

Report of Director of Public Health, the Director of Children's Services and the Director of Adult Social Services

Report to Executive Board

Date: 27th July 2016

Subject: Overview of the health and care Sustainability and Transformation Plans

Are specific electoral wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, name(s) of ward(s):		
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, access to information procedure rule number:		
Appendix number:		

Summary of main issues

In October 2014, the NHS published the Five Year Forward View, a wide ranging strategy providing direction to health and partner care services to improve outcomes and become financially sustainable. On December 22nd, NHS England (NHSE) published 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21' which described the requirement for identified planning 'footprints' to produce a Sustainability and Transformation Plan (STP) as well as linking into appropriate regional footprint STPs (at a West Yorkshire level).

The planning guidance asked every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the NHS Five Year Forward View. STPs are place-based, multi-year plans built around the needs of local populations and should set out a genuine and sustainable transformation in patient experience and health outcomes over the longer-term.

This paper provides an overview of the STP development in Leeds and at a West Yorkshire level and highlights some of the areas that will be addressed in the final Leeds and West Yorkshire STPs once they are developed July - October.

Rob Webster, Chief Executive of South West Yorkshire Partnership NHS Foundation Trust, has been appointed by NHSE as the lead for the West Yorkshire STP, with Tom Riordan, Chief Executive of Leeds City Council, as the Senior Responsible Officer for the Leeds STP.

The paper also makes reference to the Local Digital Roadmaps (LDR) which alongside the development of the STPs, are a national requirement to be developed. The LDR is a key priority within the NHS Five Year Forward View and an initial submission was provided to NHS England on 30th June 2016, which outlined how as a city, we plan to achieve the ambition of being paper free at the point of care by 2020 and demonstrates how digital technology will underpin the ambitions and plans for transformation and sustainability.

Recommendations

The Executive Board is asked to:

1. Endorse the approach described within this paper for the development of the West Yorkshire and Leeds STPs within the nationally prescribed framework;
2. Note the key areas of focus for the Leeds STP described in this report and how they will contribute to the delivery of the Leeds Health and Wellbeing Strategy and the Best Council Plan;
3. Note that the Leeds Health and Wellbeing Board will continue to provide strategic lead for the Leeds STP;
4. Note the key milestones outlined in this paper and the officers from the Leeds and health and care partnership who are leading the development of the West Yorkshire STP and the Leeds STP.
5. Ensure that staff and resources from Leeds City Council continue to be made available to support and inform the development and implementation of the STP both locally and regionally;
6. Receive a further report in November 2016 with an overview of the proposed key changes and impacts outlined in the West Yorkshire STP and Leeds STP following further development through the summer.

1 Purpose of this report

- 1.1 The purpose of this paper is to provide the Executive Board with an overview of the emerging Sustainability and Transformation Plans (STP).
- 1.2 It provides brief background and context and sets out the relationship between the West Yorkshire and Leeds plans. It also highlights some of the areas that will be addressed within the Leeds plan which will add further detail to the strategic priorities set out in the recently refreshed Leeds Health and Wellbeing Strategy 2016 – 2021.

2 Background information

Local picture

- 2.1 Leeds has ambition to be the Best City in the UK by 2030. A key part of this is being the Best City for Health and Wellbeing and Leeds has the people, partnerships and placed based values to succeed. The vision of the Leeds Health and Wellbeing Strategy is: "Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest". A strong economy is also key; Leeds will be the place of choice in the UK to live, for people to study, for businesses to invest in, for people to come and work in and the regional hub for specialist health care. Services will provide a minimum universal offer but will tailor specific offers to the areas that need it the most. These are bold statements, in one of the most challenging environments for health and care in living memory.
- 2.2 Since the first Leeds Health and Wellbeing Strategy in 2013, there have been many positive changes in Leeds and the health and wellbeing of local people continues to improve. Health and care partners have been working collectively towards an integrated system that seeks to wrap care and support around the needs of the individual, their family and carers and helps to deliver the Leeds vision for health and wellbeing. Leeds has seen a reduction in infant mortality as a result of a more preventative approach; it has been recognised for improvements in services for children; it became the first major city to successfully roll out an integrated, electronic patient care record, and early deaths from avoidable causes have decreased at the fastest rate in the most deprived wards.
- 2.3 These are achievements of which to be proud, but they are only the start. The health and care system in Leeds continues to face significant challenges: namely the ongoing impact of the global recession and national austerity measures, together with significant increases in demand for services brought about by both an ageing population and the increased longevity of people living with one or more long term condition(s). Leeds also has a key strategic role to play at West Yorkshire level with the sustainability of the local system intrinsically linked to the sustainability of other areas in the region.
- 2.4 Leeds needs do more to change conversations across the city and to develop the necessary infrastructure and workforce to respond to the challenges ahead. As a city, we will only meet the needs of individuals and communities if health and care workers and their organisations work together in partnership. The needs of patients and citizens are changing; the way in which people want to receive care is changing, and people expect more flexible approaches which fit in with their lives and families.
- 2.5 Further, Leeds will continue to change the way it works, becoming more enterprising, bringing in new service delivery models and working more closely with partners, public and the workforce locally and across the region to deliver shared priorities. However, this will not be enough to address the sustainability challenge. Future years are likely to see a reduction in provision with regard to services which provide fewer outcomes for local people and offer less value to the 'Leeds £'.

- 2.6 Much will depend on changing the relationship between the public, workforce and services. There is a need to encourage greater resilience in communities so that more people are able to do more themselves. This will reduce the demands on public services and help to prioritise resources to support those most at need. The views of people in Leeds are continuously sought through public consultation and engagement and prioritisation of essential services will continue, especially those that support vulnerable adults, children and young people.

National picture

- 2.7 In October 2014, the NHS published the Five Year Forward View, a wide ranging strategy providing direction to health and partner care services to improve outcomes and become financially sustainable. On December 22nd, NHS England (NHSE) published the 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21', which is accessible at the following link:

<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

- 2.8 The NHS Shared Planning Guidance asked every health and care system to come together to create their own ambitious local blueprint - STPs - for accelerating implementation of the Five Year Forward View and for addressing the challenges within their areas. STPs are place-based, multi-year plans built around the needs of local populations and should set out a genuine and sustainable transformation in patient experience and health outcomes over the longer-term. The following describes the emerging West Yorkshire STP as well as the Leeds STP which will allow Leeds to be the best city for health and wellbeing and help deliver significant parts of the new Leeds Health and Wellbeing Strategy. Both STPs should be viewed as evolving plans which be significantly developed through July – October 2016 for delivery from November onwards.

- 2.9 Key emphasis of the guidance was:

- Requirement for 'footprints' to develop a STP;
- Strong emphasis on system leadership;
- Need to have placed based planning;
- Must cover all areas of Clinical Commissioning Group (CCG) and NHS England commissioned activity;
- Must cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies;
- Need to have an open, engaging and iterative process clinicians, patients, carers, citizens, and local community partners including the independent and voluntary sectors, and local government through health and wellbeing boards;

- STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards.

2.10 The national guidance is largely structured around asking areas to identify what action will take place to address the following three questions:

- *How will you close the health and wellbeing gap?*
- *How will you drive transformation to close the care and quality gap?*
- *How will you close the finance and efficiency gap?*

2.11 Key milestones

- December '15 – guidance published
- 15th April '16 - Short return, including priorities, gap analysis and governance arrangements to NHS England Local Area Team
- May – June development of STPs
- 30th June – Each footprint (West Yorkshire) to submit their emerging STPs for a checkpoint review
- July – Sep – further development of the STPs and active engagement with citizens, service users, carers and staff on the right solutions to address the gaps
- Oct – aim to have final STP prepared for review and approval
- Nov onwards – delivery and implementation of the STPs.

3 Main issues

'Geography' of the STP

- 3.1 NHS England (NHSE) has developed the concept of a 'footprint' which is a geographic area that the STP will cover and have identified 44 'footprints' nationally. It has been prescribed by NHSE that Leeds is within a West Yorkshire footprint which also includes Bradford, Kirklees, Calderdale, Wakefield and Harrogate.
- 3.2 Leeds, as have other areas within West Yorkshire, made representation regionally and nationally that each area within West Yorkshire should be recognised as its own footprint.
- 3.3 The emerging STP for Leeds and West Yorkshire will be multi-tiered. There will be single West Yorkshire STP supported by six local STPs covering Leeds,

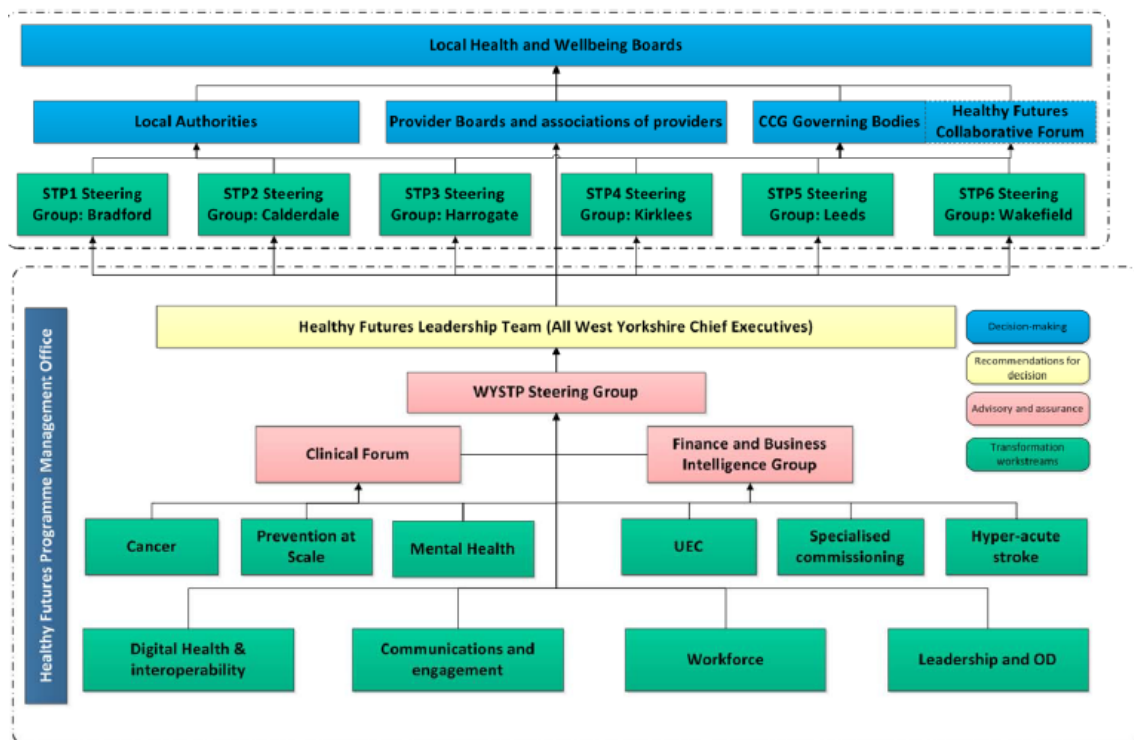
Bradford, Kirklees, Calderdale, Wakefield and Harrogate. The primary focus for Leeds is a plan covering the Leeds city footprint and will focus on citywide change and delivery. It will sit under the refreshed Leeds Health and Wellbeing Strategy and will encompass all key organisations in the city. When developing the Leeds city STP, consideration will be given to appropriate links/impacts at a West Yorkshire level.

Approach to developing the West Yorkshire STP

- 3.4 Rob Webster, Chief Executive of South West Yorkshire Partnership NHS Foundation Trust, has been appointed by NHSE as the lead for the West Yorkshire STP and the Healthy Futures Programme Management Office (hosted by Wakefield CCG) is providing support to the development of the West Yorkshire STP.
- 3.5 Developing the West Yorkshire STP was the substantial agenda item of the West Yorkshire Collaboration of Chief Executives meeting held on 8th April. At that meeting, it was agreed that primacy is retained at a local level and any further West Yorkshire priorities will be determined by collective leadership using the following criteria:
- *Does the need require a critical mass beyond a local level to deliver the best outcomes?*
 - *Do we need to share best practice across the region to achieve the best outcomes?*
 - *Will working at a West Yorkshire level give us more leverage to achieve the best outcomes?*
- 3.6 The following guiding principles will underpin the West Yorkshire approach to working together:
- *We will be ambitious for the populations we serve and the staff we employ*
 - *The West Yorkshire STP belongs to commissioners, providers, local government and NHS*
 - *We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.*
 - *We will undertake shared analysis of problems and issues as the basis of taking action*
 - *We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.*
- 3.7 Current areas being considered at a West Yorkshire STP level include six priority areas: Urgent & Emergency Care; Specialised Commissioning; Mental Health; Prevention at Scale; Stroke; and Cancer

3.8 These areas will be supported by enabling workstreams covering: digital, workforce, leadership and organisational development, communications and engagement and finance and business intelligence.

3.9 The following diagram shows the framework for the development of the West Yorkshire STP.



3.10 Leeds is well represented within the development of the West Yorkshire STP with Nigel Gray (Chief Executive, Leeds North CCG) leading on Urgent and Emergency Care, Phil Corrigan (Chief Executive, Leeds West CCG) leading on Specialising Commissioning, Dr Ian Cameron (Director of Public Health, Leeds City Council) leading Prevention at Scale, Jason Broch (Chair of Leeds North CCG) leading on Digital, and Dr Andy Harris (Clinical Chief Officer Leeds South and East CCG) leading on Finance and Business Intelligence. In addition, Julian Hartley (Chief Executive, Leeds Teaching Hospitals NHS Trust) is chair of the West Yorkshire Association of Acute Trusts (WYAAT) and The Stein (Chief Executive of Leeds Community Healthcare NHS Trust) is the co-chair of a new West Yorkshire Primary Care and Community Steering Group.

3.11 A series of workshops have been arranged focusing on the different priority areas for West Yorkshire with representatives from across the CCGs, NHS providers and local authorities in attendance.

3.12 It is important to recognise that at the time of writing this paper the West Yorkshire STP is still in its development stage and the links between this and the six local STPs are still being worked through.

3.13 Leeds is also taking a lead role in bringing together Chairs of the Health and Wellbeing Boards across West Yorkshire to provide strategic leadership to partnership working around health and wellbeing and the STP across the region.

Approach taken in Leeds

- 3.14 The refreshed Joint Strategic Needs Assessment (JSNA) , the development of our second Leeds Health and Wellbeing Strategy and discussions/workshops at the Health and Wellbeing Boards in January, March and June have been used to help identify the challenges and gaps that Leeds needs to address and the priorities within our Leeds STP.
- 3.15 Any plans described within the final Leeds STP will directly link back to the refreshed Leeds Health and Wellbeing Strategy and under the strategic leadership of the Health and Wellbeing Board.
- 3.16 The Leeds Health and Care Partnership Executive Group, which consists of the Chief Executives of the statutory health and care commissioners and providers within the city and chaired by Tom Riordan, has been meeting monthly to provide day-to-day oversight of the Leeds STP.
- 3.17 A joint virtual team with representatives from the statutory partners hosted by Leeds South and East CCG are undertaking the analysis and overseeing the project management and the development of the Leeds STP. This team is being led by the Chief Operating Officer, Leeds South and East CCG.
- 3.18 The development of the Leeds STP has initially identified 5 primary Elements as follows: Rebalancing the conversation (social contract) with the citizens, staff and service users; Prevention and Proactive Care; Rapid Response in Time of Crisis; Efficient and Effective Secondary Care; and Education, Innovation and Research.
- 3.19 The following shows the key aspects covered by the Leeds STP.

STP Development Structure	
Helping people stay well and independent	<ol style="list-style-type: none"> 1. Strengthen community resilience & build community capacity 2. Expanding primary prevention across the system 3. Targeted Prevention (for those most at risk)
Improving access, integration and person centred care	<ol style="list-style-type: none"> 1. Improving System Flow, inc: <ol style="list-style-type: none"> a) New Models of Care b) Community services c) Care homes d) Secondary care e) Trauma f) Admission avoidance (& for specific populations) 2. Reshape crisis response: <ol style="list-style-type: none"> a) Single point of access b) Integration of 111/999 c) clinical advisory services d) Assessment proposals for frail older populations e) Seven day services f) Secondary prevention and supportive person centred self management g) Proactive support for those with complex needs
Efficiency and Effectiveness	<ol style="list-style-type: none"> 1. Commissioner proposals: <ol style="list-style-type: none"> a) Tackling variation b) Right care/commissioning for value c) Priority pathway changes 2. Provider proposals: <ol style="list-style-type: none"> a) Carter review b) Medicines optimisation c) Productivity proposals

- 3.20 These are supported by the enablers - Workforce, Digital, Estates and Procurement and Comm's and Engagement and Finance and Business Intelligence.
- 3.21 Over 40 leads (mainly Senior Manager and Director-level) from across the partnership have been assigned to one or more of the elements/enablers to work together to develop the detail. A flexible, responsive and iterative process to developing the STP has been deployed detail working with leads from the other elements / enablers to look at the gaps, the solutions to address the gaps, and impact/dependencies across the other areas.
- 3.22 Workshops have taken place with Senior Managers / Directors from across all partners and the 3rd sector to understand what key solutions and plans are being developed across the Elements and Enablers, the "golden thread" and to provide constructive input into the solutions.

Local Digital Roadmaps

- 3.23 Alongside the development of the STP, there has also been a national requirement to develop and submit a Local Digital Roadmap (LDR). The LDR is a key priority within the NHS Five Year Forward View and an initial submission was made to NHS England on 30th June 2016, after working with the Leeds Informatics Board and other stakeholders. It describes a 5-year digital vision, a 3-year journey towards becoming paper-free-at-the-point-of-care and 2-year plans for progressing a number of predefined 'universal capabilities'. Within this, it demonstrates how digital technology will underpin the ambitions and plans for transformation and sustainability.
- 3.24 LDRs are required to identify how local health and care systems will deploy and optimise digital enabled capabilities to improve and transform practice, workflows and pathways across the local health and care system. Critically, they will be a gateway to funding for the city but are not intended to be a replacement for individual organisations information strategies. Over the next 5 years, funding of £1.3bn is to be distributed across local health and social care systems to achieve the paper-free ambition.
- 3.25 The priority informatics opportunities included are:
- To use technology to support people to maintain their own health and wellbeing
 - To ensure a robust IT infrastructure provision that supports responsive and resilient 24/7 working across all health and care partners
 - To provide workflow and decision support technology across General Practice, Neighbourhood Teams, Hospitals and Social Care
 - To ensure a change management approach that embeds the use of any new technology into everyday working practices
- 3.26 It is recognised that resources, both financial and people capacity and capability, are essential to delivering this roadmap. A city-first approach is critical and seeks

to eradicate the multiple and diverse initiatives which come from different parts of the health and care system that use up resource in an unplanned way and often confuse. It will also ensure that digital programmes and projects are aligned fully to an agreed whole-system outcomes described in the health and wellbeing strategy, STP and LDR.

- 3.27 The aim is to present a plan in September to the Leeds Health and Care Partnership Executive Group which will define the proposals for delivery of the roadmap and what investment is required to achieve it.

Key aspects of the emerging Leeds STP

- 3.28 The Leeds Health and Wellbeing Board have provided a strong steer to the shaping of the Leeds STP and have reinforced the commitment to the Leeds footprint. The Board also supports taking our asset-based approach to the next level. This is enshrined in a set of values and principles and a way of thinking about our city, which identifies and makes visible the health and care-enhancing assets in a community. It sees citizens and communities as the co-producers of health and well-being rather than the passive recipients of services. It promotes community networks, relationships and friendships that can provide caring, mutual help and empowerment. It values what works well in an area and identifies what has the potential to improve health and well-being. Supports individuals' health and well-being through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources. Empowers communities to control their futures and create tangible resources such as services, funds and buildings.
- 3.29 The members of the Board have also placed the challenge that as a system we need to think and act differently in order to meet the challenges and ensure that "Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest".

Challenges faced by Leeds

- 3.30 The city faces many significant health and social care challenges commensurate with its size, diversity, urban density and history. We continue to face significant health inequalities between different groups. Over the next 25 years the number of people who live in Leeds is predicted to grow by over 15 per cent. The number of people aged over 65 is estimated to rise by almost a third to over 150,000 by 2030.
- 3.31 We have identified several specific areas – gaps – where if we focused our collective efforts, we predict will have the biggest impact in addressing the health and wellbeing gap, care quality gap and finance and efficiency gap.
- 3.32 The Health and Wellbeing Board has considered the gaps around: health and wellbeing; care and quality; and finance and efficiency and what could be undertaken to address the gaps, summarised in the following.

Health and wellbeing gap

- 3.33 It is recognised that, despite best efforts, health improvement is not progressing fast enough and health inequalities are not currently narrowing. Life expectancy for men and women remains significantly worse in Leeds. The gap between Leeds and England has narrowed for men, whilst the gap between Leeds and England has worsened for women. Cardiovascular disease mortality is significantly worse than for England. However, the gap has narrowed. Cancer mortality is significantly worse than the rest of Yorkshire and the Humber (YH) and England with no narrowing of the gap. There is a statistically significant difference for women whose mortality rates are higher in Leeds than the YH average. The all-ages-all-cancers trend for 1995-2013 is improving but appears to be falling more slowly than both the YH rate and the England rate, which is of concern.
- 3.34 Avoidable Potential Years of Life Lost (PYLL) from Cancer for those under 75 years of age is a new measure which takes into account the age of death as well as the cause of death. Deaths from cancer are the single largest cause of avoidable PYLL in the city, accounting for 36.3% of all avoidable PYLL. PYLL from cancer is twice the level in the deprived Leeds quintile than in Leeds non-deprived. Infant mortality has significantly reduced from being higher than the England rate to below it. Suicides have increased, after a decline, and are now above the England rate. Within Leeds, for the big killers there has been a significant narrowing in the gap for deprived communities for cardiovascular disease, a narrowing of the gap for respiratory disease but no change for cancer mortality. There are 2,200 deaths per year <75 years. Of these 1,520 are avoidable (preventable and amendable) and, of these, 1,100 are in non-deprived parts of Leeds and 420 in deprived parts of Leeds.
- 3.35 The following are opportunities where action to address the gap may be identified:
- Scaling up – Scaling up of targeted prevention to those at high risk of Cardiovascular disease, diabetes, smoking related respiratory disease and falls. In addition scaling up of children and young people Best Start and childhood obesity / healthy weight programmes already in existence.
 - Look at options to move to a community based approach to health beyond personal/self-care. Scale up the Leeds Integrated Health Living System; aligning partner Commissioning and provision, inspire communities and partners to work differently – including physical activity/active travel, digital, business sector, developing capacity and capability.
 - Increased focus on prevention - for short term and longer term benefits.

Care and quality gap

- 3.36 The following gaps have been identified:
- There are a number of aspects to the Care and Quality gap. In terms of our NHS Constitutional Key Performance Indicators (KPIs) the areas where significant gaps have been identified include: Mental Health (including Improving Access to Psychological Therapies), Patient Satisfaction, Quality of

Life, Urgent Care Standards, Ambulance Response Times and Delayed Transfers of Care (DTCOC).

- Whilst performance on the Urgent Care Standard is below the required level, performance in Leeds is better than most parts of the country. There is a need to ensure that a greater level of regional data is used to reflect the places where Leeds residents receive care.
- General Practice - There are 4 significant challenges facing General Practice across the city. The need to align and integrate working practices with our 13 Neighbourhood Teams, the need to provide patients with greater access to their services; this applies to both extended hours during the “working week”, and also at weekends, the severe difficulties they are experiencing in recruiting and retaining GPs and practice nurses and the significant quality differential between the best and worst primary care estate across the city.
- There is a need to ensure that there is a wider context of Primary Care, outside of general practices that must be considered. Furthermore, that access relates to waiting times in addition to estates.

3.37 The following are opportunities where action to address the gap may be identified:

- More self-management of health and wellbeing.
- Development of a workforce strategy for the city which considers: increasing the ‘transferability’ of staff between the partner organisations; widespread up-skilling of staff to embed an asset based approach to the relationship between professionals and service users; attracting, recruiting and retaining staff to address key shortages (nurses and GPs); improved integration and multi-skilling of the unregistered workforce and opportunities around apprenticeships; workforce planning and expanding the content and use of the our citywide Health and Care workforce database.
- Partnerships with university and business sector to create an environment for solutions to be created and implemented through collaboration across education, innovation and research.
- Maternity services - Key areas requiring development include the increased personalisation of the maternity offer, better continuity of care, increased integration of maternity care with other services within communities, and the further development of choice.
- Children’s services - In a similar way, for children’s services the key area requiring development is that of emotional and mental health support to children and younger people. Key components being the creation of a single point of access; a community based eating disorder service; and primary prevention in children’s centres and schools both through the curriculum and anti-stigma campaigns.

Finance and efficiency gap

3.38 The following gaps have been identified:

- The projected collective financial gap facing the Leeds health and care system collectively under our 'do nothing' scenario is £723 million. It reflects the forecast level of pressures facing the four statutory delivery organisations (Leeds City Council, Leeds Teaching Hospitals NHS Trust, Leeds and York Partnership NHS Foundation Trust and Leeds Community Healthcare NHS Trust) in the city and assumes that our three CCGs continue to support financial pressures in other parts of their portfolio whilst meeting NHS business rules. This is driven by inflation, volume demand, lost funding and other local cost pressures.

3.39 The following opportunities were discussed as some of the areas where action to address the gap may be identified:

- Citywide savings will need to be delivered through more effective collaboration on infrastructure and support services. To explore opportunities to turn the 'demand curve' on clinical and care pathways through: investment in prevention activities; focusing on the activities that provide the biggest return and in the parts of the city that will have the greatest impact; maximising the use of community assets; removing duplication and waste in cross-organisation pathways; ensuring that the skill-mix of staff appropriately and efficiently matches need across the whole health and care workforce e.g. nursing across secondary care and social care as well as primary care; and by identifying services which provide fewer outcomes for local people and offer less value to the 'Leeds £'.
- Capitalise on the regional role of our hospitals using capacity released by delivering our solutions to support the sustainability of services of other hospitals in West Yorkshire and build on being the centre for specialist care for the region.

Emerging Leeds STP – supporting the Leeds Health and Wellbeing Strategy

3.40 The Leeds STP will have specific themes which will look at what action the health and care system needs to take to help fulfil the priorities identified within the Leeds Health and Wellbeing Strategy. Currently these emerging themes include:

- **Rebalancing the conversation with citizens, staff and service users** – which supports the ethos of the refreshed Leeds Health and Wellbeing Strategy and sees citizens and communities as the co-producers of health and wellbeing rather than the passive recipients of services. Supports individuals' health and well-being through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources. This will also support Leeds Health and Wellbeing Strategy Priority 3 – 'Strong, engaged and well connected communities' and Priority 9 'Support self-care, with more people managing their own conditions' - using and building on the assets in communities. We must focus on supporting people to maintain independence and wellbeing within local communities for as long as possible. People need to be more involved in decision making and

their own care planning by setting goals, monitoring symptoms and solving problems. To do this, care must be person-centred, coordinated around all of an individual's needs through networks of care rather than single organisations treating single conditions.

- **Prevention, Proactive Care and Rapid Response to in time of crisis** – which directly relates to the Priority 8 - 'A stronger focus on prevention' - the role that people play in delivering the necessary focus on prevention and what action the system needs to take to improve prevention, and Leeds Health and Wellbeing Strategy Priority 12 'The best care, in the right place, at the right time'. Services closer to home will be provided by integrated multidisciplinary teams working proactively to reduce unplanned care and avoidable hospital admissions. They will 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 high quality, accessible, timely and person-centred. Providing care in the most appropriate setting will ensure our health and social care system can cope with surges in demand with effective urgent and emergency care provision.
- **Efficient and Effective Secondary Care** – which also contributes to Leeds Health and Wellbeing Strategy Priority 12 'The best care, in the right place, at the right time'. This is ensuring that we have streamlined processes and only admitting those people who need to be admitted. As described above this needs population-based, integrated models of care, sensitive to the needs of local communities. This must be supported by better integration between physical and mental health and care provided in and out of hospital. Where a citizen has to use secondary care we will be putting ourselves in the shoes of the citizen and asking if the STP answers, 'Can I get effective testing and treatment as efficiently as possible?'
- **Innovation, Education, Research** - which relates to Leeds Health and Wellbeing Strategy Priority 7 – 'Maximise the benefits from information and technology' – how technology can give people more control of their health and care and enable more coordinated working between organisations. 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. Leeds Health and Wellbeing Strategy Priority 11 – 'A valued, well-trained and supported workforce', and priority 5 – 'A strong economy with quality local jobs' – through things such as the development of a the Leeds Academic Health Partnership and the Leeds Health and Care Skills Academy and better workforce planning ensuring the workforce is the right size and has the right knowledge and skills needed to meet the future demographic challenges.
- Mental health and physical health will be considered in all aspects of the STP within the Leeds STP but also there will be specific focus on Mental Health within the West Yorkshire STP, directly relating to Leeds Health and Wellbeing Strategy Priority 10 – 'Promote mental and physical health equally'.

3.41 When developing the STP, we will keep the citizen at the forefront and asking the following questions identified in the Leeds Health and Wellbeing Strategy:

- *Can I get the right care quickly at times of crisis or emergency?*
- *Can I live well in my community because the people and places close by enable me to?*
- *Can I get effective testing and treatment as efficiently as possible?*

4 Corporate considerations

4.1 Consultation and engagement

- 4.1.11 The purpose of this report is to share information about the progress of development of the Leeds STP. A primary guiding source for the Leeds STP has been the refreshed Leeds Health and Wellbeing Strategy which was been widely engaged on through its development.
- 4.1.12 July through to September active engagement with citizens, service users, carers and staff on the right solutions to address the gaps.
- 4.1.13 The final draft of the STP will be presented to statutory health and care partner governing boards in the autumn.
- 4.1.14 As part of the final STP, there will a clear roadmap for delivery of the STP which will identify when and on what topics of engagement and consultation and coproduction with staff and citizens of solutions and changes will take place over the next 5 years.
- 4.1.15 Any change programmes of work undertaken as a result of delivery of the STP will need to ensure that they undertake appropriate consultation and engagement as part of their work in accordance to organisational obligations.
- 4.1.16 In relation to the West Yorkshire STP, this engagement is being planned and managed through the West Yorkshire Health Futures Programme Management Office and are currently being finalised. It is envisaged that engagement with communities will take place through August 2016.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 Any future changes in service provision arising from this work will be subject to equality impact assessment.

4.3 Council policies and best council plan

- 4.3.1 The refreshed Joint Strategic Needs Assessment (JSNA) and the second Leeds Health and Wellbeing Strategy have been used to inform the development of the Leeds STP. Section 3.39 of this paper outlines how the emerging STP will deliver significant part of the Leeds Health and Wellbeing Strategy.

4.3.2 The STP will directly contribute towards the achieving the breakthrough projects: Early intervention and reducing health inequalities and Making Leeds the best place to grow old in'.

4.3.3 The STP will also contribute to achieving the following Best Council Plan Priorities: Supporting children to have the best start in life; preventing people dying early; promoting physical activity; building capacity for individuals to withstand or recover from illness; and supporting healthy ageing.

4.4 Resources and value for money

4.4.1 The final Leeds STP will have to describe the financial and sustainability gap in Leeds, the plan Leeds will be undertaking to address this and demonstrate that with our changes will ensure that we are operating within our likely resources. In order to make these changes, we will require national changes/support in terms of local flexibility around setting of targets, financial flows and non-recurrent investment whilst we make the changes.

4.4.2 As part of the development of the West Yorkshire STP, the financial and sustainability impact of any changes at a West Yorkshire level and the impact on Leeds will need to be carefully considered and analysis is currently underway to understand this.

4.4.3 It is envisaged that Leeds may be able to capitalise on the regional role of our hospitals using capacity released by delivering our solutions to support the sustainability of services of other hospitals in West Yorkshire and grow our offer for specialist care for the region.

4.5 Legal Implications, access to information and call In

4.5.1 There are no access to information and call-in implications arising from this report.

4.6 Risk management

4.6.1 Failure to have robust plans in place to address the gaps identified as part of the STP development will impact the sustainability of the health and care in the city.

4.6.2 Two key overarching risks present themselves, given the scale and proximity of the challenge and the size and complexity of both the West Yorkshire footprint and Leeds itself:

- Potential unintended and negative consequences of any proposals as a result of the complex nature of the local and regional health and social care systems and their interdependencies. Each of the partners has their own internal pressures and governance processes they need to follow.
- Ability to release expenditure from existing commitments without de-stabilising the system in the short-term will be extremely challenging as well as the risk that any proposals to address the gaps do not deliver the sustainability required over the longer-term.

4.6.3 The challenge also remains to develop a cohesive narrative between technology plans and how they support the STP plans for the city. Leeds already has a

defined blueprint for informatics, strong cross organisational leadership and capability working together with the leads of each STP area to ensure a quality LDR is developed and implemented.

- 4.6.4 Whilst the in Leeds the health and care partnership has undertaken a review of non-statutory governance to ensure it is efficient and effective, the bigger West Yorkshire footprint upon which we have been asked to develop an STP will present much more of a challenge.
- 4.6.5 The effective management of these risks can only be achieved through the full commitment of all system leaders within the city to focus their full energies on the developing a robust STP and then delivering the STP within an effective governance framework.

5 Conclusions

- 5.1 As statutory organisations across the city working with our thriving volunteer and third sector and academia, we have come together to develop, for the first time, a system wide plan for a sustainable and high quality health and social care system. We want to ensure that services in Leeds can continue to provide high quality support that meets or exceeds the expectations of children, young people and adults across the city; the patients and carers of today and tomorrow.
- 5.1 Our Leeds STP will be built on taking our asset-based approach to the next level to help deliver the health and care aspects of the Leeds Health and Wellbeing Strategy. This is enshrined in a set of values and principles and a way of thinking about our city, which:
 - Identifies and makes visible the health and care-enhancing assets in a community;
 - Sees citizens and communities as the co-producers of health and well-being rather than the passive recipients of services;
 - Promotes community networks, relationships and friendships that can provide caring, mutual help and empowerment;
 - Values what works well in an area;
 - Identifies what has the potential to improve health and well-being the fastest;
 - Supports individuals' health and well-being through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources;
 - Empowers communities to control their futures and create tangible resources such as services, funds and buildings;
 - Values and empowers the workforce and involves them in the coproduction of any changes.

- 5.2 There is significant work still to do to develop the Leeds STP with the required level of detail. Colleagues from across the health and social care system will need to commit substantial resource to producing the final draft. Additionally, senior leaders from Leeds will continue to take a prominent role in shaping the West Yorkshire STP.
- 5.3 It is important to recognise that the West Yorkshire STP is still in its development and the links between this and the six local STPs are still being developed. Getting the right read-across between plans to ensure a coherent and robust STP at regional level which meets the requirements of national transformation funding needs to be an ongoing process and Leeds will need to be mindful of this whilst developing local action.
- 5.4 The final Leeds STP will describe the detail of how we will deliver health and care elements of the refreshed Leeds Health and Wellbeing Strategy. Over the coming months, Leeds will continue to prioritise local ambitions and outcomes through the development of its primary STP as a vehicle for delivering aspects of the Leeds Health and Wellbeing Strategy.

6 Recommendations

- 6.1 The Executive Board is asked to:
- 1 Endorse the approach described within this paper for the development of the West Yorkshire and Leeds STPs within the nationally prescribed framework;
 - 2 Note the key areas of focus for the Leeds STP described in this report and how they will contribute to the delivery of the Leeds Health and Wellbeing Strategy and the Best Council Plan;
 - 3 Note that the Leeds Health and Wellbeing Board will continue to provide strategic lead for the Leeds STP;
 - 4 Note the key milestones outlined in this paper and the officers from the Leeds and health and care partnership who are leading the development of the West Yorkshire STP and the Leeds STP.
 - 5 Ensure that staff and resources from Leeds City Council continue to be made available to support and inform the development and implementation of the STP both locally and regionally;
 - 6 Receive a further report in November 2016 with an overview of the proposed key changes and impacts outlined in the West Yorkshire STP and Leeds STP following further development through the summer.

7 Background documents¹

- 7.1 N/A

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.