

Report of the Chief Officer Health Partnerships**Scrutiny Board (Health and Social Care)****Date: 14 November 2017****Subject: Leeds Health and Care Plan, Conversations with Citizens**

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 type="checkbox"/> Yes	<input checked="" 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

1. The purpose of this paper is to provide Scrutiny Board (Adults and Health) with an overview of the progress to date in shaping the Leeds Health and Care Plan following the previous update to the Board on 5th September 2017 and proposals to progress a conversation with the public, based around the content of the summary report, and delivered in conjunction with a proposed wider discussion on the future role of public services which has been drafted within the council on behalf of the city. This approach is called 'Changing Leeds'.
2. The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is a Leeds vision for health and care and moves beyond the limited agenda outlined in national Sustainability and Transformation Plans (STPs).
3. The Leeds Health and Care Plan is the city's approach to closing the three gaps that have been nationally identified by health, care and civic leaders. These are gaps in health inequalities, quality of services and financial sustainability. It provides an opportunity for the city to shape the future direction of health and to transition towards a community focused approach, which understands that good health is a function of wider factors such as housing, employment, environment, family and community.
4. The community-first approach used to develop the plan has ensured that the right dialogue with citizens is integral throughout the creation and implementation of the Leeds Plan and ensures it is linked to the broad context of city ambition for inclusive ('good') economic growth. It is firmly rooted in the 'strong economy, compassionate city' approach. The combination of local progress on specifics of the plan and the 'bottom up' inclusive approach has been valued and recognised across the West

Yorkshire and Harrogate Health and Care Partnership. This has created appetite for wider adoption of the approach.

Recommendations

Scrutiny Board is asked to:

- Support the consultation plans outlined in this paper to be undertaken on the draft narrative by officers with citizens and staff.
- Note the development of wider influence of the Leeds Plan approach in West Yorkshire.

1 Purpose of this report

- 1.1 The purpose of this paper is to provide Scrutiny Board with an overview of the progress to date in shaping the Leeds Health and Care Plan following the previous meeting and to seek support proposals to progress a conversation with the public.

2 Background information

- 2.1 The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is a Leeds vision for health and care and moves beyond the limited agenda outlined in national Sustainability and Transformation Plans (STPs).
- 2.2 The Leeds Health and Care Plan is the city's approach to closing the three gaps that have been nationally identified by health, care and civic leaders. These are gaps in health inequalities, quality of services and financial sustainability. It provides an opportunity for the city to shape the future direction of health and to transition towards a community-focused approach, which understands that good health is a function of wider factors such as housing, employment, environment, family and community.
- 2.3 Perhaps most importantly, the Leeds Health and Care Plan provides the content for a conversation with citizens to help develop a person-centred approach to delivering the desired health improvements for Leeds to be the Best City in the UK by 2030. It is firmly rooted in the 'strong economy, compassionate city' approach outlined in the Best Council Plan 2017-18.
- 2.4 The Leeds Health and Care Plan narrative sets out ideas about how we will improve health outcomes, care quality and financial sustainability of the health and care system in the city. The plan recognises the Leeds Health and Wellbeing Strategy 2016-2021, its vision and its outcomes, and begins to set out a plan to achieve its aims.
- 2.5 As outlined in the previous report, Leeds Health and Wellbeing Board has a strong role as owner and critical friend of the Leeds plan. The steer to the shaping of the Leeds Health and Care Plan has been through formal board meetings on 12th January and 21st April 2016 and two workshops held on 21st June and 28th July 2016. The Board has held a further workshop on 20th April 2017 and more recently at a formal board meeting on 20th June 2017. The board has further reviewed progress on the 28th of September of the plan in the context of both short-term challenges for winter and wider transformation of primary care health and care services. Further comment on the draft plan and supporting narrative has been incorporated.
- 2.6 The plan recognises and references the collaborative work done by partners across the region to develop the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP – previously the STP), but is primarily a Leeds based approach to transformation, building on the existing strategies that promote health and inclusive growth in the city. Whilst the financial challenge is a genuine one, the Leeds approach remains one based on long term planning including demand management, behaviour change and transition from acute-based services towards community based approaches that are both popular with residents and financially sustainable.

- 2.7 A transition towards a community-focused model of health is outlined in the plan. This is the major change locally and will touch the lives of all people in Leeds. This 'new model of care' will bring services together in the community. GP practices, social care, Third Sector and public health services will be informally integrated in a 'Local Care Partnership'. Our hospitals will work closely with this model and care will be provided closer to home where possible, and as early as possible. New mechanisms, known as 'Population Health Management' will be used to ensure the right people get the right services and that these are offered in a timely fashion. This is designed to prevent illness where possible and manage it in the community.
- 2.8 The Leeds Health and Care Plan narrative presents information for a public and wider staff audience about the plan in a way that citizens and staff can relate to and which is accessible and understandable.
- 2.9 The Leeds Health and Care Plan narrative (when published) will be designed so that the visual style and branding is consistent with that of the Leeds Health and Wellbeing Strategy 2016-2021 and will be part of a suite of material used to engage citizens and staff with.

The narrative contains information about:

- The strengths of our city, including health and care
 - The reasons we must change
 - How the health and care system in Leeds works now
 - How we are working with partners across West Yorkshire
 - The role of citizens in Leeds
 - What changes we are likely to see
 - Next steps and how you can stay informed and involved
- 2.10 The final version will contain case studies which will be co-produced with citizen and staff groups that will describe their experience now and how this should look in the future.
- 2.11 It will enable us to engage people in a way that will encourage them to think more holistically about themselves, others and places rather than thinking about NHS or Leeds City Council services. Citizen and stakeholder engagement on the Leeds Health and Care Plan has already begun in the form of discussions with all 10 Community Committees across Leeds in February and March 2017.
- 2.12 The approach taken in developing the Leeds Plan has embodied the approach of 'working with' people and of using 'better conversations' to develop shared understanding of the outcomes sought from the plan and the role of citizens and services in achieving these.

3 Main issues

- 3.1 The development of the Leeds Health and Care Plan has been supported by partners and stakeholders from across various health and care providers and commissioners, as well as Healthwatch and Youthwatch Leeds, Third Sector and local area Community Committees. Conversations have also taken place over the last year about how best to align the citizen conversation about health and care in Leeds with 'Changing Leeds' (see paragraph 3.8 for further details).
- 3.2 The previous iteration of the Leeds Health and Care Plan was presented to the Leeds Health and Wellbeing Board on 20 June 2017. Using the feedback received the Leeds Health and Care Plan has been updated as outlined below:

Leeds Health and Wellbeing Board feedback (20 June 2017 and 28 th September 2017)	Action taken
<p>Acknowledged and welcomed the opportunity for the Community Committees to have had early discussions on the Leeds Health and Care Plan during the Spring 2017. A request for an update to the community committees was noted.</p>	<p>The success of these sessions have been held up as a good practice example across the region of the value of working 'with' elected members and our local communities. We recognise that an ongoing conversation with elected members is key to this building on the sessions that took place.</p> <p>In addition to local ongoing conversations since Spring 2017, there are a number of engagement opportunities with elected members outlined throughout the report under para 3.6 including a second round of Community Committee discussions taking place during autumn/winter.</p>
<p>The need to emphasise the value of the Leeds Pound to the Health and Care sector and the need to acknowledge that parts of the health economy relied on service users not just as patients but buyers.</p>	<p>There is a greater emphasis to the Leeds Pound within the narrative document and it is now highlighted within the Leeds Health and Care Plan on a page through "Using our collective buying power to get the best value for our 'Leeds £'".</p>
<p>Emphasising the role of feedback in shaping the finished document.</p>	<p>The narrative in its introduction emphasises the engagement that has taken place to shape the document from conversations with patients, citizens, doctors, health leaders, voluntary groups and local elected members. The narrative also invites staff and citizens to provide feedback through various forums and mechanisms. Further work is needed to make this process easier and this will take place during October/November.</p>
<p>A review of the language and phrasing to ensure a plain English approach and to avoid inadvertently suggesting that areas of change have already been decided.</p>	<p>The narrative has been amended for plain English and emphasises the importance of ongoing engagement and co-production to shape the future direction of health and care in the city.</p>
<p>The narrative to also clarify who will make decisions in the future</p>	<p>The narrative makes greater reference to decision making in 'Chapter 10: What happens next?' highlighting that:</p> <ul style="list-style-type: none"> • The planning of changes will be done in a much more joined up way through greater joint working between all partners involved with health and care partners, staff and citizens. • Significant decisions will be discussed and planned through the Health and Wellbeing Board. • Decision making however will remain in the formal bodies that have legal responsibilities for services in each of the individual health and care organisations.
<p>The Plan to include case studies.</p> <p>Acknowledged the need to broaden the scope of the Plan in order to "if we do this, then this how good our health and care services could be" and to provide more detail on what provision may look like in the future.</p>	<p>Case studies are being co-produced with citizens and staff groups which will describe their experience now and how this should look in the future. These will be incorporated in the future iteration of the Plan as well as used in engagement sessions with communities.</p>
<p>References to the role of the Leeds Health and Wellbeing Board and the Leeds Health and Wellbeing Strategy 2016-2021 to be strengthened and appear earlier in the Plan.</p>	<p>The narrative in its introduction and throughout the document emphasises the role of the Leeds Health and Wellbeing Board. It also articulates that the Leeds Health and Care Plan is a description of what health and care will look like in the future and that it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021.</p>

References to taking self-responsibility for health should also include urgent care/out of hospital health	Narrative has been updated to reflect this. In addition, the engagement through the autumn will be joined up around Leeds Plan, plans for winter and urgent care.
Assurance was sought that the Plan would be co-produced as part of the ongoing conversation	Plans outlined in this paper for ongoing conversation and co-production during the autumn.
A focus on Leeds figures rather than national	Work is ongoing with finance and performance colleagues and will feed into the engagement through the autumn.
Requested that a follow up paper with more detail, including the extended primary care model, be brought back in September.	The narrative has a greater emphasis on the transition towards a community focused model of health and is highlighted on the Leeds Health and Care Plan on a Page. A separate update on the System Integration will be considered by the Board on 28 September 2017.
Request that pharmacy services are included as part of the Leeds Plan conversations	Pharmacy services will be engaged in the Plan conversation with citizens via their networks. The opportunity has been taken to also include dental and optometry networks.

3.3 Scrutiny Board on the 5th of September received the plan and provided further feedback:

Scrutiny Board (Adults and Health) feedback (5th September)	Action taken
The need to be clear about the financial challenges faced and the impact on communities.	<p>The Narrative contains clear information of a financial gap calculated for the city. The narrative contains a list of clear risks to the current system of healthcare posed by the combination of funding, arising need and need for reform.</p> <p>The presentation that accompanies the plan has been amended in light of Scrutiny comments to be clearer on the reality of financial challenges. This presentation will be used for future public events.</p>
Clarification sought in the report regarding anticipated future spending on the health and care system in Leeds.	Scrutiny identified that the previous information in the narrative indicated the balance of expenditure would fund greater volume of community based care but also seemed to portray a significant growth in total expenditure. This diagram has been replaced by a 'Leeds Left Shift' diagram indicating more clearly the shift in healthcare resources without indicating significant growth.
An update on development of a communication strategy and ensuring that the public was aware about how to access information on-line.	This paper identifies a communication approach for the Leeds Plan and Narrative.
Suggested amendments to patient participation and the role of Healthwatch Leeds.	The section on participation is being revised to include the opportunities and approach identified by Healthwatch Leeds.

3.4 In order to progress the thinking and partnership working that has been done to help inform the Leeds Health and Care Plan to date, the next stage is to begin a broader conversation with citizens. The conversation we would like to have with citizens will be focussed on the ideas and general direction of travel outlined in the Leeds Health and Care Plan. It will ask citizens what they think about the plan and will invite them to comment and provide their thoughts.

3.5 Our preparation for delivering a conversation with citizens about plans for the future of health and care in Leeds will be reflective of the rich diversity of the city, and mindful of the need to engage with all communities. Any future changes in service provision arising from this work will be subject to equality impact assessments and plans will be developed for formal engagement and/or consultation in line with existing guidance and best practice.

3.6 Recently, the emerging Leeds Health and Care Plan has been discussed this year at:

- All 10 Community Committees (February-March)
- Team Leeds (17th March)
- Scrutiny Board (Adult Social Services, Public Health, NHS) (28th March)
- Forum Central Health and Care Leaders Network (29th March)
- Healthwatch (29th March & 29th June)
- Scrutiny Board Working Group (Adult Social Services, Public Health, NHS) (9th May)
- Youthwatch (13th June)
- Leeds Older People's Forum (21st June)
- Working Age Provider Forum (12th July)
- CCG Patient Assurance Group (23rd August)
- Elected Members Development Session (11th October)
- Patients Participation Group Annual Event (19th October)

3.7 Over the coming months, engagement will occur through a number of mechanisms outlined below. Where engagements occur this will be through a partnership approach involve appropriate representation from across the health and care partnership.

- *Staff engagement- November / December.* Staff will be engaged through briefings, newsletters, team meetings, etc. All staff will have access to a tailored Leeds Plan briefing and online access to the Leeds Plan and Narrative.
- *Community Committees - November / December*
Representatives from the Partnership Executive Group, Health Partnerships Team, local GPs will attend each of the Community Committee meetings in keeping with previous commitments to re-visit Committees as work progresses. To ensure the success of these local conversations there will also be:
 - A citywide session will be arranged for the Community Committee Champions for Health and Wellbeing.
 - An update on the Leeds Health and Care Plan will be presented at the Community Committee Chairs Forum on 16 November 2017.
- *'Working Voices' engagement - November*
We will work with Voluntary Action Leeds to deliver a programme of engagement with working age adults, via the workplace.
- *3 public events across city – November / December*
Working with Leeds Involving People (LIP) we will deliver a series of events in each of the Neighbourhood Team areas for citizens to attend and find out more about the future of health and care in Leeds. These will be in the style of public exhibition events, with representation and information from each of the 'Programmes' within the Leeds Plan and some of the 'Enablers'. To maximise the benefit of these events, they will also promote messages and services linked to

winter resilience and other health promotion / healthy living and wellbeing services.

- *Third Sector engagement events - November*
We will work with Forum Central Leeds to deliver a workshop(s) to encourage and facilitate participation and involvement from the third sector in Leeds in the discussion about the Leeds Plan and the future of health and care in the city.
- *'Engaging Voices' Focus Groups, targeted at Equalities Act 'protected Characteristic Groups' - November*
We will work with VAL to utilise the 'Engaging Voices' programme of Asset Based Engagement to ensure that we encourage participation and discussion from seldom heard communities and to consider views from people across the 'protected characteristic' groups under the Equalities Act.

- 3.8 Leeds City Council is launching "Changing Leeds". Changing Leeds is an engagement with the whole city on issues arising from the changing 'social contract', civic enterprise, and the future role of the council and other public services. Conversations have also taken place over the last year about how best to align the citizen conversation about health and care in Leeds with 'Changing Leeds'.
- 3.9 The overall purpose of 'Changing Leeds' is to help people who live, work and study in the city think differently about their relationship with local public services, and ultimately do things differently as well.
- 3.10 Case studies are being co-produced with citizens and staff groups which will describe their experience now and how this should look in the future. The conversation with citizens will then be focussed on the ideas and general direction of travel outlined in the Leeds Health and Care Plan and whether these are in line with the case studies. We will also invite them to comment and provide their views and opinions on what the specific changes need to occur that will deliver the desired outcomes. Where the work of the Leeds Health and Care Plan develops firm proposals for service changes, then, specific plans would be developed for formal engagement and/or consultation in line with the relevant partner(s) organisational governance and best practice. Any future changes in service provision arising from this work will be subject to an equality impact assessment.
- 3.11 The conversation with the public, workforce and elected members will also include what citizens can do to prepare themselves in the short term for winter and the direction of travel in of community health services may change towards Local Care Partnerships. The aim is to coordinate and join up as much of the messages across the health and care system.
- 3.12 The strong engagement 'bottom up' approach adopted by the Leeds Health and Wellbeing Board has been recognised across the WY&H HCP as making strong progress. The influence has been recognised in a number of ways. There is now a clear recognition of the primacy of place based plans across the WY&H HCP, a principle of subsidiarity has been adopted whereby regional planning is used only where place planning alone cannot provide solutions to the improvements sought.
- 3.13 Local authorities across WY&H are increasing their engagement with the HCP and the developing change programme on the basis that the Leeds Health and Care Plan provides an approach which embraces political and community engagement and is rooted in the wider Health and Wellbeing Strategy.

- 3.14 The Leeds Plan approach has influenced the current drafting of a local statement of priorities for the WY&H HCP written in response to “Next Steps on the NHS Five Year Forward View” (NHS 2017). WY&H HCP leadership have presented progress on this to the Leeds Health and Wellbeing Board recognising the Leeds Plan as providing a template for political and community engagement.

4 Corporate Considerations

4.1 Consultation, engagement

- 4.1.1 A key component of the development and delivery of the Leeds Health and Care Plan is ensuring consultation, engagement and hearing citizen voice. The approach to be taken has been outlined within para 3.5 and 3.6.

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 an equality impact assessment.
- 4.2.2 Consultations on the Leeds Health and Care Plan have included diverse localities and user groups including those with a disability.

4.3 Resources and value for money

- 4.3.1 The Joint Strategic Needs Assessment (JSNA) and the Leeds Health and Wellbeing Strategy 2016-2021 have been used to inform the development of the Leeds Health and Care Plan. The Leeds Health and Wellbeing Strategy 2016-2021 remains the primary document that describes how we improve health in Leeds. It is rooted in an understanding that good health is generated by factors such as economic growth, social mobility, housing, income, parenting, family and community. This paper outlines how the emerging Plan will deliver significant parts of the Leeds Health and Wellbeing Strategy 2016-2021 as they relate to health and care services and access to these services.
- 4.3.2 There are significant financial challenges for health and social care both locally and nationally. If current services continued unchanged, the gap estimated to exist between forecast growth in the cost of services, growth in demand and future budgets exceeds £700m at the end of the planning period (2021). The Leeds Health and Care Plan is designed to address this gap and is a significant step towards meeting this challenge and ensuring a financially sustainable model of health and care.
- 4.3.3 The WY&H HCP have made proposals to agree a Memorandum of Understanding across partners. The purpose of the Memorandum would be to agree a basis for shared financial sustainability, accountability and the progression of aligned resources within the footprint of the partnership. The ambition of the Memorandum would it would allow agreement with NHS England for greater release and local control of key aspects of transformation funding, the local deployment of NHSE staffing and greater autonomy within the financial and inspection regimes of the NHS and partner’s arms length bodies. The Leeds approach to the MoU is guided by the principles contained in the Leeds Plan and Health and Wellbeing Strategy.
- 4.3.4 The Leeds Health and Care Plan will directly contribute towards achieving the breakthrough projects: ‘Early intervention and reducing health inequalities’ and ‘Making Leeds the best place to grow old in’.

- 4.3.5 The Leeds Health and Care Plan 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 Legal Implications, access to information and call in

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

4.5 Risk management

- 4.5.1 Failure to have robust plans in place to address the gaps identified as part of the Leeds Health and Care Plan development will impact the sustainability of the health and care in the city.
- 4.5.2 Two key overarching risks present themselves given the scale and proximity of the challenge and the size and complexity of both the West Yorkshire and Harrogate Health and Care Partnership footprint and Leeds itself.
- 4.5.3 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.
- 4.5.4 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.
- 4.5.5 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 developing and delivering a robust Leeds Health and Care Plan within an effective governance framework.

5 Conclusions

- 5.1 Partners across the city working with our thriving third sector and academic partners have come together to develop, for the first time, a system-wide plan for a sustainable, high-quality health and social care system. The Leeds Health and Care Plan has been improved through engagement with a wide range of stakeholders and will continue to develop through further conversations with citizens. We want to ensure that services in Leeds can continue to provide high-quality support that meets, or exceeds, the expectations of adults, children and young people across the city: the patients and carers of today and tomorrow.

6 Recommendations

- 6.1 Scrutiny Board is asked to:
- Support the consultation plans outlined in this paper to be undertaken on the draft Plan and narrative by officers with citizens and staff.
 - Note the development of wider influence of the Leeds Health and Care Plan approach across West Yorkshire.

7 Background documents¹

¹ The background documents listed in this section are available to download from the Council's website, unless

7.1 None.