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Report of **Director of Adults and Health, Leeds City Council**

Report to **Executive Board**

Date: **20 March 2019**

Subject: **Overview of the NHS Long Term Plan**

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

Summary of main issues

1. The NHS Long Term Plan (LTP) has been published covering a 10 year period from 2018/19 (available via www.longtermplan.nhs.uk). The LTP has much to commend it and it provides many opportunities to progress issues that are priorities in Leeds such as improving mental health provision, narrowing health inequalities and promoting a 'home first' culture in acute services. The document reflects engagement from local authorities and campaign groups as well as internal lobbying from NHS Providers.
2. The LTP is rooted in the integration agenda and has a strong emphasis on prevention; however it has few references to social care or the social determinants of health (housing, employment, economic growth) that are the bedrock of health and wellbeing. Nonetheless it reflects many of the priorities outlined in our Leeds Health and Wellbeing Strategy and the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) regional strategy. Whilst no detail is provided in the LTP it heralds a move away from competition and towards co-operation and integration, an approach that has been pioneered in Leeds and driven by strong political leadership.
3. Working together as a joined up health and care system is essential in delivering the vision of the Leeds Health and Wellbeing Strategy. The LTP provides a valuable opportunity to continue to build on the role of the NHS and its contribution in delivering our vision of improving the health of the poorest the fastest.
4. The LTP shows that all regional Integrated Care Systems (ICSs), such as the WYH HCP that Leeds is part of, will have a central role going forward. Leeds continues to play a lead role in the region and continues to influence the development of a

community focused approach to health and care integration. One that promotes investment across the system and that increases the proportion of funding devoted to community, primary care and mental health services. The WYH HCP is required to develop its own local five strategy that incorporates a response to the LTP but also includes the wider factors for health and wellbeing. This will be developed between now and September 2019. This is being co-ordinated by an editorial group that includes staff from across local authorities and NHS organisations.

5. The refresh of the Leeds Health and Care Plan will be the central building block of the work that we will undertake in partnership with the NHS and across health and care partners. The refresh is being developed in partnership and will consider how to deliver the priorities outlined in the LTP, as well as being an opportunity, through the leadership of the Health and Wellbeing Board (HWB), to continue to influence the WYH HCP five year strategy. This exemplified the Leeds approach and the emerging and increasingly strong regional partnership.

Recommendations

Executive Board is asked to:

- Note the contents of the paper providing an overview of the NHS Long Term Plan.
- Note that the Leeds Health and Wellbeing Board will continue to provide strategic leadership for the Leeds Health and Care Plan and as part of its refresh influence the development of the WYH HCP five year strategy.
- Note the continued commitment of Leeds City Council to remodelling a social model of health and care and the resources committed to the Leeds Health and Care Plan.

1. Purpose of this report

1.1 The purpose of this paper is to provide an overview of the NHS Long Term Plan (LTP) and some of the initial implications for Leeds and the region.

2. Background information

2.1 The LTP has been published covering a 10 year period from 2018/19. Overall, it is a positive plan reflecting engagement from local authorities and campaign groups as well as internal lobbying from NHS providers.

3. Main issues

Key Points from the NHS Long Term Plan

3.1 *Chapter 1: A new service model for the 21st century*

3.1.1 The LTP includes a guarantee that over the next five years investment in primary medical and community services will grow faster than the overall NHS budget, creating a ring-fenced local fund worth at least an additional £4.5bn a year in real terms by 2023/24. It summarises a series of improvements to be delivered in the following five key areas:

1. Boost out-of-hospital care (primary and community services)
2. Redesign and reduce pressure on emergency hospital services
3. Delivering person-centred care
4. Digitally enabled primary and outpatient care
5. A focus on population health and local partnerships through regional health and care partnerships/ ICSs.

3.1.2 This includes:

- Expanded community health teams under the new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes. Within five years over 2.5 million more people will benefit from social prescribing, a personal health budget, and new support for managing their own health in partnership with patients' groups and the third sector.
- Improvement in the responsiveness of community health crisis response services to deliver services within two hours of referral in line with NICE guidelines, where clinically judged to be appropriate. In addition, all parts of the country should be delivering re-ablement care within two days of referral to those patients who are judged to need it.
- Improve identification of unpaid carers, and strengthen support for them to address their individual health needs through introducing best-practice Quality Markers for primary care that highlight best practice in carer identification and support.
- NHS and social care to continue to improve performance at getting people home without unnecessary delay when they are ready to leave hospital, reducing risk of harm to patients from physical and cognitive deconditioning complications. The goal over the next two years is to achieve and maintain an average Delayed Transfer of Care (DTOC) figure of 4,000 or fewer delays,

and over the next five years to reduce them further. As well as the enhanced primary and community services response, this will be achieved through measures such as placing therapy and social work teams at the beginning of the acute hospital pathway, setting an expectation that patients will have an agreed clinical care plan within 14 hours of admission which includes an expected date of discharge, implementation of the SAFER patient flow bundle and multidisciplinary team reviews on all hospital wards every morning.

- Roll out of NHS Personalised Care model across the country, reaching 2.5 million people by 2023/24 and aiming to double that within a decade.

3.2 *Chapter 2: More NHS action on prevention and health inequalities*

3.2.1 To address the growing demand for healthcare created by a growing and ageing population, the LTP sets out an aim to target the top five causes of premature death in England:

3.2.2 Smoking: Commitment to offering all people admitted to hospital NHS-funded tobacco treatment services by 2023/24, with an adapted model for expectant mothers and their partners. A universal smoking cessation offer will be introduced for long-term users of specialist mental health and learning disability services.

3.2.3 Obesity: The government has pledged to halve childhood obesity. The existing national diabetes prevention programme, which has benefited over 100,000 people, will be doubled over the next five years, with a new digital option. All trusts will be required to deliver against the standards set out by the next version of hospital food standards, including substantial restrictions on high fat, salt and sugar food. There is an ambition to work with professional bodies to improve the quality of nutrition training within medical courses.

3.2.4 Alcohol: Over five years, hospitals with the highest rates of alcohol-dependence related admissions will be supported to establish Alcohol Care Teams (ACTs) using the health inequalities funding supplement from their CCGs and in collaboration with local authorities and drug and alcohol services.

3.2.5 Air pollution: Ensuring 90% of the NHS fleet will use low emissions engines by 2028, and heating from coal and oil fuel sources in NHS buildings will be fully phased out.

3.2.6 Antimicrobial resistance: Further progress on reductions in antimicrobial prescribing in primary care, and the health service will continue to support the delivery of the government's five year action plan on antimicrobial resistance, supporting system-wide improvement, surveillance, infection prevention and control, and antimicrobial stewardship, with resources for clinical expertise and senior leadership.

3.2.7 The LTP outlines some actions to tackle health inequalities including:

- Targeting a higher share of funding towards areas with high levels of health inequality than would be ordinarily allocated.
- The NHS will set out specific and measurable goals for narrowing inequalities through the service improvements. All local health systems will be expected to set out in 2019 how they will reduce health inequalities by 2023/24 and 2028/29.

- The NHS will accelerate the Learning Disabilities mortality review programme and do more to keep people with learning disabilities and autism to stay well with proactive care in the community.
- An investment of £30m to meet the needs of rough sleepers, ensuring that areas most affected by rough sleeping have access to specialist homelessness mental health support.
- Identifying and supporting unpaid carers who are twice as likely to experience poor health, including quality marks for carer-friendly GP practices.
- Rolling out specialist clinics for people with serious gambling problems. Positively, Leeds has already secured funding to have the second 'problem gambling' clinic in England.

3.3 *Chapter 3: Further progress on care quality and outcomes*

The LTP outlines further progress on care quality and outcomes focusing on the following areas:

A strong start in life for children and young people

3.3.1 Maternity and neonatal services

- Accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025.
- By March 2021, most women to receive continuity of the person caring for them during pregnancy, during birth and postnatally, following the launch of continuity of carer teams.
- The Saving Babies Lives Care Bundle will be rolled out across every maternity unit in England.
- Increased access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis to benefit an additional 24,000 women per year by 2023/24.

3.3.2 Children and young people's mental health services

- Over the coming decade 100% of children and young people who need specialist mental health care will be able to access it.
- Funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.
- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school/college-based Mental Health Support Teams.
- Current service models will be extended to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

3.3.3 Learning disability and autism

- Tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.
- Uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability will be improved, so at least 75% of those eligible have a health check each year.
- Stop the overmedication of people with a learning disability, autism or both.
- By March 2023/24, inpatient provision will have reduced to less than half of 2015 levels.

3.3.4 Children and young people with cancer

- Improve outcomes for children and young people with cancer, simplifying pathways and transitions between services and ensuring every patient has access to specialist expertise.
- From 2019, whole genome sequencing will be offered to all children with cancer, to enable more comprehensive and precise diagnosis, and access to more personalised treatments.
- From September 2019, all boys aged 12 and 13 to be offered vaccination against HPV-related diseases.
- Over the next five years NHSE will increase its contribution by match-funding clinical commissioning groups (CCGs) who commit to increase their investment in local children's palliative and end of life care services (this should more than double the NHS support, up to a total of £25m a year by 2023/24).

Better care for major health conditions

3.3.5 Cancer

- From 2019 a roll out new Rapid Diagnostic Centres across the country. In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- By 2020 HPV primary screening for cervical cancer will be in place across England.
- By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- By 2022 the lung health check model will be extended.
- By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers.
- By 2028, the NHS will diagnose 75% of cancers at stage 1 or 2.

3.3.6 Cardiovascular disease

- Help prevent up to 150,000 heart attacks, strokes and dementia cases over the next 10 years.
- Work with partners to improve community first response and build defibrillator networks.
- By 2028 the proportion of patients accessing cardiac rehabilitation will be amongst the best in Europe, with up to 85% of those eligible accessing care.

3.3.7 Stroke care

- In 2019 pilot a new credentialing programme for hospital consultants to be trained to offer mechanical thrombectomy.
- By 2020 begin improved post-hospital stroke rehabilitation models, with full roll-out over the 10 years.
- By 2022 deliver a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke so that each year 1,600 more people will be independent after their stroke.
- By 2025 have amongst the best performance in Europe for delivering thrombolysis to all patients who could benefit.

3.3.8 Diabetes

- Provide structured education and digital self-management support tools.
- Ensure patients with type 1 diabetes benefit from life changing flash glucose monitors from April 2019.
- By 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring, helping to improve neonatal outcomes.
- Double the fund of the NHS Diabetes Prevention Programme over the next five years.

3.3.9 Respiratory disease

- Do more to detect and diagnose respiratory problems earlier, support the right use of medication, expand pulmonary rehabilitee and improve the response to pneumonia, particularly over winter.

3.3.10 Adult mental health services

- New and integrated models of primary and community mental health care will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24.
- By 2023/24 an additional 380,000 people per year will be able to access NICE-approved IAPT (Improving Access to Psychological Therapies) services.

- By 2023/24, NHS 111 will be the single, universal point of access for people experiencing mental health crisis. We will also increase alternative forms of provision for those in crisis, including non-medical alternatives to A&E and alternatives to inpatient admission in acute mental health pathways.
- Families and staff who are bereaved by suicide will also have access to post crisis support.
- By 2023/24, the NHS will introduce mental health transport vehicles, introduce mental health nurses in ambulance control rooms and build mental health competency of ambulance staff to ensure that ambulance staff are trained and equipped to respond effectively to people experiencing a mental health crisis.
- Mental health liaison services will be available in all acute hospital A&E departments and 70% will be at 'core 24' standards in 2023/24, expanding to 100% thereafter.

3.3.11 Short waits for planned care

- The local NHS is being allocated sufficient funds over the next five years to grow the amount of planned surgery year-on-year, to cut long waits, and reduce the waiting list.

3.3.12 Research and innovation to drive future outcomes improvement

- It will become easier to share innovation between organisations, innovation accelerated through a new Medtech funding mandate, and UK-led innovations that are proven as 'ready for spread', will be rolled out through Healthcare UK.
- NHS will play a key role in genomics with the new NHS Genomic Medicine Service will sequence 500,000 whole genomes by 2023/24. During 2019, seriously ill children who are likely to have a rare genetic disorder, children with cancer, and adults suffering from certain rare conditions or specific cancers, will begin to be offered whole genome sequencing.
- Aim to increase the number of people registering to participate in health research to one million by 2023/24. Furthermore, to expand the NHS infrastructure for real world testing, there will be an expansion of the current NHSE 'test beds' through regional Test Bed Clusters from 2020/21.

3.4 *Chapter 4: NHS staff will get the backing they need*

While some tangible goals and new programmes have been outlined in the LTP, most of the requisite detail has been delayed until the publication of "the comprehensive workforce implementation plan" later in 2019.

3.5 *Chapter 5: Digitally-enabled care will go mainstream across the NHS*

The LTP includes:

- Introducing controls to ensure new systems procured by the NHS comply with new agreed standards.

- By 2020, five geographies (to be confirmed) will deliver a longitudinal health and care record linking NHS and local authority organisations. Three more areas will follow in 2021.
- By 2020/21, every patient will have access to their care plan on the NHS app, as well as communications from their carer professionals.
- There will be 100% compliance with mandated cyber security standards by 2021.
- In 2021/22, every local NHS organisation will have a chief clinical information officer (CCIO) or chief information officer (CIO) on their board.
- By 2024 there will be universal coverage of regional local health and care records.

3.5.1 In Leeds, we are already ahead in many areas including having CCIOs/CIOs. Our city digital ambitions are supported by our Leeds City Digital Partnership Team and we have a proven track record of developing and adopting innovation and embracing the opportunities available in this digital age. Leeds is uniquely placed to lead the way in the use of digital across the health and care sector to deliver better care for people.

3.6 *Chapter 6: Taxpayers' investment will be used to maximum effect*

3.6.1 The NHS will continue to become more efficient over the coming decade. It restates the following five tests set out by the government in the 2018 budget, and sets out how the NHS will meet them:

1. The NHS (including providers) will return to financial balance
2. The NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care
3. The NHS will reduce the growth in demand for care through better integration and prevention
4. The NHS will reduce variation across the health system, improving providers' financial and operational performance
5. The NHS will make better use of capital investment and its existing assets to drive transformation.

3.7 *Chapter 7: Next steps*

3.7.1 Parliament and the Government have both asked the NHS to make consensus proposals for how primary legislation might be adjusted to better support delivery of the agreed changes set out in the LTP. It does not require changes to the law in order to be implemented, however amendment to the primary legislation would significantly accelerate progress on service integration, on administrative efficiency, and on public accountability. Changes are recommended to: create publicly-accountable integrated care locally; to streamline the national administrative structures of the NHS; and remove the overly rigid competition and procurement regime applied to the NHS.

3.7.2 Regional health and care partnerships or Integrated Care Systems (ICSs) will develop and implement their own local five year strategies, which will set out how they intend to take the ambitions that the LTP details, and work together to turn

them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

3.7.3 This means that over the next few months there will be the opportunity to shape what the LTP means for local areas, and how the services need to change and improve as outlined below for Leeds.

3.8 *Approach to Integrated Care Systems*

3.8.1 The LTP indicates that ICSs will have a central role going forward and by April 2021 will cover the whole country. Leeds is part of the WYH HCP, which began its development phase to become an ICS in June 2018.

3.8.2 The LTP states that typically this will involve a single CCG though this is highlight unlikely to be the case across West Yorkshire and Harrogate as it covers a wider geography and large population base. The LTP anticipates that CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations.

3.8.3 ICSs will have the opportunity to earn greater autonomy as they develop and perform through the new ICS Performance Framework including earned financial autonomy. However, the most "challenged systems" will still be subject to oversight from NHS England and NHS Improvement, but in the future there will potentially be peer support from more developed ICSs.

3.8.4 There will be a new "duty to collaborate" for NHS Providers and CCGs, that would be supported by a system oversight approach:

- Providers "will be required to contribute to ICS goals and performance" and the centre is considering "potential new licence conditions" and "longer-term contracts" to promote this collaboration.
- Allow CCGs and providers to share "new duties" and jointly make decisions such as through joint committees - though it is not clear whether this would be achieved by legislation or incentive.

3.8.5 In terms of governance, the LTP states that every ICS will have:

- A Partnership Board with members from commissioners, trusts, and primary care and there is a clear expectation that Local Authorities and the Third Sector "will wish to participate".
- A non-executive chair "subject to approval by NHS England and NHS Improvement".
- "Sufficient clinical and management capacity drawn from across their constituent organisations".
- "Greater emphasis" placed by the Care Quality Commission on system-wide quality.
- Clinical leadership to be aligned to the ICS area, with Cancer Alliances, for example, aligned to one or more ICS.

3.8.6 In West Yorkshire and Harrogate there is already agreement that the overarching Partnership Board that will be in place from June 2019 will include third sector representation, local authorities will be full members and a local authority elected member will Chair the Partnership Board. Clinical leadership is already a key

feature of the partnership's work and WYH HCP has already begun work to develop a supportive peer-review process for local systems.

Implications for Leeds and regionally

3.9 The LTP is backed by the £20.5bn annual real terms uplift for the NHS by 2023/24 previously announced for 5 years, though after a period of below inflationary uplifts it is doubtful this will be enough to deliver the many new and enhanced priorities outlined without a significant shift in focus from other Government departments responsible for housing, communities and the economy. Workforce challenges remain significant across health and care. The LTP is rooted in the integration agenda and has a strong emphasis on prevention; however it has few references to social care or the social determinants of health (housing, employment, economic growth) that are the bedrock of health and wellbeing. Nonetheless, it reflects many of the priorities outlined in our:

- Leeds Health and Wellbeing Strategy, our blueprint for how Leeds will become the Best City for Health and Wellbeing, led by Leeds Health and Wellbeing Board (HWB).
- Leeds Health and Care Plan, our partnership approach and key actions to protect the vulnerable and reduce inequalities; improve quality and reduce inconsistency; and build a sustainable system within the reduced resources available
- Place based approach to health and care regionally through the WYH HCP that includes health and care partners (incl. local authorities, HWBs, Third Sector, Healthwatch, NHS) across the six local areas of Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

3.10 The LTP shows that ICSs will have a central role going forward. Leeds continues to play a lead role in the region, and influencing the development of a community focused approach to health and care in the WYH HCP. The refresh of the Leeds Health and Care Plan will be the central building block of the work that we will undertake across health and care partners. The refresh is being developed in partnership and will consider how to deliver the priorities outlined in the LTP, as well as being an opportunity, through the leadership of the HWB, to continue to influence the WYH HCP five year strategy. This exemplifies the Leeds approach and the emerging and increasingly strong regional partnership.

3.11 The LTP highlights a number of positive opportunities and challenges for the health and care system as outlined below:

Opportunities	Challenges
• Place-based approach and focus on health inequalities, quality and system leadership. • Primary care models reflect the approach taken by the ICS to focus on clusters on 'extended practices' of 30-50,000 populations, which in Leeds we going further and faster with through our Local Care Partnership model. • There is a focus on reducing pressure on acute and urgent care services and a new service model. • Best Start focus is positive with maternity, mental health, childhood obesity improvements outlined. • Prevention based approach to major diseases using Population Health Management (PHM) provides a huge opportunity for the health and care system. • Stronger on third sector and social prescribing than before. • Ageing well and frailty. • Integration agenda strengthened and a shift away from competitive tendering. • Digital focus is welcome and potentially transformational if the NHS app and new care models are sufficiently inclusive.	• Welcome 'social factors' being included in line with our approach in Leeds, however it is as an appendix rather than embodied in the body of the LTP. • Employment section only covers mental health with limited focus on skills or inclusive growth although reference to anchor institutions programme is made. • Welcome the focus on health inequalities section, however, the LTP does not fully address the root causes that requires a broader health and care partnership approach as taken in Leeds. It describes the life expectancy gap as being caused by cancer, liver, heart, kidney disease etc. rather than the 'causes of the causes' approach that would focus on wider determinants of health (e.g. poor quality work/housing/stress/income inequality). • There is limited reference to local authority/community leadership and the role of Health and Wellbeing Boards. • The workforce related risks (recruitment/ retirement/ skills mix / stress, etc.) remain a threat, as does the uncertain impact of Brexit. • There remains ongoing financial challenges for NHS Providers as well as major financial issues in social care and local authorities from years of austerity. • Whilst place based on provisions, it remains unclear what the future of NHS commissioning is locally (i.e. NHS Leeds Clinical Commissioning Group relationship to both local authorities and ICS).

3.12 Working together as a single health and care system is essential in delivering the vision of the Leeds Health and Wellbeing Strategy. The LTP recognises the role of local authorities in improving health and wellbeing, however, it is necessary to recognise that:

- Implementation is dependent on local areas, however, the LTP makes little reference to the role of HWBs, which are the only statutory forum bringing together local clinical, political and community leaders. Leeds is well placed through its health and care partnership arrangements, led by a strong Leeds Health and Wellbeing Board and influence on the WYH HCP.
- While it recognises the need to fund adult social care adequately, this is through the context of reducing the pressure on the NHS. There is a missed opportunity to develop the Social Care Green Paper and the LTP in parallel.

- While the LTP has a renewed focus on prevention, health inequalities and population health, this is within the context of a challenging financial envelope for Public Health. This is recognised in the LTP, which states that the Government and NHS will consider if there is a stronger role for the NHS in commissioning existing Public Health services such as sexual health, health visitors and school nurses. This might have implications for future commissioning arrangements.
- The LTP notes the importance of integration and collaboration and floats the possibility of legislative changes such as a 'duty to collaborate' and a move away from the tendering and competition requirements inherent in the Health and Social Care 2012 Act. In Leeds, political leaders and the Health and Wellbeing Board chaired by Cllr Charlwood have been pushing strongly for an NHS rooted in the values of co-operation. Whilst there is a need for more detail post-plan publication it is important to acknowledge that this is a potentially significant move that could transition commissioning and delivery of services nationally and regionally towards the partnership principles that we have outlined in the Leeds Health and Wellbeing Strategy.

3.13 *Implications for West Yorkshire and Harrogate Health and Care Partnership*

WYH HCP are discussing how to develop a local five year strategy which would be the new key planning document for the work of the partnership and meet the expectations of the LTP to have a regional plan. As highlighted above, the refresh of the Leeds Health and Care Plan will align with this. There is an aim to have a draft WYH ICS five year strategy in the public domain to coincide with the first public WYH Partnership Board in June 2019.

The five-year planning horizon provides an opportunity to think more creatively about the future shape of services in WYH. The WYH ICS five year strategy will:

- Re-affirm and build on the philosophy and framework set out in the WYH 'next steps' and associated documents. This includes the central aspects of subsidiarity, place-based approaches and democratic involvement. This outlines the 'primacy of place', meaning we will always work locally, unless the outcomes pass one or more of the following three tests:
    - It is necessary to work on a bigger geography to achieve a critical mass to achieve the best outcomes.
    - Across the geography there is unacceptably high variation in outcomes – and working together will improve overall quality, reduce variation and provide opportunity to share best practice.
    - There is opportunity to achieve better outcomes for people overall by tackling 'wicked issues' i.e. attracting resources, energy or new thinking to long-term, complex, intractable problems.
- Set out our ambitions for improving outcomes, with a continued focus on health and wellbeing and tackling inequalities; and responding to new priorities that emerge from the long term plan.
- Provide a clearer articulation of how we will develop integrated health and care services for communities of 30-50,000 people, including primary care networks and population health management capability (known as Local Care Partnerships in Leeds) - and the benefits this will offer.

- Think radically about some of the key enablers for change over a longer time horizon - including the workforce, digital technology and innovation.
- Set out the end-state on structural changes, including integrated care partnerships, acute physical and mental health service collaboration, partnership commissioning at place and WYH level, and oversight and mutual accountability (as set out in our WYH Memorandum of Understanding).

3.14 *Our Approach to Population Health Management*

'Population Health management' is a term that is used throughout the LTP. This approach includes improving the population's health by data driven planning and delivery of care to achieve maximum impact. This approaches includes some technical activities (e.g. segmenting the whole population according to similar needs, stratifying GP registers according to risk and consideration of how to make the biggest impact in different localities). As well as also a cycle of designing and targeting interventions to improve health and wellbeing, leading to a reduction in unwarranted variations in person centred and population level outcomes. This approach will only be effective if there is both the ability to link data sets and build strong local relationships across sectors to design and implement the required change.

Leeds (representing the WYH ICS) has been selected by NHSE as one of four areas nationally to test this approach between January and May 2019. Steered by the Leeds Clinical Frailty Strategy Group, Leeds will be focusing on people living with frailty as its first population segment and build on our local capabilities to take forward this approach for other cohorts of people. This will occur through four of our 18 Local Care Partnerships, which are local health and care partnerships (including GPs, elected members, nurses, housing, third sector, etc.) bringing together frontline professionals to put people at the heart of their health and care.

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 In Leeds, wellbeing starts with people and as a result consultation and engagement are at the heart of our approach to health and care as set out by the Leeds Health and Wellbeing Board. Through the review of our Leeds Health and Care Plan (our place based plan for the WYH HCP) and using learning from our Big Leeds Chat (our citywide conversation as a single health and care system with people on health and wellbeing), we will work to ensure that the WYH five year strategy is rooted in place with full partnership engagement.

4.2 Equality and diversity / cohesion and integration

4.2.1 There are no direct implications from this report around equality and diversity / cohesion and integration. Any future plans and service changes will be subject to equality impact assessments.

4.3 Council policies and best council plan

4.3.1 Working together as a joined up health and care system is essential in delivering the vision of the Leeds Health and Wellbeing Strategy, which alongside the

Inclusive Growth Strategy, is one of our key strategies to achieving our Best City ambitions led by the HWB. The LTP provides a valuable opportunity to continue to build on the role of the NHS and its contribution in delivering our vision of improving the health of the poorest the fastest.

4.4 Resources and value for money

4.4.1 There are no direct resources and value for money implications arising from this report, however, it is important to recognise the growing role ICSs will have as mechanism for accessing a range of NHS funding going forward.

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

4.5.1 There are no legal, access to information and call-in implications from this report.

4.6 Risk management

4.6.1 The report highlights a number of challenges for the Leeds health and care system going forward as well and opportunities. Through our strong health and care system governance arrangements, Leeds is well placed to manage risks as they rise through our Leeds Health and Wellbeing Board and other partnership board/groups.

5. Conclusions

5.1 Working together as a joined up health and care system is essential in delivering the vision of the Leeds Health and Wellbeing Strategy. The LTP provides a valuable opportunity to continue to build on the role of the NHS and its contribution in delivering our vision of improving the health of the poorest the fastest.

5.2 The LTP shows that regional partnerships will have a central role going forward. Leeds continues to play a lead role in the region, and influencing the development of a community focused approach to health and care in the WYH HCP.

6. Recommendations

Executive Board is asked to:

- Note the contents of the paper providing an overview of the NHS Long Term Plan.
- Note that the Leeds Health and Wellbeing Board will continue to provide strategic leadership for the Leeds Health and Care Plan and as part of its refresh influence the development of the WYH HCP five year strategy.
- Note the continued commitment of Leeds City Council to remodelling a social model of health and care and the resources committed to the Leeds Health and Care Plan.

7. Background documents[1]

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.