

# Leeds

The best city for  
health and wellbeing



# Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition:

**'Leeds will be the best city for health and wellbeing'.**

And a clear vision:

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

## 5 Outcomes

1. People will live longer and have healthier lives
2. People will live full, active and independent lives
3. People's quality of life will be improved by access to quality services
4. People will be actively involved in their health and their care
5. People will live in healthy, safe and sustainable communities



## Indicators

- Infant mortality
- Good educational attainment at 16
- People earning a Living Wage
- Incidents of domestic violence
- Incidents of hate crime
- People affording to heat their home
- Young people in employment, education or training
- Adults in employment
- Physically active adults
- Children above a healthy weight
- Avoidable years of life lost
- Adults who smoke
- People supported to manage their health condition
- Children's positive view of their wellbeing
- Early death for people with a serious mental illness
- Employment of people with a mental illness
- Unnecessary time patients spend in hospital
- Time older people spend in care homes
- Preventable hospital admissions
- Repeat emergency visits to hospital
- Carers supported





## Leeds Health and Care Plan

By 2021, Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest

### A plan that will improve health and wellbeing for all ages and for all of Leeds which will...

Protect the vulnerable and reduce inequalities	Improve quality and reduce inconsistency	Build a sustainable system within the reduced resources available
Our community health and care service providers, GPs, local authority, hospitals and commissioning organisations will work with citizens, elected members, volunteer, community and faith sector and our workforce to design solutions bottom up that...		
Have citizens at the centre of all decisions and change the conversation around health and care		
Build on the strengths in ourselves, our families, carers and our community; working with people, actively listening to what matters most to people, with a focus on what's strong rather than what's wrong		
Invest more in prevention and early intervention, targeting those areas that will make the greatest impact for citizens		
Use neighbourhoods as a starting point to further integrate our social care, hospital and volunteer, community and faith sector around GP practices providing care closer to home and a rapid response in times of crisis		
Takes a holistic approach working with people to improve their physical, mental and social outcomes in everything we do		
Use the strength of our hospital in specialist care to support the sustainability of services for citizens of Leeds and wider across West Yorkshire		

What this means for me...	Prevention	Self-Management and Proactive Care	Optimising Secondary Care	Urgent Care and Rapid Response
	"Living a healthy life to keep myself well"	"Health and care services working with me in my community"	"Go to a hospital only when I need to"	"I get rapid help when needed to allow me to return to managing my own health in a planned way"
Key actions that will be undertaken:	<ol style="list-style-type: none"><li>1. We will give every child the "Best Start" in life, specifically the crucial period from pregnancy to the age of two through early identification and targeted support.</li><li>2. We will ensure that people understand the benefits of being physical active. We will create environments that encourage people to build physical activity into their everyday life.</li><li>3. We will ensure that people who smoke and/or drink harmful amounts of alcohol are identified and supported to stop smoking and reduce their alcohol intake.</li><li>4. We will have a new single, easy-to-access service in place by October 2017 to support people to live healthier lifestyles with a specific focus on those at high risk of developing respiratory, cardio-vascular conditions.</li><li>5. We will have a new "Better Together" service in deprived neighbourhoods. It will use a community development approach to work with individuals, groups and communities to address issues that lead to poor health, such as poverty, unemployment, relationships and housing.</li></ol>	<ol style="list-style-type: none"><li>1. We will increase the number of people living with frailty able to live a fulfilling and active life for longer in their own homes. To achieve this, services will work together in communities in new, more efficient ways through a focus on individual and community strengths.</li><li>2. We will increase the numbers of people who are at high risk of developing diabetes and those living with diabetes accessing education and support programmes by 25% from 2017/18 to 2018/19. The aim of this is increase their knowledge about their risks and their conditions and their ability to manage these better.</li><li>3. We will enhance local services that improve you and your family's ability to manage your health. We will focus initially on people with muscle and joint problems and test out a new approach by March 2019. We will expand the approach to other services where it works well.</li><li>4. We will increase the number of people with diabetes and breathing difficulties who are supported by their healthcare professional to set and meet personal goals about their health and mental wellbeing. We will expand this approach to other people where it works well too.</li></ol>	<ol style="list-style-type: none"><li>1. We will work with health professionals to reduce the number of unnecessary routine appointments for patients, both before and after hospital treatments.</li><li>2. We will improve the way in which we provide care for people with mental health conditions by reducing the number of people sent outside Leeds to have treatment, and through increasing provision within the Leeds community.</li><li>3. We will work to ensure that money spent on prescribed medicines is evidence-based, clinically appropriate and consistent through better working with patients, health professionals and all providers.</li><li>4. We will provide more advice from consultants to the patient's GP (and primary care team) so they can manage more of the patient's needs in the community.</li><li>5. Whilst maintaining the quality and safety of care for all patients, we will work to reduce their length of stay in hospital by ensuring processes and systems are better streamlined whilst still meeting their needs.</li><li>6. We will improve the ways in which we test for cancer, provide treatment and offer support to patients after they have had a cancer diagnosis.</li></ol>	<ol style="list-style-type: none"><li>1. We will provide clearer information on how to access the urgent healthcare available to support patients and professionals to make good choices from a comprehensive range of high-quality services.</li><li>2. We will review all the locations and services where patients presenting with an urgent care need are assessed. This will support the move of care from a hospital to a community-based setting.</li><li>3. We will review all our urgent and non-planned care pathways to optimise patient care, promote self management and manage crisis.</li><li>4. We will change the way we organise services by connecting all urgent health and care services together to meet people's mental, physical and social needs, ensuring that people can use the right services at the right time.</li></ol>

### Together these actions will deliver a new vision for community services and primary care in every neighbourhood. These will be supported by...

Working as if we are one organisation and growing our own workforce from our diverse communities, supported by leading and innovative workforce education, training and technology.					Making Leeds a centre for good growth becoming the place of choice in the UK to live, to study, for businesses to invest in, for people to come and work
Using existing buildings more effectively, ensuring that they are right for the job					Having the best connected city using digital technology to improve health and wellbeing in innovative ways

# Contents

Chapters	Page No.
<b>Chapter 1: Introduction</b>	04-05
<b>Chapter 2: Working with you: the role of citizens and communities in Leeds</b>	06-08
<b>Chapter 3: This is us: Leeds, a compassionate city with a strong economy</b>	09-10
<b>Chapter 4: The Draft Leeds Health and Care Plan: what will change and how will it affect me?</b>	11-14
<b>Chapter 5: So why do we want change in Leeds?</b>	15-17
<b>Chapter 6: How do health and care services work for you in Leeds now?</b>	18-22
<b>Chapter 7: Working with partners across West Yorkshire</b>	23
<b>Chapter 8: Making the change happen</b>	24
<b>Chapter 9: How the future could look...</b>	25
<b>Chapter 10: What happens next?</b>	26-27
<b>Chapter 11: Getting involved</b>	28



## Chapter 1

# Introduction

**Leeds is a city that is growing and changing.** As the city and its citizens change, so will the need of those who live here.

Leeds is an attractive place to live, over the next 25 years the number of people is predicted to grow by over 15 per cent. We also live longer in Leeds than ever before. The number of people aged over 65 is estimated to rise by almost a third to over 150,000 by 2030. This is an incredible achievement but also means the city is going to need to provide more complex care for more people.

At the same time as the shift in the age of the population, more and more people (young and old) are developing long-term conditions such as #etes and other conditions related to lifestyle factors such as smoking, eating an unhealthy diet or being physically inactive.

Last year members of the Leeds Health and Wellbeing Board (leaders from health, care, the voluntary and community sector along and elected representatives of citizens in the city) set out the wide range of things we need to do to improve health and wellbeing in our city. This was presented in the [Leeds Health and Wellbeing Strategy 2016-2021](#).

The Leeds Health and Wellbeing strategy is required by government to set out how we will achieve the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. Everyone in Leeds has a stake in creating a city which does the very best for its people. It is a requirement from government that local health and care services take account of our Strategy in their spending and plans for services.

Leaders from the city's health and care services, and members of the Health and Wellbeing Board now want to begin a conversation with citizens, businesses and communities about the improvement people want to see in the health and wellbeing of Leeds citizens, and ask if individuals and communities should take greater responsibility for our health and wellbeing and the health and wellbeing of those around us.

Improving the health of the city needs to happen alongside delivering more efficient, services to ensure financial sustainability and offer better value for tax payers.

The NHS in England has also said what it thinks needs to change for our health services when it presented the "Five Year Forward View for the NHS". As well as talking about the role of citizens in improving the health and wellbeing of Leeds, the city's Health and Wellbeing Board must also work with citizens to plan what health and care services need to do to meet these changes:

- Health and Wellbeing Board members believe that too often care is organised around single illnesses rather than all of an individual's needs and strengths and that this should change.
- Leaders from health and care also believe many people are treated in hospitals when being cared for in their own homes and communities would give better results.

*"When the NHS was set up in 1948, half of us died before the age of 65.*

*Now, two thirds of the patients hospitals are looking after are over the age of 65.....life expectancy is going up by five hours a day"*

**Simon Stevens, Chief Executive NHS England**

- Services can sometimes be hard to access and difficult to navigate. Leeds will make health and care services more person-centred, joined-up and focussed on prevention.

Improving the health of the city needs to happen alongside delivering better value for tax payers and more efficient services. This is a major challenge.

What is clear is that nationally and locally the cost of our health and care system is rising faster than the money we pay for health and care services. Rising costs are partly because of extra demand (such as greater numbers of older people with health needs) and partly because of the high costs of delivering modern treatments and medicines.

If the city carries on without making changes to the way it manages health and care services, it would be facing a financial gap. Adding up the difference each year between the money available and the money needed, by 2021 the total shortfall would be around £700 million across Leeds.

As residents, health care professionals, elected leaders, patients and carers, we all want to see the already high standards of care that we have achieved in our city further improved to meet the current and future needs of the population.

### What is this document for?

We are publishing a Draft Leeds Health and Care Plan at a very early stage whilst ideas are developing. Ideas so far have been brought together from conversations with patients, citizens, doctors, health leaders, voluntary groups, local politicians, research and what has worked well in other areas. This gives everyone a start in thinking what changes may be helpful.

The Draft Leeds Health and Care Plan sets out initial ideas about how we could protect the vulnerable and reduce inequalities, improve care quality and reduce inconsistency and build a sustainable system with the reduced resources available. The key ideas are included at the front of this document; we want to help explain how we could make these changes happen.

This report contains a lot more information about the work of health and care professionals, your role as a citizen and the reasons for changing and improving the health and wellbeing of our city. Once you have taken a look we want to hear from you.

By starting a conversation together as people who live and work in Leeds we can begin creating the future of health and care services we want to see in the city.

We want you to consider the challenges and the plans for improving the health and wellbeing of everyone in Leeds. We want you to tell us what you think, so that together, we can make the changes that are needed to make Leeds the best city for health and wellbeing ensuring people are at the centre of all decisions.

Chapters 10 & 11 are where we set out what happens next, and includes information about how you can stay informed and involved with planning for a healthier Leeds.



## Chapter 2

# Working *with* you: the role of citizens and communities in Leeds

### Working *with* people

We believe our approach must be to work ‘with’ people rather than doing things ‘for’ or ‘to’ them. This is based on the belief that this will get better results for all of us and be more productive.

This makes a lot of sense. We know that most of staying healthy is the things we do every day for ourselves or with others in our family or community. Even people with complex health needs might only see a health or care worker (such as a doctor, nurse or care worker) for a small percentage of the time, it’s important that all of us, as individuals, have a good understanding of how to stay healthy when the doctor isn’t around.

This is a common sense or natural approach that many of us take already but can we do more? We all need to understand how we can take the best care of ourselves and each other during times when we’re at home, near to our friends, neighbours and loved ones.

*Work health and care leaders have done together in Leeds has helped us to understand where we could be better.*

*What we need to do now is work with the people of Leeds to jointly figure out how best to make the changes needed to improve, and the roles we will all have in improving the health of the city.*

### **The NHS Constitution**

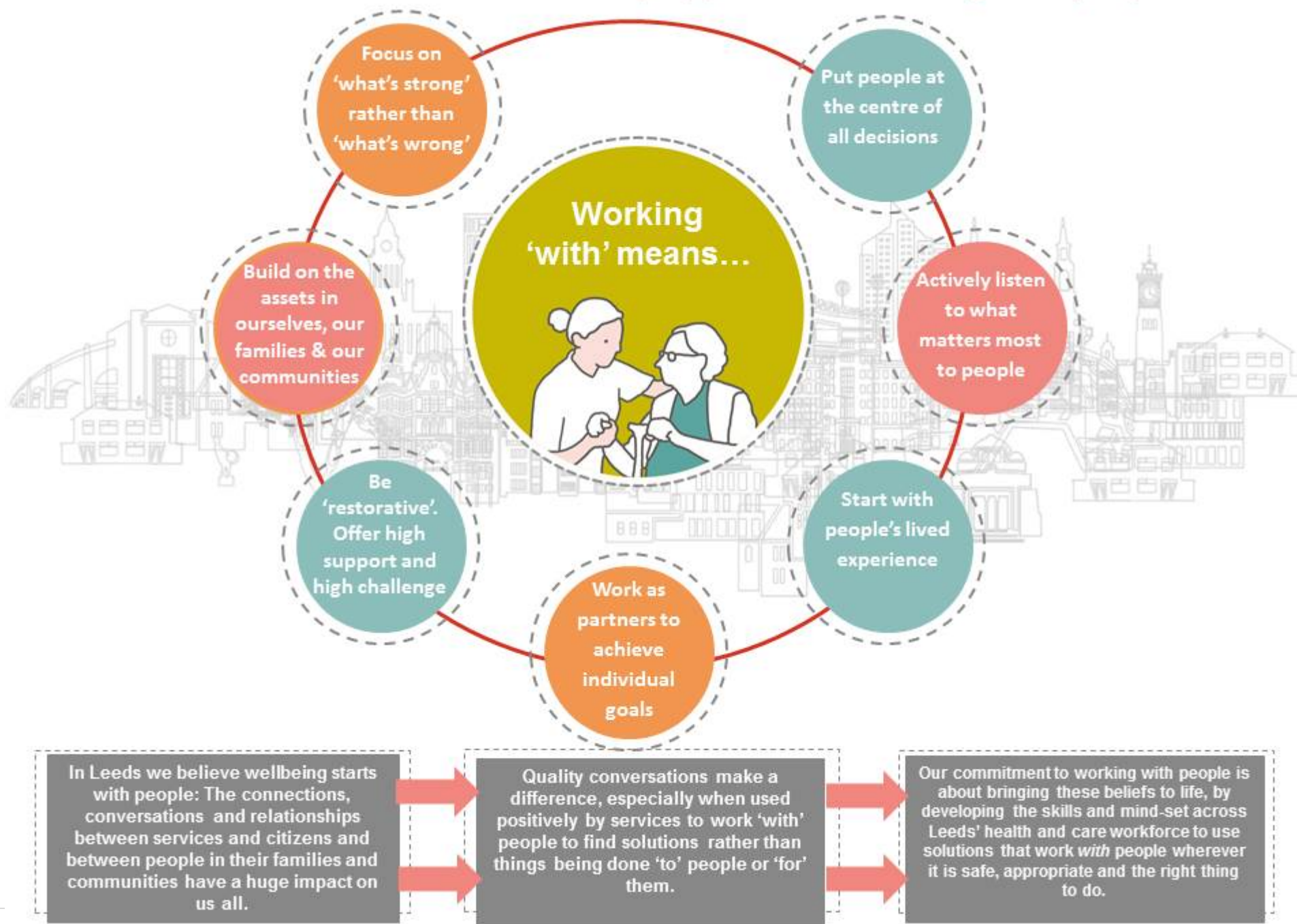
#### **Patients and the public: our responsibilities**

*The NHS belongs to all of us. There are things that we can all do for ourselves and for one another to help it work effectively, and to ensure resources are used responsibly.*

*Please recognise that you can make a significant contribution to your own, and your family’s, good health and wellbeing, and take personal responsibility for it.*

Figure 1 on the next page, gives an indication of the new way in which health and care services will have better conversations with people and work with people.

## Better conversations: A whole city approach to working with people





## Joining things up

We all know good health for all of us is affected by the houses we live in, the air we breathe, the transport we use and the food that we eat. We know good health starts at birth and if we set good patterns early they continue for a life time. We know that physical and mental health are often closely linked and we need to treat them as one.

We need to recognise the connections between our environment and our health. This will mean ensuring that the physical environment, our employment and the community support around us are set up in a way that makes staying healthy the easiest thing to do.

It will mean working with teams in the city who are responsible for work targeted at children and families, planning and providing housing and the built environment, transport and others. It will also involve us working with charities, faith groups, volunteer organisations and businesses to look at what we can all do differently to make Leeds a healthier place in terms of physical, mental and social wellbeing.

## Taking responsibility for our health

If we're going to achieve our ambition to be a healthier happier city, then each of us as citizens will have a role to play too.

In some cases this might mean taking simple steps to stay healthy, such as taking regular exercise, stopping smoking, reducing the amount of alcohol we drink and eating healthier food.

As well as doing more to prevent ill health, we will all be asked to do more to manage our own health better and, where it is safe and sensible to do so, for us all to provide more care for ourselves. These changes would mean that people working in health and care services would take more time to listen, to discuss things and to plan with you so that you know what steps you and your family might need to take to ensure that you are able to remain as healthy and happy as possible, even if living with an on-going condition or illness.

This wouldn't be something that would happen overnight, and would mean that all of us would need to be given the information, skills, advice and support to be able to better manage our own health when the doctor, nurse or care worker isn't around. By better managing our own health, it will help us all to live more independent and fulfilled lives, safe in the understanding that world class, advanced health and care services are there for us when required.

This won't be simple, and it doesn't mean that health and care professionals won't be there when we need them. Instead it's about empowering us all as people living in Leeds to live lives that are longer, healthier, more independent and happier.

Working together, as professionals and citizens we will develop an approach to health and wellbeing that is centred on individuals and helping people to live healthy and independent lives.

**Cycling** just 30 miles a week could reduce your risk of **cancer** by 45%

*That's the same as riding to work from **Headingley** to the **Railway Station** each day.*

## Chapter 3

# This is us: Leeds, a compassionate city with a strong economy

We are a city that is thriving economically and socially. We have the fastest growing city economy outside London with fast growing digital and technology industries.

Leeds City Council has been recognised as Council of the Year as part of an annual awards ceremony in which it competed with councils from across the country.

The NHS is a big part of our city, not only the hospitals we use but because lots of national bodies within the NHS have their home in Leeds, such as NHS England. We have one of Europe's largest teaching hospitals (Leeds Teaching Hospitals NHS Trust) which in 2016 was rated as good in a quality inspection. The NHS in the city provides strong services in the community and for those needing mental health services.

Leeds has a great history of successes in supporting communities and neighbourhoods to be more self-supporting of older adults and children, leading to better wellbeing for older citizens and children, whilst using resources wisely to ensure that help will always be there for those of us who cannot be supported by our community.

The city is developing innovative general practice (GP / family doctor) services that are among the best in the country. These innovative approaches include new partnerships and ways of organising community and hospital skills to be delivered in partnership with your local GPs and closer to your home. This is happening at the same time as patients are being given access to extended opening hours with areas of the city having GPs open 7 days per week.

Leeds is also the first major UK city where every GP, healthcare and social worker can electronically access the information they need about patients through a joined-up health and social care record for every patient registered with a Leeds GP.

We have three leading universities in Leeds, enabling us to work with academics to gain their expertise, help and support to improve the health of people in the city.

Leeds is the third largest city in the UK and home to several of the world's leading health technology and information companies who are carrying out research, development and manufacturing right here in the city. For example, we are working with companies like Samsung to test new 'assistive technologies' that will support citizens to stay active and to live independently and safely in their own homes.

The city is a hub for investment and innovation in using health data so we can better improve our health in a cost effective way. We are encouraging even more of this type of work in Leeds through a city-centre based "Innovation District".

Leeds has worked hard to achieve a thriving 'third sector', made up of charities, community, faith and volunteer groups offering support, advice, services and guidance to a diverse range of people and communities from all walks of life.

***The Reginald Centre in Chapeltown*** is a good example of how health, care and other council services are able to work jointly, in one place for the benefit of improving community health and wellbeing.

*The centre hosts exercise classes, a jobshop, access to education, various medical and dental services, a café, a bike library, and many standard council services such as housing and benefits advice.*





## Chapter 4

# The Draft Leeds Health and Care Plan: what will change and how will it affect me?

### Areas for change and improvement

To help the health and care leaders in Leeds to work better together on finding solutions to the city's challenges, they have identified four main priority areas of health and care on which to focus.

**Prevention (“Living a healthy life to keep myself well”)** – helping people to stay well and avoid illness and poor health.

Some illnesses can't be prevented but many can. We want to reduce avoidable illnesses caused by unhealthy lifestyles as far as possible by supporting citizens in Leeds to live healthier lives.

By continuing to promote the benefits of healthy lifestyles and reducing the harm done by tobacco and alcohol, we will keep people healthier and reduce the health inequalities that exist between different parts of the city.

Our support will go much further than just offering advice to people. We will focus on improving things in the areas of greatest need, often our most deprived communities, by providing practical support to people. The offer of support and services available will increase, and will include new services such as support to everyday skills in communities where people find it difficult to be physically active, eat well or manage their finances for example.

We will make links between healthcare professionals, people and services to make sure that everyone has access to healthy living support such as opportunities for support with taking part in physical activity.



**Self-management (“Health and care services working with me in my community”)** – providing help and support to

people who are ill, or those who have on-going conditions, to do as much as they have the skills and knowledge to look after themselves and manage their condition to remain healthy and independent while living normal lives at home with their loved ones.

People will be given more information, time and support from their GP (or family doctor) so

that they can plan their approach to caring for themselves and managing their condition, with particular support available to those who have on-going health conditions, and people living with frailty.

### **Making the best use of hospital care and facilities (“Hospital care only when I need it”)**

– access to hospital treatment when we need it is an important and limited resource, with limited numbers of skilled staff and beds.

More care will be provided out of hospital, with greater support available in communities where there is particular need, such as additional clinics or other types of support for managing things like muscle or joint problems that don't really need to be looked at in hospital. Similarly there will be more testing, screening and post-surgery follow-up services made available locally to people, rather than them having to unnecessarily visit hospital for basic services as is often the case now.



Working together, we will ensure that people staying in hospital will be there only for as long as they need to be to receive help that only a hospital can provide.

Reducing the length of time people stay in hospital will mean that people can return to their homes and loved ones as soon as it is safe to do so, or that they are moved to other places of care sooner if that is what they need, rather than being stuck in hospitals unnecessarily.

Staff, beds, medicines and equipment will be used more efficiently to improve the quality of care that people receive and ensure that nothing is wasted.

**Urgent and Emergency Care (“I get rapid help when needed to allow me to return to managing my own health in a planned way”)** – making sure that people with an urgent health or care need are supported and seen by the right team of professionals, in the right place for them first time. It will be much easier for people to know what to do when they need help straight away.

Currently there are lots of options for people and it can be confusing for patients. As a result, not all patients are seen by the right medical professional in the right place.

For example, if a young child fell off their scooter and had a swollen wrist, what would you do? You could call your GP, dial 999 ring NHS111, drive to one of the two A&E units, visit the walk-in centre, drive to one of the two minor injuries units, visit your local pharmacy or even just care for them at home and see how they feel after having some rest, a bag of frozen peas and some Calpol.

Given the huge range of options and choices available, it's no wonder that people struggle to know what to do when they or their loved ones have an urgent care need.

We want to make this much simpler, and ensure that people know where to go and what to do so that they're always seen by the right people first time.

## GP and Primary Care Changes

The biggest and most important idea to help with the above is to really change services to being more joined up around you – more integrated and more community focused.

The most important place to do this is in our communities and neighbourhoods themselves. It starts with recognising how communities can keep us healthy – through connecting us with activity, work, joining in with others and things that help gives us a sense of wellbeing. GPs, (primary care) nurses and other community services such as voluntary groups working closer as one team could focus better on keeping people healthy and managing their own health. We could also use health information better to target those at risk of getting ill and intervening earlier.

This will mean our whole experience of our local health service (or other community services such as a social worker) could change over time. We may find that in future we see different people at the GP to help us – for instance a nurse instead of a Doctor and we would have to spend less time travelling or talking to different services to get help. We may get more joined up help for housing, benefits and community activities through one conversation. It is likely that to do this GPs need to join some of their practices together to share resources, staff and premises to make sure they can work in this new way. Other health, care and community services will need to join in with the approach. We will all still be on our own GP list and have our own named doctor though – that will not change.

This big change would mean we would need to ensure we train our existing and future workforces to work with you in new ways. The approach would also use new technologies to help you look after your own wellbeing and help professionals to be more joined up.

The approach will bring much of the expertise of hospital doctors right into community services which would mean less referral to specialists and ensuring we do as much as we can in your community. This should mean fewer visits to hospital for fewer procedures.

Getting all of this right will help people be healthier and happier. It will mean we will further reduce duplication in the way that we spend money on care. Figure 2 shows how our use of the money available for health and care in Leeds might change. Note the shift towards more investment in Public Health where money will be used to encourage and support healthier lives for people in Leeds.



## Where money is spent on health and care in Leeds, now and in the future

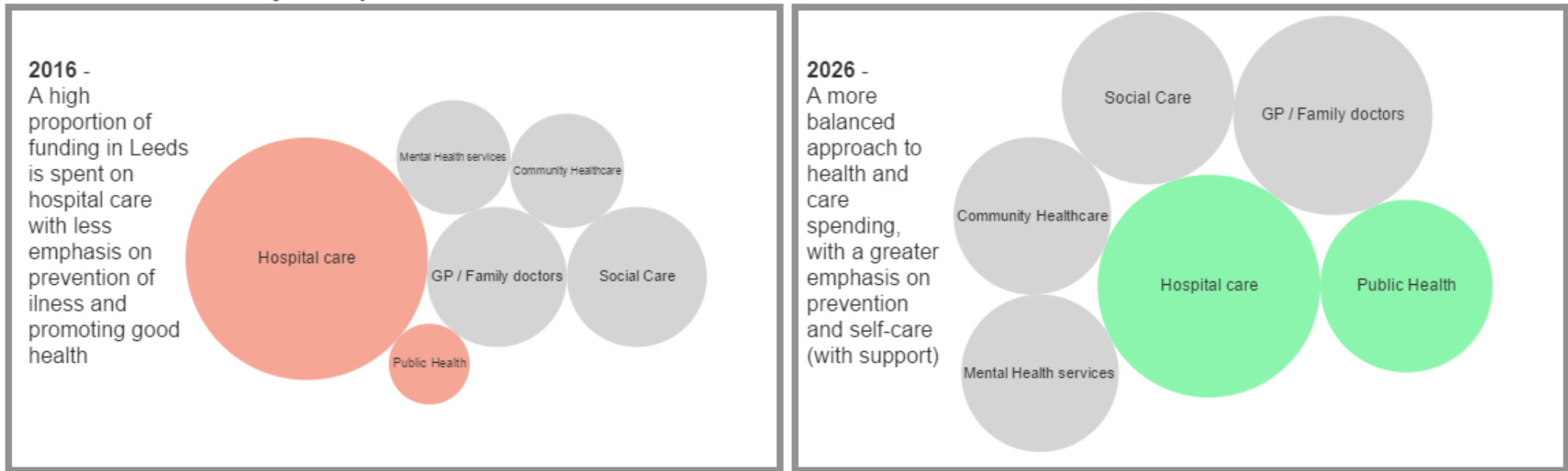


Figure 2 – An indicative view of the way that spending on the health and care system in Leeds may change

DRAFT

## Chapter 5

# So why do we want change in Leeds?

### Improving health and wellbeing

Most of us want the best health and care.

Most health and care services in Leeds are good. However, we want to make sure we are honest about where we can improve and like any other service or business, we have to look at how we can improve things with citizens.

Working together with the public, with professionals working in health and care and with the help of data about our health and our health and care organisations in the city, we have set out a list of things that could be done better and lead to better results for people living in Leeds.

This will mean improving the quality of services, and improving the way that existing health and care services work with each other, and the way that they work with individuals and communities.

We want to share our ideas with people in Leeds to find out whether citizens agree with the priorities in this plan. Citizens will be asked for their views and the information we receive will help us to improve the initial ideas we have and help us to focus on what is of greatest importance to the city and its people.

What we need to do now is work with people in the city to jointly figure out how best to make the changes and the roles we will all have in improving the health of the city.



### Three gaps between the Leeds we have, and the Leeds we want

#### 1. Reducing health inequalities (the difference between the health of one group of people compared with another)

- Reducing the number of early deaths from cancer and heart disease, both of which are higher in Leeds than the average in England
- Closing the life expectancy gap that exists between people in some parts of Leeds and the national average
- Reducing the numbers of people taking their own lives. The number of suicides is increasing in the city.

#### 2. Improving the quality of health and care services in Leeds

- Improving the quality of mental health care, including how quickly people are able to access psychological therapy when they need it
- Improving the reported figures for patient satisfaction with health and care services
- Making access to urgent care services easier and quicker

- Reducing the number of people needing to go into hospital
- Reducing the number of people waiting in hospital after they've been told they're medically fit to leave hospital
- Ensuring that enough health and care staff can be recruited in Leeds, and that staff continue working in Leeds for longer (therefore making sure that health and care services are delivered by more experienced staff who understand the needs of the population)
- Improving people's access to services outside normal office hours.

### 3. Ensuring health and care services are affordable in the long-term

If we want the best value health services for the city then we need to question how our money can best be spent in the health and care system. Hospital care is expensive for each person treated compared to spending on health improvement and prevention. We need to make sure that we get the balance right to ensure we improve people's health in a much more cost effective way.

We believe the health and wellbeing of citizens in Leeds will be improved through more efficient services investing more thought, time, money and effort into preventing illness and helping people to manage on-going conditions themselves. This will help prevent more serious illnesses like those that result in expensive hospital treatment.

We think we can also save money by doing things differently. We will make better use of our buildings by sharing sites between health and care and releasing or redeveloping underused buildings. A good example of this is the Reginald Centre in Chapeltown.

Better joint working will need better, secure technology to ensure people get their health and care needs met. This might be through better advice or management of conditions remotely to ensure the time of health and care professionals is used effectively. For example having video consultations may allow a GP to consult with many elderly care home patients and their carers in a single afternoon rather than spending lots of time travelling to and from different parts of the city.

We plan to deliver better value services for tax payers in Leeds by making improvements to the way that we do things, preventing more illness, providing more early support, reducing the need for expensive hospital care and increasing efficiency.

Changing the way that we work to think more about the improvement of health, rather than just the treatment of illness, will also mean we support the city's economic growth - making the best use of every 'Leeds £'.

This will be important in the coming years, as failure to deliver services in a more cost effective way would mean that the difference between the money available and the money spent on health and care services in Leeds would be around £700 million.

Preventable **Diabetes**  
costs taxpayers in Leeds  
**£11,700** every hour



This means if Leeds **does the right things now we will have a healthier city, better services and ensure we have sustainable services.** If we ignored the problem then longer term consequences could threaten:

- **A shortage of money and staff shortages**
- **Not enough hospital beds**
- **Longer waiting times to see specialists**
- **Longer waiting times for surgery**
- **Higher levels of cancelled surgeries**
- **Longer waiting times for GP appointments**
- **Longer waiting times in A&E**
- **Poorer outcomes for patients**



None of us wants these things to happen to services in Leeds which is why we're working now to plan and deliver the changes needed to improve the health of people in the city and ensure that we have the health and care services we need for the future.

This is why we are asking citizens of Leeds, along with people who work in health and care services and voluntary or community organisations in the city to help us redesign the way we can all plan to become a healthier city, with high quality support and services.

## Chapter 6

# How do health and care services work for you in Leeds now?

Our health and care service in Leeds are delivered by lots of different people and different organisations working together as a partnership. This partnership includes not only services controlled directly by the government, such as the NHS, but also services which are controlled by the city council, commercial and voluntary sector services.

### The government, the Department of Health and the NHS

The department responsible for NHS spending is the Department of Health. Between the Department of Health and the Prime Minister there is a Secretary of State for Health. GPs were chosen by Government to manage NHS budgets because they're the people that see patients on a day-to-day basis and arguably have the greatest all-round understanding of what those patients need as many of the day to day decisions on NHS spending are made by GPs.

### Who decides on health services in Leeds? The role of 'Commissioners'

About £72 billion of the NHS £120 billion budget is going to organisations called Clinical Commissioning Groups, or CCGs. They're made up of GPs, but there are also representatives from nursing, the public and hospital doctors.

The role of the CCGs in Leeds is to improve the health of the 800,000 people who live in the city. Part of the way they do it is by choosing and buying – or commissioning - services for people in Leeds.

They are responsible for making spending decisions for a budget of £1.2bn.

CCGs can commission services from hospitals, community health services, and the private and voluntary sectors. Leeds has a thriving third sector (voluntary, faith and community groups) and commissioners have been able to undertake huge amounts of work with communities by working with and commissioning services with the third sector.

As well as local Leeds commissioning organisations, the NHS has a nationwide body, NHS England, which commissions 'specialist services'. This helps ensure there is the right care for health conditions which affect a small number of people such as certain cancers, major injuries or inherited diseases.

### Caring for patients – where is the health and care money spent on your behalf in Leeds?

Most of the money spent by the local NHS commissioners in Leeds, and by NHS England as part of their specialist commissioning for people in Leeds is used to buy services provided by four main organisations or types of 'providers', these include:

### **GPs (or family doctor) in Leeds**


GPs are organised into groups of independent organisations working across Leeds. Most people are registered with a GP and they are the route through which most of us access help from the NHS.

### **Mental Health Services in Leeds**

Leeds and York Partnership NHS Foundation Trust (LYPFT) provides mental health and learning disability services to people in Leeds, including care for people living in the community and mental health hospital care.

### **Hospital in Leeds**

Our hospitals are managed by an organisation called Leeds Teaching Hospitals NHS Trust which runs Leeds General Infirmary (the LGI), St James's Hospital and several smaller sites such as the hospitals in Wharfedale, Seacroft and Chapel Allerton.



*Mental Health affects many people over their lifetime. It is estimated that 20% of all days of work lost are through mental health, and 1 in 6 adults is estimated to have a common mental health condition.*

### **Providing health services in the community for residents in Leeds**

There are lots of people in Leeds who need some support to keep them healthy, but who don't need to be seen by a GP or in one of the city's large hospitals such as the LGI or St James. For people in this situation Leeds Community Healthcare NHS Trust provides many community services to support them.

Services include the health visitor service for babies and young children, community nurse visits to some housebound patients who need dressings changed and many others.

### **Who else is involved in keeping Leeds healthy and caring for citizens?**

As well as the money spent by local NHS commissioners, Leeds City Council also spends money on trying to prevent ill health, as well as providing care to people who aren't necessarily ill, but who need support to help them with day to day living.

### **Public health – keeping people well and preventing ill health**

Public health, or how we keep the public healthy, is the responsibility of Leeds City Council working together with the NHS, Third Sector and other organisations with support and guidance from Public Health England.

Public Health and its partners ensure there are services that promote healthy eating, weight loss, immunisation, cancer screening and smoking cessation campaigns from Public Health England and national government.

### **Social care - supporting people who need help and support**

Social care means help and support - both personal and practical - which can help people to lead fulfilled and independent lives as far as possible. Social care covers a wide range of services, and can include anything from help getting out of bed and washing, through to providing or commissioning residential care homes, day service and other services that support and maintain people's safety and dignity.



It also includes ensuring people's rights to independence and ensuring that choice and control over their own lives is maintained, protecting (or safeguarding) adults in the community and those in care services.

Adult social care also has responsibility for ensuring the provision of good quality care to meet the long-term and short-term needs

of people in the community, the provision of telecare, providing technology to support independent living, occupational therapy and equipment services.



Lots of questions have been asked about whether the government has given enough money for social care, and how it should be paid for.

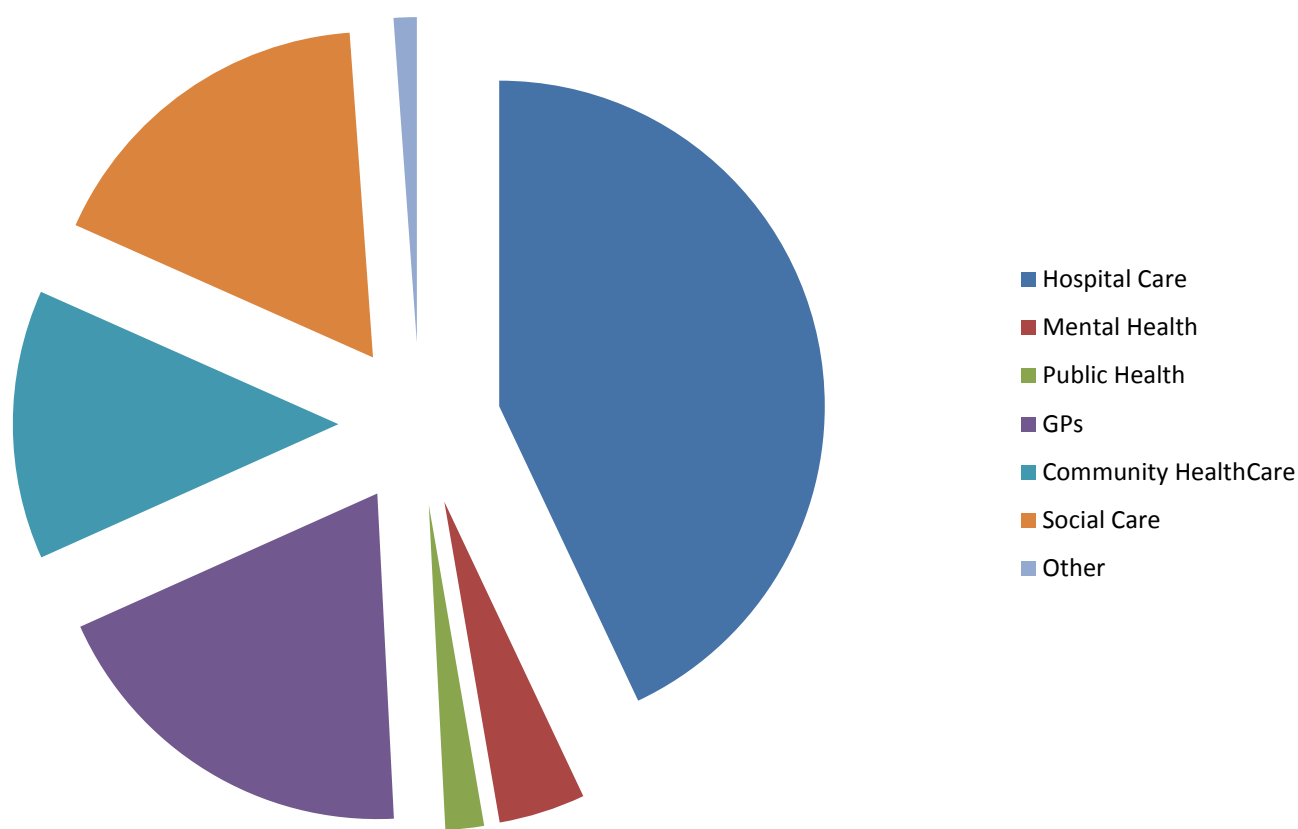
During 2016/17 Leeds City Council paid for long term packages of support to around 11,000 people.

Approximately 4,230 assessments of new people were undertaken during the 2016/17 with around 81.5% or 3,446 of these being found to be eligible to receive help.

Leeds City Council commissions permanent care home placements to around 3,000 people at any time, and around 8,000 people are supported by Leeds Adult Social Care to continue living in their communities with on-going help from carers.

Figure 3, shows how the local decision makers (NHS Commissioners and Leeds City council) spend health and care funding on behalf of citizens in Leeds.

## Amount (£m)



**Figure 3 – Indicative spending of health and care funding in Leeds**

### **Children and Families Trust Board**

The Children and Families Trust Board brings together senior representatives from the key partner organisations across Leeds who play a part in improving outcomes for children and young people.

They have a shared commitment to the Leeds Children & Young People's Plan; the vision for Leeds to be the best city in the UK for children and young people to grow up in, and to be a Child Friendly city that invests in children and young people to help build a compassionate city with a strong economy.

In Leeds, the child and family is at the centre of everything we do. All work with children and young people starts with a simple question: what is it like to be a child or young person growing up in Leeds, and how can we make it better?

The best start in life provides important foundations for good health. Leeds understands the importance of focussing on the earliest period in a child's life, from pre-conception to age two, in order to maximise the potential of every child.

The best start in life for all children is a shared priority jointly owned by the Leeds Health and Wellbeing Board and the Children & Families Trust Board through the Leeds Best Start Plan; a broad collection of preventative work which aims to ensure a good start for every baby.

Under the Best Start work in Leeds, babies and parents benefit from early identification and targeted support for vulnerable families early in the life of the child. In the longer term, this

will promote social and emotional capacity of the baby and cognitive growth (or the development of the child's brain).

By supporting vulnerable families early in a child's life, the aim is to break the cycles of neglect, abuse and violence that can pass from one generation to another.

The plan has five high-level outcomes:

- Healthy mothers and healthy babies
- Parents experiencing stress will be identified early and supported
- Well prepared parents
- Good attachment and bonding between parent and child
- Development of early language and communication

Achieving these outcomes requires action by partners in the NHS, Leeds City Council and the third sector. A partnership group has been established to progress this important work.

### **Leeds Health and Wellbeing Board**

The Health and Wellbeing Board helps to achieve the ambition of Leeds being a healthy and caring city for all ages, where people who are the poorest, improve their health the fastest.

The Board membership comprises Elected Members and Directors at Leeds City Council, Chief Executives of our local NHS organisations, the clinical chairs of our Clinical Commissioning Groups, the Chief Executive of a third sector organisation, Healthwatch Leeds and a representative of the national NHS. It exists to improve the health and wellbeing of people in Leeds and to join up health and care services. The Board meets about 8 times every year, with a mixture of public meetings and private workshops.

The Board gets an understanding of the health and wellbeing needs and assets in Leeds by working on a Joint Strategic Needs Assessment (JSNA), which gathers lots of information together about people and communities in the city.

The Board has also developed a Health and Wellbeing Strategy which is about how to put in place the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. Everyone in Leeds has a stake in creating a city which does the very best for its people. This strategy is the blueprint for how Leeds will achieve that. It is led by the partners on the Leeds Health and Wellbeing Board and it belongs to everyone in the city.

### **Healthwatch Leeds**

People and patients are at the heart of our improvement in health. This means their views are at the heart of how staff and organisations work and that they are at the heart of our strategy.

Healthwatch Leeds is an organisation that's there to help us get this right by supporting people's voices and views to be heard and acted on by those who plan and deliver services in Leeds.



## Chapter 7

# Working with partners across West Yorkshire

Leeds will make the most difference to improving our health by working together as a city, for the benefit of people in Leeds.

There are some services that are specialist, and where the best way to reduce inequalities, improve the quality of services and ensure their financial sustainability is to work across a larger area. In this way we are able to plan jointly for a larger population and make sure that the right services are available for when people need them but without any duplication or waste.

NHS organisations and the council in Leeds are working with their colleagues from the other councils and NHS organisations from across West Yorkshire to jointly plan for those things that can best be done by collaborating across West Yorkshire.

This joint working is captured in the [West Yorkshire and Harrogate Health and Care Partnership](#).

*The West Yorkshire and Harrogate Health and Care Partnership is built from six local area plans: Bradford District & Craven; Calderdale; Harrogate & Rural District; Kirklees; Leeds and Wakefield. This is based around the established relationships of the six Health and Wellbeing Boards and builds on their local health and wellbeing strategies. These six local plans are where the majority of the work happens.*

*We have then supplemented the plan with work done that can only take place at a West Yorkshire and Harrogate level. This keeps us focused on an important principle of our health and care partnership - that we deal with issues as locally as possible*

The West Yorkshire and Harrogate Health and Care Partnership has identified nine priorities for which it will work across West Yorkshire to develop ideas and plan for change, these are:

- Prevention
- Primary and community services
- Mental health
- Stroke
- Cancer
- Urgent and emergency care
- Specialised services
- Hospitals working together
- Standardisation of commissioning policies

## Chapter 8

# Making the change happen

The work to make some changes has already started. However, we don't yet have all of the answers and solutions for exactly how we will deliver the large changes that will improve the health and wellbeing of people in Leeds.

This will require lots of joint working with professionals from health and care, and importantly lots of joint working with you, the public as the people who will be pivotal to the way we do things in future.

We will work with partners from across West Yorkshire to jointly change things as part of the West Yorkshire and Harrogate Health and Care Partnership (where it makes sense to work together across that larger area). Figure 4 (below) shows the priorities for both plans.



**Figure 4: Draft Leeds Health and Care Plan & West Yorkshire & Harrogate Health and care Partnership priorities**

## Chapter 9

# How the future could look...

We haven't got all the answers yet, but we do know what we would like the experiences and outcomes of people in Leeds to look like in the future.

We have worked with patient groups and young people to tell the stories of 8 Leeds citizens, and find out how life is for them in Leeds in 2026, and what their experience is of living in the best city in the country for health and wellbeing.

**\*NOTE - This work is on-going. Upon completion, we will have graphic illustrations in videos produced for each of the cohorts:**

1. Healthy children
2. Children with long term conditions (LTC)
3. Healthy adults –occasional single episodes of planned and unplanned care
4. Adults at risk of developing a LTC
5. Adults with a single LTC
6. Adults with multiple LTCs
7. Frail adults - Lots of intervention
8. End of Life – Support advice and services in place to help individuals and their families through death
9. We will also be developing health and care staff stories



## Chapter 10

# What happens next?

The Leeds Health and Care Plan is really a place to pull together lots of pieces of work that are being done by lots of health and care organisations in Leeds.

Pulling the work together, all into one place is important to help health care professionals, citizens, politicians and other interested stakeholders understand the 'bigger picture' in terms of the work being done to improve the health of people in the city.

### Change is happening already

Much of this work is already happening as public services such as the NHS and the Council are always changing and trying to improve the way things are done.

Because much of the work is on-going, there isn't a start or an end date to the Leeds plan in the way that you might expect from other types of plan. Work will continue as partners come together to try and improve the health of people in the city, focussing on some of the priority areas we looked at in **Chapter 4**.

### Involving you in the plans for change

We all know that plans are better when they are developed with people and communities; our commitment is to do that so that we can embed the changes and make them a reality.

We will continue to actively engage with you around any change proposals, listening to what you say to develop our proposals further.

We are starting to develop our plans around how we will involve, engage and consult with all stakeholders, including you, and how it will work across the future planning process and the role of the Health and Wellbeing Boards.

### Working with Healthwatch

Planning our involvement work will include further work with Healthwatch and our voluntary sector partners such as Leeds Involving People, Voluntary Action Leeds, Volition and many others to make sure we connect with all groups and communities.

### When will changes happen?

While work to improve things in Leeds is already happening, it is important that improvements happen more quickly to improve the health of residents and the quality and efficiency of services for us all.

### Joint working

Working together, partners of the Health and Wellbeing Board in Leeds will continue to engage with citizens in Leeds to help decide on the priorities for the city, and areas that we should focus on in order to improve the health of people living in Leeds.

Alongside the Health and Wellbeing Board, the heads of the various health and care organisations in the city will work much more closely through regular, joint meetings of the Partnership Executive Group (a meeting of the leaders of each organisation) to ensure that there is a place for the more detailed planning and delivery of improvements to health and care in the city.

### Who will make decisions?

Ultimately, there will be lots of changes made to the way that health and care services work in Leeds. Some of these will be minor changes behind the scenes to try and improve efficiency.

Other changes will be more significant such as new buildings or big changes to the way that people access certain services.

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 services in the city (including 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.

### Legal duties to involve people in changes

Leeds City Council and all of the NHS organisations in Leeds have separate, but similar, obligations to consult or otherwise involve the public in our plans for change.

For example, CCGs are bound by rules set out in law, (section 14Z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012).

This is all fairly technical, but there is a helpful document that sets out the advice from NHS England about how local NHS organisations and Councils should go about engaging local people in plans for change.

The advice can be viewed here:

<https://www.england.nhs.uk/wp-content/uploads/2016/09/engag-local-people-stps.pdf>

NHS organisations in Leeds must also consult the local authority on ‘substantial developments or variation in health services’. This is a clear legal duty that is set out in S244 of the NHS Act 2006.

### Scrutiny

Any significant changes to services will involve detailed discussions with patients and the public, and will be considered by the Scrutiny Board (Adult Social Services, Public Health and the NHS). This is a board made up of democratically elected councillors in Leeds, whose job it is to look at the planning and delivery of health and care services in the city, and consider whether this is being done in a way that ensures the interests and rights of patients are being met, and that health and care organisations are doing things according to the rules and in the interests of the public.

## Chapter 11

# Getting involved

Sign up for updates about the Draft Leeds Health and Care Plan

**\*NOTE –Final version will include details of how to be part of the Big Conversation**

### Other ways to get involved

You can get involved with the NHS and Leeds City Council in many ways locally.

#### 1. By becoming a member of any of the local NHS trusts in Leeds:

- Main Hospitals: Leeds Teaching Hospitals Trust - <http://www.leedsth.nhs.uk/members/becoming-a-member/>
- Mental Health: Leeds & York Partnership Foundation Trust - <http://www.leedsandYorkpft.nhs.uk/membership/foundationtrust/Becomeamember>
- Leeds Community Healthcare Trust – <http://www.leedscommunityhealthcare.nhs.uk/working-together/active-and-involved/>

#### 2. Working with the Commissioning groups in Leeds by joining our Patient Leader

**programme:** <https://www.leedswestccg.nhs.uk/content/uploads/2015/11/Patient-leader-leaflet-MAIN.pdf>

#### 3. Primary Care –Each GP practice in Leeds is required to have a Patient Participation Group

Contact your GP to find out details of yours. You can also attend your local Primary Care Commissioning Committee, a public meeting where decisions are made about the way that local NHS leaders plan services and make spending decisions about GP services in your area.

#### 4. Becoming a member of Healthwatch Leeds or Youthwatch Leeds:

- <http://www.healthwatchleeds.co.uk/content/help-us-out>
- <http://www.healthwatchleeds.co.uk/youthwatch>