

Leeds Health and Wellbeing Board

Reviewing the year

2017 – 2018





Foreword

By Councillor Rebecca Charwood
Chair of Leeds Health and Wellbeing Board



The last year has been one of significant progress, equally matched by distinct health and care challenges for partners, staff and citizens. For the Leeds Health and Wellbeing Board, this has meant continuing to work closely together, as if we were one organisation, to speak openly and honestly, to share our successes, and make best use of resources to meet the challenges we face.

Achieving consistently high quality care for everyone, responding to demographic change and achieving long-term financial sustainability across the health and care system means we must do things differently. But whilst new ways of working ensure Leeds is well placed to achieve its ambitions, it's not without difficulties. National and local pressures mean there is no doubt that this is a tough time for our health and care staff at all levels.

But Leeds is rising to these challenges and we have huge amounts working in our favour; our decision making bodies are working more closely than ever before; we have a thriving third sector and inspiring community assets; we have clear ideas of what change is needed and steps are made with collective action. Most importantly, however, we have you – the citizens of Leeds. You have an important part to play in helping the city achieve its ambition to be the best city for health and wellbeing.

These assets and strengths are reaping great rewards and Leeds now ranks highest amongst the Core Cities according to recently released analysis from the What Works Centre for Wellbeing. This is testament to the hard work, dedication and commitment to excellence across our city. These results clearly reflect our approach to 'working with' others to create effective and local solutions that really work.

Our Health and Wellbeing Strategy continues to guide the way we work to ensure we create the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. Its reach, influence and credibility has grown significantly over the last year - locally our health and care partners use it to prioritise work and test

progress, but the Strategy has also been shared with health and care colleagues as far as Norway and Japan.

The Health and Wellbeing Board has taken a number of steps to further progress towards the Strategy's five outcomes and twelve priorities. Many of these are captured below, with progress reported against more than 30 sets of recommendations made over the last 12 months. These cover a wide range of topics, considering action to support and work with some of our most vulnerable communities.

The quality of the Board's conversations cannot be underestimated. Tackling broad and challenging topics has demonstrated the strength of the partnership and played a crucial role in driving action, integration and engagement.

2017 has seen the Board reassert its focus on tackling the wider and social determinants of health, whilst influencing and overseeing planning for the future of health and care services and ensuring effective engagement with partners, staff and citizens.

Throughout the year the Board has had oversight of the Leeds Health and Care Plan, making sure partners, politicians and citizens shape the design and delivery of services. We've been well sighted on and influenced the winter planning process, resulting in an accompanying clear narrative explaining plans and proposed changes. A Safer Leeds representative has joined our membership and we now hold as many of our meetings as possible in community venues.

As well as rounding up the Board's recommendations, this report also captures progress made towards the Strategy by partners represented on the Board. But this is only part of the story of our Health and Wellbeing Strategy. The invitation still stands for you to play your part in making Leeds a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

Introducing...

The Leeds Health and Wellbeing Board

What is the Leeds Health and Wellbeing Board?

The Health and Wellbeing Board (HWB) is a group of senior representatives from organisations across Leeds, including Leeds City Council, the NHS, the community sector and Healthwatch, which represents views of the public. There is cross-party political representation, with meetings Chaired by the Executive Member for Adults, Health and Wellbeing.

The Health and Wellbeing Board helps to achieve our ambition of Leeds being a healthy and caring city for all ages, where people who are the poorest, improve their health the fastest. The Health and Wellbeing Board works collectively, with the strengths and assets of Leeds people, to oversee, influence and shape action to ensure Leeds is a healthy city with high quality services.

The Board has been meeting since April 2013 and was set up as part of a national policy, called the Health and Social Care Act.

Members

There are 21 members of the Health and Wellbeing Board; some are mandatory appointments to adhere to the national requirements for all Health and Wellbeing Boards and some are additional members.

Why does the Health and Wellbeing Board exist?

The Health and Wellbeing Board creates the space for senior leaders to come together to develop strategic oversight and direction for health and care.

In Leeds, the Board takes a place-based approach to tackling the 12 priorities set out in the Leeds Health and Wellbeing Strategy 2016-21 and, through collective leadership around a shared vision, sets the direction for our city to reach its 5 outcomes.

The Board has a relentless focus on reducing health inequalities and creating a high quality and sustainable health and care system.

The Leeds Health and Wellbeing Strategy 2016-21

Our Health and Wellbeing Strategy sets out our vision for Leeds and is our blueprint for how we will achieve that.

So many factors contribute to our health and wellbeing, meaning our challenge is to reflect the breadth of the agenda, whilst being specific about the areas we need to focus on to make the biggest difference. The Health and Wellbeing Board's work plan has helped guide our collective activity, as well as the work going on in our individual organisations. The updates captured in this report aim to demonstrate progress towards the 12 priorities of the Strategy, supporting our statement of intent that:

In Leeds, as we grow up and as we grow old, the people around us, the places we live in, the work we do, the way we move and the type of support we receive, will all help keep us healthier for longer. We will build resilience, live happier, healthier lives, do the best for one another and provide the best care possible to be 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:

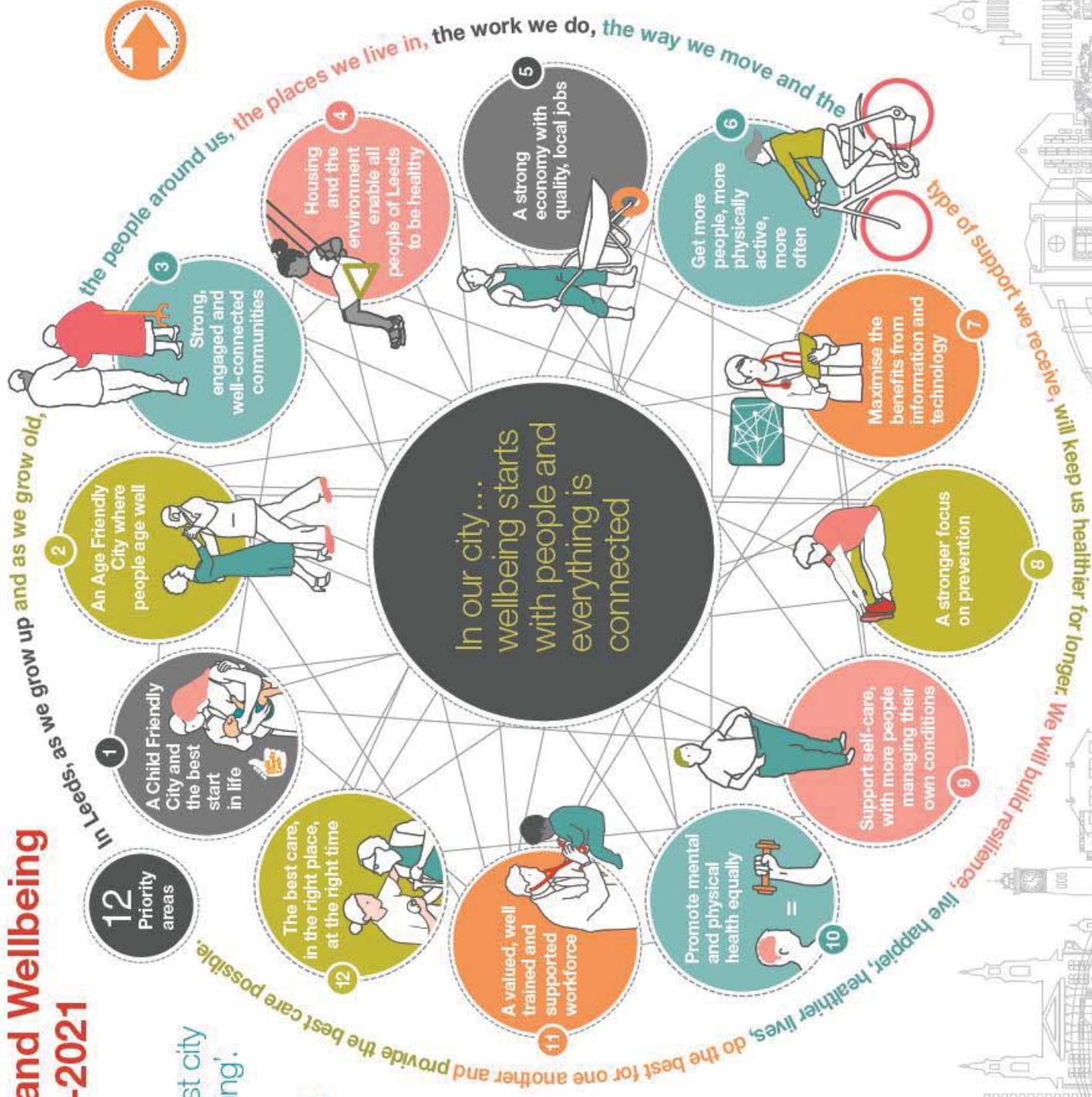
'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.'

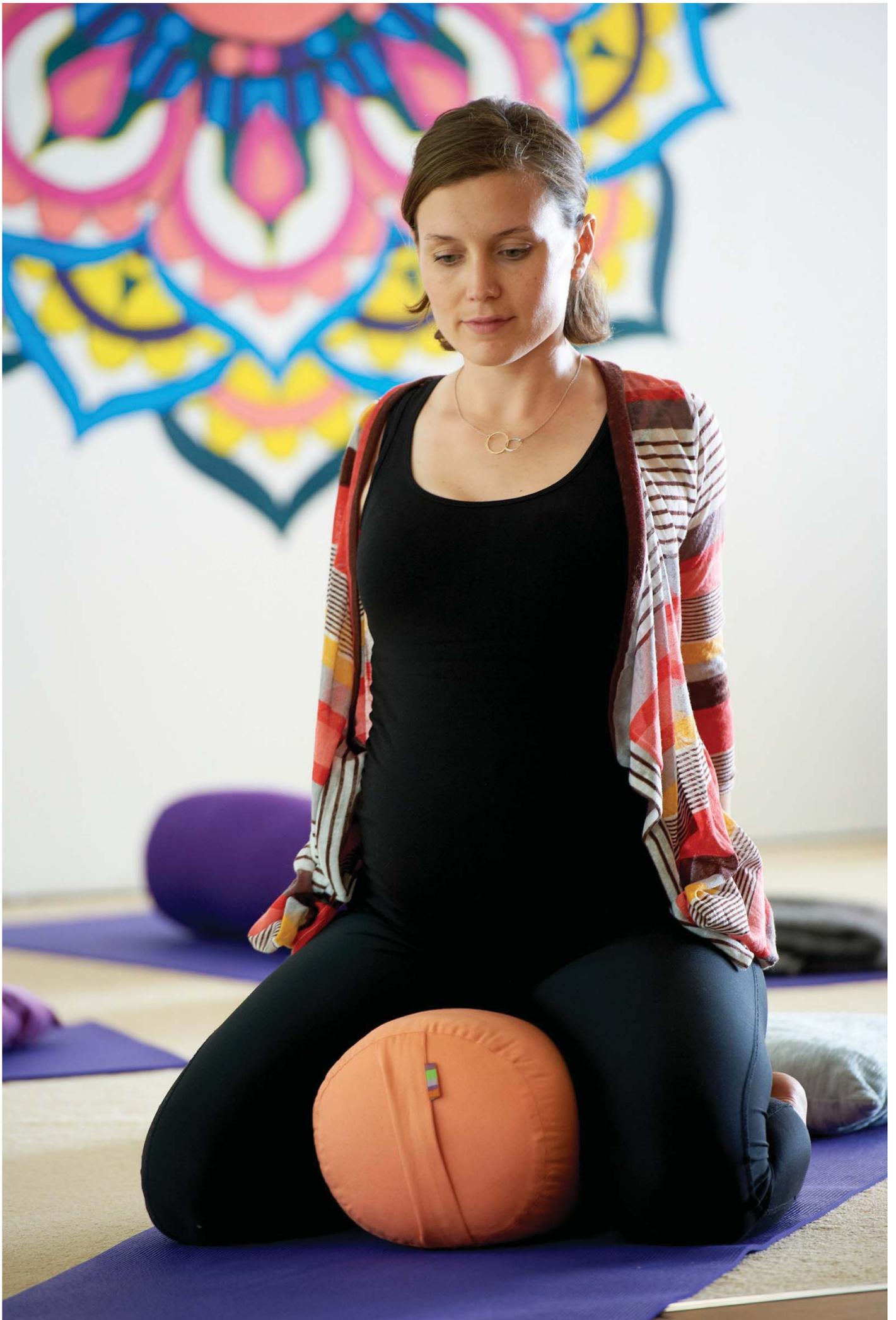
5 Outcomes

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 homes
- 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





Making a difference

Our individual and collective contribution

About this report

This report serves as a roundup of activity commissioned or directed by the Health and Wellbeing Board and guided by the Leeds Health and Wellbeing Strategy. It covers the time period of January 2017 to January 2018 and is constructed from perspectives of the organisations represented on the Board, actions and updates from those who have brought items to the Board over the last year, and self-assessments of the Board's function and purpose from Board members.



Progress towards the Leeds Health and Wellbeing Strategy

This Strategy's outcomes, priorities and indicators gives us a framework to test out whether the work we do is making a difference. How we as Board members view our progress is also an important factor in reviewing the way we work together for the people of Leeds. This report also helps capture how other strategies, action plans and projects are helping to achieve specific parts of the citywide vision. It is clear that there is a huge amount going on within organisations and by partners working together and working with citizens. Therefore, much of what is provided here is just a snapshot of activity that contributes towards the Leeds Health and Wellbeing Strategy 2016-21.

HWB agenda items aligned to priorities

To ensure that the HWB has a relentless focus the priorities set out in the Leeds Health and Wellbeing Strategy 2016-21, report authors are asked to identify which priorities their items align to. The graph below shows how the 21 public items considered by the Board in 2017 are aligned.

Number of public HWB items aligned to priorities



Progress towards the Leeds Health and Wellbeing Strategy



**Collated from the organisations
represented on the Health and
Wellbeing Board**

A Child Friendly City and the best start in life



The best start in life provides important foundations for good health and wellbeing throughout life. This means the best start for every Leeds baby from conception to age two, providing high quality, joined-up maternity and antenatal care guided by the mother's needs for supported families, strong attachments and positive infant wellbeing. It means ensuring solutions are coordinated around needs and assets in families and the wider community.

Highlights from the last 12 months include:

- Progressing strategies in partnership e.g. Future in Mind Strategy and the 5 year Maternity Strategy resulting in improvements in mental health and maternity pathways
- Community midwifery teams aligned with health visiting and children centre teams
- Support for Positive Behaviour Service via Spring Budget Monies
- Further developing inter-generational work, e.g. connecting a nursery with a care home
- Best start is now a recognisable brand following the development of a logo and resources
- North of England Breast Feeding Impact Study gives access to support before other areas
- Tooth decay amongst children in Leeds continues to decrease Delivered in partnership with Children and Families (detailed above)
- Progressing strategies in partnership e.g. Future in Mind Strategy and the 5 year Maternity Strategy resulting in improvements in mental health and maternity pathways
- CCG investment in most deprived areas increased knowledge of infant mortality risk factors
- Recognised offers for health visiting (outstanding" status in terms of the UNICEF
- Baby Friendly Initiative), school nursing and infant mental health services (outstanding award)
- Community midwifery teams and health visiting (early start) aligned and with named obstetrician
- Work to safeguard and be inclusive e.g. for children with disabilities and reduction in waiting times for speech and language therapy for children over the summer
- Ensuring access to services e.g. chosen place of birth and initiatives e.g. baby box



- The HAAMLA service provides support for pregnant women, and their families, from minority ethnic communities, including asylum seekers and refugees
- The NSPCC pregnancy in mind programme is now a local, standard offer
- Healthwatch Leeds undertook user engagement on their experience of the Health Visiting service in November 2017 to bring local people's voices to influence provision and possible commissioning

An Age Friendly City where people age well



We want Leeds to be the best city in the UK to grow old in. Being an Age Friendly City means promoting ageing positively and maximising opportunity for older people to contribute to the life of Leeds. We must build on the strengths of older people and recognise first and foremost their roles as employees, volunteers, investors and consumers. Our built environment, transport, housing must all promote independence and social inclusion.

Highlights from the last 12 months include:

- Investment, commissioning activity and partnership working in areas to support older people e.g. falls prevention, 'Time to Shine', Neighbourhood Networks, cancer diagnosis, dementia support
- 10 health grants in this priority area
- Refresh of Better Lives Strategy
- The Think Delirium Initiative is helping us identify patients at risk of/showing signs of delirium
- Partnership projects e.g. Ageing Well Breakthrough Project, partnership with Centre for Ageing Better, and engagement in Eurocities Urban Ageing Network - covering housing, transport, environment, social inclusion, employment, learning and skills
- Around 100 people referred this year through the Falls Prevention Programme and over 100 organisations have signed up to Winter Friends
- Partnership with LCC connecting people and communities to services that support people and families living with dementia - 45 Memory Cafes, 13 singing groups, and Memory Support Workers integrated into GP practices, Neighbourhood Teams and specialist Memory Services
- Citywide partnerships in initiatives e.g. frailty unit, health coaching, third sector partnerships
- Ensuring better access and appropriate support through Live well Leeds, Physio First, Stroke ESD, and rehabilitation programmes for diabetes, CHD and respiratory
- A lead nurse for older people coordinates work to improve care of older patients across the Trust
- We actively screen patients attending for surgery to identify those with frailty risk factors
- Approx. 3610 activities were provided to reduce social isolation, with Neighbourhood Networks and the Time to Shine programme delivering a huge number of volunteer hours
- New partnership between Leeds City Council, Leeds Older People's Forum (LOPF) and the Centre for Ageing Better furthers our city's commitments
- Review and publication of people's experience of homecare to inform providers and commissioners on quality and delivery with action plans
- Spot checks on care homes – report published
- Engagement on supported housing – user experience Dec 17 to Feb 18

Strong, engaged and well-connected communities



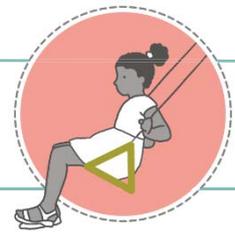
The relationships and resources in communities are building blocks for good health. Leeds has brilliant and diverse communities, well-established neighbourhood networks and a thriving third sector. There are vulnerable groups and areas of the city which experience health inequalities, including people in poverty, migrants, refugees and asylum seekers, the homeless and people with disabilities. People's health outcomes can also depend on specific characteristics, such as ethnicity, gender and sexuality, amongst others. Carers are also crucial to our communities.

Highlights from the last 12 months include:

- Connecting primary care to local communities and invested to improve a wide range of patient and public engagement structures, mostly via the role of 'champions' and participation groups
- 77 grants across 50 third sector organisations reaching 20,000 people living in Leeds through the Leeds CCGs third sector health grants programme
- Continued development of ABCD approach and initiatives to use community strengths
- Funding arrangements e.g. Ideas that Change Lives, Neighbourhood Networks
- Joint work with Financial Inclusion Team on Problem Gambling recognised as innovative good practice by PHE and working with a national lead on the issue
- 'Better Together' community-based health and wellbeing activities across the 10% most deprived areas in Leeds in partnership with third sector has engaged over 7000 people
- Progressing strategies in partnership e.g. Future in Mind Strategy and providing community support
- LYPFT led partnership work in research, action planning and programmes of development to improve pathways and staff knowledge and practice
- Strong engagement across services and with partners to ensure people are at the heart
- Strong patient and public engagement in our services e.g. Leeds Children's Hospital Youth Forum, 25,000 people engaged in medicine for members, significant social media following
- Range of third sector organisations piloting asset-based community development approaches
- Memory Support Workers won Working in Partnership Award and nominated for HSJ award
- Events supporting people with disabilities e.g. 2nd annual conference on Co-production delivered by Touchstone and Leeds Learning Disability week
- Continue to extend networks in local communities and share engagement opportunities



- Annual stakeholder events to raise awareness on a specific topic: "Good Endings" on people's information, choice and support needs when life expectation is limited October 2017
- Chair and co-ordinate People's Voices Group with an aim for better reach to people and communities and consistent shared engagement
- Using health visitors as important community link to other services



To be a healthy city, our environment must promote positive wellbeing. This means Leeds houses are affordable, warm, secure, and support independent living. Green space, leisure provision and walking and cycling opportunities promote health and happiness. Areas of Leeds with the lowest overall green space provision are predominantly inner city, high density housing areas. Considerations about future growth must consider health inequalities and ensure adequate provision.

Highlights from the last 12 months include:

- 2016/17, saw 3,306 new/converted homes and nearly 2,000 empty homes back in use
- A 63% decrease on landfill is estimated compared to 2015/16
- Strategies and initiatives to improve and develop local housing offer e.g. £30m for Development of Extra Care, Homeshare pilot
- 50% reduction in Residential & Nursing Placements for Working Aged Adults
- Steps to implement our environmental strategy include having one of the greenest NHS fleets in the country and taking part in Clean Air Day campaign
- A number of initiatives across the sector provide support, particularly in diverse and/or deprived areas of the city e.g. Healthy Lives Healthy Homes
- Close partnership working on a range of health and wellbeing factors e.g. housing and environment and vulnerable elderly people, fuel poverty



A strong economy with quality local jobs



A good job is really important for good health and wellbeing of working age people. Reducing social inequalities means creating more jobs and better jobs, tackling debt and addressing health related worklessness. With collaboration across private, public, academic and community organisations, Leeds is perfectly placed to be a great location for health innovation. We must also recognise that health and care organisations employ a huge number of people in the city.

Highlights from the last 12 months include:

- Improving standards e.g. Ethical Care Charter, 'Leeds Living Wage' amongst care providers
- Above inflation Fee uplifts for Care Homes/Home Care providers for local sustainability
- Partner in Health and Work Outcomes project, with focus on disabled people and employment
- Fastest private sector jobs growth of any UK city in recent years, amongst highest rates of business start-ups and scale-ups, a top five UK tourism destination (over 26 million visitors a year), and Lonely Planet names Leeds in top 10 European destinations for summer 2017
- Business rate growth increased 0.93% (compared with the 2012/13 baseline) and the regeneration of Leeds' South Bank is making good progress. The size of the city centre will double and the scheme aims to provide over 35,000 jobs and 4,000 homes
- Ensuring a developed workforce with good opportunities e.g. new roles including apprenticeships, integrating nursing workforce, Living wage employer, recruitment processes
- Working with partners to plan and progress towards the Innovation District
- Committed to principles of inclusive growth as an anchor institution and supporting the digital eco system and integration agenda through development of our electronic care record PPM+
- Third sector employment and recruiting volunteers in areas with greatest health inequalities
- Initiatives in place to support people with autism and learning disabilities into work e.g. Supported Internship Programmes and apprenticeships

Get more people, more physically active, more often



We want Leeds to be the most active big city in England. If everybody at every age gets more physically active, more often, we will see a major improvement in health and happiness. We can reduce obesity, improve our wellbeing, become more socially connected and recover better from health problems. One in five adults in Leeds is inactive. As a general rule, the more we move, the greater the benefit. The biggest benefit will be for those who are currently inactive.

Highlights from the last 12 months include:

- Funding of Conservation Volunteer Project from Spring Budget monies
- Working with Sport and Active Lifestyles to develop Healthy Living Centre in East Leeds
- Physical activity levels in primary and secondary age continue to rise with involvement in the 'Active Schools' partnership meaning local, regional and national initiatives. Enhanced PE and sport premium planned for 2018
- Working on the physical activity workstream of the breakthrough project together with Sport and Active Lifestyles, planning, regeneration, transport, parks and countryside
- Promoting the Active 10 campaign in partnership with Public Health England in 2017
- LYPFT healthy living service provides support around physical activity as well as healthy lifestyle, diet, etc
- Initiatives to support the workforce (e.g. challenges and gym benefits) and for citizens (e.g. Live Well Leeds, investing in diabetes education team)
- Increasing physical activity for staff through staff gym and provide exercise classes and active travel promotion



- Promoting challenges for staff and citizens e.g. the NHS 1000 miles campaign
- A wide range of third sector partnership/community programmes from gardening to wellness groups
- Healthwatch promotes the messages to staff, volunteers and via networks and their office base has cycling storage, showers and running club

Maximise the benefits of information and technology



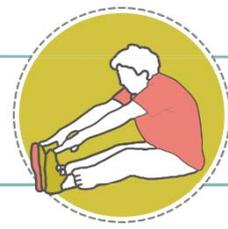
New technology can give people more control of their health and care and enable more coordinated working between organisations. Joined-up information enables people to tell their story once and choose the channel they use to communicate. We want to make better use of technological innovations in patient care, particularly for long term conditions management. This will support people to more effectively manage their own conditions in ways which suit them.

Highlights from the last 12 months include:

- Integrating and using digital solutions across organisations to make savings and increasing users e.g. 25 % increase (to 5000) users of the Leeds Care Record
- Templates within electronic patient records have been developed for use by primary care
- Partner in implementation of digital solutions e.g. Activeage (Samsung) and Telecare (Tunstall) and capital resources prioritised for integrated health and care IT solutions
- Continued development of nationally acclaimed Leeds Care Record
- LYPFT has deployed public wireless internet access across all buildings in the Trust
- Full implementation of Electronic Patient Record in neighbourhood teams
- Development of apps in Early Start, CAMHS and ICAN
- Continued development of digital initiatives e.g. Leeds Care Record, and electronic prescribing rollout (which reduced the number of medicine related incidents across the Trust) as well as new projects e.g. Scan for Safety technology
- Creating and promoting websites/apps e.g. MindWell, Safe Places app
- CCGs funded post at Forum Central researching use of the data by the health and care third sector
- Stakeholder in the Citywide Communications Group, Digital Literacy and Health Information for Patients Groups



A stronger focus on prevention



Targeting specific areas can make a really big difference to preventing ill health, such as obesity, smoking, and harmful drinking, as we. Cancer prevention, early diagnosis and successful therapy will reduce inequalities and save money. Focusing on these issues requires a whole-city approach to help people remain healthy and independent for longer. Local and regional partnerships protect the health of Leeds' communities around infection prevention and control, and environmental hazards such as air quality and excess seasonal deaths.

Highlights from the last 12 months include:

- The CCG is re-evaluating resource allocation to promote preventative, safeguarding and proactive care services, as well as investing in local initiatives. These are complemented by revised policies and processes
- 20 health grants support this priority
- Range of initiatives to increase support services e.g. Community Bed Strategy, Reablement, Telecare 'Smart rooms' as well as Dementia information and advice
- A wide range of strategic (e.g. NHS Winter Plan, improved pathways, planning policies) and operational preventative measures (e.g. 10,000 people attending an NHS Health Check in 6 month period, 4391 people referred to National Diabetes prevention programme, reduction in smokers to 17.8%, One You Leeds launched, reduction in seasonal deaths)
- Raising awareness and using champions e.g. cancer, TB, antibiotic resistance, alcohol, flu
- LYPFT re-evaluating resource allocation towards prevention proactive care services - in adult mental health services and for vulnerable groups e.g. homeless, gypsy and travellers
- 20 health grants supported this priority
- Preventative work with patients focuses on falls, pressure ulcers and UTIs and being done with a health coaching approach and changing the conversation
- LTHT have successfully piloted a better value healthcare initiative to ensure patients do not receive diagnostic imaging tests that are not required for their care
- Maintaining existing investment and attracting new funding e.g. Leeds Third Sector Health Grants benefitted approximately 16,000 people, Big Lottery funding awarded, The Leeds Fund impacted 17,406 people – all benefited a diverse range of communities across the city



Support self-care, with more people managing their own conditions



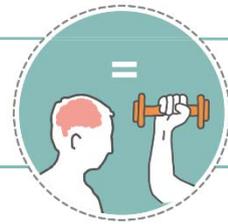
Long term conditions are the leading causes of death and disability in Leeds and account for most of our health and care spending. Cases of cancer, diabetes, respiratory disease, dementia and cardiovascular disease will increase as the population of Leeds grows and ages. This means it is important to support people to maintain independence and wellbeing within local communities for as long as possible. People need to be more involved in decision making, with person-centred care, coordinated around individuals.

Highlights from the last 12 months include:

- Local investment and national funding directed towards this priority, supporting people with a wide range of conditions e.g. respiratory conditions, dementia, diabetes, poor mental health
- 12 health grants support this priority
- Approaches to support self-care e.g. Strengths Based Social Care, 'Better Conversations' and support for carers, consultation on re-design and re-commissioning of Leeds Directory
- "Better Conversations" shortlisted by the HSJ for Local Authority and Health partnership working
- Peer support and increased collaborative care/support planning for long term conditions
- Mindwell website for adults launched in accessible format and getting 5000 hits per month
- LYPFT and LCH jointly improving interface between services, integrating some of the service components with local focus and linked to emerging Local Care Partnerships (LCPs)
- Progressed in partnership with asset-based approaches, across all ages, e.g. piloting self-care teams across neighbourhood teams, integrating nursing teams and long term conditions teams
- The "Sit up, Get dressed, Keep moving" campaign helps people feel more independent, empowered with less loss of muscle strength and quicker recovery
- Initiatives to support those with diabetes including staff changes and training e.g. recruitment for inpatient diabetes, training for practice nurses and structured education for the newly diagnosed
- Unique Improvements launched in the third sector e.g. Cancer Awareness service, Battlescars support groups for people who self-harm, diabetes support groups
- Stakeholder in work programmes on prevention with representation in sub-groups promoting the importance of co-production and early engagement



Promote mental health and physical health equally



Our ambitions for mental health are crucial for reducing health inequalities. Good employment, opportunities to learn, decent housing, financial inclusion and debt are all key determinants of emotional wellbeing and good mental health. Improving mental health is everyone's business. We want to see this led by employers, service providers and communities alongside improved integration of mental and physical health services.

Highlights from the last 12 months include:

- Good outcomes from the CCG continuing to invest in mental health services and initiatives to improve pathways, access and self-management, reducing referrals, including in maternity
- 17 health grants support this priority
- Conservation Volunteers Project supported via Spring Budget Monies
- Re-Commissioning in 2018 of MH Third Sector
- MindMate Champion programme has wide sign up with recruited Ambassadors and social media campaign
- Crisis operational group established and applying for national funding to support creation of a Safe Space for young people in the city
- Regional Time to Change Hub committed to reducing mental health stigma
- 'Leeds in Mind 2017' assessed mental health needs and possible improvements
- Suicide prevention initiatives and bereavement services nationally recognised
- The Leeds approach to working in partnership enables a holistic focus, incorporating both physical and mental health requirements, embedded in the Strategy and the Leeds Plan
- MindMate lessons provide high quality, evidence-based content to reduce stigma and raise awareness of mental health
- LYPFT continued successful service user employment support model with Leeds Mind WorkPlace Leeds with good outcomes
- Development of initiatives to support and promote good mental health e.g. MindMate, children's eating disorder services and reduction in wait times for autistic spectrum disorders
- Nurses employed with both skills sets in key settings, e.g. policy custody suites and CAMHS
- Ensuring supportive environments e.g. dementia friendly wards and services e.g. counselling line for staff, expanded perinatal mental health team
- We have contributed to research into pain management for patients with dementia
- Mental health support e.g. Converge Leeds partnership programme of adult university courses, Time to Change Hub to tackle stigma, Young Dementia Leeds, merge of Volition and PSI Network
- Funding for phase two of LGBT+ Mapping Project, feeding into Mental Health Needs Assessment

A valued, well-trained and supported workforce



Leeds is one of the best places in the UK to work in health and social care. We have a highly motivated, creative and caring workforce, working hard to deliver high quality care. This workforce, many of whom live as well as work in the city, are a huge asset for making change happen. Working as one workforce for Leeds, with shared values and collaborative working, supports joined-up services. The third sector and those in caring and volunteer roles in the community will be crucial to make the most of our city wide assets.



Highlights from the last 12 months include:

- A partnership 'One City' approach to delivering high quality care in care homes.
- Significant investment to develop the primary care workforce through support, advice and training
- 17 health grants support this priority
- New initiatives to support workforce training and development e.g. Health and Care leadership Academy, Integrated Occupational Therapy workforce
- New and innovative work with private sector partners, e.g. John Lewis in their first year in the city
- During 2017, public health has trained 3,859 people from across the wider workforce in Leeds to support them in their health and wellbeing roles
- Involvement in steering workforce development plans through the Partnership Executive Group (PEG) to ensure scope is correct
- Apprenticeship levy offers opportunities to invest in the health and care workforce
- A number of partnership events have demonstrated good cross city working. The second Baby Week, for example was an excellent demonstration of what can be achieved
- LYPFT is paying the foundation for living wage and ranked 34/50 top inclusive employers nationally
- All NHS providers in the city remain committed and signed up to the Mindful Employer standard
- Investments to support workforce and internships to support people LD into employment
- Training and development for staff, including preceptorship programme, alongside OD work around creating a good working life. Staff making Feel Good Pledge offered flu jab (with 75% uptake)
- LYPFT lead role in development of Health and Care Academy
- Staff survey results improved again and new staff supported e.g. apprenticeships and new training programmes (including nursing)
- Initiatives to further integration e.g. training programmes for GP practices/practice nurses, nursing
- Mentally health workplaces with ongoing promotion of Mindful Employer, Touchstone won Top Inclusive UK employer with Community Links in 9th, launch of Leeds Working Carers Initiative
- Healthwatch staff and volunteer development programmes in place

The best care, in the right place, at the right time



More effective, efficient health and care means moving more services from hospitals to community settings, with services closer to home will be provided by integrated teams. This kind of integration, designed with people at the heart, helps to keep people out of hospital whilst providing care in the most appropriate setting. These teams will be rooted in neighbourhoods and communities, with coordination between primary, community, mental health and social care.

Highlights from the last 12 months include:

- Initiatives to reduce waiting times and bed days, including the development of the partnership A&E delivery plan, investment in community bed capacity, mental health and dementia services
- Investment to increase community bed capacity by 26%
- Commissioning local social prescribing services for citizens
- Improving local access e.g. Integrated Community Based Health and Social Care Teams, Leeds Centre for Independent Living Services (LCIL), Talking Points, Rapid Response, and local pilots
- Redevelopment of learning disability service, Crisis support and health facilitation teams
- “Good” status following CQC inspection with “outstanding” for Caring in adult services
- Range of initiatives offering better support offer e.g. integrated nursing and integrated clinics, extended hours, single points of access services, increase in end of life care and patients dying in their preferred place of death
- The LTHT frailty ensured that 65% people were able to return home rather than be admitted
- Great results from patient quality improvement project e.g. 2017 saw 31% less inpatient cardiac arrests than 2015 and 7% less than 2016
- Continued input, challenge and system leadership into the strategic health and care system and to pilot initiatives on the ground e.g. Age UK Leeds Hospital to Home service
- St Gemma’s Hospice were awarded Outstanding in their 2017 CQC inspection
- Provide an advice and signposting service via telephone, post or email on any health or care issues about Leeds health and care, reporting themes to providers and commissioners
- Co-ordinate and chair a complaints lead group to improve consistency, share handling and improve experience including learning





Roundup of Health and Wellbeing Board activity



Recommendations and progress updates from the last 12 months

January 2017

Workshop session

1. Improving citizen health: what good looks like

Actions for Consideration:

- Health and Wellbeing Board to consider their role as employers and influencers of the workforce by:
 - Signing up to Mindful Employer
 - Ensuring wellbeing of public sector staff (50,000) in the city
 - Holding ourselves, each other and those we commission to account
- Design/develop a viable, local alternative to IAPT and use this as grounds to challenge national policy (maybe in conjunction with other West Yorkshire HWBs)
- Establish neighbourhood networks for young people
- Push for culture change – Health and Wellbeing Board to pull all mental health activity together and determine how resource is used and what our narrative is for the city
- Influence city planners/developers/housing colleagues and exerting pressure to ensure decision making helps to improve the mental health of our deprived communities
- Link this into the prevention strand of the Leeds Health and Care Plan (Leeds Plan)

Update:

In Leeds we are working towards more integrated health and wellbeing, enabling us to focus holistically on physical and mental wellbeing requirements of citizens. An action plan has been created and progressed, linked to the Leeds Health and Care Plan as this has developed. All HWB providers and commissioners are committed and signed up to the Mindful Employer standard and LYPFT are ranked 34 out of the top 50 employers nationally for being an inclusive employer. Our emerging Local Care Partnerships are key to this new service delivery. This is based on the 13 neighbourhood teams. The Future in Mind Strategy has introduced 5 young MindMate champions to help spread the word online and with peer groups in schools and community youth centres.

February 2017

Public meeting

2. Reducing Health Inequalities through Innovation and System Change

Recommendations:

- Commissioners to review their procurement mechanisms after raising concerns that Leeds CCGs (and providers) did not procure Leeds made products.

Update:

The Inclusive Growth Strategy reflects this commitment and now includes a commitment to link procurement opportunities to job creation. This includes securing better outcomes for the Leeds economy in terms of jobs, skills and supply chains from procurement by the public and private sectors, and through major development and infrastructure projects

The Leeds Academic Health Partnership (LAHP) is developing its Health Innovation Leeds proposal to include a closer working relationship between collaborative trialling and local adoption of products (this includes working with local innovators and suppliers).

3. Reducing Health Inequalities through Innovation and System Change

Recommendations:

- To identify which organisations will lead and progress the roll-out of various innovation initiatives and to ensure that localities with historical health challenges are included.

Update:

In November 2017 the LAHP Board approved a Strategy identifying 6 collaborative work programmes which align closely with the Leeds Health and Wellbeing Strategy, Leeds Health and Care Plan and Inclusive Growth Strategy. Based on extensive consultation, the selection of the programmes was based on their potential to support reductions in inequality (e.g. deprivation/socio-economic impact; ethnicity) and positive impact on citizens and sustainability.

4. Introducing the Leeds Commitment to Carers

Recommendations:

- Endorse the Leeds Commitment to Carers
- That the Leeds Carers Partnership is tasked with promoting the Leeds Commitment to Carers and reviewing all action plans
- That HWB receive a progress report from the Leeds Carers Partnership in 2018

Update:

Completed action plans have been received from 10 organisations in Leeds. The Commitment to Carers was launched to Leeds Employers at the Carers Rights Day event, hosted by Carers Leeds, which generated great interest.

April 2017

Short public meeting

5. Draft NHS Leeds Clinical Commissioning Groups (CCGs) Annual Reports 2016-2017

Recommendations:

- That the CCGs provide timescales in relation to next year's report along with proposals for involving the Board in its development and agreement

Update:

As part of their annual reports, CCGs have a statutory requirement to include a review of how they have contributed to the delivery of any joint health and wellbeing strategy and to consult with the Health and Wellbeing Board in preparing it. The HWB will be engaged in February 2018 in the 2018 reporting cycle. The CCG Partnership is working to an initial deadline for a draft annual report to be prepared and submitted to NHS England by midday, 20 April 2018.

April 2017

Workshop session

6. Leeds Health and Care Plan

Actions for Consideration:

- To provide a basic explanation about what the Leeds Plan is, what it aims to do, what the format is and how the components all fit together
- To articulate outcomes for people/the whole person - articulating what is going to change for the individual, their families, and communities, what services will look like and what they will offer, how resources (money and staff) will be used differently to make this happen, and what people can do for themselves (population behaviours) to support this
- To make sure this reads as a plan specifically for Leeds
- To simply describe how the Leeds Health and Care Plan fits with other strategies and plans e.g. LHWS, STP, Mental Health Framework, air quality strategy, etc

Update:

A basic explanation of the Leeds Plan has been developed in a narrative document, with a Leeds focus, which has been shared and agreed with HWB. This included format and details of change, with other resources e.g. video stories in production. How strategies link is part of an ongoing conversation and there is more to do to align these as plans develop.

7. iBCF (Spring Monies)

Actions for Consideration:

- Proposals for BCF investment to
 - Be used wisely and to help system flow
 - Join up with the Leeds Health and Care Plan ambitions
 - Concentrate on and use the strength in our communities
 - Deliver return on investment (ROI) rather than prop up services in the extreme short term
 - Consider integrated hubs and estates benefits e.g. buying out costly spaces/building and bringing in neighbours and integrated teams to support service redesign and delivery
- Next steps
 - Develop a financial plan
 - Partners to provide any other ideas and proposals
 - Go to BCF Delivery Group, BCF Partnership Board and ICE and then back to Health and Wellbeing Board

Update:

As 'Team Leeds' we submitted our iBCF 2017-19 improved Better Care Fund (iBCF) Plans to NHS England with approval received on 30th October 2017. Next steps have included reviewing the business cases for each of the schemes by a cross-partner panel to ensure they will address the challenges we face (health and wellbeing, care quality and finance and efficiency). Schemes are also assessed and refined around expenditure, benefits realisation, and impact on partners. Some of the approved bids are for schemes which directly support the Leeds Local Delivery Plan (our preparations for winter). Work is underway to streamline the reporting and governance for the schemes by merging the BCF Delivery Group and the Leeds Plan Delivery Group and aligning each of the schemes to a Leeds Plan programme.

June 2017

Public meeting

8. Being the best city for health requires the best workforce

Recommendations:

- HWB to support discussions about the Living Wage and attend the Low Pay Seminar when arranged
- Oversee/raise the profile of the Supporting Disabled People into Employment Project to ensure it remains consistent with the city's health and wellbeing priorities and participate in a 'health, wellbeing and employment workshop' in October 2017
- Continue to note and support the development of Leeds Health and Care Academy and to receive regular updates on progress
- The City Workforce Workstream to be used to understand and plan responses to these challenges and keep the Board up to date with progress

Update:

A piece of work undertaken to understand levels of Living Wage being paid across the health and care organisations in the city was followed by a verbal agreement through the Partnership Executive Group to move to Leeds Living Wage as standard. The HWB held a workshop in October 2017 to consider the Supporting Disabled People into Employment Project (see item 25). The Leeds Health and Care Academy goes live on the 1st April 2018.

9. Leeds Health and Care Quarterly Financial Reporting

Recommendations:

- To further develop a shared system-wide response and assurance that the financial challenge will be met
- As part of the Boards' role to provide clear guidance to the Leeds Health and Care Partnership Executive Group on the possible actions required to achieve financial sustainability, the Board asked that PEG:
 - Convene a workshop to consider and identify the opportunities for collaboration and budget sharing
 - Undertake a piece of work to gather and understand savings and Return on Investment

Update:

A series of workshops have taken place in each of the areas across the West Yorkshire and Harrogate patch (facilitated by York Health Economics Consortium and KD Network Analytics) aiming to ensure that there is a consistent approach to understanding the financial position in each area. The Leeds workshop was attended by Directors of Finance and PEG members. Work is currently underway between the Directors of Finance and planning leads to share plans for 18/19 financial year to help ensure they line up.

10. Leeds Health and Care Plan: Progressing a conversation with citizens

Recommendations:

- To take an update back to Community Committees
- Add wording to Leeds Plan to recognise the interaction between Leeds £ and inclusive growth / business.
- To make the language more accessible (and one of the personas could be about someone with a personal budget)
- Clarify who will make the decisions
- Edit the description of Health and Wellbeing Board
- Include more Leeds based rather than national figures
- To explain the extended primary care model in more detail in the September meeting of the Health and Wellbeing Board

Update:

Community Committees have been updated and engaged on Leeds Plan. Wording that links Leeds £ to growth in the city is now part of an accessible narrative that has been drafted and circulated. Clarity of decision making and the HWB description has been updated and HWB profile raised in the document. Targets in the Plan and details of the financial challenge are based on Leeds figures. The HWB has had presentations on the Local Care Partnership model.

11. System Integration

Recommendations:

- Endorse the process to develop a blueprint for system integration in Leeds as a key element of the Leeds Health and Wellbeing Strategy
- Confirm how the Board would like to be engaged with this work going forward. It is proposed that a session occurs with Health and Wellbeing Board members to provide strategic steer as the work develops.

Update:

HWB requested that this item return to the Board to be shared and discussed in a public meeting. This item was presented to HWB on 28th September 2017 (see recommendations 18). The HWB supported the direction of travel in the emerging PHM Blueprint and asked for the item to be presented and signed off at the public meeting in September.

12. HWB membership

Recommendations:

- Invite Sam Millar to join Health and Wellbeing Board as Safer Communities representative.

Update:

As part of the HWB's commitment to tackling the wider determinants of health, Board members invited Superintendent Sam Millar to join the Board as a Safer Communities representative.

July 2017

Workshop session

13. Reflections on HWB visits to A+E (Jan 2017) and agreeing future visits to other front line services

Actions for Consideration:

- Thea Stein stated that LCH will lead on the planning of a HWB session (approximately October) that will be part seminar and part citizen story. This will likely be in the form of citizen and staff presentations, such as District Nurses.
- Cath Roff highlighted the need for something that captures the balance of risk, how decisions impact on and a children and young people's focus too. Healthwatch and Leeds Older People's Forum could also be involved.

Update:

Work is being progressed, based on the suggestions of HWB Board members, to arrange a seminar to provide an insight into Neighbourhood Teams, what a typical day or evening shift looks like, and to hear from a service user about their experience of the service.

14. Leeds Local Delivery Plan

Actions for Consideration:

- Health and Wellbeing Board wants practical examples of what will be different and will it work:
 - The Plan to be re-written or to have an accompanying narrative so that it can easily be explained or passed on to others
 - A different and brave conversation is needed with the public that is linked with the Leeds Health and Wellbeing Strategy and the Leeds Health and Care Plan that the Health and Wellbeing Board can steer.
- To strengthen the involvement of the third sector in the process and invite a representative to the 1st August testing
- Primary Care needs to have a stronger reference
- Needs linking at a West Yorkshire level as we can't do this in isolation

Update:

An accompanying narrative was developed with various forums and groups and returned to the Board. A third sector representative attended the 1st August testing. There has also been third sector involvement at various testing points, including the formal monitoring of the plan at Systems Resilience Assurance Board (SRAB) which has third sector attendance. To progress action, the system is working with NHS England to develop a recovery plan, which will contain additional actions and process changes to strengthen our delivery and improve services for patients during the winter period. In addition, we have reviewed our system wide reporting and escalation processes and have already been testing these. Further refinement of escalation action is ongoing. Daily reporting has been implemented for sample GP practices and there is close working with GPs around GP streaming in A+E, out of hours and additional clinics. Leeds colleagues attend the West Yorkshire urgent care programme delivery board, and we liaise with other colleagues around 999, 111 and ambulance response services.

15. Leeds Autism Strategy

Actions for Consideration:

- That the Strategy be taken forward and that elements discussed are picked up with the relevant organisations and services.
- To take the opportunity to further improve flagging across systems (in particular primary care and secondary care) to allow staff to better respond to a person's needs.
- That autism needs factoring in to the mental health services that wrap around our 13 neighbourhood teams.
- That the funding situation regarding mental health services (a number are non-recurrent) is factored into our challenging conversations.
- Continue work to explore how IAPT and community mental health services can be better integrated. Thea Stein and Dawn Hanwell to check how autistic people with mental health issues are reflected within this, particular, around access to services.
- Children's autism waiting list and the scrutiny response could be considered at a future meeting of the Health and Wellbeing Board.

Update:

The Autism Partnership Board (APB) has developed an action plan and is prioritising the 4 areas of training, mental health, the criminal justice system and travel training. The APB continues to meet on a quarterly basis to work on the various strands of the agreed action plan. Improvements to the flagging need to be rolled out to other parts of the system. Both LCH (i.e. IAPT) and LYPFT are beginning a process of monitoring the numbers of autistic people using their services and providing awareness training for their staff. A training session day for elected members is organised for 29th Jan 2018.

16. Unhealthy Attitudes

Actions for Consideration:

- To have a one city approach to tackling these issues (with education, crime/safety and other partners), linked to our compassionate city ambitions.
- That the Board consider an action plan at a future meeting, developed through the LGBT+ Hub Sub Group on Health and Social Care, working with representatives from all the key organisations and partners.
- Possibility of developing a kitemark for LGBT appropriate services and providers, which would include appropriate bespoke training for care staff that is co-produced.
- To have a conversation with NHS England about waiting lists for specially commissioned gender identity services.
- Explore the use of new models of care under the Leeds Health and Care Plan to trial training in new teams on this issue, using posts that centre on better conversations to engage with this issue across the city.
- Explore opportunity for GP practices to strengthen the quality and consistency of peer training on this issue, building on training provided by LCH.

Update:

The Health and Wellbeing Board agreed that this item return to the September public meeting for formal commitment to the recommendations (see item 22 for details). Additional recommendations from the Board such as the development of a Kitemark will be developed together via the Working Group.

September 2017

Public meeting

17. Continuing a conversation with citizens: Leeds Health and Care Plan

Recommendations:

- Endorse and support the consultation plans.
- To consider the role of the public sector more widely to contribute to Leeds Plan ambitions and the changing conversations with staff and citizens.
- The future role of hospitals in community care.
- Involve young people, third sector and targeting people who were hard to reach or usually do.
- Design solutions from the bottom, up and include a focus on individual responsibility for keeping myself well.

Update:

Consultation plans have been endorsed and are progressing, including targeted and broader public engagement. Wider public sector is being engaged through developing staff conversations, but further engagement is required, e.g. with national public bodies that have staff in Leeds. The role of hospitals in community care is being made clearer through the frailty and musculoskeletal (MSK) programmes in the Leeds Plan. Young people have been consulted, but greater alignment is needed between the Children and Young People's Plan and Leeds Plan. The third sector is helping to reach seldom heard groups and community involvement is emphasised through funded 'better conversations' training for significant staff numbers.

18. System Integration – a Blueprint for Leeds

Recommendations:

- HWB to champion Population Health Management principles as a key delivery vehicle for the system to deliver the Leeds Health and Wellbeing Strategy and endorse the Blueprint for Population Health Management.
- To do further work to clarify if and how the Cluster partnerships ensure join up between responding to needs of children and needs of the parent. The HWB to receive a report on proposals.

Update:

As a result of the HWB discussion meetings have continued between children's commissioners and providers to progress and align work. The children and families commissioners are due to present at the Accountable Care Development Board in January with a focus on how the community approach could align with the emerging neighbourhood geography. Population Health Management will ultimately facilitate a joining-up of the adults approach with the children and families agenda in response to feedback that this is currently largely misaligned.

19. Leeds Health and Care Local System Delivery Plan 2017-18

Recommendations:

- Reinforce our shared ownership and collective action as 'Team Leeds' as we deliver Leeds Health and Care Local System Delivery Plan 2017-18.
- Agree that the approach taken to plan for winter aligns with our shared city ambitions.

Update:

The link to Leeds Health and Wellbeing Strategy has been strengthened in the narrative. The Clinical Senate has now been engaged several times and there has been regular discussion at the Partnership Executive Group and Board to Board. We await news on a funding bid (£2.55m) to support general system flow, mental health and primary care.

20. Integrated Better Care Fund (IBCF) Plan 2017-19 and Spring Monies

Recommendations:

- Noted and agreed the Plan.
- Board noted that Delayed Transfer of Care (DTOC) targets would be reviewed in November and the Board requested further information when available.

Update:

A paper was prepared in partnership for the HWB in November 2017, providing a summary of the term DTOC, how DTOCs are categorised, the current position in relation to number of DTOCs, and the degree of challenge associated with delivery of iBCF target. (see item 30).

21. Annual refresh of the Future in Mind: Leeds Local Transformation Plan for children and young people's mental health and wellbeing

Recommendations:

- To consider securing GP representation on the Clusters.
- Explore how the offer for children and young people in mental health crisis can be improved (reducing over reliance on out of hours and A+E).
- HWB members to:
 - support, approve and champion the Future in Mind: Leeds strategy and underpinning Local Transformation Plan (LTP)
 - recognise and share the achievements to date (detailed in the plan), progressed in the first years of the Future in Mind LTP funding allocations
 - endorse how the child and young person's voice has been integral in developing the priority work-streams and going forward is embedded in the co-production of their delivery

Update:

The HWB has ratified the refresh of our Local Transformation Plan. Since then:

- *MindMate Champion programme - we now have 74% Primary schools, 78% Secondary schools, 100% SILCs, 93% Children Centres signed up*
- *5 young people with lived experience of mental health (age 16-24) recruited to be MindMate Ambassadors to represent the MindMate website at events, to do inroad work in schools and youth settings and to inform further development of website*
- *MindMate social media campaign underway raising the profile of MindMate and number of visits to the site*
- *Crisis operational group established and applying for national funding to support creation of a Safe Space for young people in the city*

We will also ensure connections between clusters and the new Local Care Partnerships as they develop.

22. Unhealthy Attitudes – A ‘one city’ approach for Leeds

Recommendations:

- Support the establishment of a Sub Group of the LGBT+ Hub focusing on Health and Social Care and nominate representatives from each partner organisation to attend this
- Task the LGBT+ Hub Sub Group on Health and Social Care with developing an action plan to deliver the recommendations of the Unhealthy Attitudes Report
- Task the Sub Group with identifying any additional actions that may need to be delivered to ensure Health and Social Care services are fully inclusive for LGBT+ people
- Task the Sub Group with consulting and engaging with the LGBT+ community as required to deliver the action plan
- HWB to receive regular update reports on progress in delivering the action plan

Update:

6 meetings are being set for 2018 with each focusing on one of the 5 main areas of the Stonewall action plan. Nominees have been put forward by most of the partnership organisations now and gaps are being filled. The working group will be a mix of senior leaders and operational staff and a review of progress meeting will take place at the year end, with a report on progress being drawn up to bring back to Health and Wellbeing Board.

October 2017

Workshop session

23. West Yorkshire and Harrogate Health and Care Partnership: Our next steps

Actions for Consideration:

- To ensure that the ‘Next Steps’ document reflects:
 - the Leeds approach (e.g. bottom up, community focus, role of the third sector, etc)
 - the importance of targeted pieces of work on small cohorts that have high levels of need and have a high cost to the system
 - the voice of children, young people and families e.g. children and young people with long term conditions, the impact the behaviour/actions of adults have on children and young people
 - young carers e.g. identifying and supporting a young carer for an adult with a long term condition
- To clarify collective action to tackle variation across the region, outlining impact on localities and how change will be measured and communicated
- To remove/define technical language
- To articulate the leadership and process required to identify pilots/examples of good practice across the localities and how they can be implemented regionally at pace

Update:

The revised ‘Next Steps’ reflects HWB discussion with more Plain English, ‘all age’, life-course approach, greater focus on tackling health inequalities/social determinants of health, and includes best practice (e.g. Leeds Neighbourhood Networks and Community Committee engagement). It states strong support for an NHS free at the point of delivery and commits to subsidiarity – meaning work is done locally unless it meets a clear test for regional working. A new Communities subgroup has been created, and the third sector and adult social care are now members of the System Leadership Executive Group. Senior officer engagement reflects the priorities in the Health and Wellbeing Strategy and partners have also pushed back where necessary against tight deadlines and top-down approaches. Local engagement supports the ‘left shift’ and the document now outlines a 3-4% increase in resources for primary care and community services over the life of the Next Steps strategy (2018-21).

24. Migrant health and wellbeing

Actions for Consideration:

- For Ian Cameron to lead the development of a migrant health and wellbeing working group, which would progress the issues raised through representation from the health and care partnership and report progress to the Leeds Health and Wellbeing Board and Strategic Migration Board
- To ensure clear communications with migrant communities, to continue engagement and understanding of who is impacted by changing changes and how they can be supported
- To ensure that plain English is used for public facing information
- Explore opportunity to reflect migrant health and wellbeing within the Leeds Health and Care Plan as part of the wider issues around health inequalities
- Clearly articulate how Leeds will support the most vulnerable as a system
- That data used in relation to migrants has to have clarity around the diversity, show issues impacting specific cohorts and where there are health inequalities
- To consider what more could be done to support migrants when commissioning for primary care in the future, strengthening the relationships between bespoke practices with experience of supporting migrants with wider practices

Update:

The membership of the new Migrant Health Board (MHB) is now being considered for its first meeting to progress issues around access, mental health, health protection, housing, abuse and data. A further significant issue concerns the 2017 amendments to the NHS (charges to Overseas Visitors) regulations. The MHB will develop an action plan, informed by front line services and communities, determining how Leeds will support the most vulnerable as a system. A work-stream to explore and improve relevant data collection will form part of the action plan. Good practice from the wide MHB partnerships will ensure processes, including the commissioning cycle, are responsive to the needs of the migrant community.

25. Improving health and work outcomes: Strategic direction and priorities for action

Actions for Consideration:

- To receive an update at a future meeting/workshop highlighting good practice and areas for progress across the member organisations
- For HWB organisations to improve health and work outcomes for their own workforce and support for those with long term conditions and disabilities
- To raise aspiration and ambition for those with disabilities to access employment, etc. as part of work occurring within the health and care sector (e.g. Leeds Health and Care Academy)
- Explore opportunities to reflect the work within the Leeds Health and Care Plan as part of the wider issues around health inequalities
- To explore further work around practices and organisations responding to people's individual workplace issues (e.g. work related stress pilot where practices acted as an advocate for a person on sick leave to engage with their employer)
- To champion and articulate the benefits to organisations for improving workplace health and wellbeing and sharing learning

Update:

A work programme is being developed to take forward recommendations from the Health and Wellbeing Board and as a response to the White Paper: Improving Lives. Initial action will focus on healthy workplaces, workforce development and integration of health and employment support.

November 2017

Public meeting

26. Inclusive Growth Strategy - Alignment with Health and Wellbeing Strategy

Recommendations:

- Closer alignment of the Health and Wellbeing and Inclusive Growth strategies
- Ensure broader health input from both commissioners and providers into the Inclusive Growth strategy via programmes such as Inclusive Anchors, Leeds Academic Health Partnership and the impending Innovation District and Nexus projects
- Inclusion of specific, place-based targets and priorities that partners could progress (such as reducing poverty, number of people with disabilities in employment)
- That the action plan reflects the needs of Leeds most vulnerable communities
- That Leeds Teaching Hospitals Trust commit to the Inclusive Anchors Programme
- To consider the 'Social Charter' and what action is already being taken by Leeds's Third Sector to support people back into work
- Link IGS and the Leeds Health & Care Plan, joining up with community cohesion and neighbourhood work
- To work with schools to ensure that a variety of roles in the jobs market are promoted to support aspiration and ensure that young people are given opportunities, can meet adults from a variety of skilled jobs
- Partners to use their influence as commissioners and employers to promote apprenticeship opportunities and mechanisms which assist people into and back to work
- Commissioners to influence and contribute as employers and buyers - making sure low paid staff are supported and paid a living wage; seeking high quality and supporting not for profit care for local communities through partnerships with social enterprise. Future commissioning to consider care delivery differently - to be inclusive and framed around local communities

Update:

Stronger links have been made across health and economic development. The health section of the Inclusive Growth strategy has been written by Health Partnerships. Leeds Teaching Hospital NHS Trust (LTHT) and Leeds City Council (LCC) have been working on the inclusive anchors programme. A business breakfast with 9 health businesses has taken place. The Innovation District has been informed by strong partnerships across University, LTHT and LCC. Living wage discussions have taken place at HWB and across the City. The Disability and Employment Project is in development to improve access to good work for people with disabilities including mental health. The Leeds Academic Health Partnership Strategy seeks to contribute significantly to inclusive Growth and will be presented to HWB in February 2018.

27. Making a breakthrough: a different approach to affect change - Supporting the Inactive to become Active

Recommendations:

- That 'physical activity' could be promoted as part of the Leeds Health and Care Plan, noting that any campaign would need to be sustainable with a long term commitment
- That schools, health visitors and parents encourage physical activity
- That the third sector has a key role to play in being able to provide information on what is provided throughout Leeds communities
- That NHS CCG commits to factoring in physical activity in its approach to commissioning pathways of care, particularly for musculoskeletal disorders; and the commitment to build this into health coaching and Making Every Contact Count policies
- To link physical activity to Mindful Employer measures

- Explore opportunities for a campaign of information and signposting on the location of cycle paths, walkways and bridleways alongside information on cycle safety.
- Explore extension of the Leeds Cycleway to link St James's and the Leeds General Infirmary

Update:

NHS commissioning will be picked up in the Leeds Health and Care Plan. LCC has a Health and Wellbeing group chaired by HR and physical activity is already embedded in Mindful Employer. Schools, health visitors and parents are encouraging physical activity through a range of initiatives, including a doubling of the PE and School Sport Premium, an early Years Physical Activity Toolkit, Leeds Urban Bike Park, and City Connect Cycle Superhighway. Conversations are underway to explore a Cycleway to link St James's and the Leeds General Infirmary.

28. Making a breakthrough: a different approach to affect change - Air Quality

Recommendations:

- Support an integrated independent living and affordable warmth service to ensure that vulnerable people receive physical improvements to their homes that will allow them to be warm and well at home.
- Champion affordable warmth across the health and social care sectors, to ensure that trusted frontline carers continue to refer clients for support.
- Consider joint investment in energy efficiency improvements in particularly vulnerable residents where there is a health business case (i.e. to improve hospital discharge processes).
- Participate in the air quality consultation process.
- Commitment to provide input in to the Leeds Transport Conversation
- Provide advice and guidance on how best to link through to the city's health professionals to promote key messages on air quality.
- Encourage the city's health organisations to lead by example in terms of their own fleet and travel planning.
- Consider how best to utilise air pollution data to support vulnerable groups
- Further information on this would be sent directly to Board members and partners to encourage consideration of electric vehicle use.
- Both Leeds Community Healthcare NHS Trust and Leeds and York Partnership NHS Foundation Trust representatives expressed an interest in closer working with Leeds Teaching Hospitals NHS Trust to see the work being done there in terms of the vehicle fleet and reducing individual air pollution.
- Department for the Environment, Food and Rural Affairs had recommended the use of Clean Air Zones (CAZ) in Leeds to tackle pollution, with 4 key roads requiring action. A further report would be presented to the Board for consultation once CAZ areas are determined.

Update:

LCC teams working together to procure the new Home Independence and Warmth Service. Leeds Community Health will promote the Warmth for Wellbeing/Warm Well Homes scheme. Energy efficiency and heating improvements are being provided to private sector residents suffering from cold related illness through these schemes and some will benefit from the Warm Homes Fund. The air quality consultation is now live until 2nd March 2018 and further communications will be developed to raise awareness of the impact of poor air quality. Grants are available to business/organisations/public sector to install EV charge points. LCC Fleet are working with LTHT on vehicle procurement and have trialled EV.

29. Making a breakthrough: a different approach to affect change - Domestic Violence (DV) and Abuse

Recommendations:

- To continue to identify opportunities to increase capacity at the Front Door Safeguarding Hub
- To identify new opportunities to upskill staff and services to identify and respond to Domestic Violence and in particular issues of coercion and control
- To remove barriers and improve access to appropriate services for people with complex needs who are experiencing domestic violence
- To consider ways to increase services and interventions available to perpetrators of domestic violence
- To encourage more primary care, GP practices and health and care settings to introduce a routine domestic violence enquiry as a general rule
- To consider the long term impact of what children or others have witnessed in a DV environment

Update:

As part of a West Yorkshire work programme, Leeds leads on a range of initiatives to improve responses to victims of domestic violence with complex needs with a particular focus on mental health, drugs and alcohol and immigration. Improvements to referral pathways are developing following a series of OBA events on migrant communities, health related issues and LGBT+ issues. Training includes opportunities to upskill a range of services to work with domestic violence perpetrators to increase capacity across the city. Caring Dads supports men who are abusive. Currently (Jan 18), 16 GP surgeries are undertaking routine enquiry with a further 24 expressing interest in doing so. Midwives and Health Visitors currently deliver routine enquiry and it is standard in Leeds services with DV Quality Mark. Conversations with Children and Families Service are exploring potential for considering the long term impact of what children or others have witnessed in a DV environment.

30. Brief overview of Delayed Transfers of Care (DTC) and non-elective admissions

Recommendations:

- To submitted a letter to NHS England from the Health and Wellbeing Board challenging the current data baseline advocating a revised baseline for Leeds
- To note the challenges and risks faced by the Health and Care System partners in Leeds associated with delivery of the agreed iBCF trajectory
- To request future updates and reports back to HWB

Update:

City-wide partners have been working together to understand and develop their action plan around delays. One cause of delays across the system is people awaiting EMI (Elderly Mentally Inform) / Dementia beds so separate work has commenced to strengthen capacity out of hospital to support this group of people with complex needs.

31. Pharmacy Needs Assessment 2018-21

Recommendations:

- To note that the Pharmacy Needs Assessment is on track and progressing to consultation stage

Update:

The pharmaceutical needs assessment is underway and encourages HWB members to participate in the consultation phase. The PNA will return to HWB for discussion in February 2018.

January 2018

Workshop session

In January 2018, the Health and Wellbeing Board held a development session, giving HWB members the opportunity to consider progress to date, what is working well and what improvements can be made. Board members also considered their work plan for the next 12 months. This session was built on the details contained earlier within this report as well as the latest national review of HWBs 'The Power of Place'. Due to the strength of relationships and collaboration between Board members, the session did not require an external facilitator. A summary of discussion is provided below.

Where are we coming from?

HWB Members reflected on highlights from the last 12 months, noting progress has been made amidst ongoing challenges, such as improved mental health pathways, increased workforce training and support, and results of the Frailty Unit. However, the Board also recognised there is more to do and challenged themselves to stretch into areas where more improvements are needed.

The strength of the partnership was also acknowledged, reflecting that the Board now holds conversations as 'one system', works well when tested by winter pressures, and maintains high standards in engaging with staff and citizens.

Two elements were seen to underpin the culture and behaviour of the Board; firstly, that partners are all held together by the clear and credible Leeds Health and Wellbeing Strategy; secondly, by the strength of shared values across the partnership, rooted in a recognition of the assets and strengths of Leeds communities.

The HWB received an update on the indicators of the Leeds Health and Wellbeing Strategy (see p.38-39), which showed indicated positive overall improvements, with opportunities to move further faster. These discussions will feed into the Joint Strategic Needs Assessment process which is starting again soon.

Where are we now?

The HWB considered its place-based role, reflecting on how it does it work, with whom and the extent of its reach and impact. The Board acknowledged the successes it has had in driving health in all policy and ensuring strong links with other city-wide ambitions e.g. the Inclusive Growth Strategy.

There are numerous examples where the Board has shaped and influenced the direction of work, and ensured a Leeds focus in regional and national processes. However, there were suggestions of where relationships could be strengthened in order to further benefit, such as with the Local Economic Partnership.

Given the sound relationships between health and care leaders, the HWB also provides a space for collective thinking to create very different, local health and care solutions. This means Leeds has the opportunity to combine a focus on place and voice – ensuring that decisions are made with a Leeds focus based on what people and communities are saying.

Where are we going?

From 2018, the Health and Wellbeing Board will officially convene Board to Board sessions. These meetings bring together a larger number of health and care partners to discuss key strategic topics, share perspectives and agree collective actions. This approach is unique to Leeds and makes sure that everyone is joined up and working towards the same goals for the city and for our citizens.

Suggestions for the 2018/19 HWB work plan, included, specialist housing, commissioning and provide services differently, workforce challenges, mental health, and future planning to support people with dementia and learning disabilities.

Leeds Health and Wellbeing Strategy 2016-2021 - KPIs						January 2018
	Baseline 2015/16	Previous Full Year	Current	Trend	DOT	Comparison
Priority	A Child Friendly City and the best start in life					
Indicator 1	Infant mortality - Infant mortality rate (per 1,000 live births)					
	3.6 (2012-14)	4.1 (2013-15)	4.4 (2014-16)			Higher than England, not stat sig; 3rd lowest core city
Story behind the baseline	Lagged data. Last two years has seen an increase in rates following a number of years of declining rates. Rate is greater in deprived areas of Leeds as is the rate of increase. Three year average is not significantly different to England average.					
Data Source	Leeds Public Health Outcome Framework					
Indicator 2	Educational attainment at 16 - Progress 8					
	New Measure	-0.06 2015-16 acadmic year	0.06 2016-17 acadmic year			2017 Progress 8 rank 40th out 152 LAs; 2nd Quartile
Story behind the baseline	Against attainment measures (attainment 8, pass/strong pass in English and maths) Leeds performs in 3rd quartile of LAs. Leeds non-disadvantaged pupils at all key stages achieve similar to non disadvantaged nationally, however the gaps between disadvantaged pupils in Leeds and national non-disadvantaged are too wide and compare poorly.					
Data Source	DFE sourced. 2017 reformed GCSEs in English, English Literature and maths limits comparability with previous years					
Priority	Strong, engaged and well connected communities					
Indicator 3	Percentage of people working in Leeds earning under the Living Wage defined by the Living Wage Foundation					
Indicator 4	Increased self reporting of domestic violence and abuse incidents					
	25% (12 months to June 16)	27.4% (12 months to March 17)	26.6% (12 months to Nov 17)			N/A
Story behind the baseline	The volume of domestic incidents reported to Police in Leeds increased by 9.1% in the 12 months to November 2017; 19,837 incidents reported, with a repeat victim rate of 45.2%. There has been stability in the proportion of domestic incidents reported by the victim. The 12 month victim self-reporting rate was 26.6% (Nov-17), this is an indication of victim confidence to report domestic abuse.					
Data Source	LCC BCP - Safer Leeds					
Indicator 5	Incidents of hate crime					
	1726 (12 months to March 16)	2192 (12 months to March 17)	2305 (12 months to Nov 17)			N/A
Story behind the baseline	The volume of hate incidents reported to Police in Leeds increased by 10.1% in the 12 months to November 2017; 2,305 hate incidents were reported to Police. 72.7% of hate incidents were identified as Race hate motivated, (1,676 race hate incidents).					
Data Source	LCC BCP - Safer Leeds					
Indicator 6	Number of new referrals of carers to Carers Leeds					
Priority	Housing and the environment enables all people to be healthy					
Indicator 7	Number of houses in fuel poverty					
	13.5% (2015)	NA	NA	NA	NA	National 11% Core Cities 14.6% Y&H 12.4%
Story behind the baseline	The number of households in fuel poverty is calculated nationally based on average incomes compared to the average cost of heating homes. The figures published in 2017 were for 2015. Between 2014 and 2015, fuel poverty increased from 11.9% of households in Leeds, Yorkshire & the Humber increased from 11.8% to 12.4% and nationally 10.6% of households to 11% of households.					
Data Source	LCC BCP / Department for Business, Energy & Industrial Strategy Government Statistics					
Priority	A strong economy with quality jobs for local people					
Indicator 8	Number of young people who are not in employment, education or training (NEET)					
	NA	6.0% (Dec 16-Feb 17 average)	5.1% (August 17)	NA	NA	Dec- Feb Leeds 98th LA / in line with the national ave
Story behind the baseline	The headline performance measure combines NEET with the not known rate. From the 14,510 identified young people in years twelve and thirteen, 870 were NEET; 6%, made up of 2.9% NEET and 3.1% not known. The August figure of 5.1% represents the end of the academic year, the measure resets at the start of each academic year.					
Data Source	CYPP reporting to CFTB/DFE - new national measure from 2016/17 academic year					
Indicator 9	Jobs Growth in the Leeds economy (private sector)					
	363.0 thousand (2015)	366.4 thousand (2016 provisional)				Leeds 15-16 rate of change 2nd lowest of core cities
Story behind the baseline	The latest available result is 2016 provisional, this will be confirmed October 2018. The BRES result for 2016 is 366,400 employees and working proprietors in the private sector. This is an increase of 3,400 compared with 363,000 in 2015 a 0.9% increase; this is made up of 252,100 full time employees, 106,200 part time employees and 8,100 working proprietors. The growth of 3,400 comprises a decrease of 2,000 in full time employees, an increase of 5,200 in part time employees and an increase of 200 in working proprietors. Full time employees account for 69% of private sector employment.					
Data Source	LCC - BCP ONS - Business Register and Employment Survey (BRES): Full, part-time and proprietor private sector employment					
Priority	More people physically active more often					
Indicator 10	Percentage of physically active adults					
	NA - New Methodology		24.8% inactive (May 17)	NA	NA	England - 61% Active 14% Fairly 26% Inactive
Story behind the baseline	Based on the October 2017 publication for the period May 16 to May 17 62% of Leeds adults are considered active 13% fairly active and 25% inactive. Definitions are based on periods of moderate activity of 10 minutes or more in a week; active is considered above 150 minutes in total, inactive less than 30 minutes and fairly active in between. The next full year report is available in March 2018, when more reliable comparator figures will be available.					
Data Source	LCC-BCP Public Health Outcomes Framework - Sport England Adults Active Lives Survey					
Indicator 11	Excess weight in 10-11 year olds					
	34.23 2014	35.41 2016	33.49 2017			England 34.25 2017
Story behind the baseline	The national child measurement programme measures children in reception (age 5) and Year 6 (age 11) school years. 2017 shows a decline in year 6 after an increase in 2016. 33.5% are considered with excess weight this includes 19.1% considered obese. There is a relationship with deprivation, in 2016 the Leeds deprived rate was 41.7%. 2014-2017 the percentage with excess weight in reception has declined from 23 to 21%, Leeds rates at reception and Y6 compare well.					
Data Source	DFE National Child Measurement Programme CYPP - CFTB report BCP-LCC Public Health Outcomes Framework					
Priority	A stronger focus on prevention					
Indicator 12	Potential years of life lost from causes considered avoidable					
	5449 per 100,000 2013-15	5515 per 100,000 2014-16	na	1.2% increase		Life Expectancy at birth lower than England 3rd highest core city
Story behind the baseline	Avoidable potential life years lost levelled off in 2013-2015 after 2 periods of reducing rates this has been followed by a slight increase in 2014-16. The increase is greater in deprived Leeds at 3.1% and consequently the gap between deprived Leeds (9363) and the rest of Leeds (4600) is widening, with deprived more than double that of the rest of Leeds. 2014-16 shows life expectancy in Leeds at 80.7 and in deprived Leeds at 76.6%.					
Data Source	LCC BCP Leeds Public Health Outcomes Framework					
Indicator 13	Percentage of adults over 18 that smoke					
	21.2% Q4 14-15	20.1% Q4 16-17	19.8% Q1 17-18			2016 Smoking prevalence Leeds 17.8% higher than Eng 15.5% 3rd highest core city
Story behind the baseline	Adult smoking prevalence in the 18+ population is consistently reducing. While the rate of reduction is greater in deprived Leeds the rate in these communities at 31.6% 2017-18 Q1 remains well above the city. Leeds rate is also above national.					
Data Source	LCC BCP Leeds Public Health Outcomes Framework					

Leeds Health and Well-Being Strategy - KPIs						January 2018
	Baseline 2015/16	Previous Full Year	Current	Trend	DOT	Comparison
Priority	Support self-care with more people managing their own conditions					
Indicator 14	Proportion of people feeling supported to manage their condition					
	92.9% very or fairly confident Jul-Sept 15 & Jan-Mar 16	92.4% very or fairly confident Jan-Mar 17				England 92.1%
Story behind the baseline	The national GP survey indicates that 92% of people with long term conditions consider that they are very (44%) or fairly confident (49%) that they have enough support from local services or organisations to help manage their long-term health condition(s). Results are collated from returns for the three CCG areas; the results across the three CCGs are consistent with each other with only small, often single, percentage point differences.					
Data Source	GP Patient Survey					
Priority	Value mental and physical health equally					
Indicator 15	Percentage of young people reporting they are happy with the number of good friends they have.					
	83% happy or very happy 15-16 school year	82% happy or very happy 16-17 school year	NA			NA
Story behind the baseline	Over 80% of children and young people are happy or very happy with the number of good friends they have with a further 14% OK. 2016 results were marginally better but in 2017 returns at 10914 were 21% greater than 2016 and results have not been weighted to ensure consistent cohorts. Primary results are more positive than secondary with the main difference being a 13 point reduction in very happy and a 11 point increase in happy. 2% of secondary pupils are very unhappy.					
Data Source	Leeds My Health My School Survey					
Indicator 16	Premature under 75 mortality rate in adults with serious mental illness					
	452.1 2014/15					England 370.0 2014/15 Y&H 376.9
Story behind the baseline	The ratio (expressed as a percentage) of the observed number of deaths in adults in contact with secondary mental health services to the expected number of deaths in that population based on age-specific mortality rates in the general population of England. The cohort included on this measure grew from 17,473 in 2009/10 to over 30,000 in 2014/15 and the number of deaths from 234 to 446. Leeds rate was increased in 2014/15 and in the fourth quartile but NHS digital suggest measure is not comparable year on year.					
Data Source	NHS PH Profiles NHS Digital Indicator Portal					
Indicator 17	Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate (percentage point)					
	34.5 gap 2014-15 Q4 37% employed	30.6 gap 2016-17 Q4 47.8% employed	27.3 gap 2017-18 Q1 45.3% employed			Leeds gap is lower than national 31.3 Q1
Story behind the baseline	While subject to period on period variation, in part due to how the data is assembled, the overall direction is positive with Leeds gap narrowing and employment rates improving and comparing well with national. Cohort represents approximately 9% of workforce.					
Data Source	Health and Social Care Information Centre. NHS Digital Asked to note potential variabilities in sampling & uncertain impacts of changes in weightings for different					
Priority	The best care in the right place at the right time					
Indicator 18	DTC Bed days measure - 18+ Leeds Citizens. Average number of bed days delays per day by 100,000 pop					
	new measure	new measure	Nov 2017 18.1			October 2017 (19.6 beds per day) rank 139
Story behind the baseline	More of a live measure than some others. Better Care Fund Target is 8.5 bed days, average March to October was 15.9. Extensive work is ongoing and the reasons behind performance are understood and being addressed, efforts are structured around hospital provision LTHT, LYPFT and out of area. Patient choice followed by nursing home provision are currently the leading reasons for delay. Divides in November to 12.1 NHS, 4.9 Social Care 1.1 both.					
Data Source	Revised measure in line with national - NHS England					
Indicator 19	Number of bed weeks care in residential and nursing care homes for older people supported by the local authority (Over 65)					
	131,369 2015-16	129,846 2016-17	November estimate for year: 124,583			NA
Story behind the baseline	Numbers of bed weeks in homes supported by the LA is reducing, if the current estimate for this financial year holds the reduction will be just over 5% over two years in the context of potential demand pressures. Linked to a more strength based and preventative approach as articulated in Better Lives Strategy.					
Data Source	LCC Adult Social Care performance framework					
Indicator 20	Emergency admissions for acute conditions that should not usually require hospital admission (per 100,000)					
	1174.9 (2014-15)	1353.1 (2015-16)				England 15/16 1318.9 14/15 1277.1
Story behind the baseline	Data is heavily lagged with the last reported year showing an increase in cases requiring admission					
Data Source	NHS Outcomes Framework 3a Feb 2017					
Indicator 21	Emergency readmissions within 30 days of discharge from hospital					

*Some proxies have been substituted where another measure is now in more common usage or are being explored further.