



Report of: Shak Rafiq (Communications Manager, NHS Leeds Clinical Commissioning Groups Partnership)

Report to: Leeds Health and Wellbeing Board

Date: 19 February 2018

Subject: Progressing the NHS Leeds Clinical Commissioning Groups Partnership Annual Report 2017-2018

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

NHS England requires all NHS Clinical Commissioning Groups (CCGs) to produce annual reports in a prescribed format to a specific timescale.

One of the statutory requirements is for CCGs to review to what extent they have contributed to the local joint health and wellbeing strategy, to include this review in our annual reports and to consult with the Health and Wellbeing Board in preparing them.

This is the formal wording taking from NHS England's guidance *"Please review the extent to which the CCG has contributed to the delivery of any joint health and wellbeing strategy to which it was required to have regard under section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007. It is a statutory requirement to include this review in your annual report and to consult with each relevant Health and Wellbeing Board in preparing it."*

In 2016-2017 we asked for the Health and Wellbeing Board to let us know if the content in each of the respective CCG annual reports closely reflected the work undertaken to contribute to the Leeds Health and Wellbeing Strategy 2016-2021 (Appendix 1). Feedback from the meeting demonstrated the need to bring this item to the Health and Wellbeing Board's attention sooner than the deadline date which last year allowed for only two working days for comments.

The three CCGs have been working as a formal partnership (NHS Leeds Clinical Commissioning Groups Partnership) and while we still need to produce three separate reports showing three sets of accounts we are able to produce a single narrative to demonstrate the CCG Partnership's achievements during 2016-2017.

We are asking for suggested contributions and an agreement on the key achievements that the CCG has supported in delivering the Leeds Health and Wellbeing Strategy 2016-2021. By bringing this item to the meeting for the 19 February 2018 meeting we have sufficient time available to ensure we have agreed content for the annual report by the draft copy deadline of 30 March 2018. This then gives CCG colleagues enough time to complete the entire draft report for submission to NHS England by midday on 20 April 2018.

Recommendations

The Health and Wellbeing Board is asked to:

- Support the process for developing the CCG annual report as outlined in para 3.6 to meet the statutory requirement outlined by NHS England.
- Acknowledge the extent to which the NHS Leeds CCGs have contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- Agree to the formal recording of this acknowledgement in the NHS Leeds CCGs' annual reports according to statutory requirement.

1 Purpose of this report

- 1.1 The purpose of this report is to provide an opportunity for members to agree on the key achievements of the Health and Wellbeing Board in delivering the Leeds Health and Wellbeing Strategy 2016-2021, with a particular reference on how the CCG has contributed to this.
- 1.2 Following feedback for this item from the meeting held on 20 April 2017, we have ensured that members of the Board have sufficient time to confirm the key achievements they would like included in the CCG's annual report. The information must relate directly to what extent the CCG has contributed to the delivery of the joint health and wellbeing strategy.
- 1.3 By involving and consulting with the board prior to submission of the annual report to NHS England, the CCG will have ensured it is following the prescribed guidance in preparing its annual report.

2 Background information

- 2.1 NHS England requires all NHS Clinical Commissioning Groups (CCGs) to produce annual reports in a prescribed format to a specific timescale.
- 2.2 The annual report has three sections:
 - Performance Report, including an overview and performance analysis
 - Accountability Report, including a corporate governance report, CCG members' report, statement of the Accountable Officer's responsibilities, governance statement and remuneration and staff report
 - Annual Accounts
- 2.3 One of the statutory requirements is for CCGs to review to what extent they have contributed to the local joint health and wellbeing strategy, to include this review in our annual reports and to consult with the Health and Wellbeing Board in preparing them.
- 2.4 The CCGs Partnership has contributed to the development of the *Leeds Health and Wellbeing Board: Reviewing the year 2017-2018* paper, which is being considered by Health and Wellbeing Board on 19 February 2018. This included the information submitted by the CCGs Partnership to the self-assessment workshop held for Board members in January 2018. This submission provided an overview of how the organisation had contributed to the each of the 12 priorities within the Leeds Health and Wellbeing Strategy 2016-2021. The contents of this paper and discussions by the Board on 19 February 2018 will be used to summarise the key achievements of the CCG Partnership in relation to the delivery of the strategy as outlined by NHS England in its annual reporting guidance for CCGs.

3 Main issues

- 3.1 We consider effective partnership working to be fundamental to the way we do our business as CCGs and reflect this throughout our annual reports.

- 3.2 Each of the NHS Leeds CCGs is represented on the Leeds Health and Wellbeing Board. We actively supported the Joint Strategic Needs Assessment (JSNA) to identify the current health and wellbeing needs of local communities and highlight health inequalities that can lead to some people dying prematurely in some parts of Leeds compared to other people in the city.
- 3.3 We consider ourselves to be full partners in commissioning health and care services for the benefit of local people, actively supporting the 12 priority areas:
- A child friendly city and the best start in life;
 - An age friendly city where people age well;
 - Strong, engaged and well-connected communities;
 - Housing and the environment enable all people of Leeds to be healthy;
 - A strong economy, with local jobs;
 - Get more people, more physically active, more often;
 - Maximise the benefits from information and technology;
 - A stronger focus on prevention;
 - Support self-care, with more people managing their condition;
 - Promote mental and physical health equally;
 - A valued, well trained and supported workforce; and
 - The best care, in the right place, at the right time.
- 3.4 Last year we presented text that we needed sign off from Leeds Health and Wellbeing Board members. However this year we want to offer a greater opportunity for members to actively contribute to this year's annual report and agree the key achievements that we have collectively delivered on the Leeds Health and Wellbeing Strategy 2016-2021.
- 3.5 Furthermore we wanted to acknowledge feedback last year about developing a summary version of the annual report. We wanted to confirm to Board members that this was done and we will be following the same format this year. This means we will have a formal annual report and accounts that meets statutory guidance and a summary document that provides a more accessible review of our achievements, how we have involved citizens and how we have allocated our budget.
- 3.6 The process we are working to is as follows:
- Using feedback from the 19 Feb 2018 meeting of the Leeds Health and Wellbeing Board, the CCG will liaise with relevant officers to draft the text
 - Mid-March – The CCGs will brief the Chair of the Leeds Health and Wellbeing Board with the proposed draft text prior to seeking comments from other members.
 - Late-March – Circulate the draft text to Leeds Health and Wellbeing Board members with an offer of a briefing and allow one week to receive comments. The final comments need to be received by 28 March 2018.

- 9 April – Circulate final draft text to Leeds Health and Wellbeing Board members for information only.
- 20 April by midday – The CCG draft annual report will be submitted to NHS England, the draft final version will be circulated to Leeds Health and Wellbeing Board members and for it to be retrospectively noted at the next public Leeds Health and Wellbeing Board meeting.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 All CCG annual report must demonstrate how they have met their statutory duty to involve the public in our commissioning activity. The guidance, for reference purposes, is as below.

4.1.2 *“Please explain how the CCG has discharged its duty under [Section 14Z2 of the NHS Act 2006 \(as amended 2012\)](#) to involve the public (individuals and communities you serve) in commissioning activities and the impact that engagement activity has had. This includes designing and planning, decision-making and proposals for change that will impact on individuals or groups and how health services are provided to them. It is a statutory requirement to demonstrate how this duty has been met in your annual report.”*

4.2 Equality and diversity / cohesion and integration

4.2.1 The annual report includes a contribution from our equality lead demonstrating how the CCG has met its duty to the equality, diversity and inclusion agenda. The CCG annual report also demonstrates how it contributes to reducing health inequalities either through the work of the health and wellbeing board or through local schemes, often at neighbourhood level, through its member GP practices.

4.3 Resources and value for money

4.3.1 The CCG annual report is a publically published document that provides an open and transparent reflection on our performance over the year. It also offers taxpayers the opportunity to see how we have made use of our publicly-funded resources.

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 A risk register is held and regularly monitored by the NHS Leeds Clinical Commissioning Groups Partnership.

5 Conclusions

5.1 Reflecting on feedback from last year’s engagement with the Leeds Health and Wellbeing Board for this statutory requirement of our annual report we have

ensured that it is presented in a timely manner. This gives members a chance to contribute to this particular statutory requirement as part of the wider prescribed set of guidelines that govern the preparation and presentation of the CCG annual report.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Support the process for developing the CCG annual report as outlined in para 3.6 to meet the statutory requirement outlined by NHS England.
- Acknowledge the extent to which the NHS Leeds CCGs have contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- Agree to the formal recording of this acknowledgement in the NHS Leeds CCGs' annual reports according to statutory requirement.

7 Background documents

None

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How does this help reduce health inequalities in Leeds?

The annual report of the NHS Leeds CCG Partnership highlight joined up working to reduce health inequalities, outlining plans, targets and achievements.

How does this help create a high quality health and care system?

The annual report provides a narrative on how the NHS Leeds CCG Partnership has worked in partnership to help create and sustain a high-quality health and care system.

How does this help to have a financially sustainable health and care system?

The annual reports outlines how the CCG is working in partnership across the Leeds health and social care economy as part of the wider STP and Leeds Plan process.

Future challenges or opportunities

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

Appendix 1: Excerpt from CCGs annual report 2016-2017

PERFORMANCE REPORT – REDUCING HEALTH INEQUALITIES

Reducing health inequalities is a priority for us as we seek to address the life expectancy gap in some of our neighbourhoods. We want to ensure local people get the support they need to help them make healthy lifestyle choices and to work in partnership to address the wider determinants (causes) of ill health. Our work in this area links in with the Leeds Health and Wellbeing Strategy, the West Yorkshire and Harrogate Sustainability and Transformation Plan and the linked Leeds Plan.

Our varied population covers parts of the most affluent and parts of the most deprived areas of Leeds, and includes communities with some of the lowest average life expectancy rates in the city.

Health and lifestyle

- Cancer, cardiovascular disease and respiratory disease are the leading causes of premature and avoidable mortality. Cases of these are almost double for men.
- There is a strong link between years of life lost and deprivation. Rates are around 60% higher in our most deprived areas. However, overall rates and the gap have reduced.
- Some of the key lifestyle information for our area shows that one in five people are obese and one in five people smoke. Admissions to hospital due to alcohol are 4% lower in our area than the city average.
- Rates of hypertension and chronic obstructive pulmonary disease, often referred to as COPD (the name given to a range of respiratory conditions), vary across the city.
- Over 25% (more than one in four) of adults have one or more long-term conditions.
- Around 16% of children and young people under the age of 16 have asthma.

We've been working on a number of initiatives to help us reduce the health inequalities that affect people in our area. We've highlighted these below.

Supporting people with learning disabilities

We've been developing and implementing the Leeds Transforming Care Partnership (TCP) and local plan to deliver the national three year plan "Building the Right Support". The plan is to develop more effective community services for people with learning disabilities and/or autism with complex behaviour. This helps to support discharge from, and prevent admission to, specialised assessment and treatment or continuing rehabilitation and recovery hospitals.

The TCP is a partnership consisting of commissioners and providers working in adult health and social care and children and young people's social care. A three year plan has been published including an easy read version

www.leedsnorthccg.nhs.uk/news/transformation-care-plan-people-learning-disability-and-or-autism/

The programme is to be completed by March 2019. One of the key principles is ensuring service users and families are at the centre of the programme of work. To support this co-production is an essential component of the delivery plan. A workshop with service users and families was held to agree the model and approach supporting the delivery of the plan.

In addition seven work streams have been identified and agreed to deliver the strategic objectives of the all-age plan by the TCP.

Work to improve the health and wellbeing of people with learning disabilities has also been a focus of work this year. The Making Time Pharmacy Project is a new initiative to support improved access to local pharmacies for people with learning disabilities. The initiative facilitates protected time with pharmacists to identify health needs and develop a health action plan to promote an individual's health and wellbeing. The project has been recognised nationally winning two awards for innovation.

Gypsy and Traveller health improvement project

The project includes a range of initiatives to improve our understanding of the health needs of this community; to develop culturally appropriate service/services and to improve access to primary care.

Working with Gypsy and Travellers, Leeds GATE (Gypsy and Traveller Advocacy Group) and York Street Practice we developed and recruited an Outreach Nurse. The Outreach Nurse started in January 2017 building relationships between the Gypsy and Traveller community and primary care, providing health advice and revised health checks. Gypsy and Traveller residents from Cottingley Springs and Leeds GATE were members of the recruitment panel for the Outreach Post. They've also co-designed the approach to the project and evaluation. Links have been established across the Leeds clinical commissioning groups to share learning from the project.

Other initiatives to support the project include:

- Providing healthy lifestyle sessions and revised health checks at the Lee Gap Fair – a traditional Gypsy and Traveller Horse Fair held annually in West Ardsley
- Cultural awareness training commissioned for primary care staff with initial sessions delivered in the Morley locality
- Cottingley Springs residents linked to targeted health improvement work such as screening and cancer awareness
- Developing an academic partnership with Leeds Beckett University to support evaluation

Social prescribing

We've recognised the impact of wider determinants of health on the health and wellbeing of our population. As a result we've invested in a partnership collaboration of local third sector organisations to offer social prescribing for vulnerable patients.

Our social prescribing projects enable patients and communities to actively self-manage their health issues through peer support and access to local third sector groups and services. The main aim is to improve the wider health and wellbeing of patients and to enable GPs to have an alternative to the traditional medical based models of care.

We have supported extensive links and service connections for patients to a wide range of local community and voluntary services such as healthy living services, financial inclusion, housing, domestic abuse and drugs and alcohol agencies.

Mental health

We understand the importance of ensuring people have access and support when they are experiencing mental ill-health or distress. In 2016-2017 we've been working on a number of projects to help support people access treatment and advice quickly.

- MindWell, the new citywide mental health information and self management website, was launched on World Mental Health Day in October 2016. It has been developed through an extensive co-production process and is increasingly being used by GPs and other professionals as well as the general public as the "first port of call" for information. In recognition of its work with services users, Mindwell won a patient engagement award.
- With funding from NHS England's West Yorkshire Vanguard project we've established crisis cafés. We've commissioned two third sector agencies to establish the Well Bean Café running on Saturday, Sunday and Monday evening from 6-12.00 in Lincoln Green near St. James's Hospital. It offers a non-clinical alternative to A&E.
- We've been working with Leeds and York Partnership NHS Foundation Trust to deliver the CORE 24 standards. An agreed reconfiguration has been agreed to improve access for all ages, but further investment is required to deliver the 24 hour cover and 1 hour response times.
- We have a well -established cross sector crisis care partnership group that includes West Yorkshire Police, Yorkshire Ambulance Service NHS Trust, staff working in mental health or A&E, and community and voluntary sector organisations. The group has continued to meet to work on continual improvements to the mental health crisis pathway.
- As part of the Leeds Maternity Strategy we have worked jointly to develop the new citywide perinatal mental health pathway – bringing improved connection between existing services and including perinatal information on MindWell.
- The Early Intervention in Psychosis has been expanded in 2016-17 to extend the age range up to 65.
- We've worked with Leeds and York Partnership NHS Foundation Trust to reduce the number of patients being placed 'out of area' for treatment. Changes in care pathways have seen a significant reduction in out of area placements consistently since September 2016 with only 90 bed days (eight people) in total for quarter three. This compares to 424 bed days (25) for quarter two. Quarter four figures won't be available by the time this annual report is published.
- Commissioners have worked collaboratively with clinicians, third sector partners and Adult Social Care (Leeds City Council) to develop a new model for community based services. This was signed off by in October 2016 and is informing service developments and commissioning into 2017/18
- We're piloting new "liaison" roles in primary care to improve the routes to assessment and brief interventions. Currently there are around 10 new practitioners working across the city creating a more multi-disciplinary approach that also includes pharmacist advice and guidance. The primary purpose is to get the patient to the right place first time and avoid unnecessary referrals.
- A public health specialist has been working across the system to refresh the mental health needs assessment due for publication in April 2017.
- Service users in partnership with clinicians have developed a set of "I Statements" for mental health services which clearly state how they wish to be treated by mental health services. These were signed off by the citywide user group in September

2016 and adopted by commissioners who have made them part of all service specifications for 2017/18

Dementia

- We improved dementia diagnosis from 2,348 people on GP registers with a diagnosis (end March 2016) to 2,386 (end Feb 2017). The diagnosis rate (recorded diagnosis as a proportion of estimated prevalence) increased from 78.7% to 79.0%. The methodology for calculating the indicator will change from April 2017, to give a more realistic, and still excellent, figure of c.71.5%. The methodology from 2015-17 created some random variation caused by patient registrations not matching geographic boundaries, which have worked in favour of our reporting figures.
- Despite this, we were judged as “Needs Improvement” for dementia in NHS England’s first publication of the CCG Improvement and Assessment Framework, based on diagnosis rate and the number of people receiving an annual face-to-face review. However, at this first publication, the “performance” regarding annual reviews essentially represents random variation above the 70% criteria at which the GP QOF awards maximum points. Prior to this, CCGs had had no notice to focus on improving annual dementia reviews, so it is doubtful whether it should be used to judge performance until CCGs have had an opportunity to engage with practices and improve.
- GP-hosted memory clinics opened during 2016-17 at Leigh View Medical Centre and West Lodge Surgery, in addition to the established clinic at Woodhouse Medical Centre. This is giving patients and carers an alternative to attending outpatient clinics delivered by Leeds and York Partnership NHS Foundation Trust (LYPFT) at St Mary’s Hospital. LYPFT will evaluate these in 2017-18, but initial feedback from consultants is that the sessions are working well, and patients and carers find the GP-hosted venues much more convenient.
- The memory support worker service completed its first 12 months of operation in October 2016, and established itself very quickly as an easily accessible service for people and families seeking support before and after diagnosis. Citywide, more than 1,500 people were supported in those first 12 months. In spite of a very challenging financial situation, the service has been funded for a further year and evaluation is in progress, including economic evaluation. It has been shortlisted for a Health Service Journal award for ‘Clinical Value’, from a large number of high quality entrants; the winners will be announced in May 2017.
- The CCG continues to work with partners to improve day-to-day support for people and carers living with dementia. We have supported Carers Leeds to continue with hospital-based dementia carer support, and Touchstone Leeds to continue providing support to people from black and minority ethnic (BAME) communities; although again funding remains short-term and sustaining services remains a challenge. We recognise and applaud the excellent work of local community organisations who are addressing the needs of people with dementia, often using independent fundraising and voluntary effort.

Maternity and Children’s Services

We continue to implement the Leeds maternity strategy. Working groups have established a new pathway to improve the identification and support of emotional and mental health needs of pregnant women and women who have just had a baby. The groups are now meeting to ensure pathways are communicated and embedded.

Targeted work has taken place to understand the specific experiences and needs of women with learning difficulties and disabilities in relation to maternity services. As a result of this, various changes have been made, including the introduction of new protocols and accessible information.

Work has continued to move towards more personalised maternity care in Leeds; as part of this, community midwifery teams have been reorganised to better align with children's centres, and a Leeds definition of personalised care has been co-produced with women, families, and clinical staff.

Furthermore, the CCGs have jointly funded, alongside the Department of Health and Leeds City Council, the embedding of the award winning Best Beginnings "Baby Buddy", and the incorporation of specific "Understanding your Baby" with perinatal mental health content. This interactive digital app provides useful support and key health promotion information, as well as local service details throughout the woman's pregnancy.

In December 2016 Ofsted and CQC inspected Leeds partners on their delivery of responsibilities for children and young people with Special Educational Needs and Disabilities (SEND) as referred to in the Children and Families Act (2014). The Inspectors noted a number of key strengths in Leeds including how children and young people who have SEND are proud to be citizens of Leeds and have a voice in improving services in the city. Also the strength of the partnership was noted. Areas requiring some development were also identified. These included the need to ensure Education, Health and Care Plans (EHCP) were child centred and outcome focussed and an improvement of the educational outcomes achieved by this cohort of young people.

In addition we continue to develop and deliver the Local Transformation Plan for children and young people's mental health and wellbeing. This year the Future in Mind: Leeds strategy was launched. There have been some significant achievements including the embedding of the Single Point of Access, the reduction in CAMHS waiting times, and the establishment of a distinct Community Eating Disorder Service for children and young people. There has been the launch of the MindMate champions programme for schools and the development of MindMate Lessons (PHSE curriculum for emotional and mental health).

'Best Start' to life

The Leeds Best Start programme aims to ensure a good start for every baby, with early identification and targeted support for vulnerable families. During 2016-17, we have worked with Leeds City Council and other partners to develop and support the delivery of a local Best Start plan in Bramley. This work has focused on raising awareness of existing services, identifying gaps in services and providing targeted support for vulnerable families. Examples include taking a local smoking cessation service out to people's homes and working with parents to support healthy cooking. Best Start Hyde Park is due to launch in March 2017.

Childhood obesity

During 2016-17, the CCG has worked collaboratively with schools and Leeds City Council to deliver an evidence-based childhood obesity prevention programme. This programme aims to increase fruit and vegetable intake and reduce intake of foods and drinks high in

sugar and fat. The programme has been implemented in five cluster areas (20 primary schools in total) in response to two areas of concern identified through the National Child Measurement Programme. It first looked at areas with levels of childhood obesity that are significantly higher than the national average; secondly, it concentrated on areas where the prevalence of childhood obesity, whilst not above the national average, appears to be increasing.

New Models of Care – community wellbeing

General practices are working with community, acute and third sector providers. They are developing and delivering new models of care which respond to the needs of priority populations within a given locality. Joint leadership teams are being developed and supported to enable provider joint working. We believe this will lead to improved outcomes and increased satisfaction for patients and in improvements to the working lives of front line staff through better working relationships.

For example a 'Community Wellbeing Leadership Team' has been established in the Armley locality. Membership is local leaders drawn from general practice, (representing five GP practices in the area) Leeds Community Healthcare NHS Trust, Leeds and York Partnership NHS Foundation Trust, adult social care (Leeds City Council), the Armley One Stop Centre and the local voluntary sector.

The key aims are to improve relationships, develop local leadership and promote integration. The groups aims to improve the aspirations of people in Armley. The group have identified priorities around mental health, self-care and delivery of care. The group also want to roll out coaching training to all front line clinical and non clinical staff so that all people in the area will receive a consistent response when accessing all services.

Helping to deliver the Leeds Health and Wellbeing Strategy

We've been working on a number of projects that closely link with some of the key objectives set out in the Leeds Health and Wellbeing Strategy. These look to address some of issues that affect people's quality of life and impact on their overall health and wellbeing.

Key citywide statistics from the Leeds Health and Wellbeing Strategy

- 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
- 164,000 people in Leeds live in areas ranked amongst the most deprived 10 per cent nationally. One in five children in Leeds live in poverty
- 34% of children aged 11 in Leeds have an unhealthy weight
- It is estimated around 37,000 older people experience social isolation or loneliness
- Physical inactivity is our fourth largest cause of disease and disability. Figures show that around one in five adults in Leeds is inactive
- Cancer deaths account for over 30% of the life expectancy gap between Leeds and the rest of England
- People with severe mental illness die on average 15-20 years earlier than the rest of the population
- 105,000 people in the city suffer from anxiety and depression

Avoidable years of life lost – cancer

We've worked alongside Leeds City Council and Cancer Research UK to improve the **early diagnosis** of lung cancer. This includes working with pharmacies in areas of west Leeds with high smoking prevalence to increase awareness of symptoms of lung cancer, and encourage self-referral for chest x-ray in appropriate patients. GPs were incentivised to improve bowel cancer screening uptake as part of quality premium improvement scheme.

Leeds is one of six pilot sites nationally involved in the **ACE (accelerate, co-ordinate, evaluate) project**. This is funded nationally by Cancer Research UK. The aim of the pilot is to develop and implement a referral pathway for patients with non specific but concerning symptoms where there is a suspicion of cancer. In developing this new pathway it is anticipated that patients that don't usually meet the criteria on to a two week wait referral pathway, will be able to be referred earlier for diagnostic tests.

The patient's GP will be able to refer the patient for a range of blood tests and then make an onward referral into Leeds Teaching Hospitals NHS Trust using an ACE referral form. Patients are then booked for a nurse-led assessment, following which results are discussed at a multi-disciplinary centre and an onward referral decision is made. This could be further investigations/tests, onward referral within the hospital, or discharge back to GP. This new pathway is being piloted nationally and actual referral activity and intelligence will inform the future model development and resource requirements. The following outcomes are expected:

- Better informed and supported GPs in decision making and earlier referral
- Improved integration of primary and secondary care systems for patients with non specific but concerning symptoms
- Improved patient safety
- Focus on continuity and quality of care for patients
- Improved cost effectiveness use of diagnostic resources

Leeds is one of five pilot sites involved in the **28 days to faster diagnosis project**, funded by NHS England. This is a key National Cancer Taskforce recommendation that all patients should receive a 'definitive' diagnosis of cancer or have cancer 'definitely' ruled out within 28 days of an initial referral (and 50% within 14 days). This project will achieve the following outcomes:

- Improved patient safety with improved access to earlier appropriate diagnostics
- Improved patient experience with faster communication of diagnosis for patients
- Improved links and integrated working between primary and secondary care

We're pleased to see Leeds being above the national average for diagnosing cancer at stage 1 or 2. Our performance of 56% against the national average of 50% is for the following cancer sites:

- invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus; and
- non Hodgkin lymphoma and invasive melanoma of skin.

Avoidable years of life lost – cardiovascular disease (CVD)

The Atrial Fibrillation (AF) programme has been focusing on identifying the numbers of people across the CCG area with AF in order to reduce the number of people affected by stroke. Programme findings suggest:

- At the start of the programme, there was a 37% treatment gap in identifying patients with AF. This is now 23%.
- Training provided to manage AF has increased knowledge, skills and confidence among GPs
- Shared decision making tools are available to support the conversation with patients around decision making
- There's been a 50% reduction on patients who previously have been taking aspirin
- Novel oral anticoagulants (NOACs) are a new class of anticoagulant drug. There has been a substantial increase for patients on NOACS with approximately 600 patients now receiving NOACS

Supporting people into employment

In 2016-17 we match-funded the development of a community-led local development (CLLD) strategy for west Leeds. This looks at how people furthest away from the labour market in the most deprived communities can be supported into employment. The strategy was submitted to the European Social Fund and the European Regional Development Fund and was successful in going forward to full application. The result will be €1.5million funding into the area to fund such schemes. We're members of the local action group who will make decisions on how the funding is used.

Unnecessary time spent in hospital

All partners in Leeds are committed to ensuring that patients only spend as much time as they need in hospital. In October 2016, health and social care partners in Leeds established an integrated discharge service within Leeds Teaching Hospitals NHS Trust. The service brings together expertise from across health, social care and the third sector (Age UK) to identify patients that need support from health and social care commissioned services in the community to facilitate their discharge. The service operates seven days a week from 8 till 8 to coordinate the assessment on patients' needs and arrange ongoing care. Our analysis to date is that the services is helping patients to avoid unnecessary stays and, when they're admitted, reducing the time that they need to stay.

Preventable hospital admissions – childhood asthma

Over the last two years, the CCG has funded the delivery of a community-based children's asthma service, which aimed to raise awareness, improve care and reduce hospital admissions. Key components of the project included providing asthma education in schools and early years' settings, developing a risk-stratification tool to identify children most at risk of exacerbation, and developing and implementing protocols and a clinical recording template in primary care to standardise care and reduce variation in care. Local children co-produced a number of resources aimed at raising awareness of the importance of carrying their inhalers at all times.

Preventable hospital admissions – clinical care co-ordinators

In 2016-17 we've continued to fund GP practice based clinical care co-ordinators. The care co-ordinators are hosted by GP practices but link out into the community, working closely with neighbourhood teams and primary and community healthcare services.

The clinical care co-ordinator role:

- is responsible for the initial assessment of patients and the formulation and review of a personalised care plan;

- collects data relating to specific patient outcomes - these will be dependent on the patients requirements;
- is a key contact along with the named accountable GP for the patient;
- is a key person for building and managing the relationship between practices and neighbourhood teams;
- attend case management meetings;
- identify when patients have been admitted/attended A&E and review care plan accordingly; and
- support discharge planning for patients who are admitted to hospital.

PERFORMANCE REPORT – WORKING WITH OUR PARTNERS

Clinical commissioning groups

Discussions have been taking place about how the three CCGs can work together more collaboratively. To support this a project called One Voice has been established. As part of this a joint leadership structure is being set up with one Chief Executive Officer overseeing the work of the three CCGs. Another important role that has been established is that of a Chief Officer for System Integration.

Work is underway to establish citywide committees to cover governance, quality, finance and patient assurance which will be established to replace the current separate structures. The three CCG boards and governing bodies will still have statutory accountability and be governed by each CCG's respective constitutions. These constitutions are in the process of being updated so that the transitional arrangements can be implemented.

On an operational level the Leeds CCGs have been looking at key citywide healthcare services. Our plans are set in the context of national guidance as well as the West Yorkshire and Harrogate Sustainability Transformation Plan (STP) and the Leeds Plan.

The Leeds CCGs have taken on joint responsibility with NHS England to co-commission primary care (GP) services. This means we're working with our respective member GP practices to look at how we can improve access and quality in primary care GP services.

To support this the Leeds CCGs have put together a five year plan in direct response to the NHS GP Five Year Forward View. We have six ambitions that will help us to deliver the GP Five Year Forward View. These are:

- supporting and growing the workforce;
- improving access;
- transforming estates and technology use;
- better workload management; redesigning care delivery and resourcing primary care.

You can find out more by reading our plan:

www.leedswestccg.nhs.uk/content/uploads/2016/06/Leeds-GPFV-Plan-Final-Version.pdf

Ensuring that children enjoy the best possible start to life is a citywide priority as outlined in the Joint Health and Wellbeing Strategy. As part of our efforts to support this the Leeds CCGs are reviewing maternity services. This is an ongoing long-term review that has to date involved a number of key partners as patients and their families. This links in with the

Leeds Maternity Strategy 2015-2020:

www.leedswestccg.nhs.uk/about/publications/maternity-strategy-for-leeds-2015-2020/

Our city's Joint Health and Wellbeing Strategy prioritises the mental health of citizens in Leeds. We've been continuing to invest in services that improve the mental health and wellbeing of people.

For children and young people we've continued to invest in child and adolescent mental health services (CAMHS) in direct response to feedback from service users and their families. We acknowledge that waiting times for services are high however our investment is beginning to make a difference. We've also continued to work with children and young people to further develop Mindmate. Mindmate is a website offering advice and support as well as signposting information for children and young people, parents/carers and frontline professionals.

Issues affecting access to mental health services are not restricted to children and young people. Therefore we've increased our efforts to ensure adults can get the support they need at times of mental ill-health. We've increased investment leading to improved capacity to deliver IAPT (improving access to psychological services).

Similarly to our work with children and young people, we've involved citizens to help us develop a new single point of access website for adult mental health, MindWell. MindWell is the single 'go to' place for information about mental health in Leeds. It provides a portal for anyone living or working in Leeds, including GPs and other professionals, to get quick and easy access to up-to-date mental health information.

Antimicrobial resistance is one of the biggest threats to the health and wellbeing of people with scientists warning that if more isn't done then there's a risk that antibiotics will no longer work. We've been working with our partners to improve understanding of antimicrobial resistance among healthcare professionals and the wider public. This includes working with prescribers reducing the prescribing of antibiotics where they're not needed and developing awareness campaigns so that the public are aware of the risks of the overuse of antibiotics. We're also promoting linked messages to reduce the spread of infections such as effective hand washing and spotting the signs of sepsis.

West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)

The West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) published during the year, aims to address the health and wellbeing gap with a focus on supporting people to live longer, healthier lives and ensuring a good and equitable service for all, no matter where people live. It also stresses the importance of improving people's health, through better co-ordination of services, while improving the quality of care received.

It has identified nine priorities for the West Yorkshire and Harrogate area:

- Prevention
- Primary and community services
- Mental health
- Stroke
- Cancer
- Urgent and emergency care
- Specialised services

- Hospitals working together
- Standardisation of commissioning policies

More information about the STP: www.southwestyorkshire.nhs.uk/west-yorkshire-harrogate-sustainability-transformation-plan/

The Leeds Plan

Complementing the STP, but also taking forward the vision to make the city *'a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'* is the Leeds Plan.

The Plan itself is still under development, led by Leeds City Council and supported by NHS organisations and the third sector.

Its key themes are:

- Prevention
- Self-management, proactive and planned care
- Optimising the use of secondary care resources and facilities
- Urgent and emergency care and rapid response

Leeds Health and Wellbeing Board

We have a seat on the Leeds Health and Wellbeing Board which has been established as a statutory committee of Leeds City Council. We actively supported the Joint Strategic Needs Assessment (JSNA) using a range of information and local and national statistics to identify the current health and wellbeing needs of our communities and highlighting health inequalities that can lead to some people dying prematurely in some parts of Leeds compared to other people in the city. The findings from the JSNA fed into the Joint Health and Wellbeing Strategy for Leeds 2016-2021:

www.leeds.gov.uk/docs/Health%20and%20Wellbeing%202016-2021.pdf

We consult regularly on a formal and informal basis with the HWB, its membership and its Chair. In particular, we consult with the HWB on our strategies and plans, and how these contribute to the delivery of the health and wellbeing strategy for Leeds. For example, in preparation for the submission of plans for 2017-2018 we have provided a full analysis of how our plans and priorities meet the HWB's vision for health and care in the city. Prior to submitting our annual report to NHS England we consulted with our Health and Wellbeing Board as part of our formal requirements to do so.

The Joint Health and Wellbeing Strategy has 12 priority areas:

- A child friendly city and the best start in life;
- An age friendly city where people age well;
- Strong, engaged and well-connected communities;
- Housing and the environment enable all people of Leeds to be healthy;
- A strong economy, with local jobs;
- Get more people, more physically active, more often;
- Maximise the benefits from information and technology;
- A stronger focus on prevention;
- Support self-care, with more people managing their condition;
- Promote mental and physical health equally;

- A valued, well trained and supported workforce; and
- The best care, in the right place, at the right time.

Listed below are some examples of the progress we have made this year.

- We've kept members of the Health and Wellbeing Board informed of our work around the West Yorkshire and Harrogate Sustainability Transformation Plan and the linked Leeds Plan. This included highlighting current and anticipated pressures on the health and care system, efforts to address these and wider system resilience.
- Agreement on the Better Care Fund for 2016-2017. Plans included how partners will work to meet national conditions for social care, a joint approach to assessment and care planning including integrated care and a local plan to reduce delayed transfers of care.
- Tackling health inequalities and wider issues (determinants) that can lead to ill health. This included looking at issues such as poverty, air quality and taking action to reduce incidences of domestic abuse. However the Health and Wellbeing Board noted the continued funding cuts for public health and the impact this has on prevention initiatives leading to concerns to the impact this will have on health inequalities.
- There are over 250,000 people in Leeds under the age of 25. 10% of these young people are likely to have a mental health issue or need support with their emotional wellbeing. The Health and Wellbeing Board approved the Future in Mind Report to transform how support is offered and improvements can be made to the emotional and mental health of children and young people in Leeds. This included outlining plans on improving the support provided to children with Special Educational Needs and Disabilities (SEND). A copy of the strategy can be downloaded: www.leedswestccg.nhs.uk/about/publications/future-mind-leeds-local-transformational-plan-2016-2020/
- Carers play a valuable role in helping health and social care services often at great personal cost – both financially and emotionally. As a result the Health and Wellbeing Board signed up to the Leeds Commitment to Carers. The commitment has been supported by insight from carers gathered by Carers Leeds.

The Health and Wellbeing Board discussed a paper at its meeting on 20 April 2017, which brought together extracts of the draft annual reports from the three Leeds CCGs. These gave examples of partnership working in contributing to the delivery of the city's health and wellbeing strategy.

The Health and Wellbeing Board acknowledged the extent to which the CCGs had contributed to the health and wellbeing strategy. The board asked that in future the CCGs engage with members on our annual reports at an earlier stage. The agenda for the meeting on 20 April (with reference to item 9) can be found by visiting:

<http://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=965&MId=7729&Ver=4>

Scrutiny Board (Adult Social Services, Public Health, NHS)

The Scrutiny Board (Adult Social Services, Public Health, NHS) reviews and scrutinises the performance of Adult Social Services, Public Health and the local NHS. The Scrutiny Board also reviews and scrutinises decisions taken by the Executive Board relating to

Adult Social Care. Throughout 2016-2017 we have continued to keep the Scrutiny Board informed of our key decisions and plans to assure we meet our duties to consult as outlined in the NHS Act (2006).

As co-commissioners we received our first proposal from a GP practice looking to close a branch surgery. Abbey Grange Medical Practice submitted an application to close their branch practice at Holt Park. We advised the practice on how they would need to engage with their registered patients. In addition we informed the Scrutiny Board and kept them updated on the latest position. This included confirmation that the CCG's primary care commissioning committee had accepted the application to close the branch surgery.

In 2016-2017 we also updated the Scrutiny Board on the following areas.

- Work on developing the West Yorkshire and Harrogate Sustainability Transformation Plan and associated Leeds Plan.
- Primary care including co-commissioning of services with NHS England
- Concern was raised around cancer waiting times in some specialities. however the Board was informed of the progress made in this area and how Leeds has some of the quickest access to diagnostic services.
- Updates were provided throughout the year on how the NHS is responding to local pressures including A&E targets, waiting times for routine procedures and delayed transfers of care.
- Leeds' response to the NHS GP Five Year Forward View.
- One voice collaborative approach being adopted by the Leeds CCGs.

Our NHS providers

We are pleased to be able to commission services from three NHS trusts in Leeds alongside other service providers. We lead on commissioning services from Leeds Teaching Hospitals NHS Trust with NHS Leeds North CCG leading on commissioning services from NHS Leeds and York Partnership NHS Foundation Trust and NHS Leeds South and East CCG taking the lead on Leeds Community Healthcare NHS Trust. Our ambulance services are provided by Yorkshire Ambulance NHS Trust who also are the provider of NHS 111 for our region. In addition to this we fund services from a number of neighbouring providers so that we can uphold the rights of our patients to choose where they go for treatment where it is appropriate to do so.

Some of the highlights from the year include:

- Working with Leeds Teaching Hospitals NHS Trust, as well as community partners and academics, to look at how cancer pathways can be improved. This covers all parts of the pathway from diagnosis, treatment and ongoing care. The work we've done has helped set up the Leeds Cancer Strategy 2016-2021.
- Working with a range of partners including Leeds Community Healthcare NHS Trust and Leeds and York Partnership NHS Foundation Trust to set up a community wellbeing leadership team in Armley. This will help establish integrated care that is delivered within the community as well as encouraging people to self-care.

You can find out how well our NHS providers are doing in the performance section of the annual report. Further details can also be found on our website as we publish an integrated quality and performance report for each Governing Body meeting:

www.leedswestccg.nhs.uk/about/governing-body/meetings/

Leeds City Council

Leeds City Council commissions care and support services and is responsible for public health, which is a body of work that seeks to protect and improve health and wellbeing.

The future direction of health and care services set out in the NHS Five Year Forward View is around closer integration of health and social care services. These services would be delivered at a locality or neighbourhood level by care teams working together rather than working to their own organisation's boundaries. We've already started making progress in setting up one of the 'New Models of Care' and in 2017-2018 we've made significant progress in establishing our first pilot site in Armley. As a result we now have a community leadership team that will help us deliver our plans to bring co-ordinated care closer to home, reducing the need for hospital-based care. To do this we've been working with a range of partners including Leeds City Council.

We welcomed the publication of the Director of Public Health's Annual Report and acknowledged the key areas that need to be addressed to improve the health of the population. This includes encouraging people to adopt healthier lifestyles and to take part in initiatives to protect their health, such as the NHS Health Check, the flu jab or cancer screening.

We worked with Leeds City Council and community organisations to launch a strategy to reduce the number of suicides in the city. The Leeds Suicide Prevention Strategy is based on an audit of detailed findings of suicides to identify interventions that could help prevent people from taking their own lives. The Leeds Suicide Audit is considered to be the 'gold standard' of best practice and is recommended by Public Health England as a model for other areas to learn from.

We have also been working closely with Leeds City Council to deliver key public health campaigns. In the last year we have been promoting a campaign encouraging patients to dispose of medicine waste, such as syringes, safely to reduce the risk of injury to environmental waste officers and members of the public. We've also worked with the council to run a winter wellbeing campaign encouraging people to make the best use of NHS resources as well as accessing support from services such as meals on wheels.

Community and voluntary sector organisations

The role of the community and voluntary sector (often referred to as the third sector) is crucial not only for the delivery of services but also to provide us with an opportunity to engage with some community groups who are sometimes referred to as 'seldom heard groups.'

Over the past 12 months we have been working with local community groups to run a number of engagement events and activities so that we can continue to develop services that meet local needs.

Our patient empowerment project (PEP) provides social prescribing options for GPs so that they can refer people to PEP, who in turn puts patients in touch with community groups and services that can help them. Social prescribing looks at wider issues that can affect a person's health that are not medical reasons such as debt or bereavement. A social prescription then links a patient in with services that can help tackle the root cause

of their ill health. Our PEP project is delivered by a consortia of community and voluntary sector organisations including BARCA-Leeds, Leeds Mind and Better Leeds Communities.

A decision was undertaken to cease funding for non-medical circumcision services. To help inform members of the public we worked with families who had used the service, local religious leaders, local GP practices and other services who work with families.

We've worked with our community and voluntary sector partners to develop a new approach to the NHS Equality Delivery System in the engagement and assessment of grades. This is a uniform approach adopted by all Leeds NHS organisations and has been developed by taking in the views of key partners including Healthwatch Leeds, Voluntary Action Leeds, Leeds Involving People and Forum Central.

The new Mindwell mental health website for Leeds was developed in conjunction with a range of community groups co-ordinated by Volition, allowing us to work with people to co-produce the site. Volition is a network of third sector, not-for-profit organisations that support people's mental health and wellbeing in Leeds.

We were delighted that our partners Carers Leeds won a prestigious Health Service Journal Award for the work they do to advocate on behalf of the city's carers. Carers Leeds won an Integrated Commissioning for Carers award in recognition of its integrated approach to carers support. Carers Leeds have also helped the city to develop a Leeds Commitment to Carers.

Healthwatch Leeds

Healthwatch Leeds is represented on the Leeds Health and Wellbeing Board, giving patients and communities a voice in decisions that affect them. We have worked with Healthwatch Leeds to gather patient insight on local health services including an extensive survey and interview to capture the experiences of patients as part of our extended access to primary GP services scheme.

Healthwatch Leeds have also undertaken a number of reviews of services and published subsequent reports with recommendations. We'll be looking at how we can use the recommendations from these reports to influence how services are provided in the future. The reports are for the following:

- review of sexual health clinics in Leeds;
- service users' experience of aspire, providing care and support services for adults with learning disabilities; and
- home care services for people receiving support in their own home.

Care Quality Commission

The Care Quality Commission (CQC) is the registration body responsible for monitoring standards of care, and undertakes announced and unannounced inspections to providers either as a matter of routine or in response to concerns raised by patients and staff. To support sharing of information and intelligence on quality and standards of care the Leeds Quality Surveillance Group, represented by all three CCGs, also includes a representative from the CQC.

In 2016-2017 the CQC inspected all our 37 member GP practices and reports for 36 of them had been received at the time of writing. We were pleased that five of our practices

received an outstanding rating and 30 were rated as good. Unfortunately one of our practices was rated as requires improvement.

The CQC also undertook inspections of three NHS provider trusts in the city. At the time of writing we received reports for two of the three. We're pleased that Leeds Teaching Hospitals NHS Trust has moved to a good rating from its previous position of requires improvement. However Leeds and York Partnership NHS Foundation Trust was rated as requires improvement.

Leeds Academic Health Partnership

The Leeds Academic Health Partnership is made up of the city's three universities, NHS organisations and Leeds City Council. The partnership has been set up to use innovations, education and research to improve health and care outcomes.. One of the areas the partnership has worked on is personalised medicines. This is looking at how health and care professionals can work with patients to provide tailored treatment that is most likely to have the desired health benefits.

Leeds Informatics Board

The Leeds Informatics Board (LIB) is responsible for the governance framework for informatics developments in Leeds. LIB is supported by a number of sub-committees, including a cross-city Information Governance Steering Group and City Informatics Clinical Group.

Using technology is central to transforming services and is helping to deliver the ambitions of the city. During the year a wide range of achievements have been developed under the leadership of LIB outlined below.

- Leeds Local Digital Roadmap was produced in conjunction with the West Yorkshire and Harrogate Sustainability Transformational Plan and in collaboration with other Local Digital Roadmaps across West Yorkshire. It provides a consolidated view of the plans describing a five-year digital vision, a three-year journey towards becoming 'paper free at the point of care' and two-year plans for progressing a number of predefined 'universal capabilities'.
- Another major achievement has been the inclusion of adult social care and community information to the Leeds Care Record. Leeds Care Record now covers five major care settings viewing and contributing information across the city including GPs, hospital, mental health, adult social care and community. We have also significantly increased to 4,000 active users, a huge leap from April 2016 when there were 2,500 users.
- Leeds Intelligence Hub continues to drive change in commissioning by providing system wide data analysis and insight.
- Excellent progress has been made on some national targets including electronic prescribing between GPs and pharmacists. GPs in Leeds are quick adopters of the national electronic prescription service (EPS) making prescribing and dispensing medicines more efficient and convenient for patients and NHS staff. 100 GP practices in Leeds (over 95% of 104) can digitally send prescriptions directly to the patient's preferred pharmacy through their own IT system, removing the need to write paper prescriptions. Patients are now able to collect their repeat prescriptions from the pharmacy without the need to visit the GP practice. It also means that patients don't have to worry about losing their paper prescription, making the process safer and more secure.

- Patients and healthcare professionals visiting nearly all of the GP surgeries in Leeds can now connect to the internet using free WiFi.
- Six care homes in Leeds are involved in a pilot scheme which allows health and care staff to remotely monitor the health of residents and reduce the need to admit residents to hospital as an emergency'.
- Leeds is now transferring patients' electronic health records directly, securely and quickly between their old and new practices when they change GPs. The system called GP2GP helps improve patient care by making full and detailed medical records available to practices, for a new patient's first and later consultations.
- Leeds Health Pathways has standardised clinical pathways, medication and guidance to all care professionals in the city. It is managed and supported by Leeds Teaching Hospital NHS Trust and replaces the Map of Medicine which was used by primary care. It's a great example of how collaborative working across organisations can create impressive results that help to ensure that consistent care and pathways are available across the city.