

Report of Director of Adults and Health

Report to Executive Board

Date: 7 February 2018

Subject: Developing Digital Support and Approaches to Health and Well-Being

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

Summary of main issues

1. Health and care systems globally recognise the need to adapt to accommodate unprecedented changes in population demographics and related increases in the incidence of chronic disease/ long term conditions. Interactive, person-centred digital tools and services offer a vehicle to promote a more citizen-led, self-care and preventative health and well-being agenda.
2. Giving our workforce the skills and confidence to make the most of digital developments is at the heart of our approach. We want to create digital literacy and confidence across the city that enables us to:
 - Improve outcomes around people's health, well-being and inclusion
 - Work smarter and more efficiently
 - Maximise investments made in technology in Leeds
 - Be innovative by stimulating entrepreneurialism around digital technology that improves services
3. We therefore need to ensure we link our ambitions to be a "smart city" with that of being the Best City for Health and Well-Being
4. This report informs Executive Board of the range of projects underway to support these ambitions but also sets out some of the challenges associated with their co-ordination and the need to develop a pro-active approach to digital health and well-being in all that we do.

5. It should be noted that often those people who are currently the least engaged with the digital world, notably older people and those with a learning disability are also those with the most to gain from effective digital solutions
6. Digital health is a key enabler of the Leeds Health and Care Plan and how to maximise the benefit of digital solutions is a consideration across all work-stream.

Recommendations

1. Executive Board is asked to note the progress made in embracing digital opportunities to improve the health and well-being of Leeds citizens.
2. Executive Board is asked to note and comment on areas for future development.

1. Purpose of this report

- 1.1 The purpose of this report is to inform Executive Board members of the progress being made in exploiting digital solutions that promote the health and well-being of Leeds citizens. It illustrates what has been achieved through innovative partnerships but also informs members of some of the challenges in taking this work forward.

2. Background information

- 2.1 Leeds has an ambition to be the UK's leading 'Smart City'. This is of course alongside being the Best City for Health and Well-Being and key work such as the Breakthrough Project: Best City to Grow Old In. This can also be seen in the light of the vision of being Compassionate City with a Strong Economy
- 2.2 In developing the approach on being a 'Smart City', the phrase 'digital by default' has gained currency as we seek to apply digital solutions, or at least a digital element, to all areas of work. Whilst this is understandable, and in many cases an appropriate challenge, there is now a strong agreement across both those in the digital/IT world and those working in Adults and Health that in pursuing digital health and well-being that the starting point (and lead) needs to be the health and well-being ambition and agenda – not the digital one.
- 2.3 There are a number of related digital projects taking place in the city. Whilst each is of benefit, there is a need to ensure that these are co-ordinated and inform each other, that they clearly relate to our wider health and well-being ambitions, and crucially, that we develop a pro-active approach to digital health and well-being.
- 2.4 Each element of the Leeds Health and Care plan has a digital work-stream, however the largest impact is in the Proactive Care and Self-Management work-stream which will support people to live healthy and independent lives

3. Main issues

3.1 Drivers/ethos

- 3.1.1 The starting point of any digital health and well-being work needs to be "What is its contribution to the Health and Well-being Board priorities" and similarly to the Leeds Health and Care Plan? Or indeed, to any Adults and Health Priorities: from Better Lives, to Strength Based Social Care and the Public Health Strategies, to any more specific or cross cutting work-streams such as Self-Management, Better Conversations or cross cutting strategies e.g. dementia, Carers, Mental Health Framework, 'Being Me' - The Learning Disability Strategy etc.
- 3.1.2 This in turn will be supported by ensuring a strong focus on communities and community assets. The proposal is that in any digital development we will be asking the same four questions we would be of other community initiatives, namely:
- What does the digital initiative enhance in local communities?
 - What does the digital initiative displace or replace in local communities?
 - What does the digital initiative retrieve or restore that had been obsolesced in local communities?

- What does the digital initiative turn into when pushed to extremes in local communities?

- 3.1.3 For example: In terms of community engagement, or an area like tackling social isolation, a rule of thumb should be for someone engaging in a digital solution to say: *‘Does this have the potential to move me from on line to on land?’* (Or is it doing the opposite?)
- 3.1.4 Similarly, our experience so far in developing digital projects, as indeed is the case with any Adults and Health intervention or service, is that strong co-production and citizen driven solutions will lead to better outcomes.
- 3.1.5 It has also to be noted that there is a strong desire from Digital and other ‘Tech’ companies to work with Leeds City Council, largely driven by their wish to move into this world for economic gain (with some exceptions in regard to micro companies), balanced with an increasing recognition that we are ‘a route to market’, also noting our deeper understating of the care market, Leeds position, ambition and increasingly knowledge, in regard to innovation and areas such as integration, and of course our sheer size. Whilst this does create some significant challenges (see below), it does create opportunities, particularly in regards to influencing market development and acquiring investment.
- 3.1.6 However, the single biggest driver is the recognition and understanding that those least engaged with the digital world (Older People, People with Learning Disability, others with care and support needs, and people in poverty etc.) are the ones with most to gain from digital. Crucially though, within this it must not be under estimated how far away from the digital world many of these groups are. However, many of the major digital developments developed for the public as a

Of the 5.9 million adults in the UK who have never used the internet, just over half (3.0 million) were aged 75 years and over. 27% of disabled adults (3.3 million) had never used the internet. There were 0.5 million disabled adults, who had last used the internet over 3 months ago, making up 48% of the 1.1 million lapsed internet users
(Age UK survey 2017)

whole (see below) clearly have particular benefits for those with care and support needs.

3.2 Proposed Areas of Work for a Digital Well Being Strategic approach:

3.2.1 Digital Literacy and Access

There is increasing recognition that this is the most important area. Without digital literacy (for citizens and staff) much of the other areas will fail or not reach their potential. In addition, it is notable that in projects where we have increased digital literacy/access (as in supplying and teaching use of tablets as part of a project) there have been further benefits to people’s health and well-being. It can be strongly argued that digital literacy and access is a key equality issue. There continues to be a clear need for a strategic approach to improving digital literacy (especially with regard to new digital solutions) of staff. This needs to be across

commissioned services as well as 'in house' Adults and Health and NHS. Digital literacy also needs to be built into commissioned services contracts/specifications.

- 3.2.2 The Infrastructure and Investment Scrutiny Board carried out an inquiry into Digital Inclusion. The inquiry identified that there are about 90,000 adults in Leeds who are offline and/or lack basic digital skills. These people are also more likely to be disabled, unemployed, on a low income or have low literacy and numeracy levels. In many cases they will face more than one of those barriers. These are the very people who would most benefit from being digitally included. These are the target groups that we will focus on.

Digital inclusion leads to improved outcomes and increased self-sufficiency for individuals. When people gain basic digital skills for the first time:

- 59% feel more confident about using online tools to manage their health
- 53% agree that they feel less lonely or isolated
- 52% use the internet to save money such as using price comparison websites to find the best deals
- 80% progress on to some form of further learning, with 43% taking a course aimed at gaining a qualification, including literacy and numeracy

In addition to these positive outcomes for the city's most vulnerable individuals, there are obvious benefits to the council if people feel more confident, better equipped to manage their health, are more financially secure and less lonely. With less money and more demand for services, the Council is working with partners to ensure that digital delivers better outcomes for its citizens.

3.2.3 Internet of Things

The potential for the same technology that will allow a supermarket to know if you have taken that pasta out of the fridge, or for the Trinity Centre to know what shops you go in and in what order and for how long, has huge potential in health and well-being monitoring. There are also strong links to Telecare, and to any emerging telehealth systems. We need to consider the next stages of what our role is as a Community Equipment Provider in regard to Digital Community 'equipment'. However, there are key issues and challenges in regards to who gets the information and then the capacity of the 'system' or service to respond to the information.

3.2.4 'Apps and wearables'

This is an ever expanding market and we have to recognise that it is one that we cannot control. There is the potential for us to support individual citizen buyers to make good choices (as in the Digital Resource for Carers) and similarly any guidance we produce for staff. We also need to consider how well we ensure the use of applications with regard to linking to those services we directly provide or commission (e.g. Leeds Directory or the Personal Assistant App developed by Leeds Centre for Integrated living), similarly the use of wearables, especially in regard to fitness and well-being tracking, especially over longer time periods.

3.2.5 Big Data

Leeds has a number of key building blocks in place to support 'Big Data'. However, there still remains the issue of how this is accessed and understood/analysed and used and how we can further use data from services such as Telecare or from broader public services, For example, what could we do with the data from knowing

when/where older people get on the bus?. Inevitably there can be significant Information Governance issues in regard to the use of the data.

3.2.6 Information

Improving accessible information has been a priority for the Adults and Health Directorate for some time. Clearly internet based information is critical (though noting digital access issues above) but we should also be looking at wider digital information sources, particularly social media, to get information out. There are also significant discussions going on regarding how best to link local information to across the city, and to national information.

3.2.7 Self-Management

Whilst Self-Management is much broader than digital, it is one of the few areas to establish a specific digital work-stream with the Leeds Health and Care Plan as it becomes clearer that this is an area that can particularly benefit from digital applications. Some of the projects below feed into this work-stream, but more work is needed to identify areas for further development. However, we can build on the work developed that links the 'Self-Management Principles' with the 'Technical Principles and 'Digital Standards'. This provides a set of criteria to ensure digital solutions are supporting the overall aims of the programme. The Digital Practitioner work-stream and digital literacy are both seen as key to this approach. Specific programmes have already commenced: for example, MyCOPD is a project funded by NHSE for the top most severe Chronic Obstructive Pulmonary Disease (COPD) 20% patients. Over 3400 people in Leeds will be offered a license to use this self-management application. Another example is the development of the Person Held Record which will offer citizens the opportunity to see their health record in a secure way. This is separate to, but builds on, on the Leeds Care Record.

"Since I started using myCOPD, I have lost weight, my depression has lifted, and I see my GP just once a year (compared with twice-monthly visits previously). I have not needed hospital treatment for 18 months."

Paul

3.2.8 Other customer groups

Much of the work so far, certainly in Adult Social Care, has been with older people. This is in part because of an initial focus on ensuring digital supported the Best City to Grow Old In Breakthrough Project. In addition, the size of the older population both drives demand for solutions, and attracts technical companies because of the potential market. However we should also be looking to see how we can apply this across other areas where people need support: Learning Disability, Mental Health, Homelessness, Physical and Sensory Impairment, Drugs and Alcohol, etc.

3.3 **Specific Projects in Place:**

- 3.3.1 Currently much of the work revolves around specific 'one off' projects, in part due to the difficulties of scaling up (see challenges) but this is also a reflection that much of the work is still relatively new. The projects are a way of understanding the broader potential of digital as well as the specific aims of the project itself.

3.3.2 These projects have been developed both as part of wider strategic plans (as in Leeds Care Record and Leeds Data Mill) but also as we have been innovative and opportunistic to take up potential funding or partnerships (as in Activage and Telecare Talk) and to bid for national and European monies. Each of the projects below have a wide range of short, mid or long term funding, and are functioning at a variety of scales. Each has its own governance arrangements feeding into appropriate Boards/Directorate meetings. We have developed a means of recording and keeping track of the progress of the various initiatives in order that we can maintain an overview of the range of projects being considered or underway.

3.4 Digital Literacy & Digital Practitioners

3.4.1 There has been very positive work by Leeds Libraries in the 'Discover Digital Programme' <http://www.leeds.gov.uk/docs/Discover%20Digital%20Booklet.pdf> and Adults and Health have engaged actively with this. In addition the Libraries Service are running a tablet lending scheme which means that people who cannot afford their own tablet or pc can take one out on loan from the Library.

3.4.2 Since the Infrastructure and Investment Scrutiny Board inquiry mentioned in 3.2.2 above inquiry the Council has secured investment into the **100% Digital Leeds Digital Inclusion programme**. Securing this investment has been challenging as it is difficult to identify direct savings resulting from those investments.

We have not been able to secure investment based on prevention and cost avoidance alone. Focusing on the wider benefits makes it hard to justify sustained investment from a single source into digital inclusion programmes because the benefits of digital inclusion accrue across a range of indicators.

The funding that has been secured from Housing, for example, is linked to the introduction of online systems and channel shift for Housing services. Narrow return on investment can be delivered by motivating tenants and giving them the digital skills and/or equipment to transact online. Some efficiencies have already been factored in to the move to 'Digital by Default' for Housing services, but we know that some citizens will not/cannot use online channels without additional interventions. The funding from Housing will enable the Council to deliver those targeted interventions and evidence that narrow return on the investment. However, we also know that not all of the return on Housing's investment will accrue to Housing.

Housing tenants and other citizens who are digitally excluded, may also be unemployed or on a low income, be chronically ill or disabled, have low literacy levels or be from lower socio-economic groups. Digital inclusion can help to tackle poverty, reduce the inequalities that still exist and support the council's vision of a Compassionate City with a Strong Economy. The investment from Housing into the Council's digital inclusion programme will see people achieving better health and wellbeing outcomes, improve their financial capability and employment prospects and reduce their social isolation. By increasing digital inclusion in this way we will realise benefits across a range of indicators.

- 3.4.2 Whilst Digital Literacy is about users being able to confidently use technology, Digital Practitioners take this a step further and focuses on how a Practitioner can help and support the people they are working with to become confident users of technology in a way which supports them and enhances their wellbeing. Crucially there has been the Digital Health and Care Practitioners Network (led by MHealth Habitat <http://wearemhhabitat.com/2017/11/06/digital-practitioner-learning-reflections-my-top-10-tips-for-leading-in-the-middle/>). This work has now concluded with an end of project report. This initiative is now moving to the Organisational Development Hub with the longer term aim of delivery under the Health and Social Care Academy.
- 3.4.3 A number of key commissioned services include digital support in their key offer or through specific groups (e.g. Silver Surfers at AGE UK, Neighbourhood networks and Learning Disability services such as People in Action etc.). We need to go at a much larger scale with this, linking across/with other digital literacy needs in the city, as well as building in to core services. This is being discussed further at the Adults and Health Digital Board.

DIGITAL ANGELS: Helping isolated people in south Leeds get on line

Digital Angels is a digital inclusion project for the over 50's delivered by Age UK Leeds, funded through Time to Shine.

Isolated older people can be supported in their own homes by volunteers to get online, develop digital skills and networks, and feel more connected to their communities. This is a person-centred service so they find out what the person might want to achieve and support them to do so.

They work with older people over 50 who are isolated through ill-health, bereavement, caring, live alone or in sheltered accommodation or a care home.

Older people can either use their own equipment or the scheme can loan equipment while people participate. This includes support to use tablets, laptops and mobile/ smart phones.

3.5 Leeds Care Record

- 3.5.1 This is probably the largest scale digital success. <https://www.leedscarerecord.org/>. It is a joined up digital care record which enables clinical and social care staff to view real time health and care information across care providers and between different systems. It is a secure computer system that brings together certain important information about patients who have used services provided by their GP, at the local hospital, community healthcare, social services or mental health teams.

What are people saying about it?

“Leeds Care Record brilliantly opens up an effective communication path at the simple touch of a button. As a busy GP, I no longer need to rely on a busy GP reception, a hospital secretary or a ward clerk to answer the phone and to then tell my story and what information I am searching for. It is great to get the information straight away”

GP, Oakwood

“Leeds Care Record gives us a holistic picture of our complex patients, enabling us to follow their journey across care settings”.

District Nurse, Yeadon

“Having Leeds Care Record access makes a huge difference to our patient medication review process as it allows us to tie everything together much more quickly”.

Medicines Optimisation Pharmacist, CCG

3.5.2 Key next steps will be developing the citizen-held element of this. We will ensure continued strong Adults and Health engagement as this develops from across the directorate.

3.6 Data Mill North

3.6.1 The aim of the web site is to enable people and organisations to explore the different complex relationships between the city's services and businesses by collecting Open Data from multiple sources in a single website, offering a greater insight into the workings of the city than ever before. <https://datamillnorth.org/> . Whilst well established, there is probably still a lot of unused potential for Adults and Health to use the data sets and products on the site, but we need to increase staff awareness of it and how to make best use of it.

3.7 Web Based Information

3.7.1 There are a broad range of Leeds-based information websites including:

- Leeds Directory <http://leedsdirectory.org/>
- Mindwell/MindMate <https://www.mindwell-leeds.org.uk/>
- One You Leeds <http://www.oneyouleeds.org.uk/>
- Through the Maze <http://www.through-the-maze.org.uk/>

This is in addition of course to the Leeds City Council website, and national websites.

Currently Leeds Directory is going through a re-commissioning exercise to implement a new delivery model later this year. Scoping out of this has identified significant extra potential of the already well-used site but this will need additional investment. We are looking into a future model to separate the technical support from curation. This will enable us to keep pace with technology advancements

through a specialist technical provider, and transfer the skilled curation resources in-house.

Mindwell has received very positive feedback, but has not yet secured further Clinical Commissioning Group funding beyond 2018.

It is generally agreed that having separate sites works, but they need to be well linked to the relevant local and national sites, which requires resource investment to keep up to date and current.

Discussions have begun on the 'Leeds Cloud' as a potential model for linking local information to promote consistent and quality information and reduce duplication.

3.8 'Apps and Wearables'

- 3.8.1 Whilst there is increasing interest in 'Apps', especially around the self-care agenda, it is worth noting that this is particularly an area where we cannot use traditional commissioning methodology to expand. Our likely best role is that of encouraging appropriate use and sign posting, as in the work we have done with Carers Leeds – linking to the National Digital Resource for Carers: <https://www.carersuk.org/for-professionals/carersuk-products/digital-resource-for-carers>. We can also build on the initial work of <http://wearemhabitat.com/> in highlighting the potential of apps and testing of new models. We did similar work with the Urban Sustainable Development Lab, as in the production of the Care View App in NW Leeds: <http://democracy.leeds.gov.uk/documents/s149264/Appendix%201.pdf>

3.9 Telecare Talk

- 3.9.1 This is another example of both where the directorate was opportunistic: i.e. seeing the service in operation in Barcelona whilst there for something else, and where a company (in this case Tunstalls) wanted to supply a product for Leeds at no cost, so it could be tested for future markets. Telecare Talk is a service where we use the technology base, linked with existing staff, to develop a pro-active telecare service: simply put – we call you before you need to call us. In addition, being able to highlight the project as new and innovative allowed us to get external funding (Nesta) and again, our strong partnership across Adults and Health, NHS and Third Sector strongly supported the bid and its future implementation. However, it should be noted that the pilot is small, like many new digital work is slow to get off the ground, and dealing with the private sector partner can be challenging. This will be an area that will need careful evaluation to see if it does improve the health and well-being of citizens and it is an invest- to- save approach, especially prior to any roll out or extension of the pilot.

3.10 Activage

- 3.10.1 This is one of the larger pilots, funded through significant European funding (Horizon 2020): based on working with Samsung to give out 300 pieces of tech (Wearables, Tablets, Home Monitoring devices to older people to test if these can improve health and well-being, including: lifestyle monitoring through energy monitoring, health and well-being monitoring, falls prevention/monitoring, and tackling loneliness. We will be able to use this four year project to inform our wider plans (as well as Samsung's business model).

3.11 Development Models

- 3.11.1 Over the last few years we have also developed some knowledge in 'product testing/development. This includes:

Urban Sustainable Development (USD) Lab

The USD <http://sustainabledevelopmentlab.com/> worked to tackle complex issues by allowing a space to take focused and practical steps. The approach had a strong focus on working together to define and then co-produce solutions with communities. The USD worked with the private and public sector, voluntary and grassroots organisations, as well as supporting a new breed of ethical entrepreneurs to scale their products and services globally. Some key products came out of this approach, such as Care View, Good Sense of Home and the famous 'transport clock'. However, generally these have then struggled to come to market. Whilst the learning from this has been valuable we are now moving away from product development, to more focus on our potential to be a test bed, though still working across health and well-being, including work with Universities, Private Sector, Third Sector and Communities/Citizens.

ALL Inn

Whilst the innovation lab at Assisted Living Leeds initially has had limited success in terms of usage, and was slower to take off than hoped, it is one of those areas that influenced other work in the city. It was key to attracting additional investment in the areas above. We have now re-recruited a new post (jointly with Beckett University, based in the Health Partnerships team) which will support the revitalization of this work, alongside linking ALL Inn to other key digital developments as noted here, and wider in the city.

3.12 Governance

- 3.12.1 To support the above work there are a range of Boards and working groups. These include project boards for ActiVage and Telecare Talk, a digital self-management group that feeds into the Self-Management Board and the Adults and Health Digital (IMT) Board. We need to also consider how the wider approach as a whole feeds into cross cutting work-streams. This includes key work areas (Commissioning and Service Transformation) always having an element of a digital focus, but also ensuring the Adults and Health Digital Board has an overview of the work and feeds this into wider strategic partnerships as appropriate.

3.13 Future Work in Development

3.13.1 Digital Literacy

We will need to work not just across health and well-being organisations to deliver this work, but with key partners such as Libraries and potential private sector partners. There is a need to learn from the Practitioner programme and see how this can be embedded within workforce development.

To fully evidence the return on investment into our digital inclusion programme we would need to record the impact on individuals, their families, local communities and the wider city and economy. It is possible to model savings and the potential additional economic benefits of digital inclusion for citizens, including cost/time savings, gains in earnings and employment, and savings to the NHS from increased

health and wellbeing. This modelling exercise is a longer term piece of work and is one of the requirements for the external organisation that we will procure to support our digital inclusion programme.

3.13.2 Leeds Health Innovation Gateway

This is still at the final planning stage. It will sit under the Leeds Academic Health Partnership and in effect will be a test bed for external partners wanting to work in Leeds. Whilst this will be much broader than Digital, it is likely that this will be a key element of proposed work/innovations

3.13.3 NESTA – Share Lab Fund

A bid was submitted to this fund with MHealth Habitat and 'AyUp' (a Leeds based digital company) to develop an App/Website to support intergenerational activity through digital and analogue letter writing, including joint working with Leeds University and potentially the Post Office. Although the bid was not successful, it generated interest from a range of partners, and we are looking to other funding options.

3.14 **Key Challenges**

3.14.1 From, and for, all of the above, learning so far has raised a number of key challenges that need to be taken into account if we are to develop the digital health and well-being agenda further. These reflect that this is still a relatively new area of work, but will need to be taken into account as we take digital health and well-being to the next stages:

- How do we respond to direct approaches from digital providers? (Including recognising that this is a crowded market place and dealing with 'The Electric Wok' syndrome)
- We need to continue to do a lot of small scale testing, but:
- Do we pursue adoption of Generic Digital or Specialist Digital Solutions?

Balanced with:

- How do we expand successful projects (learning from Leeds and elsewhere)?
- Deliver at Scale?

We need to build a pro-active culture and approach to projects/programmes and move from the current reactive focus.

Crucially, for all of these there are key questions in any development/concept of do we:

- Commission New Digital Solutions?
- Expect Providers to Deliver Within Existing Contracts?
- Stimulate Individual Purchase?

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 Each of the projects outlined above have had active community engagement. This includes engagement with end user groups, wider citizen engagement and strong links to the Third Sector.

4.1.2 Much of the work sits with the Self- Management Board, which has direct citizen/patient engagement arrangements.

4.2 Equality and diversity / cohesion and integration

4.2.1 As noted, the whole thrust of this work is based on a recognition that those with least engagement with digital have the most to gain.

4.2.2 Because of a strong focus on the Breakthrough Project on Making Leeds the Best City in the UK to Grow Old In on digital, much of the work so far has focussed on older people. However, learning from this, and from other work nationally, has identified the benefits of extending this to other key groups including:

- People with a Learning Disability
- Mental Health
- Long Term Conditions
- Drug and Alcohol users
- Homelessness/Rough Sleepers
- Physical/sensory Impairment

4.3 Council policies and best council plan

4.3.1 This work supports the Health and well-Being Strategy, notably 'Maximise the benefits from information and technology' and 'Support self-care with more people managing their own conditions' though it can be argued that effective digital support has a role in all the 12 priority areas.

4.3.2 Leeds key Smart City ambitions are to be the Best City for Smart Health and Wellbeing where more people will live fulfilling and healthy lives and the Best City for deriving the most value from open data.
Leeds is aiming to be a new kind of city, drawing on its unique assets to help shape the way global cities will be in the future. City stakeholders share this ambition and are working together to achieve it for the benefit of all. Over the last four years Leeds has successfully established itself as a high profile smart city recognised as a leader in smart city, open data and co-production initiatives through civic enterprise and collaborative innovation. Leeds has core strengths in Ageing Well Health and Wellbeing outcomes utilising the Internet of Things.

4.4 Resources and value for money

4.4.1 Currently, all projects noted above are operating using existing identified funding. This is a mixture of LCC and external funding. There is increasing evidence that further investment in digital solutions is an invest to save opportunity and all relevant budgets would benefit from exploring potential digital solutions.

4.5 Legal implications, access to information, and call-in

- 4.5.1 This report is an information report and as such there are no legal implications. All reports to the Executive Board are subject to call in unless declared otherwise and there is no reason for this report to be exempt from those provisions.

4.6 Risk management

- 4.6.1 Each of the current projects has established its own risk management arrangements which are overseen by the relevant programme board.

5 Conclusions

- 5.1 There are clear benefits to a digital approach to health and well-being.
- 5.2 This has to be based though on the reality of a lack of digital literacy/engagement in those key groups who could benefit.
- 5.3 There are clear invest to save opportunities but funding will generally be have to found within existing budgets
- 5.4 Leeds is developing a strong reputation in this area, based on our ambitions around innovation, partnership and well-being. There is, and will, be opportunities to harness this if we remain bold and innovative

6 Recommendations

- 6.1 Executive Board is asked to note the progress made in embracing digital opportunities to improve the health and well-being of Leeds citizens.
- 6.2 Executive Board are asked to note and comment on areas for future development

7 Background documents¹

- 7.1 None

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