physical checks', and a local patient experience measure, which for Leeds North CCG is 'Improving Patients' experience of Community Mental Health Services'.

The following table notes the principal ways the outcomes and the local quality premium demonstrate and evidence alignment to the JWHS:

<b>Alignment of the NHS Leeds North CCG 2 year Strategy</b>		
<b>Identical priorities to the JWHS (priorities and intentions which are substantially the same)</b>		
<b>OPERATIONAL PLAN AREA</b>	<b>JWHS PRIORITY</b>	<b>EVIDENCE</b>
Outcome: Improving Health related quality of life for people with LTCs	1. Support more people to choose healthy lifestyles 4. Increase the number of people supported to live safely in their own homes 5. Ensure more people recover from ill health 6. Ensure more people cope better with their conditions	Self management/integration, improved primary care, medicines management, pulmonary rehab, cardiac rehab, IAPT, Respiratory and CVD deep-dive
Outcome: Positive Experience of hospital care	9. Ensure people have a positive experience of their care	CQUINS in LTHT contract, discharge planning, constitution plans, working on 6 characteristics, shared decision making with acute sector
Outcome: Positive Experience of care outside of hospital	9. Ensure people have a positive experience of their care	Practice MOTs, engagement schemes, members meetings, new GP contract, 7 day working, PC strategy, 111, Cquins in OOH contract
Quality Premium measure – Increasing Access to Psychological Therapies (IAPT)  Support measure: improving IAPT recovery rate	5. Ensure more people recover from ill health 7. Improve people's mental health and wellbeing 8. Ensure people have equitable access to services	Increase proportion of people who have depression/anxiety disorders who receive psychological therapies to 15%, and improve recovery rate to 50%, by March 2015. Improvements in LCH service, social prescribing, mental health information 'portal'.
Local Quality Premium - People with severe mental illness who have received a list of physical checks	7. Improve people's mental health & wellbeing	Parity of esteem work including increasing rate of physical health checks for people with SMI and delivering 10% improvement on 3 of the 6 indicators.

**Strategic alignment to the JHWS (priorities and intentions which contribute to the JHWS)**

OPERATIONAL PLAN AREA	JHWS PRIORITY	EVIDENCE
Outcome: Potential Years of Life Lost due to conditions amenable to healthcare	<ol style="list-style-type: none"> <li>1. Support more people to choose healthy lifestyles</li> <li>2. Ensure everyone will have the best start in life</li> <li>3. Ensure people have equitable access to screening and prevention services to reduce premature mortality</li> <li>4. Increase the number of people supported to live safely in their own home</li> <li>5. Ensure more people recover from ill health</li> <li>6. Ensure more people cope better with their conditions</li> </ol>	Ambition to deliver the national requirement of 3.2% improvement. Initiatives around Respiratory and CVD deep-dive, Primary Care cancer referral, Best Start, NHS Health checks, pro-active care management, Leeds Lets Change, Smoking Cessation, Sexual Health.
Outcome: Reducing emergency admissions	<ol style="list-style-type: none"> <li>4. Increase the number of people supported to live safely in their own homes</li> <li>5. Ensure more people recover from ill health</li> <li>6. Ensure more people cope better with their conditions</li> </ol>	See BCF plans and trajectories
Support measure: Dementia diagnosis rate	<ol style="list-style-type: none"> <li>4. Increase the number of people supported to live safely in their own home</li> <li>6. Ensure more people cope better with their conditions</li> <li>7. Improve people's mental health and wellbeing</li> <li>8. Ensure people have equitable access to services</li> <li>9. Ensure people have a positive experience of their care</li> </ol>	Increase dementia diagnosis rate to 67% by March 2015. Dementia diagnosis CQUINs. New primary care based service model with specialist in-reach, and 'eldercare facilitators'
Local Quality Premium - Improving reporting of medication errors	<ol style="list-style-type: none"> <li>4. Increase the number of people supported to live safely in their own homes</li> <li>5. Ensure more people recover from ill health</li> <li>9. Ensure people have a positive experience of their care</li> </ol>	Work collaboratively to improve Medication Safety, building on the work of the Medicines Safety Exchange and leading the development of the Patient Safety Collaborative and National Medicines Safety Network
Local patient experience outcome measure: Improving Patients' experience of Community Mental Health Services	<ol style="list-style-type: none"> <li>2. Ensure everyone will have the best start in life</li> <li>8. Ensure people have equitable access to services</li> <li>9. Ensure people have a positive experience of their care</li> </ol>	The indicator is a composite measure, calculated as the average score of four survey questions from the CQC's Community Mental Health Survey. The questions relate to patients' experience of contact with a health and social care worker.

### 3.10 NHS England (WY) 2 year Primary Care Strategy

The 2 year operation primary care strategy has been led by a Programme Board of NHS England and the 10 CCGs in West Yorkshire, and aims to create and deliver a model of general practice across West Yorkshire which ensures all patients have timely access to high quality, safe services. The emerging six ambitions from the strategy are:

- Proactive co-ordination of care, particularly for frail elderly people and those with long term conditions and complex health problems;
- Shifting the balance of care from unplanned to planned;
- Ensuring fast, responsive access to care and preventing avoidable admissions and ED attendances;
- Preventing ill-health and ensuring more timely diagnosis of ill-health;
- Involving patients and carers more fully in managing their own health and care
- Ensuring high quality of care, effectiveness, safety and patient experience

Work is also taking place through existing mechanisms to create “place” strategies aligned to the five Health & Wellbeing systems, for instance around IM&T and integration.

The framework for action across the next two years consists of:

- Access
- Quality Improvement
- Patient and public voice
- Workforce
- Premises
- Contracting and market management

The following table notes the ways in which this framework demonstrates and evidences alignment to the JWHS.

<b>Alignment of the NHS England (West Yorkshire) 2 year Strategy</b>		
<b>Identical priorities to the JWHS (priorities and intentions which are substantially the same)</b>		
<b>STRATEGY AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
Access	8. Ensure people have equitable access to services	Establish a service improvement programme, support extended and 7-day working (through Challenge Fund and/or local scheme)
Patient and Public Voice	10. Ensure that people have a voice and influence in decision making	Roll out of electronic personal health plan for patients with LTCs linked to GP records. Build on existing Healthwatch participation in QSG and quality programmes, Use of MyNHS across West Yorkshire to enable participation
<b>Strategic alignment to the JWHS (priorities and intentions which contribute to the JWHS)</b>		
<b>STRATEGY AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
Quality improvement	9. Ensure people have a positive experience of their care	Agree individual plans for the 18% (65) of practices “under review”, QIP, ensure annual appraisal for all eligible Performers, Strengthen QSG

### 3.11 NHS England (WY) Specialised Services Commissioning Strategy

Whilst the other strategies in this report are directly based on a Leeds footprint, work on the Specialised Services Clinical Strategy is progressing nationally, is formalised regionally (on a West Yorkshire Basis for Leeds) and in fact in the North of England the NHS England South Yorkshire and Bassetlaw Area Team leads on the development of this strategy on behalf of other regional Area Teams. There are a number of catalysts to system change (e.g. the move of activity from secondary to primary care, changes to Urgent and Emergency Care, and the centralisation of Specialised Services) currently considered in the emerging work from national work streams, each of which will have an impact on the future shape of the provider landscape, and need to be considered collectively as the strategy is finalised.

At this point the West Yorkshire Area Team have been able to share with us the plan-on-a-page for specialist services in Yorkshire and Humber, with the strategic aim 'to commission specialised services, concentrated in 15-30 centres, that are sustainable, high quality, innovative, and seamless. The following table considers how the regional 'system objectives' align to the Leeds JHWS

<b>Alignment of the NHS England (WY) Direct Commissioning Strategy</b>		
<b>Identical priorities to the JHWS (priorities and intentions which are substantially the same)</b>		
<b>STRATEGY AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
Commission for outcomes with robust service user involvement	10. Ensure that people have a voice and influence in decision making	Working with CCGs regarding the impact on future service configuration in each locality System values: 'Transparency in decision-making & clear accountability'; 'Patients and the public are at the heart of everything we do'
<b>Strategic alignment to the JHWS (priorities and intentions which contribute to the JHWS)</b>		
<b>STRATEGY AREA</b>	<b>JHWS PRIORITY</b>	<b>EVIDENCE</b>
Evidence-based services	5. Ensure more people recover from ill Health	Work to reduce variation and improve clinical outcomes
	8. Ensure people have equitable access to their care	Developing a comprehensive set of national clinical commissioning policies governing access and eligibility for services Distribute Specialised services evenly across the country to ensure optimum access, designed on the basis of clear evidence

## 4 **Conclusions**

4.1 The following table summarises which priorities from the JHWS the assorted plans and strategies of partner agencies in Leeds align with.



Leeds Joint Health and Wellbeing Strategy		NHS Plans in Leeds						Leeds City Council Plans			
Outcome	Priority	NHS Leeds South and East CCG 2 yr Op. Plan	NHS Leeds North CCG 2 yr Op. Plan	NHS Leeds West CCG 2 yr Op. Plan	NHS Leeds Unit of Planning 5 yr strategy	NHS England (WY) Direct Commissioning Strategy	NHS England (WY) Primary Care	Best Council Plan	Adult Social Care Market Position statement	Joint commissioning Priorities for Children	Public Health Business Plan
1. People will live longer and have healthier lives	1. Support more people to choose healthy lifestyles	■	■	■				■			■
	2. Ensure everyone will have the best start in life	■	■		■			■		■	■
	3. Ensure people have equitable access to screening and prevention services to reduce premature mortality	■	■								■
2. People will live full, active and independent lives	4. Increase the number of people supported to live safely in their own home	■	■		■			■	■		
	5. Ensure more people recover from ill health	■	■	■	■	■		■			■
	6. Ensure more people cope better with their conditions	■	■	■	■			■	■		■
3. People's quality of life will be improved by access to quality services	7. Improve people's mental health & wellbeing	■	■	■				■		■	
	8. Ensure people have equitable access to services	■	■		■	■	■				
	9. Ensure people have a positive experience of their care	■	■	■			■	■	■	■	
4. People will be involved in decisions made about them	10. Ensure that people have a voice and influence in decision making				■	■	■				
	11. Increase the number of people that have more choice and control over their health and social care services				■				■		
5. People will live in healthy and sustainable communities	12. Maximise health improvement through action on housing							■			■
	13. Increase advice and support to minimise debt and maximise people's income							■			■
	14. Increase the number of people achieving their potential through education and lifelong learning							■		see below*	
	15. Support more people back into work and healthy employment							■	■		

■ = Identical priorities to the JHWS

■ = Strategic alignment to the JHWS

\* 'Joint commissioning Priorities' document deals with CYP health commissioning; learning and achievement covered in Best Council and CYP Plan

## **5 Health and Wellbeing Board Governance**

### **5.1 Consultation and Engagement**

The strategies considered here each in turn included key elements of consultation and engagement in their production. Healthwatch Leeds have been involved in the production of this report and conversations around early findings, and have fed-back evidence across all statutory partners in Leeds that at this point of strategy development across the system there is additional engagement with current service users, clients and patients and a number of extensive consultations have taken place around specific services or client groups. There are reported examples of improving information, better feedback and complaint mechanisms and evidence of improving services through working with current users of those services.

However additional strategic challenges identified by Healthwatch include:

- maintaining an on-going engagement and support and sharing consistent messages across the partners with the people of Leeds to improve understanding and support wide participation in the changes outlined in the strategic plans.
- maintaining open and transparent engagement to identify what development and support is needed for changes to be effective in the groups and communities they affect.

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

5.2.1 There are no specific Equality and Diversity / Cohesion and Integration implications arising as a direct result of this report.

### **5.3 Resources and value for money**

5.3.1 There are no direct implications on resources and value for money arising from this report. However, the alignment of commissioning decisions and strategies has the potential to improve the use of the 'Leeds £'.

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

5.4.1 A legal view has been sought on the precise wording and stipulations within the Health and Social Care Act 2012 regarding the legal duty on the Council, CCGs and NHS England to have 'due regard' to the Joint Health and Wellbeing Strategy.

## **5.5 Risk Management**

5.5.1 The clinical commissioning groups, NHS England and the Local Authority have a statutory duty to demonstrate due regard with the JHWS. Failure to do so could result in:

- Public and political challenge
- Adversely affected reputation
- Missing the opportunity to take advantage of strategic citywide alignment leading to potential negative outcomes for people and finances

## **6 Recommendations**

The Health and Wellbeing Board is asked to:

- Discuss the strategic plans of Leeds organisations, attached as appendices to this report
- Note the summary of plans as detailed at section 3 of this report, and assess how strongly or otherwise organisational strategies in Leeds align to each other and the JHWS.