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HEALTH AND WELLBEING BOARD

Meeting to be held in Shine - Harehills Rd, Harehills, Leeds LS8 5HS on Thursday, 9th February, 2023 at 1.00 pm

MEMBERSHIP

Councillors

S Arif
J Dowson
F Venner (Chair)
S Golton
N Harrington

Leeds Committee of the West Yorkshire Integrated Care Board
Tim Ryley - Place Based Lead, Leeds Health & Care Partnership
Jenny Cooke - Director of Population Health Planning

Directors of Leeds City Council
Victoria Eaton – Director of Public Health
Cath Roff – Director of Adults and Health
Julie Longworth – Interim Director of Children and Families

Representative of NHS (England)
Anthony Kealy – Locality Director, NHS England North (Yorkshire & Humber)

Third Sector Joint Representative
Corrina Lawrence – Chief Executive, Feel Good Factor
Helen Hart – Chief Executive, BARCA

Representative of Local Health Watch Organisation
Dr John Beal – Chair, Healthwatch Leeds

Representatives of NHS providers
Sara Munro - Leeds and York Partnership NHS Foundation Trust
Phil Wood - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Joint Representative
Paul Money - Chief Officer, Safer Leeds
Superintendent Dan Wood – West Yorkshire Police

Representative of Leeds GP Confederation
Jim Barwick – Chief Executive of Leeds GP Confederation

Wider Determinants of Health – Partnership Working Representative
James Rogers - Director of Communities, Housing and Environment

Leeds Committee of the West Yorkshire Integrated Care Board
Rebecca Charlwood - Independent Chair

Clinicians Joint Representative
Jason Broch, Chief Clinical Information Officer
Sarah Forbes Chief Clinical Information Officer

Agenda complied by: Toby Russell
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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			WELCOME AND INTRODUCTIONS	
2			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded) (*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)	
3			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED** – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	

4			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration (The special circumstances shall be specified in the minutes)	
5			**DECLARATION OF INTERESTS** To disclose or draw attention to any interests in accordance with Leeds City Council's 'Councillor Code of Conduct'.	
6			**APOLOGIES FOR ABSENCE** To receive any apologies for absence	
7			**OPEN FORUM** At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Health and Wellbeing Board. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.	
8			**MINUTES** To approve the minutes of the previous Health and Wellbeing Board meeting, held on the 27th of September 2022, as a correct record.	7 - 16
9			**REFRESH OF THE HEALTH AND WELLBEING STRATEGY & WEST YORKSHIRE PARTNERSHIP'S FIVE-YEAR STRATEGY - WORKING DRAFT AND JOINT FORWARD PLAN APPROACH** To consider the report of the Chief Officer for Health Partnerships.	17 - 108

10			**LEEDS ONE WORKFORCE STRATEGIC BOARD REPORT** To consider the report of the Senior Responsible Officer for Leeds Health and Care Academy and Chair of Leeds One Workforce Strategic Board; Chief Executive Officer, Leeds & York Partnership NHS Trust.	109 - 122
11			**SEEKING SIGN OFF FOR THE COMPASSIONATE LEEDS: TRAUMA AWARENESS, PREVENTION AND RESPONSE STRATEGY FOR CHILDREN, YOUNG PEOPLE AND FAMILIES** To consider the report of the Leeds Trauma Awareness, Prevention and Response Steering Group.	123 - 174
12			**BUILDING A FAIRER LEEDS FOR EVERYONE: THE MARMOT CITY PROGRAMME** To consider the report of the Director of Public Health.	175 - 186
13			**ALLOCATION OF ADULT SOCIAL CARE HOSPITAL DISCHARGE FUND** To consider the report of the Director of Adults and Health, Leeds City Council & Tim Ryley, Place Based Lead, Leeds Health & Care Partnership, Leeds Committee of the West Yorkshire Integrated Care Board on behalf of the Partnership Executive Group (PEG).	187 - 192
14			**DATE AND TIME OF NEXT MEETING** The date, time and venue of the next Health and Wellbeing Board meeting is yet to be confirmed.	

Third Party Recording

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties– code of practice

a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

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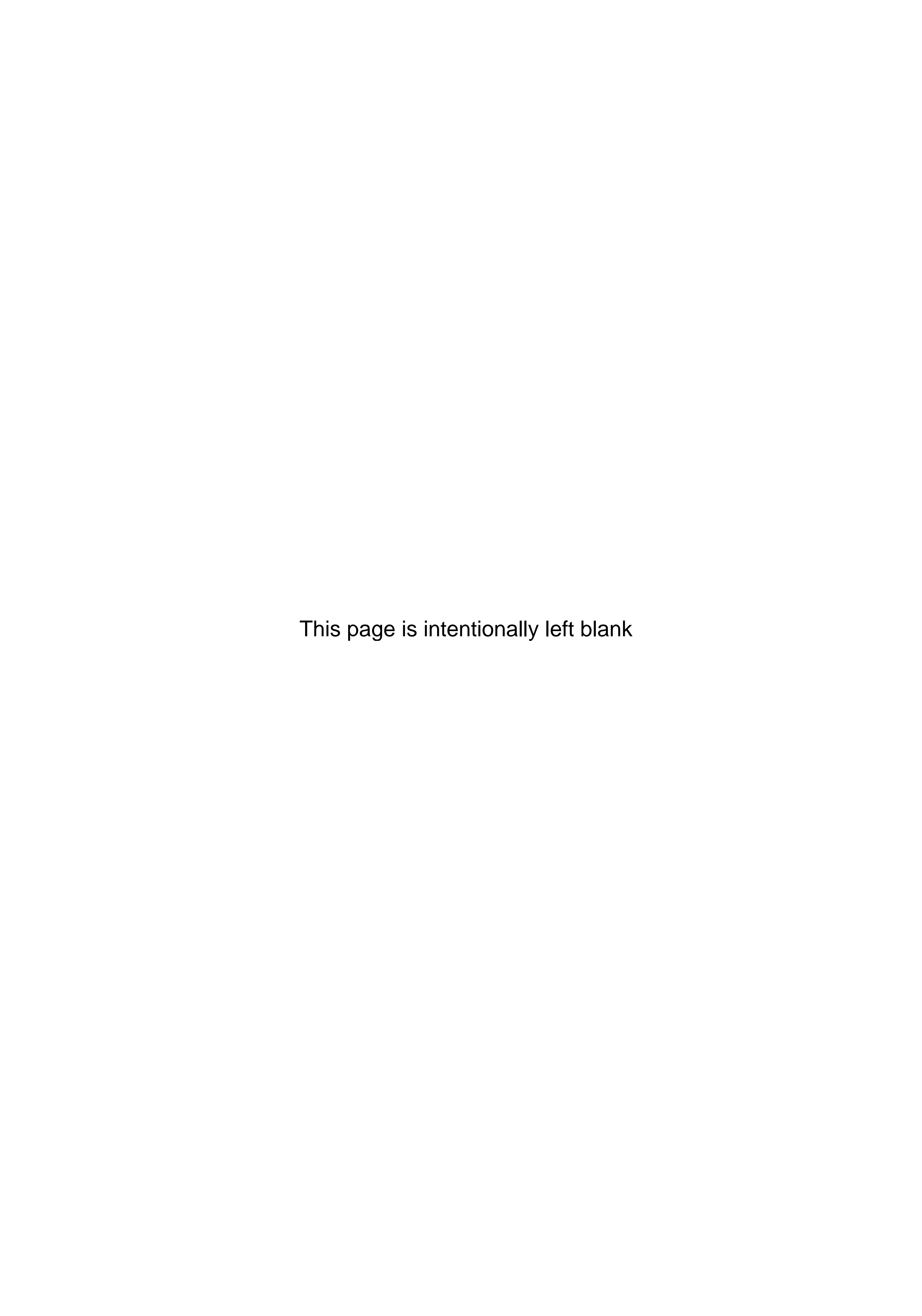
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HEALTH AND WELLBEING BOARD

TUESDAY, 27TH SEPTEMBER, 2022

PRESENT: Councillor F Venner in the Chair

Councillors J Barwick, Dr John Beal, Broch, J Dowson, S Golton, Hartley, Munro, Roff, Ryley and Stein

Leeds Committee of the West Yorkshire Integrated Care Board
Tim Ryley - Place Based Lead, Leeds Health & Care Partnership

Directors of Leeds City Council
Tim Fielding – Deputy Director of Public Health
Cath Roff – Director of Adults and Health
Val Waite – Head of Service Learning Inclusion - Children and Families

Third Sector Representative
Corrina Lawrence, CEO of Feel Good Factor
Helen Hart, Safeguarding Adults Deputy Designated Nurse
Pip Goff – Director, Forum Central

Representative of Local Health Watch Organisation
Dr John Beal - Healthwatch Leeds

Representatives of NHS providers
Sara Munro - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Joint Representative
Jane Maxwell – Area Leader, Communities

Representative of Leeds GP Confederation
Jim Barwick – Chief Executive of Leeds GP Confederation

Wider Determinants of Health – Partnership Working Representative
Gerard Tinsdale -Chief Officer for Housing, Housing and Environment

1 Welcome and introductions

Councillor Venner welcomed everyone to the meeting and expressed the Boards condolences over the recent passing of HM Queen Elizabeth II, additionally, the following matters were reported and noted;
Forward Leeds - Congratulations were given to Forward Leeds for the outstanding CQC rating recently awarded.
Director for Children and Families the Chair noted Sal Tariq had taken on a new role and she expressed the thanks of the Board to Sal for all his work as

Director for Children and Families. The Chair noted Julie Longworth would be his interim successor.

Appointments to the Board –

The Chair welcomed new appointees to the Board;

- Rebecca Charlwood, in her new role as the Independent Chair of Leeds Committee of the West Yorkshire Integrated Care Board.
- Dr Jason Broch, and Dr Sarah Forbes, as joint representatives as clinicians.
- The Chair also welcomed Corrina Lawrence, CEO of Feel Good Factor Leeds, and Helen Hart, CEO of Barca Leeds to the meeting, noting they would represent the third sector in the future.

2 Appeals against refusal of inspection of documents

There were no appeals against the refusal of inspection of documents.

3 Exempt Information - Possible Exclusion of the Press and Public

There was no exempt information.

4 Late Items

There were no formal late items noted but supplementary information was submitted in relation to item 14 – Submission of the better care fund plan 2022/23.

5 Declaration of Interests

No declarations of interest were made.

6 Apologies for Absence

The following apologies had been received;

- Cllr N Harrington with Cllr C Anderson as a substitute.
- Victoria Eaton with Tim Fielding as a substitute.
- James Rogers with Gerard Tinsdale as a substitute.
- Julie Longworth with Val Waite as a substitute.
- Paul Money with Jane Maxwell as a substitute.

Apologies had been received from Cllr Arif, Superintendent Dan Wood, Anthony Kealy.

7 Open Forum

No matters were raised under the Open Forum.

8 Minutes

RESOLVED – That the minutes of the meeting held on 28th April 2022 be confirmed as a correct record.

9 Amendments to Article 17 of the Constitution, Health and Wellbeing Board Terms of Reference, Council Procedure Rules and membership of the Health and Wellbeing Board

The report of the Director of Adults and Health provided the board with an update regarding the amendments agreed at the Leeds Full Council meeting on the 20 July 2022 in relation to Article 17 (Health) of the Council's Constitution.

The Strategy Partnership Development Manager for Leeds Health Partnerships Team presented the report and outlined the changes to the constitution made in response to the Health and Social Care Act 2022 to reflect the new Integrated Care Board structure. The changes included new appointments for mandatory representatives to the Health and Wellbeing Board, amendments to terms of reference and the Council procedure rules. New appointees were noted as follows; Tim Ryley (Place Based Lead, Leeds Health & Care Partnership) is nominated as the representative of the Leeds Committee of the West Yorkshire ICB, Rebecca Charlwood as the Independent Chair, Leeds Committee of West Yorkshire Integrated Care Board representative, Dr Jason Broch and Dr Sarah Forbes as the joint Clinician representatives,

RESOLVED –

a) To note the amendments agreed at the Full Council meeting on the 20th July 2022 in relation to Article 17 of the Councils Constitution, The Health and Wellbeing Board (HWB) Terms of Reference and Council Procedure Rules,

b) To note the updated membership of the HWB.

10 Leeds Health and Wellbeing Strategy refresh - a strategy to 2030 & The West Yorkshire Partnership Five Year Strategy refresh update

The report of the Chief Officer of the Health Partnerships Team outlined the refreshed Health and Wellbeing Strategy.

The contents of the report was presented by the Strategy Partnership Development Manager for Health Partnerships, the Chief Officer for Health Partnerships and the Associate Director Of Strategy ICB. Board members were presented with an update on the refreshed Leeds Health and Wellbeing Strategy (HWS) refresh approach as the work initiated in 2020 before the Covid-19 pandemic, resumes. Board members discussed that the proposed refreshed HWS approach was not a rewrite of the current HWS and would reaffirm key features of the existing strategy whilst also evolving the priorities to reflect the current context and wider approach to consolidating indicators.

The following was outlined,

- the current 2016-2021 strategy (extended to 2023) has served the city well and will continue to be central to the refreshed strategy.
- Key evidence including the Joint Strategic Assessment and feedback from patients, service users and people provided over the years has been used to shape the refresh.
- Developments since 2016 including the impact of the Covid-19 pandemic, cost of living crisis, greater health and care integration, Best

City Ambition and stronger interface with local, regional and national strategies, approaches and relationships will be inform the refreshed strategy approach

- The proposed refreshed twelve priorities have been focused under three groupings people, place and productivity aligning to developments of other key strategic reviews such as the Inclusive Growth Strategy. These proposed priorities outline in the report were noted to be in the draft stages as engagement with key stakeholders and groups will continue and a final working draft document will be presented to the Board in December 2022 followed by key committee engagement and a public launch of the strategy in June/July 2023
- Ambitions for the document are to set out a narrative for the future, relate to experiences of citizens to a practical breadth of partnership involvement and action, integrate combined work plans across West Yorkshire to create a regional core strategy and ethos and to focus on challenges faced in the light of climate change and the cost of living crisis which may further contribute to inequalities and ties into the ambition to become a Marmot city.

The Board discussed the following matters:

- The need to ensure there is recognition of the impact of digital exclusion and to support greater accessibility to engage with the development of the refreshed Leeds HWS strategy.
- The necessity of the proposed re-branding and visual identity of Leeds Care and Health Partnerships was considered; it would need to be tailored toward the citizens of Leeds for local systems to deliver the ambitions.
- The Leeds Big Chat 2021 had outlined areas for improvement through direct consultation with citizens with access to services being a common priority identified. The refreshed HWS strategy should have a demand based approach and tailor services to communities based on need for local provision.
- Members were supportive of the idea of ‘holding our nerves’ and limiting the amount of priorities as delivering against them can be very complex, often generational issues. Going forward need to ensure that the priorities explain past achievements and what is expected in the future within realistic timeframes. A good outcome from a clear health and wellbeing strategy should ensure care provision directs service users to the correct service or professional, including If priorities are changed too often it can be difficult to measure success.
- Working with partners across West Yorkshire is essential to create a shared vision with clear priorities in terms of the West Yorkshire Partnership Five Year Strategy and it is important that this strategy is made up of local Health and Wellbeing Stragies. Members noted the language of the report made the strategy feel connected with other localities.

- The ambition for Leeds to become a Marmot city was acknowledged and the refresh will align with established strategies such as the Healthy Leeds Plan and sets out a clearer narrative across all planned strategies for Health and Wellbeing.

RESOLVED –

a.) That the approach outlined in the submitted report to refresh the Health and Wellbeing Strategy be endorsed.
b.) To note the comments made during discussions and to agree the direction of travel regarding the Health and Wellbeing Strategy refresh as outlined in the report.
c.) To agree to receive a further report on the Health and Wellbeing Strategy refresh in December 2022.

11 Net Zero Targets for 2022

The report of the Leeds Anchors for Sustainability Taskforce (LAST) provided members of the board with information related to the Leeds Health and Care Climate Commitment.

The Environmental and Sustainability Manager for the Yorkshire Ambulance Service and Chief Officer for Health Partnerships introduced the report which outlined the roadmap for delivering a net zero NHS and how this ties in with the Leeds Best City Ambition to be a net zero carbon city by 2030. It was noted that although there is substantial work to be done, the changes happening in Leeds were positive through the City centre park, the biggest urban park in Europe since 1985, green jobs growth, the Council electric vehicle fleet being the largest for a local authority and an extension to the Leeds PIPES network. The ambitions will be achievable if well planned actions are co-ordinated across the health and care system. Understanding climate change through the lens of health and wellbeing and associated services will be integral to protecting those most vulnerable to its effects.

Delivering a net zero NHS is being embedded within the organisations, with reference to it in all standard NHS contracts, obligated through the Government Procurement Policy Note 06/21; taking account of Carbon Reduction Plans in the procurement of major government contracts for social value and net zero in procurement. Immediate action is essential as the NHS will bear the brunt of health issues related to the changing climate. It was noted there is social value for net zero in all possible avenues of health and wellbeing which will assist with minimising pressure on the health service in light of the repercussion's climate change will have on population health.

The Greener NHS have set two targets i.e. for emissions controlled directly to reach a target of net zero by 2040 and for emissions that can be influenced to reach net zero by 2045. Leeds will try to achieve net zero standards faster than proposed under national legislation. This is based on the progress Leeds has made to date, the plans in place and strong joined up system working to deliver against this shared ambition enables Leeds to be a in strong position to be able to deliver.

The Board discussed the following matters:

- Although climate change is a global issue, local actions can make a big impact. Aiming to have the twenty minute neighbourhood' idea and good provision of local services will help to impact climate change from a transport and energy perspective, as well as improving the situation for people and workers.
- The intention should be to 'change the game', there is a need to change the way of life to combat climate change. The balance with international co-operation, and Leeds needs to do all it can to protects itself from arising dangers, such as hotter summers. The time for action is immediate and although there will be high costs incurred by adapting infrastructure it is the best hope for protecting people.
- Interest was shown in the developing food strategy plans with ideas noted to include, support of the rural economy and activities that target climate change and also have the potential to improve public health. It was noted that the Public Health team were developing the Leeds Food Strategy which will be brought to the Board in the future. The aim of the national NHS Food Strategy for staff catering and patient provision was outlined as to provide sustainable meals and minimise waste with surveys to measure success.
- Affordability and feasibility were noted as barriers to achieving net zero due to the high cost of changing to sustainable technology, there is a huge range of services of different sizes with different needs
- The hot weather experienced this year has highlighted that buildings in the UK are not necessarily designed to cope with extreme heat. Therefore, work needs to be considered to ensure greater resilience of infrastructure across the city.
- Inequalities and the cost of living crisis was discussed as there is disparity in choices available to people which links to the refreshed strategy in order to help those who need it most. A review of the policies and proposals to be net zero should be conducted annually to analyse areas of success and also where more focus or funding is needed.

RESOLVED –

a) To acknowledge the legal requirement to deliver net zero within the local health and care sector as set out within the Climate Change Act (2008) and clarified within the Health and Care Act (2022) be noted.

b) To recognise the role of local health and care sector organisations to support national and local climate policy including, but not limited to, the Net Zero Strategy, Greener NHS vision, National Adaptation Programme, and Leeds' local climate emergency declaration.

c) To commit to reviewing the progress of the local health and care sector towards the delivery of its stated net zero and

climate adaptation ambitions on an annual basis and to create further opportunities at HWB level to further engage on this work.

d) To identify areas for cross-sector collaboration to accelerate the delivery of climate mitigation (achieving net zero) and adaptation (mitigating impacts of future climate hazards).

Additionally Board Members will seek to action the following within their own organisations:

a) To reflect the risks of failing to mitigate and failing to adapt to climate change, as identified by the national Committee on Climate Change and regional Climate Team Leeds Commissions, as part of organisational corporate risk registers and business continuity planning.

b) To commit to developing, delivering, and regularly reviewing at board level costed organisational action plans for climate mitigation (achieving net zero) and climate adaptation (mitigating impacts of future climate hazards) if not already doing so.

c) To commit to incorporate a requirement to consider the impact of all major decisions on organisational environmental/climate targets as part of the formal decision making/business case process.

To commit to providing Carbon Literacy training (or equivalent) for all organisational Board members/non-executive directors and to undertake engagement with every healthcare team to ensure understanding of organisational climate plans.

12 Drug and Alcohol Funding and Partnership Update

The report of the Director of Public Health outlined the new proposals for drug and alcohol treatment in response to the additional funding being received by Leeds, from the Supplemental Substance Misuse Treatment and Recovery Grant, split over the next three years.

The item was introduced by the Health Improvement Principal and outlined how the funding for 2022/23 would be targeted at key interventions based on the Office for Health Improvement and Disparities (OHID) prescribed areas. Proposals include areas such as increased strategic leadership; Enhanced prevention, treatment, and recovery provision; increase in residential alcohol detox and / or rehabilitation capacity within Leeds and Integrating and improving care pathways between criminal justice settings and treatment. It was also noted that Forward Leeds, the integrated drug and alcohol service, had received an outstanding CQC rating and currently had the capacity to support three 3500 people at any time, of any age.

The Board received an overview of the ten key intervention areas identified through the planning documents associated with the funding and the guidance for local delivery partners on how the funding should be spent including, revisions to the local performance framework, delivery plans and staffing.

The Board discussed the following matters:

- The proposals link to crime prevention in relation to violence and drugs which serves the ambition and duty of the service and partnership arrangements.
- The first meeting of the Drug & Alcohol Partnership Board is arranged for November 2022 and the suggestion that a representative from the probation service would be an appropriate appointment was noted.
- Noting the intention for an update to be presented to the HWB in 2023 the Board requested that a representative from relevant partners including Forward Leeds team be invited to attend to provide with feedback regarding the approach and effectiveness of the plan
- Prevention is better than cure was the favoured approach and members were supportive of the new proposed methods of engagement through working with schools and festivals and the detailed digital campaigns. Targeted engagement with younger people will assist with reducing the overall number of people needing help for the future which will allow more funding to be spent on treating current patients.
- As funding will be spread out over three years it was deemed necessary to consult and review the plans to identify gaps in service provision, for example the service will aim to reach those less likely to access it, older people with less visible issues and also through different methods, including street advocacy teams, early help hubs and a greater amount of specialists within the team.
- In response to a comment that historically drug support received greater investment even though people often struggle with drug and alcohol problems together, the Board received assurance the funding will be spread equally over drug and alcohol support.

In conclusion the Board commended Forward Leeds and St Anne's recovery on the success of their service provision. The Board noted the service was working well at targeting inequalities, being an approachable service, which helped reduce the stigma attached to of reaching out for help and also worked well with the emergency services to provide good care of patients.

RESOLVED –

a) That the update on the additional funding being received, by Leeds, from the Supplemental Substance Misuse Treatment and Recovery Grant be noted.

b) That the proposal for the new Drug and Alcohol Partnership and governance arrangements including the relationship to the HWB be endorsed.

c) That the findings of the drug and alcohol needs assessment and updated Drug and Alcohol Strategy and revised action plan be presented to the HWB in 2023.

13 Connecting the wider partnership work of the Leeds Health and Wellbeing Board

The report of Chief Officer Health Partnerships provided a summary of recent overview of activity the Health and Wellbeing Board has undertaken in development workshops or at health and care Board to Board meetings.

RESOLVED – That the contents of the report be noted.

14 Submission of the Better Care Fund Plan 2022/23

The joint report of the Director of Pathway Integration, ICB in Leeds and Deputy Director Integrated Commissioning, Adults and Health provided board members with an update on the Better Care Fund Plan 2022/23.

RESOLVED – That the contents of the report be noted.

15 Developing the NHS Leeds CCG Annual Report 2022-23 (Q1)

The report of the Senior Communications and Involvement Manger, NHS West Yorkshire Integrated Care Board informed members of the process of developing the NHS Leeds CCG Annual Report 2022-2023 (Q1). Although Integrated Care Boards had been established on 1st July 2022, NHS England still required all former Clinical Commissioning Groups to produce a final annual report and account for their last quarter of operation (1st April – 30th June 2022). The submitted report followed the prescribed format to a specific timetable.

RESOLVED –

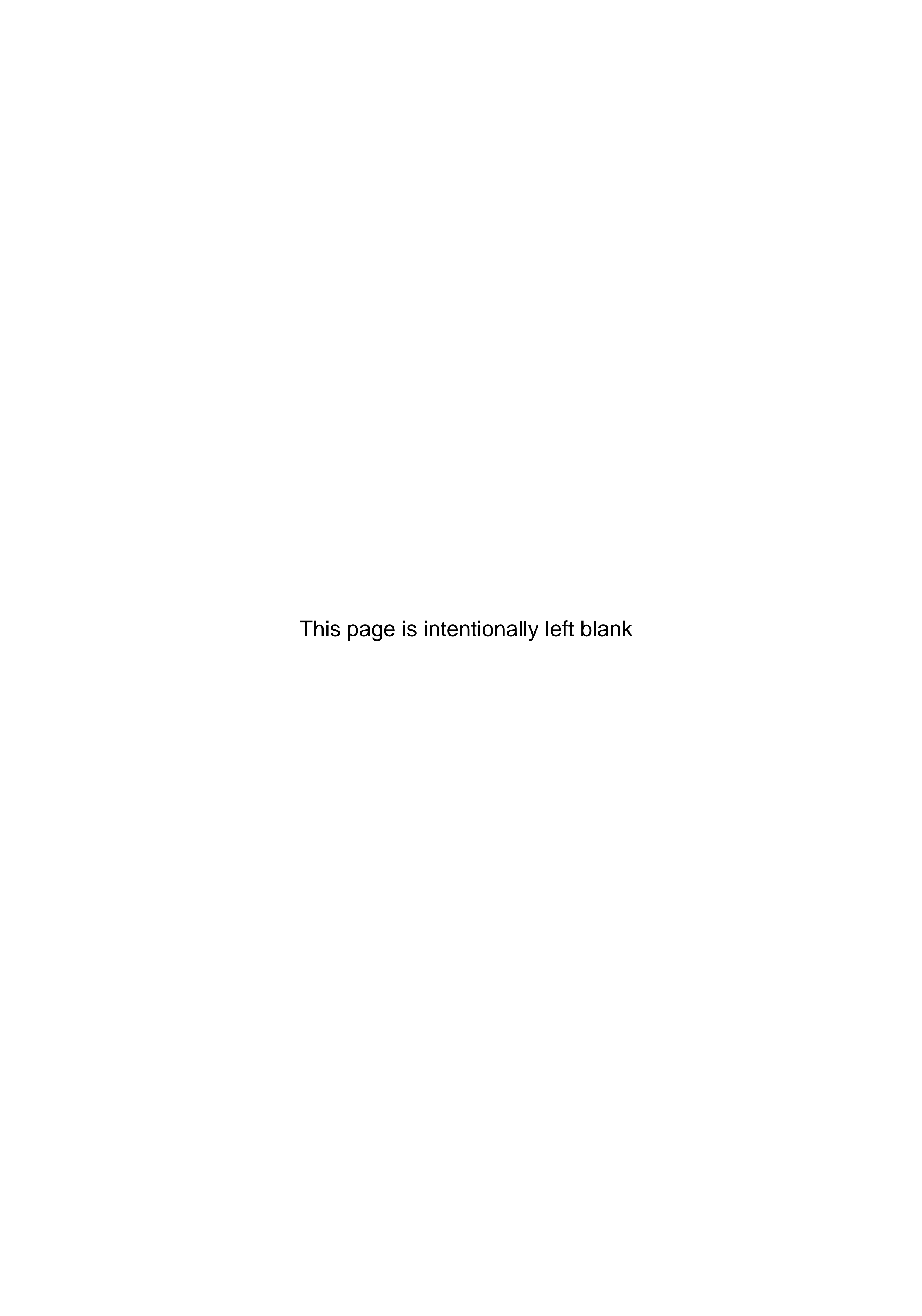
a) To note the process to develop the NHS Leeds CCG draft annual performance report for Q1 2022-23.

b) To Note the extent to which NHS Leeds CCG has contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.

c) To note the recording of this acknowledgement in the NHS Leeds CCG's annual report, according to statutory requirement.

16 Date and Time of Next Meeting

RESOLVED – To note date and time for the next meeting will be held on the 15th of December 2022 at 9:00am.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Leeds
Health & Wellbeing
Board

Report author: *Esther Ashman, Tony Cooke & Wasim Feroze*

Report of: Tony Cooke, Chief Officer, Health Partnerships

Report to: Leeds Health and Wellbeing Board

Date: 9 February 2023

Subject: Refresh of the Health and Wellbeing Strategy & West Yorkshire Partnership's Five-Year Strategy - Working Draft and Joint Forward Plan Approach

Are specific geographical areas affected?	☐ Yes	☒ No
If relevant, name(s) of area(s):		
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?	☐ Yes	☒ No
If relevant, access to information procedure rule number: Appendix number:		

Summary

This report provides a further update of the work undertaken to develop the Leeds Health and Wellbeing Strategy and the West Yorkshire Partnership Five Year Strategy and includes a working draft of both documents.

Recommendations

Members of the Leeds Health and Wellbeing Board are asked to:

- Note the updates on the refresh of the Leeds Health and Wellbeing Strategy
- Note the work that has been undertaken across the Partnership as part of the refresh of the Health and Wellbeing Strategy refresh and the West Yorkshire Strategy refresh
- Comment on the current draft of the West Yorkshire strategy, noting the further work to be undertaken and the development of a Joint Forward Plan to enable delivery of the strategy

Leeds Health and Wellbeing Strategy

The paper to the September 2022 Health and Wellbeing Board (HWB) noted the pausing of the strategy review during Covid and the subsequent process for review (attached here). A series of events including two HWB workshops (October 2022 and January 2023) have taken place and the development of aligned strategies (Inclusive Growth, Climate, Marmot etc) has also informed the redrafted strategy. Conversations with key partners will be continuing over coming months until a final draft HWS is presented to Health and Wellbeing Board later in 2023.

Feedback from colleagues working in children's services, public health, third sector, social care and economic development has helped refine the language and achieve clearer focus on each of the twelve priorities. Feedback, particularly from people themselves in the Big Leeds Chat and from elected members and the third sector, has emphasised the importance of reflecting real peoples experience of accessing services and the post-pandemic challenges that include longer waiting times for many services and the impact of the cost of living crisis on health and care. A working draft was emailed to HWB Board members before the workshop on 26 January and is also attached to this paper.

Overall headline feedback has included:

- Strong support for maintaining the direction of the current strategy with refinements to reflect the current context post-Covid including new NHS governance, demographic changes and the cost of living crisis
- The need to articulate a clear narrative to underpin priority areas that explains the changes the health and care system and its partners need to make over coming years whilst ensuring that a 'golden thread' of prevention, integration and reducing inequality runs through the strategy
- Ensure this narrative is rooted in a #teamLeeds approach that places a focus on how people feel about, and engage with, the health and care system. This should also be asset based and community focused
- Keep twelve priorities but don't group into sub-headings as this adds complexity
- Clarify key indicators but work closely with partners to ensure these are meaningful and can clearly be used to explain progress and improved outcomes by 2030
- Be clear about the extent of the challenge, for example waiting times for primary and secondary care, access to NHS dentistry, healthy life expectancy, workforce and recruitment concerns and the impact of challenging financial settlements on all services. The strategy should emphasize how this has impacted on real people and their lives through clear person-based narratives
- Use clear delivery plans for priority areas that don't currently have existing plans in particular the re-prioritised work on housing, employment, inequality and research
- Ensure the Health and Wellbeing Board has a balance between 'deep dives' into key priorities and understanding progress across the system as a whole
- The strategy shouldn't impose new plans where those already exist but should align to existing plans for example the Healthy Leeds Plan and Mental Health Strategy
- Consider the addition of transport and culture as key areas influencing health

Current position and communications plan

The positive feedback from the HWB workshop session and from partner and elected member engagement will be added into a further draft of the document and this will be circulated to Board members for further comment with a view to firming up and adding depth and a strong narrative to each priority over coming weeks.

The communications plan behind the strategy is also in development. Through our communications we want to tell the story of the health and care in Leeds and the Leeds Health and Wellbeing Strategy in a clear, consistent and concise way, using content that is memorable and shareworthy. As a result of our communications, we want:

- Stakeholders who will enable the delivery of the Strategy to be enthused to act and buy-into the aims and priorities. This includes extending the call-to-act beyond the health and care system, public sector organisations, and the third sector

- All people who live and work in Leeds to see the benefits of the Strategy for them, and for all of Leeds

- To enhance Leeds' reputation, locally, nationally and internationally, as a city that is proactive in tackling health and wellbeing, through collaborative working, led by a strong Health and Wellbeing Board

West Yorkshire Partnership Strategy

In December 2019, the West Yorkshire Partnership Board approved the Five-Year Strategy for the Partnership, *Better health and wellbeing for everyone*. This document was the culmination of a long period of public and partnership engagement and set out the vision, ambitions and ways of working for the partnership.

Since its publication, the context and focus for our work has changed significantly. While we have made good progress across a range of areas, the Covid-19 pandemic has meant that our partnership has necessarily needed to shift its focus away from our priorities to more immediate operational pressures. The scale of challenge has also increased in a number of areas, most notably the widening of inequalities. A current position against the 10 Big Ambitions is set out in Appendix A. In addition, the changing landscape of health and care brought about by the Health and Care Act 2022, has set out new ways of working together to achieve a truly integrated system.

In March 2022, the Partnership Board agreed an approach to refreshing the Partnership's Five-Year Strategy and developing an improvement and delivery framework to affect its implementation. This approach has its foundations in places with the strategy being built from the five places' Health and Wellbeing Strategies.

The strategy refresh has been undertaken using an inclusive approach. There has been the opportunity for all members of the Partnership and the wider system to be involved through a networked approach to engagement and open and transparent opportunities to

be part of the dialogue. There has been the opportunity for effective challenge, enabling diversity of thought and keeping open minds and hearts. The work has been driven by a strategy design group which reflects the broad diversity of the Partnership and who have been working hard since April 2022, to develop ways in which the system can connect itself better and use tools to support an improvement ethos to ensure delivery of the strategy. Representatives from Leeds have been part of the design group undertaking this work.

In September 2022, an update on the work undertaken to date was taken to Partnership Board for both assurance of the work and agreement of the proposed changes in focus for the strategy. This included comment provided by Leeds Health and Wellbeing Board members in the strategy discussion held at the 27th September meeting.

A working draft of the strategy is attached for comment, which is intended to retain the continuity of purpose that the Partnership previously set out, whilst recognising the changing context we live and work in. It is important to note that this draft has been developed in a time of significant uncertainty, with budgets and allocations for coming years yet to be finalised ie there is a lack of clarity of funding to support the delivery of the strategy. The next phase of our work is the development of a five-year Joint Forward Plan (guidance is available here), owned by the Integrated Care Board and setting out delivery of the NHS elements of the Integrated Care Strategy. The Joint Forward Plan needs to meet three principles:

- Being fully aligned with the wider system partnership's ambitions
- Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments
- Being delivery focused, including having specific objectives, trajectories and milestones as appropriate.

As we also begin the beginning of the NHS operational planning process, it is important that we ensure that the two processes align together and tell the story of how we will deliver the Strategy. The Operational Planning Guidance (available here) places at the centre the role of ICBs and systems in overseeing planning and delivery; its requirements are threefold, to continue:

- The recovery of services post-COVID including urgent care, elective care, cancer and primary care
- To continue to deliver the priorities set out in the NHS Long Term Plan
- To transform services in support of the above.

Our approach to the Joint Forward Plan and Operational Planning process will continue to be built from place and involve the whole system in its development. We expect that the place Joint Forward Plans will cover the three requirements set out in the Operational Planning Guidance as well as responding to local health and wellbeing strategies and the

ICB strategy. We anticipate these plans, being developed to late draft by end-March 2023 and published by end-June 2023, providing the narrative to accompany the operational plans as well as the longer-term system ambitions. This process has been co-designed by members of the strategy design group and NHS England colleagues embedded within the Partnership. We will continue to bring together place and WY colleagues as the plans are developed, this will in turn inform our business planning process. This will determine the WY programme priorities and where there is value in working together in delivering the long-term ambitions.

There is a statutory duty placed on ICBs to consult on the Joint Forward Plan with the requirement to involve:

- The group of people that our NHS services have responsibility for - our 2.4m population
- Any other people we consider appropriate to consult, such as colleagues in health and care services.

The consultation activity started on the Tuesday 10 January, with the process involving a number of different methods across West Yorkshire and our five places. It includes a mixture of online and in person methods.

An important element of the strategy work has been to consider evaluation and how we will know that we have been successful in its delivery. Whilst much of the focus to date has been around national oversight metrics and those metrics through which we are currently measuring progress against the 10 big ambitions, the strategy design work seeks to enhance this further. It is proposed that moving forward we use an approach where we bring these together with a third element, 'the integrated care experience' to ensure that we are able to have an holistic richness to our information and can truly understand what is telling us about our system, the extent to which people feel their care is joined-up and seamless based on their own experiences interfacing with multiple different teams and organisations, what needs to change and what it needs to look like.

We know that there is already promising practice around gathering this information across the Partnership, not least in large scale transformation programmes, places and Local Authorities. Our work includes building on and implementing the recommendations from the Independent Review of Involvement and Good Governance Institute, where not already in place. This will involve where needed, a renewed focus, capacity and investment. Partnership Board are asked to support this approach to the ongoing delivery of the strategy.

Conclusions

The work to finalise both draft strategies is still under development, with further engagement taking place over the coming weeks and months including Scrutiny Committees, NHS Boards and the Health and Wellbeing Board (and other HWBs and the West Yorkshire Partnership Board for the West Yorkshire strategy).

Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

The proposed refresh priorities in this paper reiterate the current HWS vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. Tackling health inequalities and the impacts of poverty will be central to the development of the HWS refresh aligned to existing key strategies, plans and ambitions including the Best City Ambition

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

The Leeds Health and Wellbeing Board is clear in its leadership role in the city and the system, with clear oversight of issues for the health and care system. The overarching commitment to drive improved quality across the health and care system remains a key feature of the Boards' and Strategy refresh proposed priorities.

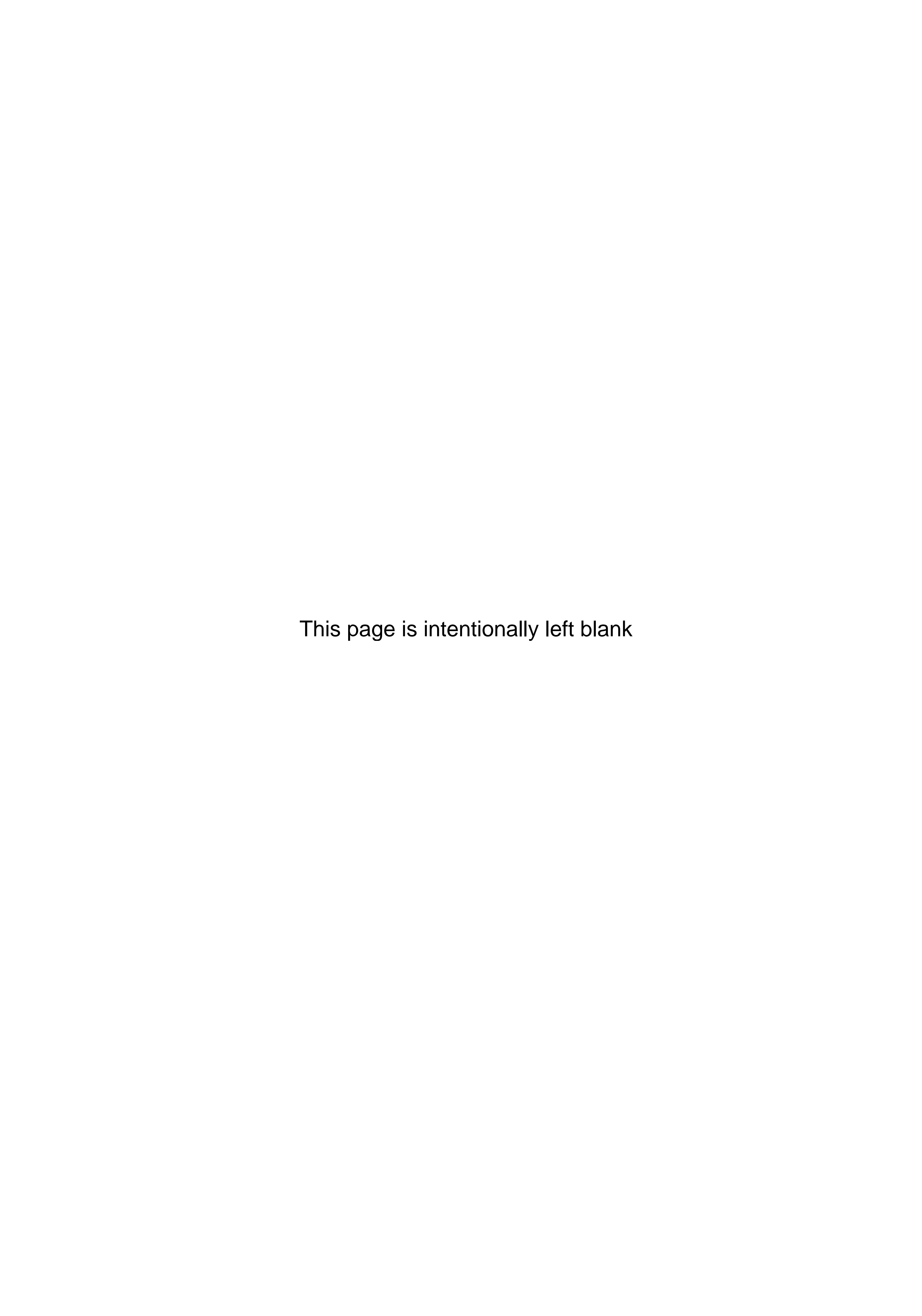
How does this help to have a financially sustainable health and care system?

The Leeds health and care system is continuing to work collectively with the aim of spending the Leeds £ wisely under the strategic leadership of the HWB. The commitment of sharing or integrating resources, focusing on outcomes and seeking value for money as part of its long-term commitment to financial sustainability will continue to be reflected in the HWS refresh

Future challenges or opportunities

This paper highlights the challenges we face across the city in tackling health inequalities and the impacts of poverty, which have been further exacerbated by the Covid-19 pandemic. Whilst these challenges exist, health and care partners remain committed in their relentless focus in improving the health of the poorest the fastest. This is reflected in reaffirming the vision of the current HWS in the refresh. As the health and care system has recently gone through further transformation, the strength of the partnerships remain vital to making a real difference to the health outcomes of people across Leeds. The HWS refresh will articulate clearly the priorities and the actions to deliver on this commitment and ambition.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21 (please tick all that apply to this report)	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X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10 Strategic ambitions - Update
December 2022

Appendix A

Ambition 1 - Metric 1

We will increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.

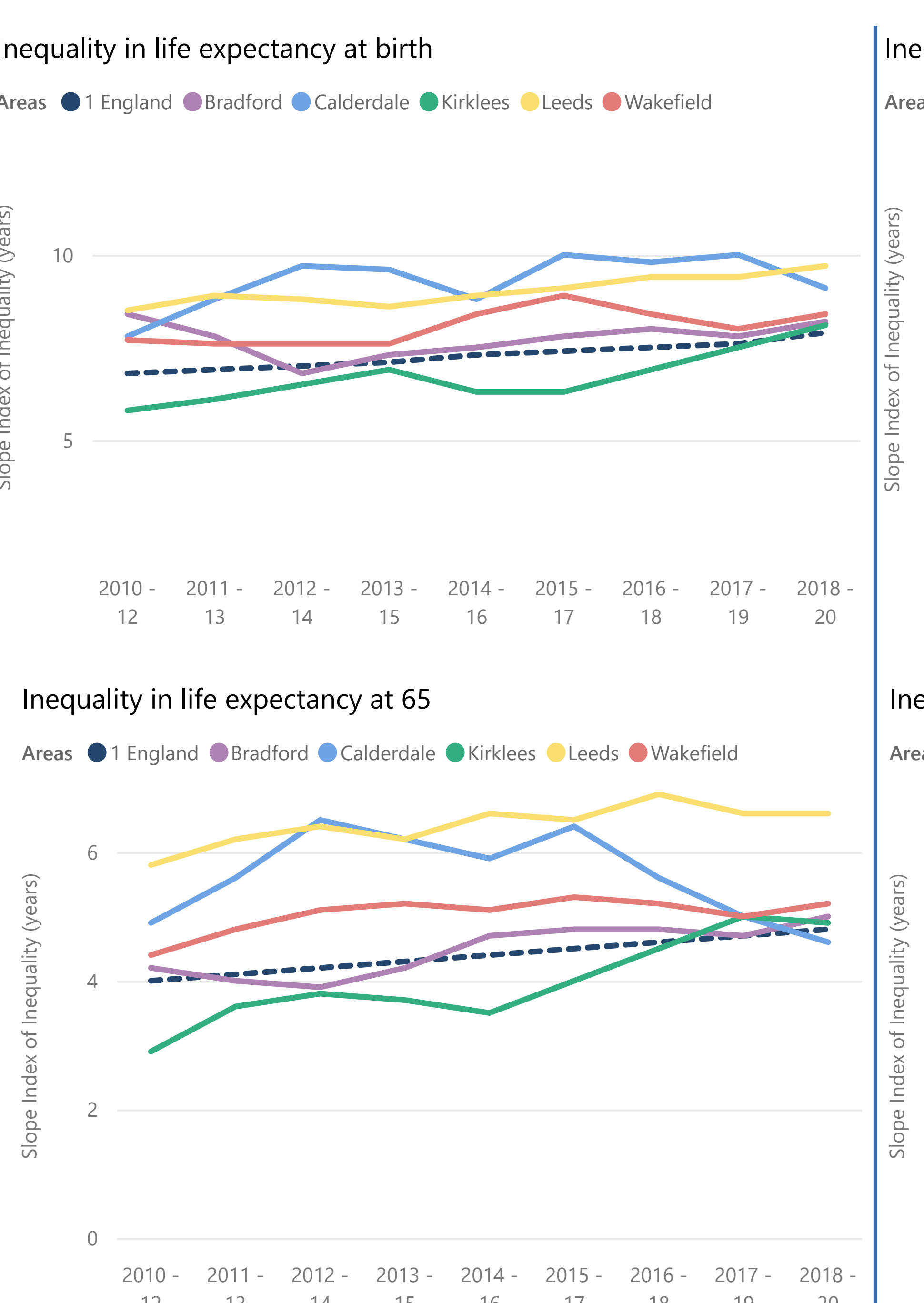
These graphs show, for females and males at birth and age 65, the difference in life expectancy (in years) between the most and least deprived areas in each place. A lower value indicates less inequality in life expectancy.

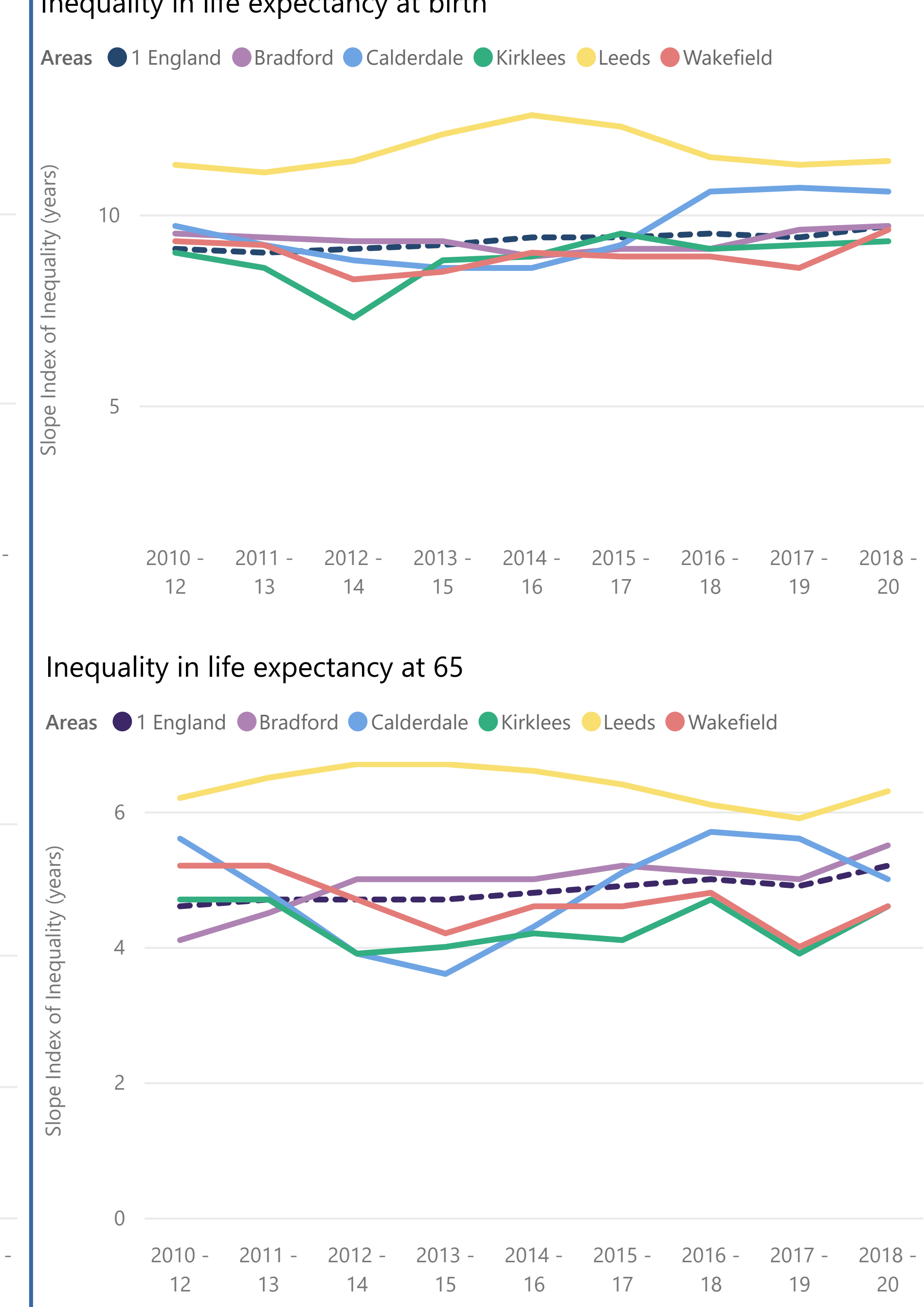
On these graphs, a higher value indicates greater inequality.

Metric 1 - Inequality in life expectancy at birth - Female
Metric 2 - Inequality in life expectancy at birth - Males
Metric 3 - Inequality in life expectancy at 65 - Female
Metric 4 - Inequality in life expectancy at 65 - Male

Data Sources

Figures calculated by Office for Health Improvements and Disparities using mortality data and mid-year population estimates from the Office for National Statistics and Index of Multiple Deprivation 2010, 2015 and 2019 (IMD 2010 / IMD 2015 / IMD 2019) scores from the Ministry of Housing, Communities and Local Government.
Extracted from Fingertips (OHID)





Ambition 1 - Metric 2

We will increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024. These metrics relate to 2 of the 3 levels of disease prevention for 2 of the main causes of death in West Yorkshire - CVD and COPD:

Metric 1 - % of patients with CHD prescribed aspirin, APT or ACT.
Metric 2 - % of patients with COPD who have had influenza immunisation.

Data source
Calculated using Quality Outcomes Framework (QOF) data. NHS Digital. 2020/21. CCGs.
Extracted from Fingertips (OHID).

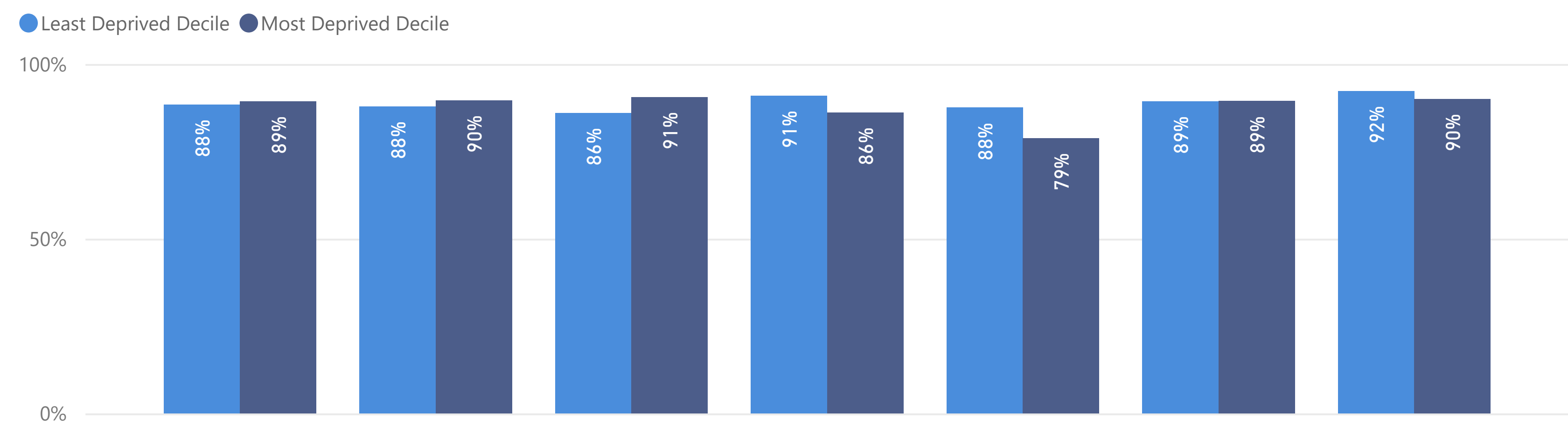
Least deprived decile is not always decile 10, and where unavailable the next decile has been used.

Timeperiod
2020/21

Cardio-Vascular Disease (CVD)

Tertiary Prevention

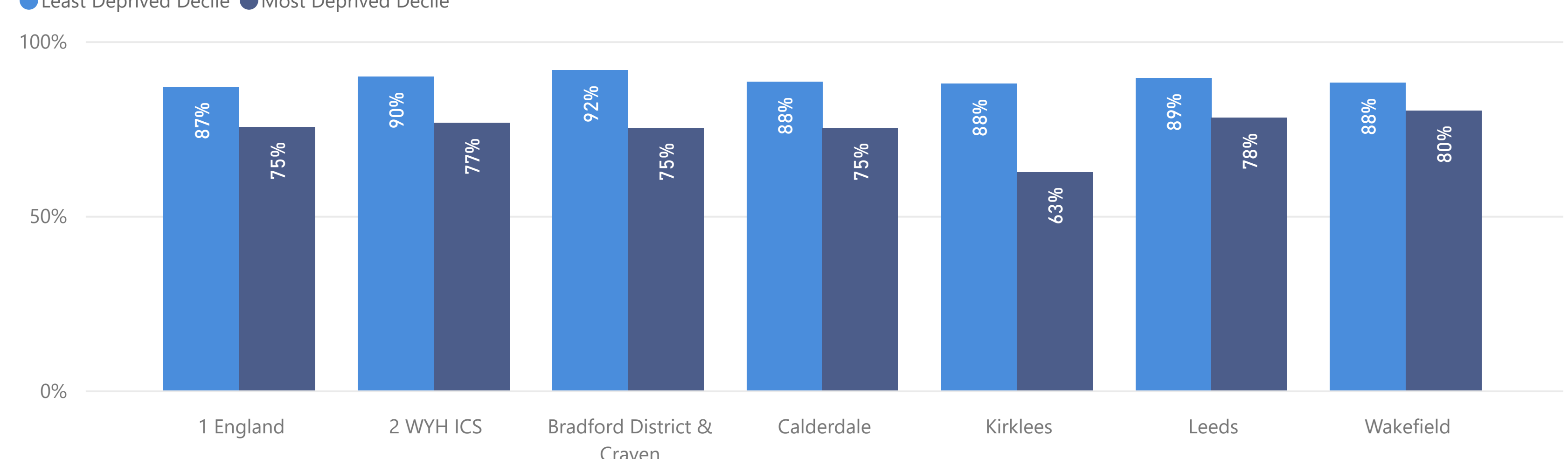
CHD prescribed aspirin, APT or ACT in last 12m



Chronic obstructive pulmonary disease (COPD)

Tertiary Prevention

COPD with Influenza Immunisation



Lung Cancer

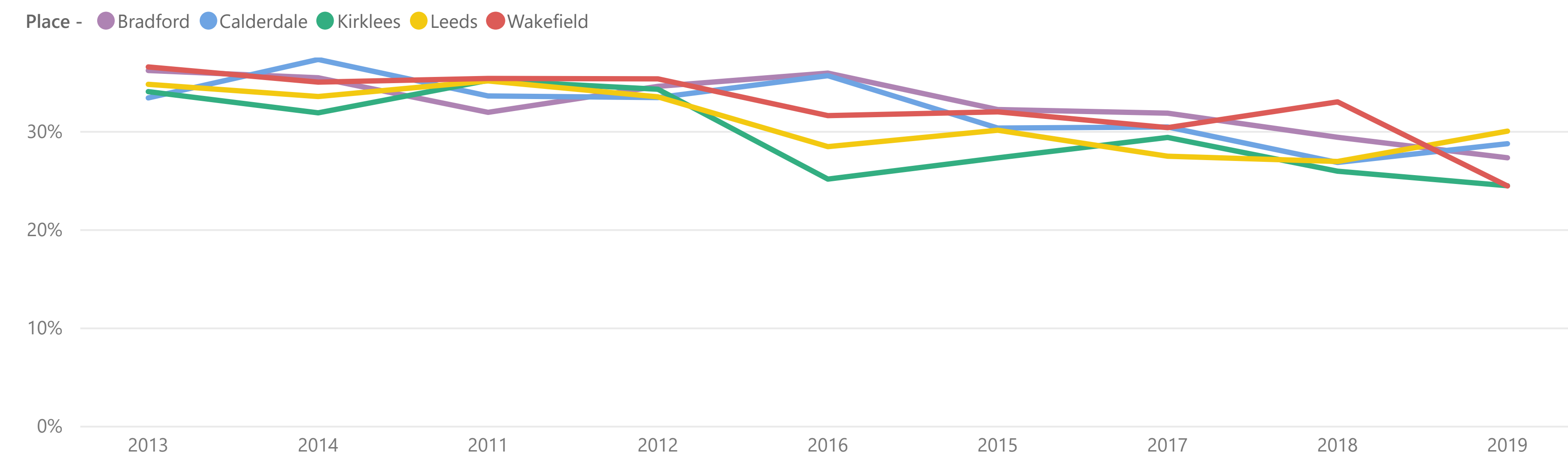
Ambition 1 - Metric 3

We will increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.
These metrics relate to the 3 levels of disease prevention for another main cause of death in West Yorkshire - Lung Cancer:

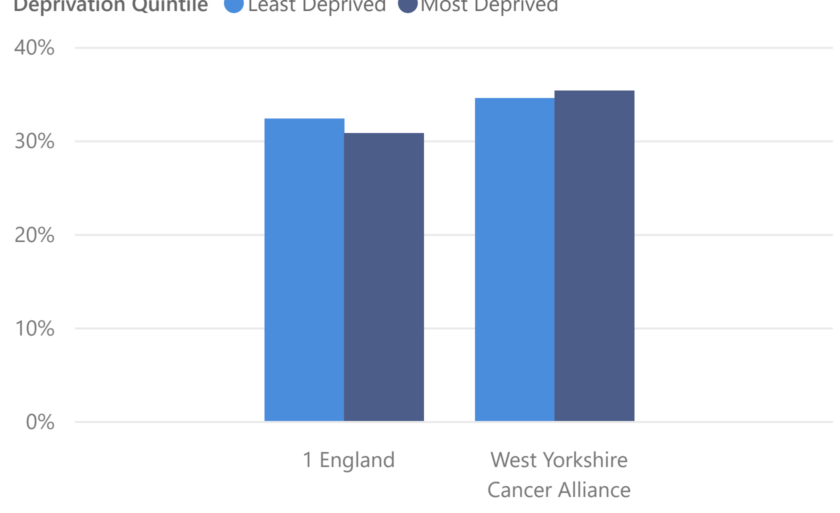
Metric 1 - Smoking prevalence in adults in routine and manual occupations (ages 18-64).
Metric 2 - % of lung cancer diagnosed at an early stage (stage 1 or 2). Cancer Alliance Data, Evidence and Analysis Service (CADEAS) data. 2018. Based on most and least deprived quintiles.
Metric 3 - Proportion of baseline levels of 1st treatments for lung cancer. CADEAS data. Mar - Dec 2020 vs Mar - Dec 2019.

Data sources
Annual Population Survey (APS). 2013 - 2019. CCGs. (Metric 1) Extracted from Fingertips (OHID).
Cancer Alliance Data, Evidence and Analysis Service (CADEAS). 2019. (Metric 2).
Cancer Alliance Data, Evidence and Analysis Service (CADEAS). Difference between 2019/20 - 2020/22.

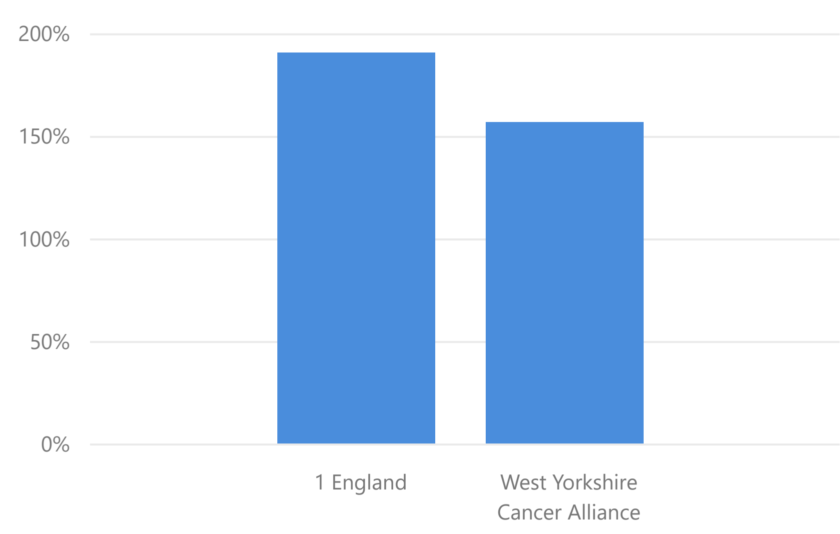
Primary Prevention



Secondary Prevention



Tertiary Prevention



West Yorkshire
Health and Care Partnership

Ambition 2 - Metric 1

We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (approx 220,000 people). In doing this we will focus on early support for children and young people.
These metrics relate to the wider determinants of health such as housing and employment, and to primary prevention.

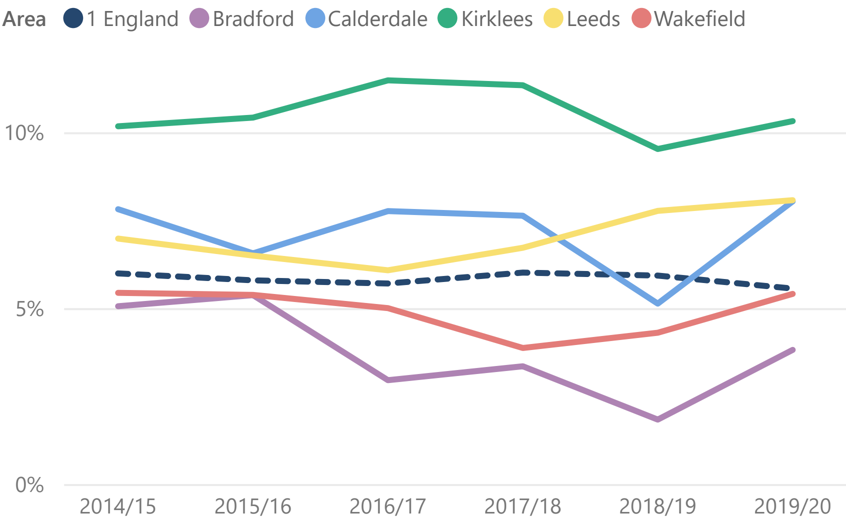
Metric 1 - Proportion of supported working age adults with learning disability in paid employment. PHE Fingertips. 2019/20. Local Authorities.
Metric 2 - Proportion of supported working age adults with learning disability living in settled accommodation. PHE Fingertips. 2019/20. Local Authorities.
Metric 3 - Proportion of eligible adults with a learning disability having a GP health check. PHE Fingertips. 2018/19. Local Authorities.

Data sources

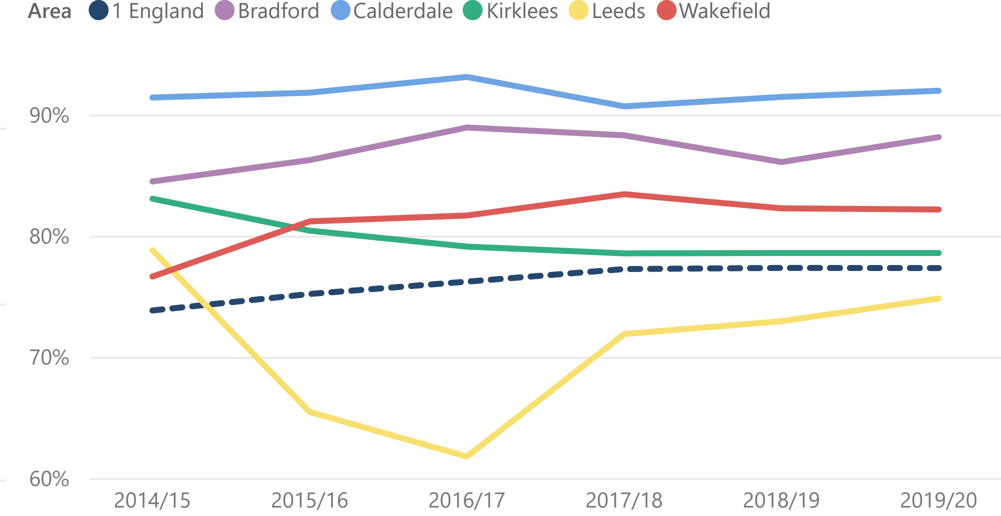
NHS Digital, Adult Social Care Activity and Finance Report, Short and Long- Term Care Statistics (Metrics 1 and 2)
NHS Digital, Learning Disabilities Health Check Scheme Statistics (numerator) and QOF data (denominator) Extracted from Fingertips (OHID).

Determinants of Health

Employment - Proportion of supported working age adults with learning disability in paid employment from 2014/15 to 2018/9

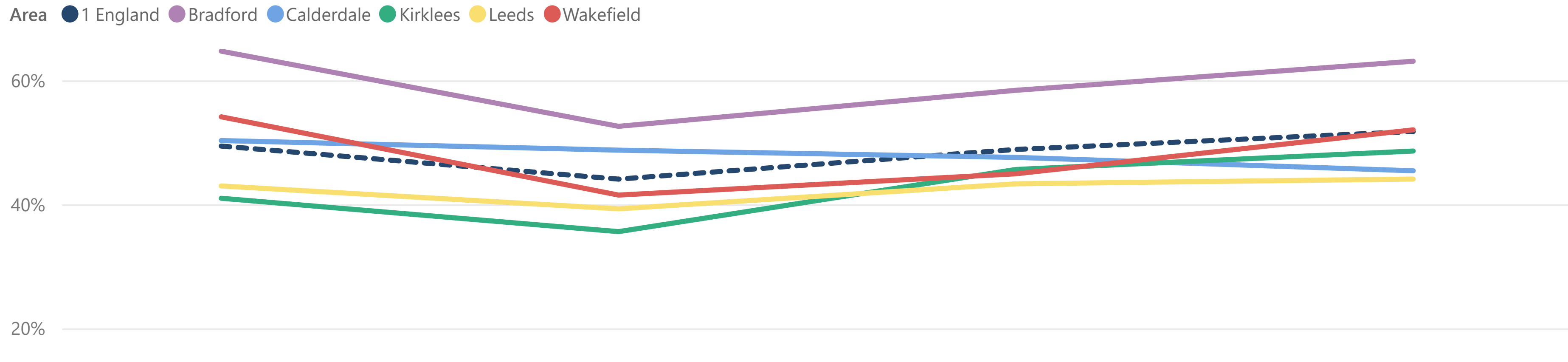


Housing - Proportion of supported working age adults with learning disability in settled accommodation from 2014/15 to 2018/19



Primary Prevention

Proportion of eligible adults with a learning disability having a GP health check - All ages



Cardio-Vascular Disease (CVD)

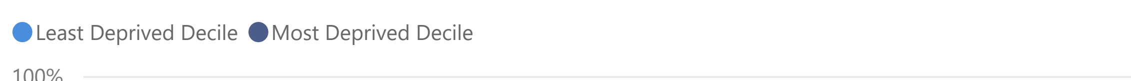
Ambition 2 - Metric 2

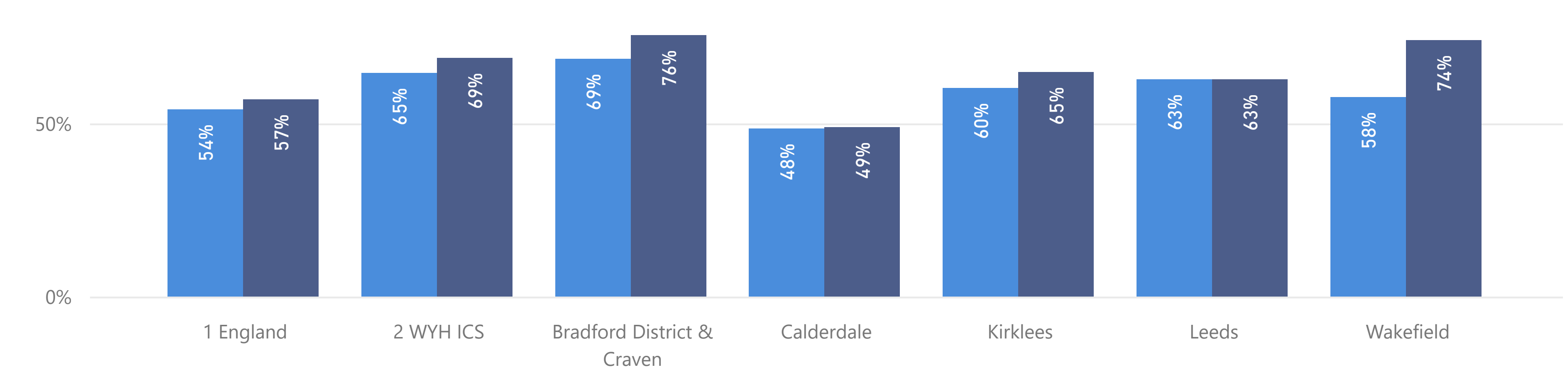
We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (approx 220,000 people). In doing this we will focus on early support for children and young people.
These metrics relate to primary care interventions linked to Cardio-Vascular Disease.

Metric 1 - Record of blood pressure check in preceding 12 months for patients on the Mental Heath (MH) register in general practice.
Metric 2 - Record of Body Mass Index (BMI) in the last 12 months for patients on the MH register in general practice.

Data source for all metrics
Calculated using Quality Outcomes Framework (QOF) data. NHS Digital. 2020/21. CCGs.
Extracted from Fingertips (OHID).

Secondary Prevention

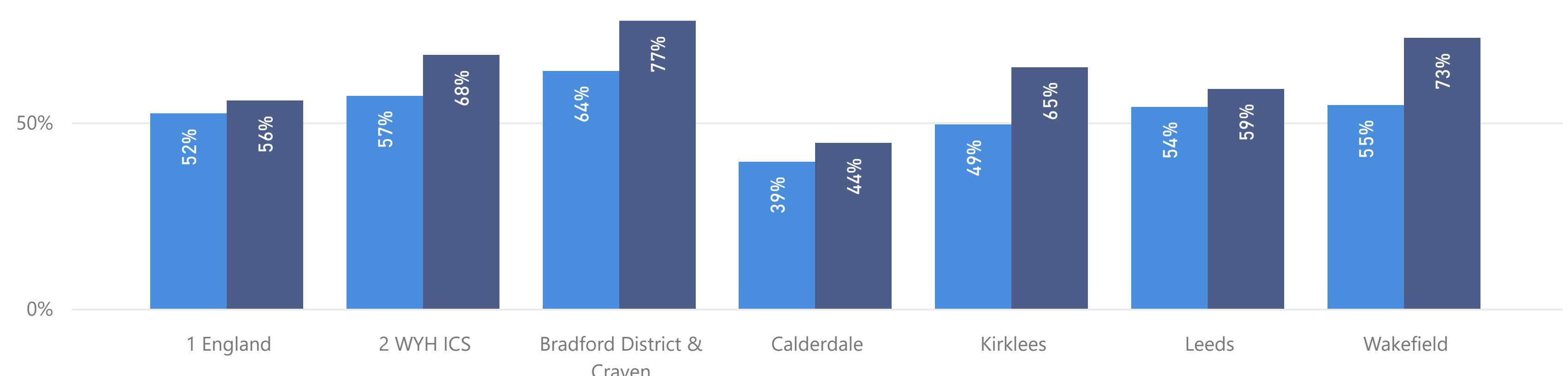




Primary Prevention

Record of BMI in the last 12 months for patients on the MH register in general practice

Least Deprived Decile Most Deprived Decile



Ambition 3 - Metric 1

We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include halting the trend in childhood obesity, including those children living in poverty
These graphs show, for both reception and year 6, the proportion of children who are either over-weight, obese or severely obese.

Metric 1 - Prevalence of Overweight Children - reception.
Metric 2 - Prevalence of Overweight Children - year 6.
Metric 3 - Prevalence of Severely Obese Children - reception.
Metric 4 - Prevalence of Severely Obese Children - year 6.

Data Source
NHS Digital, National Child Measurement Programme.
2010/11 - 2019/20. Local Authorities.
Extracted from Fingertips (OHID).

Reception

Year 6

Prevalence of Overweight Children

15%
10%
5%
2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 2017/18 2018/19 2019/20

Bradford
Calderdale
England
Kirklees
Leeds
Wakefield

Prevalence of Severely Obese Children

25%
20%
15%
10%
5%
2010/11 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 2017/18 2018/19 2019/20

2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 2017/18 2018/19 2019/20

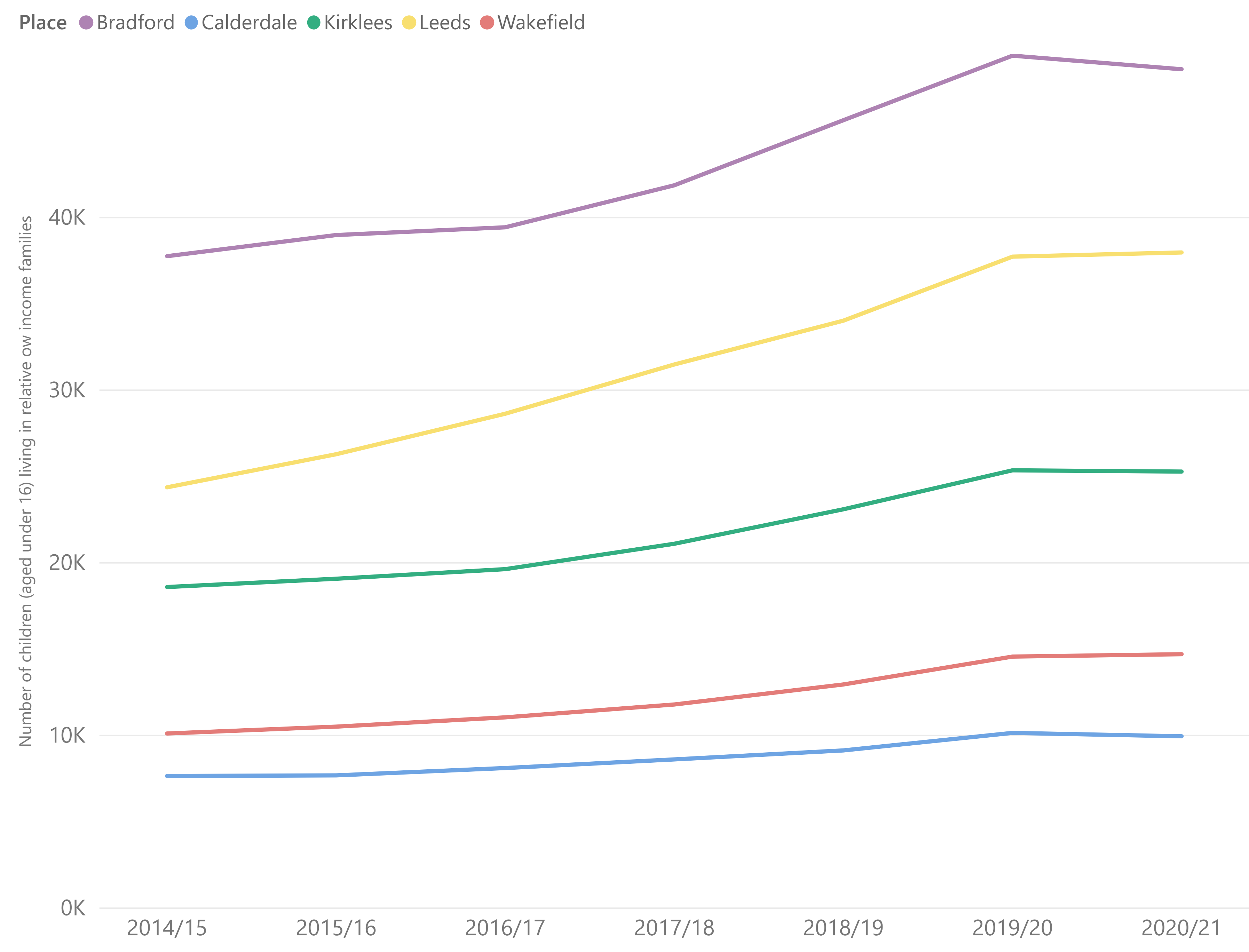
West Yorkshire
Health and Care Partnership

Ambition 3 - Metric 2

We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include halting the trend in childhood obesity, including those children living in poverty
This graph shows how the number of children living in relative low income families has changed between 2015 and 2020. There are now over 138,000 children living in those families, based on provisional 2020 data.

Metric 1 - Number of Children (aged under 16) living in relative low income families.

Data Source
The Office for Health Improvement and Disparities. 2014 - 15 - 2020 - 2021. Local Authorities.
Extracted from Fingertips (OHID).



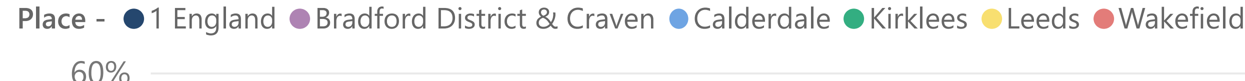
Ambition 4

By 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1,000 more people will have the chance of curative treatment.
The overall proportion of cancers diagnosed at an early stage (either stage 1 or 2) was 51.9% in 2018. This is based on the latest published data.

Metric 1 - Proportion of cancers diagnosed at an early stage - stage 1 or 2.

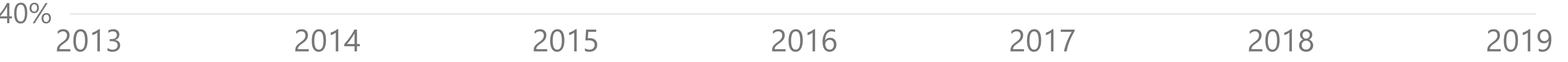
Data Source
Cancer Alliance Data, Evidence and Analysis Service (CADEAS). 2013-2019. CCGs.

Proportion of cancers diagnosed at an early stage - stage 1 or 2



60%
55%
50%
45%
40%

Proportion of cancers diagnosed at an early stage - stage 1 or 2



Ambition 5

We will reduce suicide by 10% across West Yorkshire by 2020/21 and achieve a 75% reduction in targeted areas by 2022.

In 2019 there were 277 suicides recorded in West Yorkshire, a 22% increase on the 2015 number of 227 suicides. There is a significant degree of variation in both numbers and change over time between the places in West Yorkshire, as can be seen from the graphs to the right.

Metric 1 - Number of Suicides.

Metric 2 - Percentage change in the number of suicides between 2014 -16 - 2018 -20.

Metric 3 - Age-standardised suicide rates per 100,000 population, standardised to the 2013 European Standard Population. ONS data. 3 year average, 2017-19. Local Authorities.

Metric 4 - % Change in age standardised suicide rate between 2014 -16 - 2018 -20.

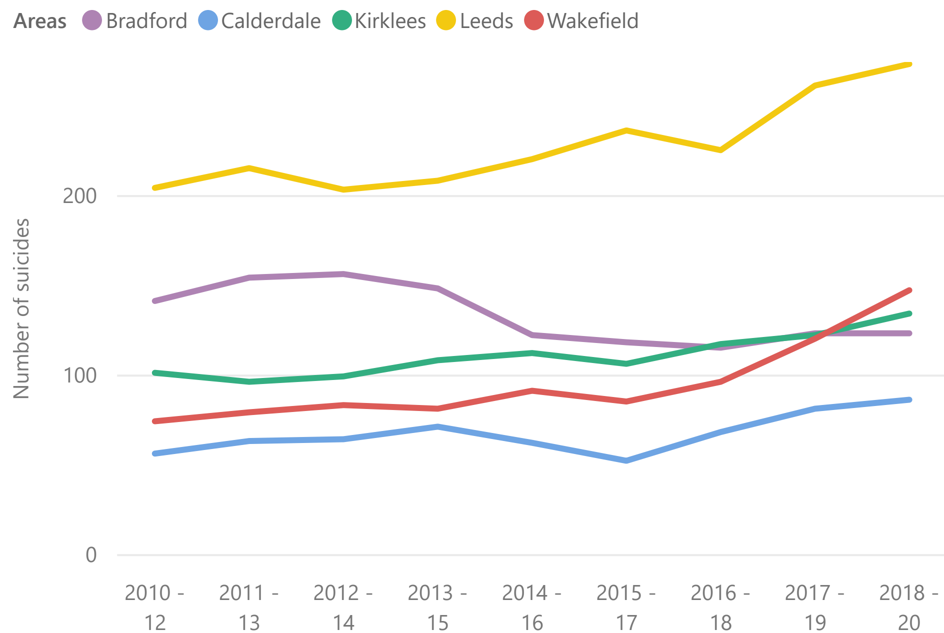
Data source for all metrics

Office of National Statistics (ONS) data, 2010-12 - 2018-20. Local Auhtorities.

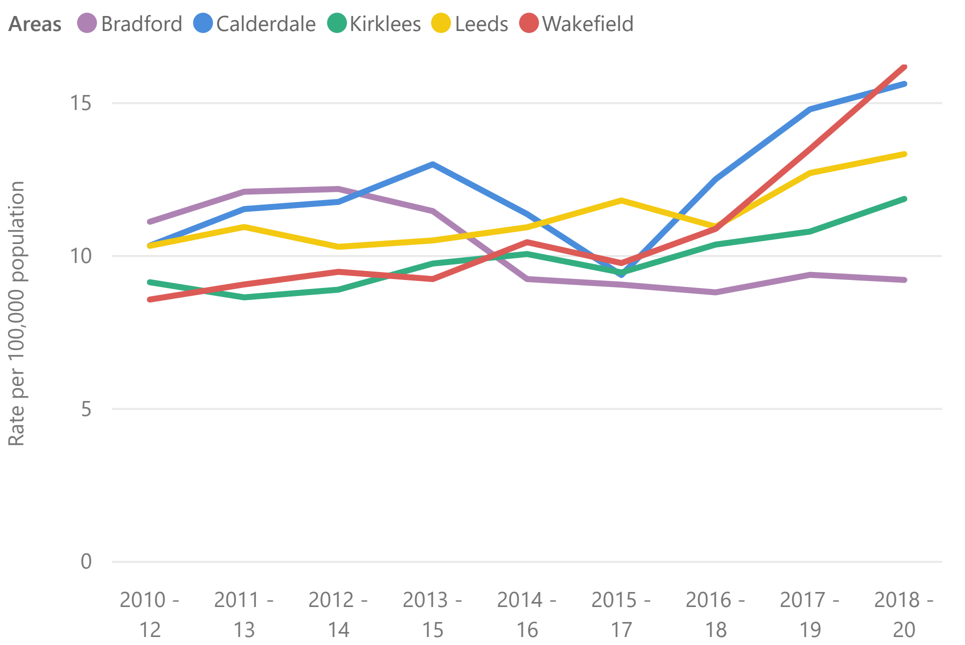
Percentages calculated using ONS data

Extracted from Fingertips (OHID).

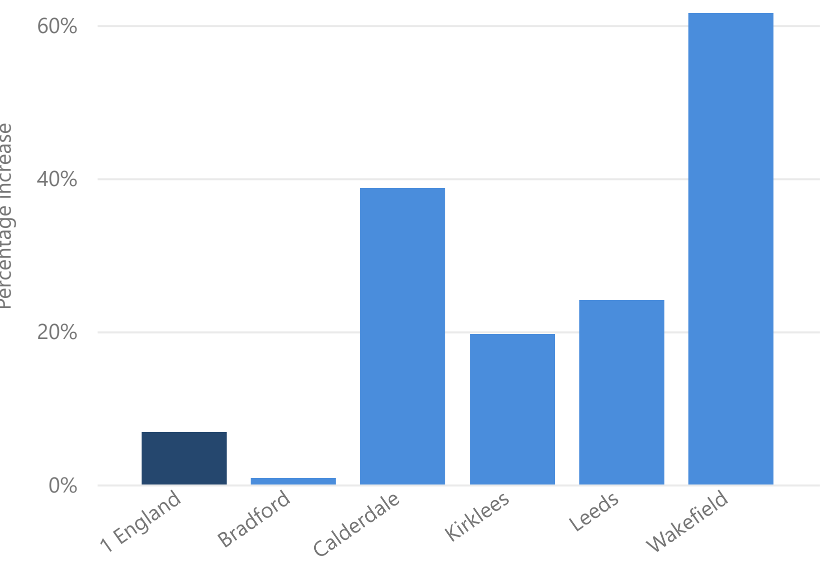
Number of Suicides



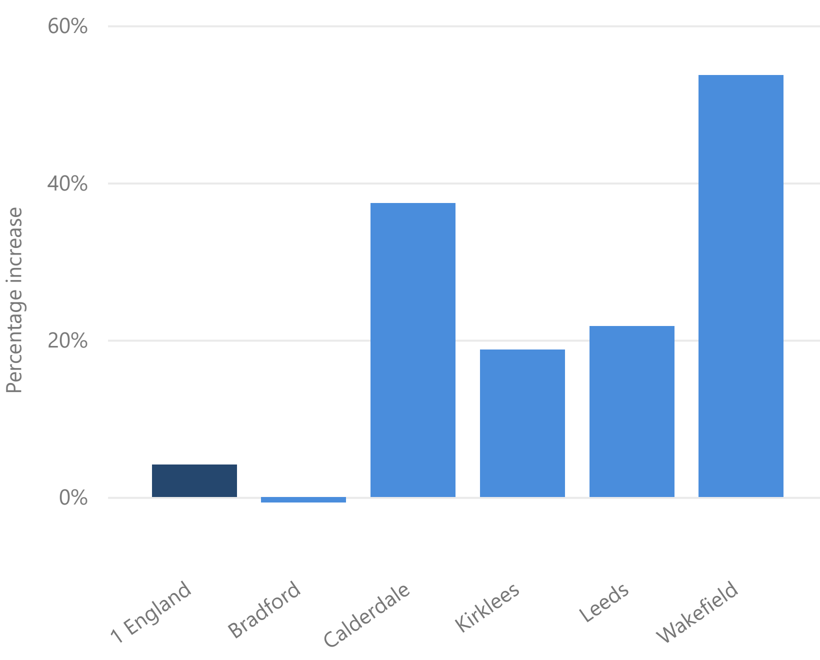
Suicide rates per 100,000 population



% change in number of suicides 2014-16 - 2018/19



% Change in age standardised suicide rate 2014-16 to 2018-20

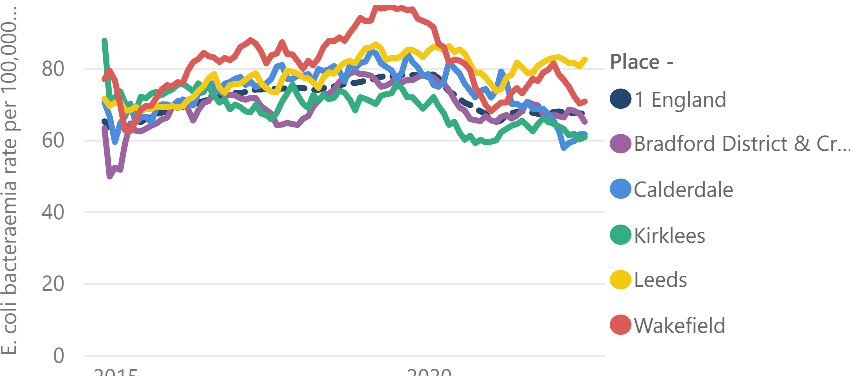


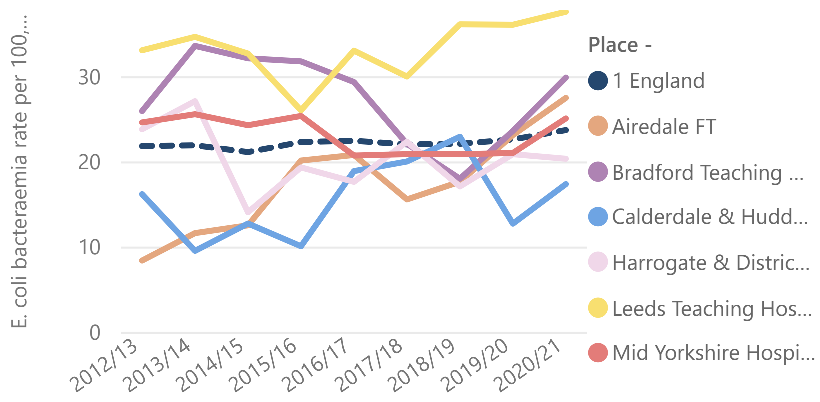
Ambition 6

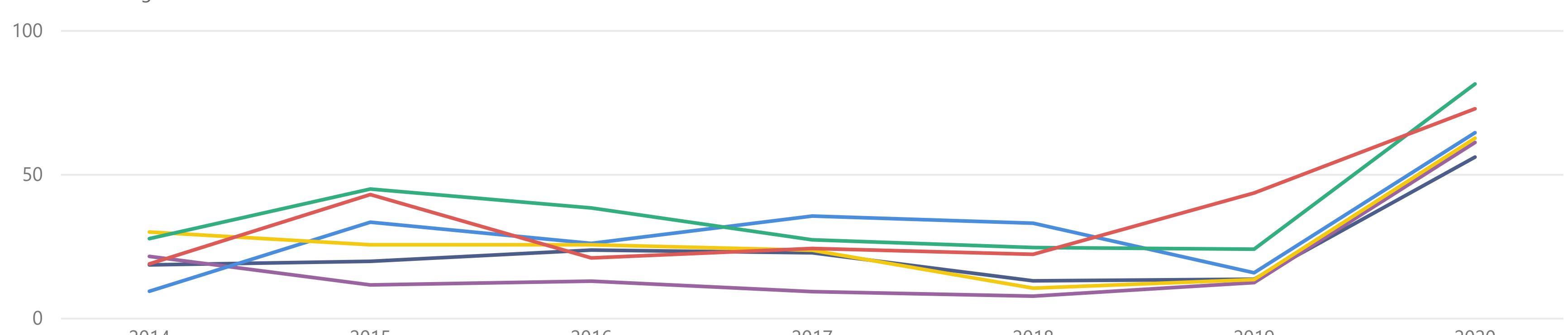
We will achieve at least a 10% reduction in anti-microbial resistant infections by 2024 by, for example, reducing antibiotic use by 15%.
The graphs to the right show the trends for key metrics related to antibiotic prescribing in both secondary and primary care.

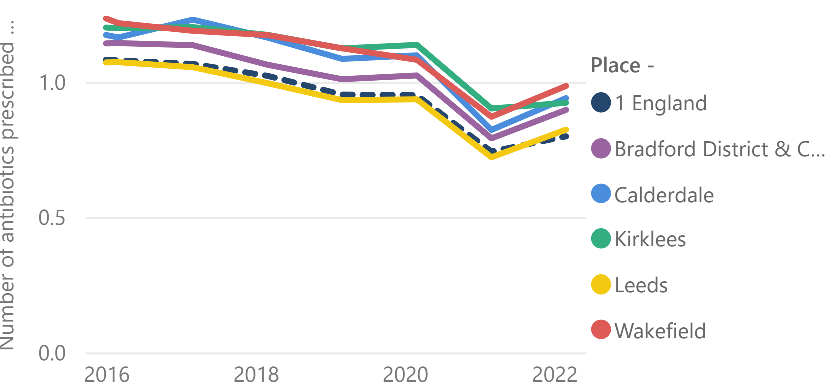
Metric 1 - E. coli bacteraemia. 12-month rolling rate per 100,000 population. May 2021. CCGs.
Metric 2 - E. coli bacteraemia 12-month rolling rate per 100,000 bed days.
Metric 3 - Antibiotic Guardians per 100,000 population
Metric 4 - Twelve-month rolling total number of prescribed antibiotic items per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR-PU)
Metric 5 - Percentage of antibiotic prescriptions for lower UTI in older people meeting NICE NG109 guidance and PHE Diagnosis of Urinary Track Infection (UTI) guidance in terms of diagnosis and treatment.

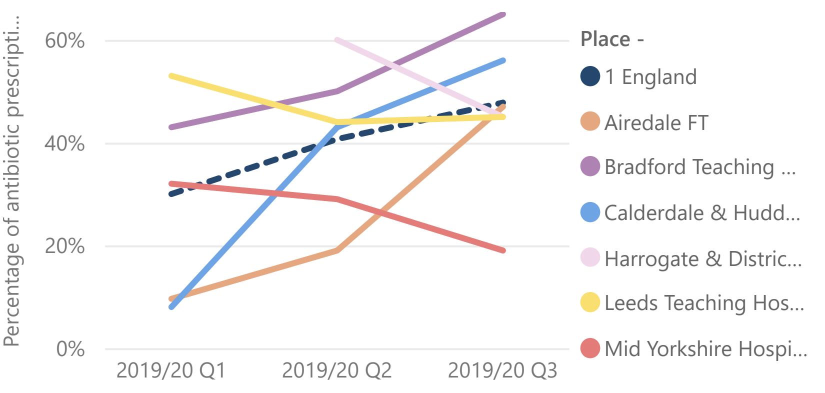
Data source for all metrics, in order
HCAI Mandatory Surveillance Data (Metric 1, 2)
AntibioticGuardian.com
ePACT2 from NHSBSA
Quarterly Commissioning for Quality and Innovation (CQUIN) returns made to UKHSA by NHS Trusts
All extracted from Fingertips (OHID).









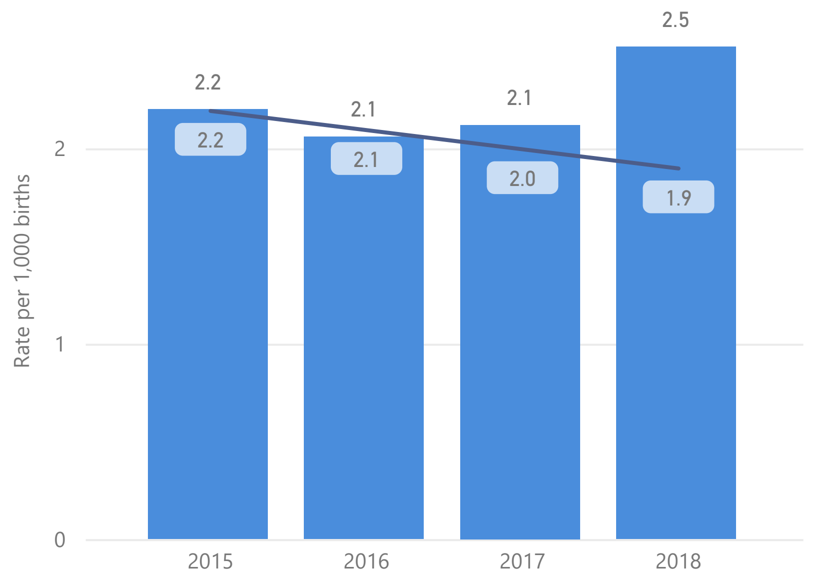


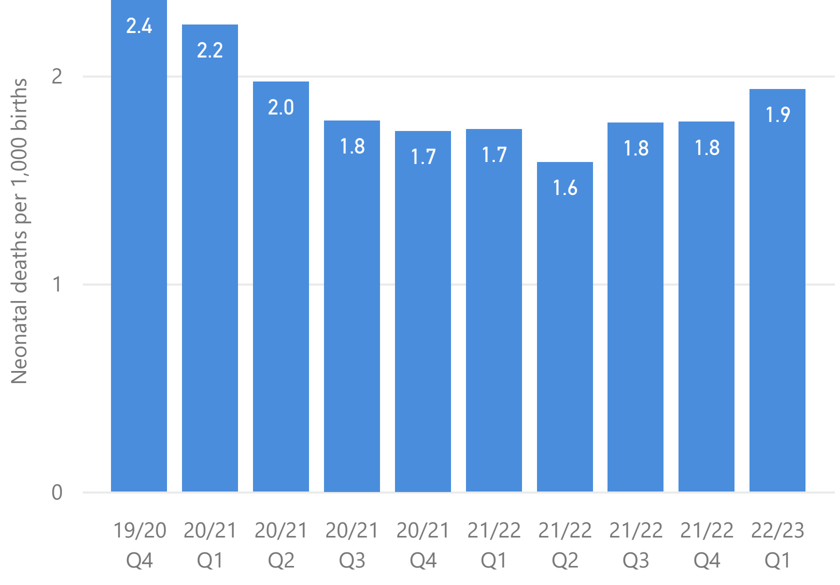
Ambition 7

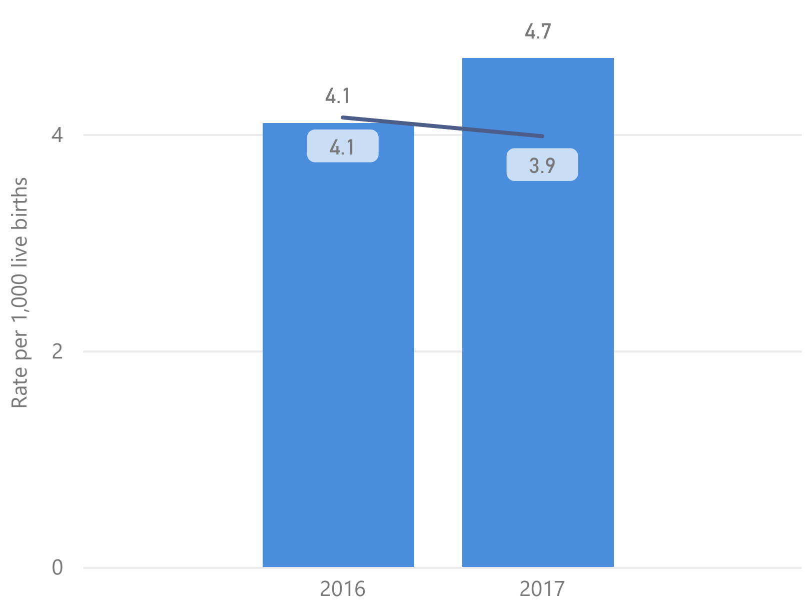
We will achieve a 50% reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality by 2025.
The graphs to the right show the trend in achievement for 4 key maternity metrics, including trajectories where applicable.

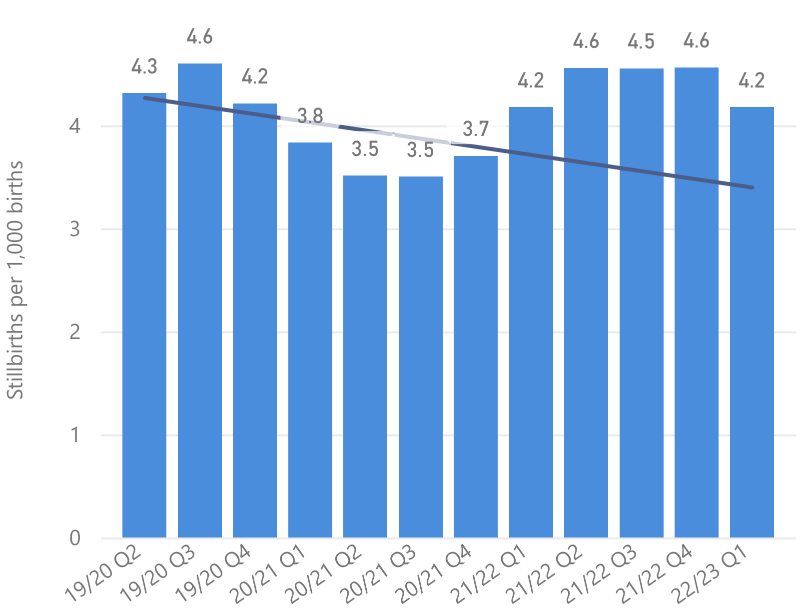
Metric 1 - Neonatal deaths per 1,000 births. Data source - MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries).
Metric 2 - Rolling 12 month in unit Neonatal deaths per 1,000 births. Data source - Yorkshire and Humber Operational Delivery Network Neonatal Dashboard.
Metric 3 - Intrapartum brain injuries - Brain injuries per 1,000 live births. Data source - Neonatal Data Analysis Unit, Imperial College London.
Metric 4 - Rolling 12 month stillbirths per 1,000 births. Data source - Yorkshire and Humber Clinical Network's Maternity Dashboard.

Data sources for all metrics
All data for West Yorkshire and Harrogate Local Maternity System (LMS). 2015-2022.







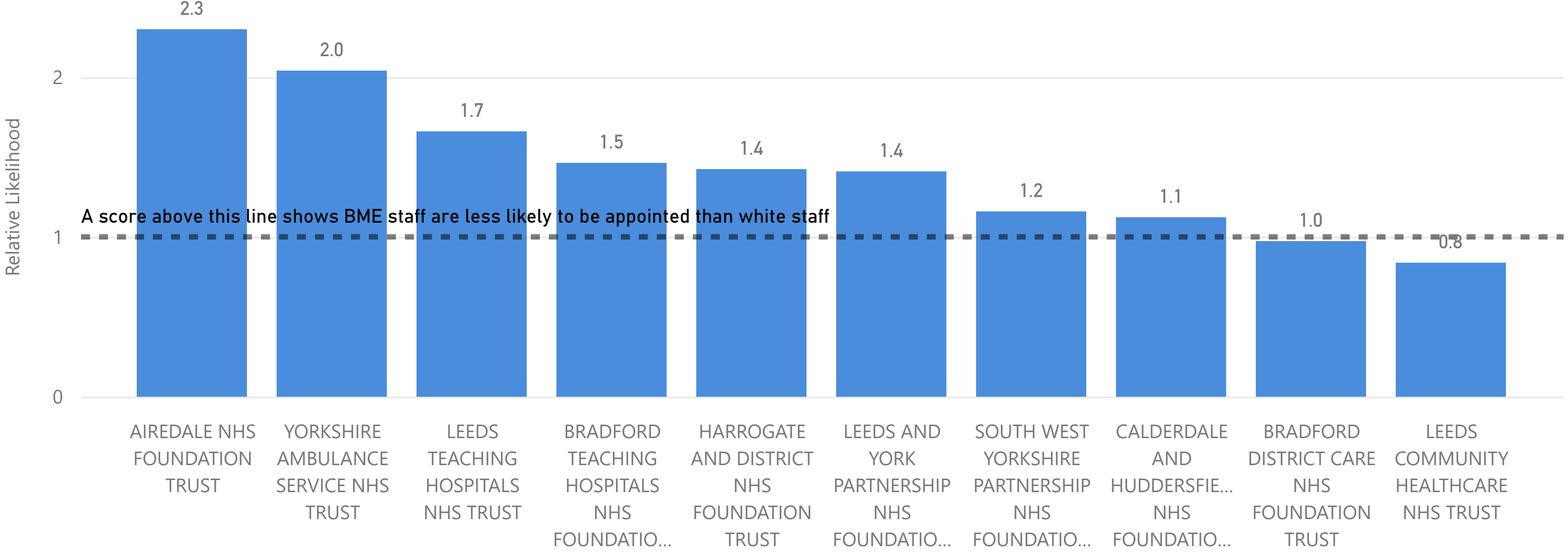


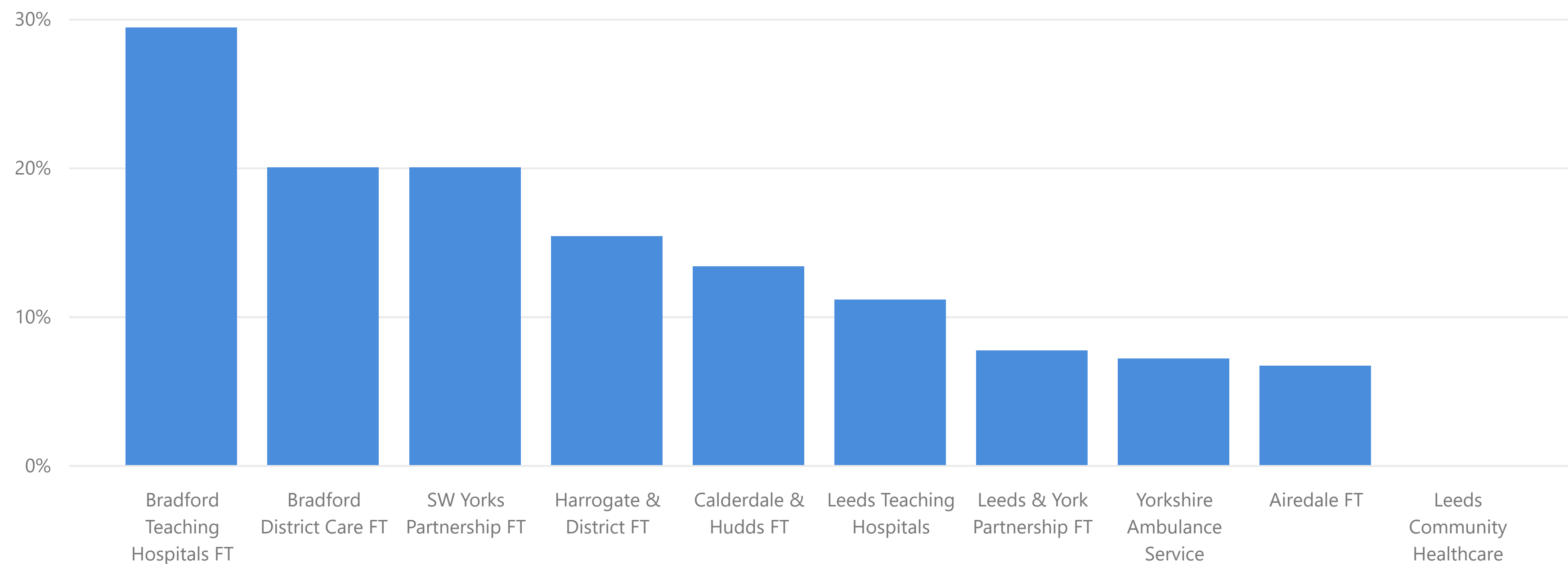
Ambition 8

We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for staff from Ethnic Minorities will become a thing of the past.
The graphs to the right show how 3 key metrics relating to the experience of ethnic minority staff vary across NHS Trusts.

Metric 1 - Relative likelihood of white staff being appointed from shortlisting compared to Black and Minority Ethnic (BME) staff. .
Metric 2 - % of total Board members that are BME.

Data sources
NHS Staff Survey and NHS Workforce Race Equality Standard publications. 2021. NHS Trusts.





West Yorkshire
Health and Care Partnership

Ambition 9

We aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.
These metrics reflect NHS Trust and CCG achievement against several measures published as part of the Greener NHS Dashboard. Whilst these initial metrics focus on carbon reduction, the scope of the programme is system wide.

Emissions from building energy use - Organisations are placed into quartiles with other organisations of the same type e.g. Community Trusts are bench-marked against other Community Trusts. Emissions resulting from electricity, gas, coal, oil, hot water and steam and water and sewerage use are included. 2018/19. Highest quartile = better performance. NHS Trusts.
Green Plans - does the organisation have an up to date, board approved Green Plan. 2019/20. NHS Trusts.
Sustainable Development Assessment Tool - score out of 100 of the organisation's most recent published assessment. Organisations are placed into quartiles with other organisations of the same type e.g. Community Trusts are bench-marked against other Community Trusts. December 2020. Highest quartile = better performance. NHS Trusts.
Metered Dose inhalers prescribed - proportion of prescribed inhalers that are Metered Dose inhalers. October 2021. 0. Lower percentage shows a lower environmental impact. CCGs.

Data Sources for all metrics
Greener NHS Dashboard.

Emissions from building energy use

Trust Name | Quartile

Trust Name	Value
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	Mid-high quartile
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	Mid-high quartile
LEEDS COMMUNITY HEALTHCARE NHS TRUST	Mid-high quartile
YORKSHIRE AMBULANCE SERVICE NHS TRUST	Mid-high quartile
LEEDS TEACHING HOSPITALS NHS TRUST	Low-mid quartile
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	Lowest quartile
AIREDALE NHS FOUNDATION TRUST	Highest quartile
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	Highest quartile
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	Highest quartile
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	Highest quartile
MID YORKSHIRE HOSPITALS NHS TRUST	Highest quartile

Green Plans

Trust Name | Plan Available?

Trust Name	Value
AIREDALE NHS FOUNDATION TRUST	No data
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	No data
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	No data
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	No data
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	No data
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	No data
LEEDS COMMUNITY HEALTHCARE NHS TRUST	Yes
LEEDS TEACHING HOSPITALS NHS TRUST	No data
MID YORKSHIRE HOSPITALS NHS TRUST	No data
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	No data
YORKSHIRE AMBULANCE SERVICE NHS TRUST	No data

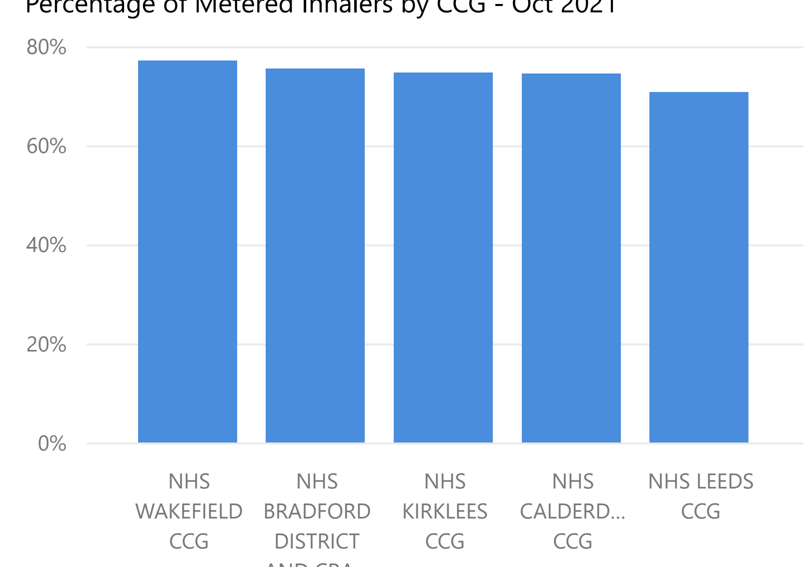
Measures and metrics to be agreed and updated following the Strategy Refresh meeting on the 2nd of November 2022

Sustainable Development Assessment Tool

Trust Name | Quartile

Trust Name	Value
YORKSHIRE AMBULANCE SERVICE NHS TRUST	Highest quartile
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	Lowest quartile
MID YORKSHIRE HOSPITALS NHS TRUST	Highest quartile
LEEDS TEACHING HOSPITALS NHS TRUST	Unpublished
LEEDS COMMUNITY HEALTHCARE NHS TRUST	Lowest quartile
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	Highest quartile
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	Lowest quartile
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	Lowest quartile
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	Lowest quartile
BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	Highest quartile
AIREDALE NHS FOUNDATION TRUST	Highest quartile

Metered Dose Inhalers Prescribed



Ambition 10

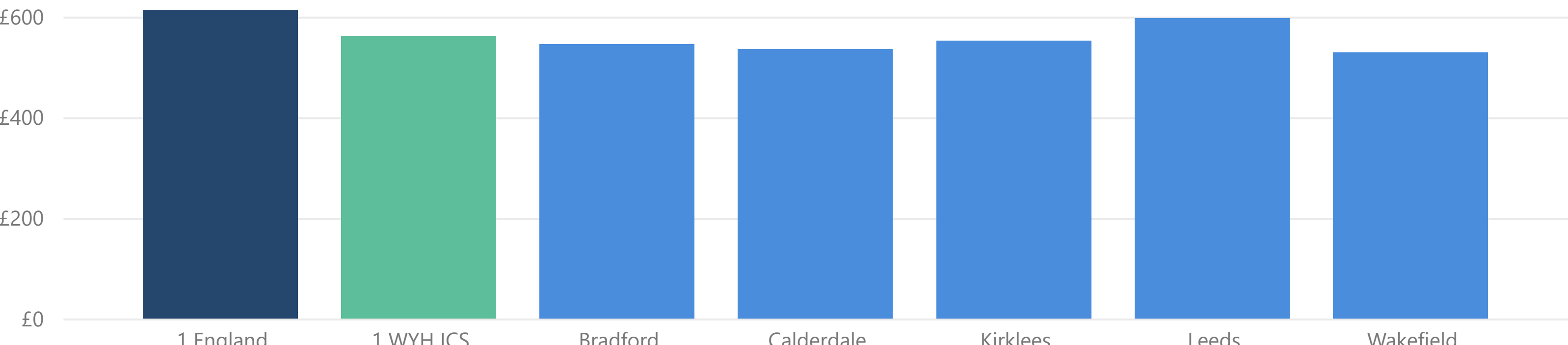
We will strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

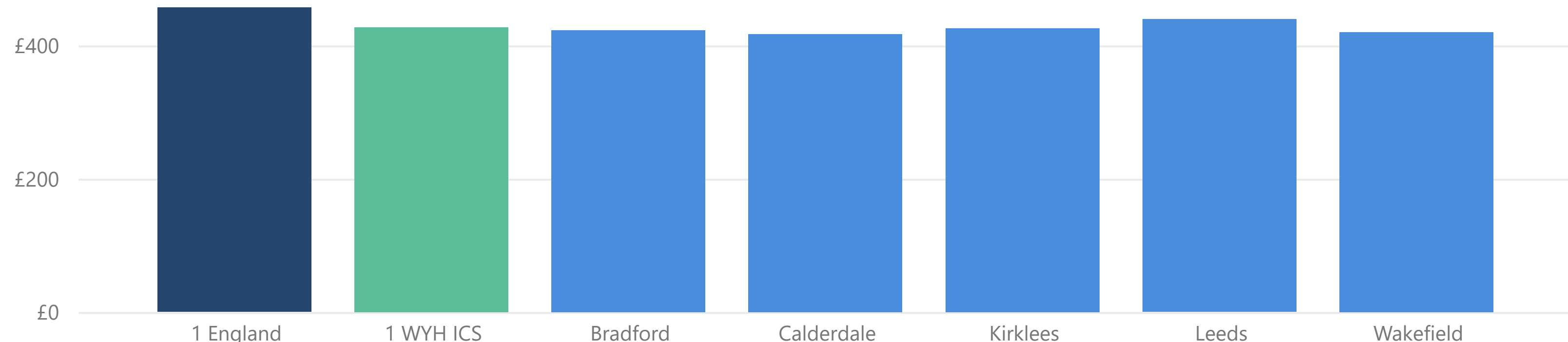
The graphs to the right show how three key economic indicators vary across Local Authorities in West Yorkshire and Harrogate, and how they compare with England.

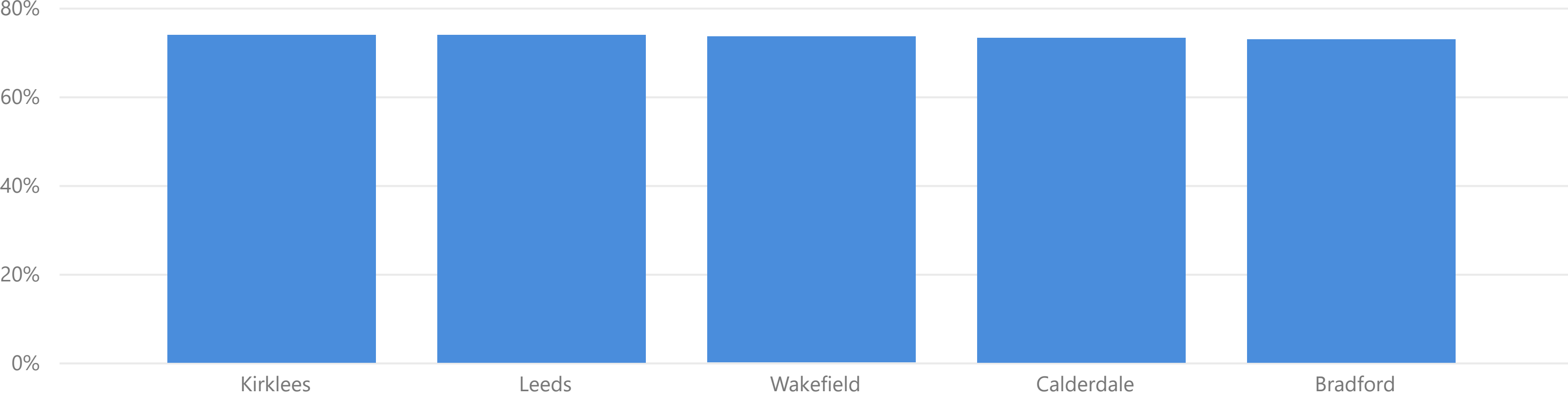
Metric 1 - Median weekly earnings (£). 2021.
Metric 2 - 25th percentile earnings (£). 2021.
Metric 3 - Employment rate aged 16 - 64 (%)

Data source for all metrics

NOMIS - Official labour market statistics from the Office of National Statistics (ONS). Local Authorities.







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The Leeds Health and Wellbeing Strategy 2023-2030

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

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Foreword

Hello and Welcome to the Leeds Health and Wellbeing Strategy.

Our last strategy was developed in 2016 and there is so much to be proud of in our achievements since then. This has been driven by a united partnership of the council, NHS, public sector, a thriving Voluntary, Community and Social Enterprise (VCSE) network, businesses, education, academia, and organisations championing the voices of our communities, such as Healthwatch Leeds.

The most significant event since our last strategy was developed is undoubtedly the pandemic. The city's response showed how we all came together to take care of each other, supported by our resilient communities. We saw 62,000 people in health and care work together with hundreds of volunteers, to make sure people had food, medicines and wellbeing checks. We also delivered an extraordinary vaccine roll out programme embedded in our local communities with over 1.8 million doses given in Leeds.

None of this would have been possible without the strong foundation of our partnership working supported by a 'Team Leeds' ethos and approach.

Many lives were tragically lost during the pandemic and each person will never be forgotten. We now need to navigate a world which has seen health inequalities grow because of the pandemic and continuing to get worse. This is because of new challenges such as the cost-of-living crisis which will be experienced differently by different communities and across generations. The impacts of poverty are particularly felt in our most socially and economically challenged parts of the city. This highlights the importance of focusing improvements on health outcomes across the whole life course from preconception, birth and childhood, through the transition to adulthood and older age.

Breaking the cycle of poverty and poor health is more important than it has ever been. This strategy sets out the blueprint of how we plan to make a difference and improve health and wellbeing outcomes of people in Leeds, whilst learning from the experience of the past few years.

Leeds is a forward looking, great northern city and the innovation, creativity, and commitment of partners to work together to improve health and wellbeing outcomes of our people has never wavered. We recently reaffirmed our ambition to tackle poverty and inequality with our Best City Ambition. Our determination to deliver positive outcomes for people has led us to commit to becoming a Marmot City. We have a solid foundation to drive this forward with a strong economy, exceptional schools, colleges and universities, a vibrant and diverse population and growing sectors such as digital health, data and medical technology. All are key to creating a healthier, greener and inclusive place for people to live, work and visit.

It is the people of Leeds, our greatest asset, that are at the heart of driving the ambition we set in 2016 to be the best city for health and wellbeing. We know that people want to see care that is communicated well, coordinated and compassionate. We will work together to deliver this, reaffirming our vision to be a health and caring city for all ages where people who are the poorest improve their health the fastest. This will remain key to our new Health and Wellbeing Strategy to the year 2030, which sets our long-term plan to respond to the great health and care challenges we face as a city.

This strategy is launched at a time of transformation in our health and care integration journey. The creation of the Integrated Care Boards and Integrated Care Partnerships as part of wider health and care system in Leeds provides a significant opportunity to further progress our priorities

so that they are positively felt by all communities in the city. We will look to partnerships at all levels, neighbourhood, local, regional and national to deliver our vision.

The success of this strategy will continue to be determined by how people feel and the real difference we are making in improving their health and wellbeing outcomes. It is important to acknowledge that currently people are frustrated by long waits for some services including ambulance services and accident and emergency. Accessing NHS dentistry remains hard across Leeds and some GP practices are overstretched despite working valiantly to serve their communities. Social care remains chronically underfunded and workforce challenges exist in all sectors.

As a Health and Wellbeing Board, we believe we can deliver stronger services that are integrated and effective, but we acknowledge the extent of the challenge. We remain committed to our shared vision and this is a moment where we cannot afford to fail. We won't be able to do this alone and we must all play an active part, but we believe by working together, with compassion and care as one Team Leeds, we can deliver positive changes for all our communities.

Councillor Fiona Venner
Chair of the Leeds Health and Wellbeing Board

What is the Leeds Health and Wellbeing Board?

Wellbeing starts with people; our connections with family, friends and colleagues; the behaviour, care and compassion we show one another; the environment we create to live together. We all have a part to play in Leeds being a healthy city with high quality services.

The Health and Wellbeing Board (HWB) 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 Board exists to improve the health and wellbeing of people in Leeds and to join up health and care services.

The Leeds Health and Wellbeing Board is made up of a group of senior representatives from organisations across Leeds, including Leeds City Council, the NHS, the Integrated Care Board, the voluntary and community sector and Healthwatch, which ensures the views of the public are fully represented and acted on. There is also a cross-party political representation, with meetings chaired by the Executive Member for Adult and Children's Social Care and Health Partnerships.

The Board meets regularly throughout the year, including via formal public meetings and development workshops. We get an understanding of the health and wellbeing needs and assets in Leeds by completing a Leeds Joint Strategic Assessment (JSA), which gathers information together about people and communities in our city. The latest JSA was produced in 2021.

Listening to people is central to the work of both the Health and Wellbeing Board and partners across the city, with findings feeding into strategic planning and service delivery. The 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.

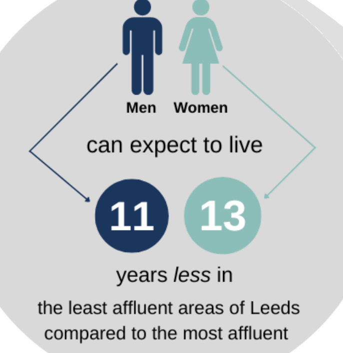
By 2030 people's health and wellbeing outcomes will be…

Section to clearly describe the clear outcomes we want to see in Leeds for people and communities over their life course. This will be illustrated with for example statistics which state the current position of a particular identified health and care challenge and what improvements we need to see by 2030 to enable people to have the best start, live well, work well and age well.

The challenges and opportunities

The diverse cultures, strong economy, vibrant partnership working, and the excellent services are just some of the many strengths which make Leeds a great place to live, learn, work and visit. However, not everyone is benefitting from what the city has to offer and there are unacceptable health inequality gaps.

Stalling improvements in life expectancy for people living in low-income parts of the city demonstrates the significant health and care challenge we face. The gap in life expectancy between some of our most and least affluent areas is 13 years for women and 11 years for men. This gap is even wider between some communities such as the Gypsies and Travellers communities in Leeds, with the average life expectancy around 50 years of age compared to the city's population of around 78 years. More widely, the Leeds Dock, Hunslet and Stourton area of the city has the lowest female life expectancy in England and over 170,000 people in the city live in areas ranked amongst the most deprived 10% nationally.



The city is also responding to the long-term developing impacts of the Covid-19 pandemic which are being felt by all communities in Leeds. The evidence however shows the risk of death and specific illnesses and conditions affect some groups disproportionately depending on their age, gender, pre-existing conditions, ethnicity and deprivation. The pandemic also worsened existing mental health inequalities amongst children and young people, who were already at high risk of poor mental health.

Moreover, nationally we are seeing an emerging picture of how the pandemic has likely contributed to worsening inequalities. This includes the link between economic inactivity due to ill health and how the cost-of-living crisis further risks increasing this inequality gap.

These great challenges will be a key focus in this long-term strategy, and we will consistently review progress to ensure we remain flexible to the changing context over the coming years.

Building thriving communities & Improving health and wellbeing

Building thriving communities where people live happier and healthier lives requires that all the right ingredients are in place. These are often referred to as the determinants of good health and wellbeing. This strategy recognises that if we are to tackle health inequalities, we must recognise

the influence of people's socio-economic conditions on their health outcomes. This means the best start to life, good education; inclusive, stable and well-paid jobs; quality homes that are affordable and safe are some of the key ingredients to improving people's health and wellbeing. Alongside this environmental sustainability and equity in decision-making across the whole system is also vital.

The growing and changing demographics in the city highlights the profile of young people becoming more diverse and focused in communities most likely to experience poverty. In 2021 almost 24% of children (under 16) were estimated to live in poverty in Leeds, compared to 19% nationally. A growing ageing population means we must continue to focus on how we further support older people, many of whom live alone, to maintain connections with other people and to access support that meets their needs.

To be the best city for health and wellbeing everyone must work together to do the best for one another and provide the best care possible when needed.

Hearing the voices of people living with inequalities

The Leeds Health and Wellbeing Board has made a firm commitment to being led by the people of Leeds, who are at the centre of health and care decision making. Under the leadership of the Board, the People's Voices Partnership (PVP) was established to bring together listening teams across the Leeds Health and Care Partnership to ensure that the voices of those living with inequalities are better heard.

The Big Leeds Chat is a key element of this engagement and is a series of innovative, citywide conversations between senior leaders from across the health and care system and the public. These conversations are focussed on listening to people's experiences around health and wellbeing and finding out what matters most to them. The Big Leeds Chat in 2021 involved 43 'conversations' taking place with local communities, communities of interest and young people's organisations. Ten key themes emerged from these conversations and formed the basis for 10 Big Leeds Chat Statements, which have informed the priorities in the Leeds Health and Wellbeing Strategy and will be progressed through the work of the Leeds Health and Wellbeing Board:

1. Make Leeds a city where children and young people's lives are filled with positive things to do.
2. Make Leeds a city where there are plentiful activities in every local area to support everyone's wellbeing.
3. Make Leeds a city where people can use services face-to-face when they need to.
4. Make Leeds a city where people feel confident they will get help from their GP without barriers getting in the way.
5. Make Leeds a city where each individual community has the local facilities, services and amenities they need.
6. Make Leeds a city where fears about crime and antisocial behaviour are no barrier to enjoying everything the community has to offer.
7. Make Leeds a city where services acknowledge the impact of the pandemic on people's mental health and where a varied range of service- and community-based mental health support is available.
8. Make Leeds a city with affordable activities that enable everyone to stay healthy.
9. Make Leeds a city where green spaces are kept tidy and welcoming, because services understand the vital role they play in keeping people well.
10. Make Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs

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The Tackling Health Inequalities Group is a subgroup of the Board and will continue to act as an advisory and challenge body for the Board's and partners' actions and impact on inequalities.

Our Communities of Interest Network brings the voices of people from 24 different communities experiencing the greatest health inequalities closer to decision-making, including representing their views to the Board.

The How Does It Feel for Me project is allowing users of health and care services to share their experiences as they move through different parts of the system. The Co-Production Network further brings together health and care partners, working together to strengthen our approaches to co-production, which enables us to involve people at all stages of change. People's voices are also at the heart of our service transformation programmes, for example the ongoing work to transform community mental health services.

To get a direct insight into the needs of marginalised communities, the Leeds Health and Wellbeing Board has developed The Allyship programme which connects Board members with key third sector organisations in the city.

This will all remain a key component in ensuring the priorities of all communities guide the work of the Health and Wellbeing Board and the delivery of this strategy.

Improving access to quality health and care services

Good health is about physical, mental, and social wellbeing. As more people continue to experience multiple long-term conditions, health and care services need to adapt to these changes. People in Leeds have told us they want to feel confident they will get the help needed from services without barriers getting in the way. We will continue to focus on this as one integrated health and care system which will improve people's health. We will also be focussed on reducing health inequalities across the entire population to build and maintain the best long-term health possible for everyone.

Having access to quality health and care services remains a key priority in this strategy. It is vital that we have timely and person-centred care and whilst the cost of providing high quality care continues to rise, we must continue to work hard to deliver this for the people of Leeds. This will ensure people's health and wellbeing can be better, fairer and sustainable.

Our system will continue to promote wellbeing and prevent ill health recognising people have different needs, and what good health looks like varies between people. By looking at our population in this way we can better understand what people need, to address the challenges they face. It will also support the Health and Care Partnership to provide high-quality services, which are easier to access and navigate, effectively meeting people's needs.

We will further develop our localities and neighbourhood-based community building approach such as Asset Based Community Development and Local Care Partnerships. This is where people and organisations work together as equal partners actively involved in the design and delivery of health and care supported by their communities.

One integrated system focused on improving health and wellbeing outcomes

Improving health services needs to happen alongside maintaining financial sustainability. This remains a major challenge. Rising cost pressures and sustained and increasing demand of health and care services means making the best use of the collective resources across organisations. This will continue to help us to develop the city's health and care system which has seen its own recent transformation supported by a strengthened governance structure including at the city level

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with the establishment of The Leeds Committee of the West Yorkshire Integrated Care Board (ICB). The ICB will make decisions about the best way to allocate resources across the city to have the biggest impact on improving health outcomes and people's experiences and reducing inequalities.

Our health and care workforce is also facing increasing pressures. It is vital that we continue to work together to make Leeds the best place to train and work at any age and to support our colleagues to flourish in safe and inclusive workplaces. We have a highly motivated, creative and caring workforce in our city, working hard to deliver high quality care for people in Leeds. It will remain important that we continue to build a strong workforce and support people. Many of whom live as well as work in the city and play a key role in helping to reduce inequalities and delivering care for the future.

Connecting strategies to better tackle health inequalities

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

Improving health and wellbeing outcomes for people and communities across the city will also be supported and delivered together with a range of connecting strategies, plans and commitments. Each of these will help us to deliver our ambition to be the best city for health and wellbeing. We have taken a life course approach to tackling health inequalities. This means we will consider the biggest issues at each stage of a person’s life from early years to older age. It will take a concerted effort across all levels - local, regional and national. An approach which recognises that a diverse range of factors including social, economic and environmental circumstance, influence a person’s physical and mental health and wellbeing outcomes.

The following strategy and plans will be key in helping to deliver improved health and wellbeing outcomes for the people and communities in Leeds and we will ensure there is a clear and strong alignment across all to ensure the most effective delivery of the city’s health and wellbeing strategic priorities:

Best City Ambition: The Best City Ambition is our overall vision for the future of Leeds to 2030. At its heart is our mission to tackle poverty and inequality and improve quality of life for everyone who calls Leeds home. The Best City Ambition aims to help partner organisations and local communities in every part of Leeds to understand and support the valuable contribution everyone can offer – no matter how big or small – to making Leeds the best city in the UK. As part of the Best City Ambition five breakthrough projects have been established specifically on promoting mental health in the community; better homes for health and wellbeing; inclusive green jobs; learning outcomes for social mobility and responding to the cost-of-living crisis. These will be driven by a diverse group of people and organisations drawn from all parts of Leeds. This group will agree a clear end goal to deliver progress on these key areas of focus.

Leeds Inclusive Growth Strategy: The Leeds Inclusive Growth Strategy sets out how we aim to make the city a healthier, greener and inclusive economy that works for everyone. The strategy details how we will harness partnerships across the city to improve the health of the poorest the fastest linking to people and communities with place and productivity. The Leeds Anchor Network will play a key role as part of our place-based approach to inclusive growth and community wealth

building. Together with organisations using their economic power and human capital in partnership with communities to mutually benefit the long-term wellbeing of both.

Net Zero ambition: Leeds has committed to be carbon neutral by 2030. Tackling climate change will mean that we focus on reducing pollution and promoting cycling, walking and the use of public transport whilst also promoting a less wasteful, low carbon economy. The Leeds Health and Care Commitment will be one of many key components of addressing poor health outcomes. This Commitment is a set of principles and actions to work towards being a resilient, sustainable health and care system that mitigates the impact of climate change.

Healthy Leeds Plan: The Healthy Leeds Plan sets out how the Leeds Health and Care Partnership will work together to improve outcomes for everyone in our city. It details the areas where we know we can make a difference to people's health in Leeds and outlines how we will know we have been successful. This Plan will be delivered by bringing together key partners in Population Boards focused on a range of priorities such as supporting access to key cancer services and people who have a learning disability or who are neurodivergent.

West Yorkshire Partnership Strategy: The West Yorkshire Partnership Five-Year strategy is the vision for the future of health, care and wellbeing in the region, where all partners are working together so people can thrive in a trauma informed, healthy, equitable, safe and sustainable society. This plan is overseen and owned by the NHS West Yorkshire Integrated Care Board. Closely aligned to the Leeds Health and Wellbeing Strategy, and developed with the Leeds Health and Wellbeing Board, the delivery of the West Yorkshire Partnership strategy ambitions is set out in a Joint Forward Plan.

Leeds Marmot City Commitment: Building on the city's long history of working to address health inequalities, Leeds has committed to become a Marmot City. This involves working in partnership with the Institute of Health Equity to take a strategic, whole-system approach to improving health equity. Working collaboratively with partners and communities, we will work together to achieve a fairer Leeds for everyone. There will be an initial focus on the Best Start and Housing priorities of this work with progress being overseen by the Leeds Health and Wellbeing Board.

Our partnership principles

We will continue to work in ways that support our Team Leeds approach. The following key principles developed by the Leeds Health and Care Partnership, will underpin how we work together to deliver on our ambition and vision set in this strategy:

We start with people: working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.

We are Team Leeds: working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude

We deliver: prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.

What is the Leeds Health and Care Partnership?

We know that people’s lives are better when those who deliver health and care work together.

The Leeds Health and Care Partnership (LHCP) includes health and care organisations from across Leeds: Leeds City Council, NHS partners, Voluntary, Community and Social Enterprise organisations, Healthwatch Leeds, Local Care Partnerships, Leeds GP Confederation and the Leeds Office of the NHS West Yorkshire Integrated Care Board.

We are also part of the wider West Yorkshire Health and Care Partnership which is an 'Integrated Care System' working to improve the health and wellbeing of people across West Yorkshire.

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Building on what we have achieved

- *To include case studies of key achievements of the current HWS –* ***illustrative examples included below to provide an idea of what could be included in this section.***
- *Organisations on the HWB will be asked to provide case study examples*

Case study example: Lincoln Green employment and skills project

Through our Health and Wellbeing Strategy and our Inclusive Growth Strategy, we are committed to developing a strong local economy that everyone can benefit from. The city's biggest employers are collaborating on projects via the Anchors Institution Network which support this commitment, including supporting people from poorer communities into employment.

Lincoln Green is one of the poorest communities in Leeds and was among the 1% most deprived wards nationally. The majority of households are on a very low income (74% on less than £15k), and its residents also experience some of the greatest health inequalities in Leeds. As such, Lincoln Green has been identified as a priority neighbourhood.

As a committed member of the Anchor Institution Network, Leeds Teaching Hospital Trust (LTHT), collaborated with Leeds City Council (LCC) and local charity Learning Partnerships, to deliver a bespoke recruitment process and employment programme, supporting the residents of Lincoln Green to be better equipped to successfully gain employment at LTHT.

In total, 130 people attended an employability programme, which helped improve IT skills, confidence building, application and interview skills, among others. 59 of those were successful in achieving an offer of permanent employment with LTHT

Due to the success of this programme, other Anchor Institution Network members are developing similar projects, supporting more people from poorer communities into good quality employment.

Case study example: Utilising the benefits of technology and innovation

Leeds is a hub of digital transformation. We are home to 160 med-tech and health informatics companies and home to 22% of all digital health jobs in England. This means we are perfectly placed to benefit from the power of health and care innovation and technology.

The Leeds Academic Health Partnership has been collaborating with West Yorkshire and Harrogate Cancer Alliance, local NHS trusts, and with Leeds based company PinPoint Data Science Ltd. to develop a new blood test which will support GPs to better triage patients who are showing symptoms of cancer.

This new blood test was developed using a form of Artificial Intelligence known as 'machine learning' to analyse a broad range of signals in the blood and combines with general, anonymised patient information to produce a single number: the chance that a patient has cancer.

It has been designed as a decision support tool, providing GPs with more information and enabling them to more effectively triage patients when they first present with symptoms. This revolutionary test is currently being evaluated across West Yorkshire, and if approved for full implementation, promises to deliver shorter referral waiting times, reduced patient anxiety and improved early cancer detection.

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Summary on a Page

Leeds Health and Wellbeing Strategy 2023-2030

Our ambition:
Leeds will be the best city for health and wellbeing

Our 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 happier, healthier lives
2. People will live full, active and independent lives
3. People's quality of life will improve with access to quality services
4. People will be actively involved in their health and care, supported by their communities
5. People will live in healthy, safe and sustainable places

Indicators
TBA

We live our
Partnership Principles

We start with people
We deliver
We are Team Leeds

12 Priorities

A Child Friendly and Age Friendly City where people have the best start and age well

Why is this important?

Communities in Leeds have continued to grow, with greater diversity and a growing younger and ageing population. This developing picture is more evident in communities which face the greatest inequalities. Moreover, the legacy of Covid-19 and its impact means our commitment to be a caring city for everyone is vital. This will mean we can support people to thrive in their early years and later life.

There are now around 9,500 babies born in Leeds every year. Ensuring the best start in life provides important foundations for good health and wellbeing throughout life, enabling successful and enriching futures for our children and young people. This is also why one of the city's breakthrough projects, and the initial focus of our Marmot City commitment, is on early years.

We know the Covid-19 pandemic has further amplified the challenges facing young people. This is why targeted actions which make the most of every child's potential remains an important goal for the city as we continue to re-set and transform services. This will further affect the health of families too, recognising that our priorities can help to tackle challenges such as the disproportionate impact on women from Black ethnic backgrounds who are four times more likely to die during childbirth.

Today around 25% of people living in Leeds are 60 and above. The over 80s population is the demographic rising the fastest. The number of people in Leeds living beyond 80 is expected to rise by approximately 50% in the next 20 years. We want to be the Best City to Grow Old In. This is what underpins our Age Friendly Leeds ambition, creating a place where people age well. Where older people are valued, feel respected and appreciated and seen as the assets they are as employees, community connectors, volunteers, carers, investors and consumers.

Older people face health and care inequalities. For example, they are more likely to have multiple long-term health conditions which disproportionately affect older people living in our poorest communities. Inequalities in older age are cumulative and have a significant impact on a person's health, wellbeing and independence.

By 2030 we will…

See improved outcomes in the earliest period in a child's life, from before conception to age two. We will see parents and babies supported to create the conditions where stress is reduced, and positive bonds and attachments can form. We will work together to offer parents-to-be and new parents targeted pathways informed by women and families to improve communications, support and care before, during and after pregnancy. Care will be delivered in an integrated way such as 'Building the Leeds Way' which is a long-term vision to transform healthcare facilities across Leeds Teaching Hospitals for patients and staff.

It is also vital that we remain committed to our goal to halve stillbirths and neonatal deaths. We will deliver a strength-based localised offer where community maternity services will understand more about the locality they work in and the partners and people they work with. We will build on the outstanding social work and support journey in the city, ensuring consistent quality across all our work with vulnerable children and young people. We must remain committed to the 'Think Family, Work Family' approach, delivering solutions which are coordinated around the relationships, needs and assets in families and the wider community. This is alongside improving the mental health of

children and young people and parents and carers. We will do this by, taking a 'whole family' approach to mental health.

Making Leeds a Child-Friendly City for our children and young people must also be guided by a truly inclusive approach. Working as a partnership across health and care services, joining up practices which also deliver positive outcomes for children and young people with special educational needs and disabilities and additional needs.

Children and young people need to have a safe, healthy, and balanced diet to improve health and wellbeing outcomes. Leeds has taken a whole system strength focused approach to tackling child obesity to transform the way people's health and social care needs are supported. We must continue to focus on reducing child obesity building on the learning of pre-pandemic years. These priorities highlight the importance of wider factors such as the environment and learning influencing our health and wellbeing.

The reality of climate change also means there will be more frequent and intense weather extremes. The impact of fuel poverty also requires a continued focus on addressing the health challenges which may be affected by these circumstances such as reducing excess winter deaths. Furthermore, addressing the clear link between frailty and deprivation must remain a focus whilst delivering on the objective to ensure that people will die well and have a good death. This will need to be supported by person centred, holistic and accessible palliative and end-of-life care with personalised support for carers, families and friends.

Across all ages we must challenge the impacts of poverty, recognising the scale and effects of poverty on all communities, young and old. Working together we can mitigate these impacts on health and wellbeing outcomes and to support every child's journey into secure adulthood. This too, will ensure that the relationship between older and younger generations is defined by mutual support and compassion.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Strong, engaged and well-connected communities

Why is this important?

Connecting to our richly diverse communities across the city is vital if we are to address their health and care needs and improve health and wellbeing outcomes. The city's response to the pandemic highlighted what can be achieved when different organisations work together through communities to achieve shared goals. Harnessing the strength of these partnerships will remain crucial as we continue to tackle health inequalities in the coming years. This includes supporting diverse communities such as vulnerable groups, people in poverty, migrants, refugees and asylum seekers, the homeless and people with disabilities.

Pride in our communities and places are vital assets in a sustainable future for the city and its local centres. We know that whilst the Covid-19 pandemic demanded the use of digital platforms and tools for people to remain connected; this equally led to a hunger for more communities to connect with their friends, neighbours and fellow Leeds residents in person. Tackling loneliness and supporting people to keep well is vital with access to activities that are affordable, easy to get to and are balanced between in-person and digital. Access is also linked to stronger connections and making Leeds a city where people can connect with services when they need to remain important.

Work on this priority will be guided by the three Cs: Communication, Compassion and Coordination

By 2030 we will…

Have improved residents' access to digital equipment and the internet through superfast broadband.

To support strong, engaged and well-connected communities, we will build on the important work and approaches which have successfully led to transforming services and support for communities across Leeds. We will further develop the strength-based model of social work driving key work such as Street Support programme. Our well-established neighbourhood networks and the Asset Based Community Development (ABCD) approach will be vital too. Moreover, supporting digital inclusion remains important, building on the development of innovative ways to use digital to better connect people, including those living with dementia in Leeds.

Develop services that support people to access the right support when they need it, and to thrive using their individual and community assets. This will remain key in helping to reduce health inequalities in Leeds whilst also considering the impacts of the wider social determinants on people within localities.

Have reduced social isolation and loneliness, particularly where it is affecting vulnerable groups and people with high levels of need. We will commit to developing communities where no one is lonely, with diverse opportunities for people to live healthy, active and happy lives.

Support key enablers which connect our communities with a sustainable, affordable, inclusive and healthy transport network, and placemaking which encourages people to be physically active. They are crucial in enabling people to get around the city easily and safely and making it easier for people to access essential services such as health and groceries. Making it easy and safe for people to walk and cycle to services, core amenities, and facilities is not just good for health but essential for sustainable and local neighbourhoods too.

The focus of the Health and Wellbeing Board and partners will be to see progress informed by what people are telling us matters to them. This includes making Leeds a city where everyone can get around easily on public transport, no matter their location or mobility needs.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Improving housing for better health

Why is this important?

Housing plays a critical role as a wider determinant of health. Meeting the city's housing needs and providing high quality, safe, affordable homes in inclusive communities is a key priority. This will also mean we can support places where residents have close access to services and amenities. Improving housing for health is a key commitment in our plan to be a Marmot City and is a breakthrough project in our Best City Ambition. This demonstrates our strong city commitment to improve outcomes on this priority area which all partners will be key to helping deliver.

Proactive and preventative housing solutions support people to live independently and minimise preventable health and social care interventions, which need to be a key feature to improve people's health and wellbeing**.** The opportunities provided by innovative digital and technology

solutions will be increasingly significant too, not only in supporting people to be healthy and independent in their home but also in creating healthier living environments.

By 2030 we will…

Have made clear progress in ensuring that adaptations, minimising hospital admissions and streamlining hospital discharges are linked to housing needs. We will also ensure that key referral pathways for those affected by homelessness and mental health support are collaborative.

Have developed a whole system approach to supporting independence of children and young people, and adults as part of an integrated system to achieving cost-effective solutions and positive outcomes for people. Supporting diverse housing options tailored to individual needs will be a key element of this such as extra care housing. Supporting people to live in housing that can accommodate future support and care needs in an environment that promotes social inclusion and active independence will be important too.

Have made significant progress in addressing the impact of fuel poverty by improving health and wellbeing through increasing affordable warmth without increasing carbon emissions. Crisis intervention for vulnerable people in cold homes will also need to be a key part of tackling poverty and health inequalities.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Safe and sustainable places that protect and promote health and wellbeing

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Why is this important?

Health protection and promotion has always played a key part in tackling health inequalities. The response to the Covid-19 pandemic highlighted the vital role of our health protection system which responded rapidly and innovatively to an unprecedented and constantly shifting context. This also placed intense demands and disruption on key services, settings and workplaces across the city. As we continue to live with Covid, it is crucial that health protection and promotion continues to prioritise and work with communities most vulnerable to the impact of Covid-19.

By 2030 we will…

Have a Leeds health protection system which encourages people and systems to adopt safer behaviours and to build community resilience to any future pandemic. This will be by following public health advice, in common with longstanding ways of managing other infectious respiratory illnesses such as influenza or the common cold. The health protection system will also focus on wider prevention priorities such as the impact of poor air quality reducing the incidence of tuberculosis and excess winter deaths.

Enabling every community in the city to have safe, connected and sustainable spaces to access green spaces can improve mental and physical health across all ages. We must continue to provide a wide range of opportunities for people to access quality services. People being physically active in our green spaces is vital so that everyone can enjoy being active, no matter what their abilities or interests. This can also help to reduce the incidence and severity of conditions such as obesity, heart disease, diabetes, anxiety and depression in people of all ages and backgrounds.

We want Leeds to be a welcoming city, accessible to all where children and young people have safe spaces to play and have fun; and where older people feel safe too.

Achieving this priority means expanding the network of Safe Places across the city, where a person with a learning disability can go and ask for help if they are lost, frightened or in difficulty.

People with disabilities have a right to live in the community, to move around within it and to be able to access all the places available. To enable this, we must create places where people have safe and accessible facilities available which meets their needs.

We must remain committed to support victims and survivors including those who have experienced domestic violence and abuse, to have housing options where they can live safely and be supported. This will mean improving responses and increase support to victims and survivors with complex needs (especially mental health needs) in safe accommodation.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

A city where everybody can be more active, more often

Why is this important?

Embedding physical activity into everyday life provides a unique opportunity to contribute to improving the health and happiness of people, families and communities and can help to tackle deepening inequalities. We can reduce obesity, become more socially connected and recover better from health problems whilst also contributing to a healthier place, a greener city and a stronger local economy.

Physical activity levels in the city have been significantly affected by the Covid-19 pandemic. This has particularly affected specific groups disproportionally, including women, young people, disabled people, those with a long-term health conditions and ethnic minorities. 1 in 4 of all adults in Leeds are inactive, 1 in 3 older people are inactive, and only half of children have had the recommended one hour of physical activity a day. Inequalities have widened and lifestyle habits have changed – leading to less active and more sedentary hours.

By 2030 we will…

Have made significant progress in supporting the delivery of city's Physical Activity Ambition, focusing our efforts to address this challenging emerging pattern of physical inactivity and driving a radical cultural shift to increase physical activity over the long term.

It is important that people in Leeds feel they can be more active. A key element of this will be creating an environment where physical activity is the easiest choice to be active every day, working with people to understand the drivers affecting their physical activity levels.

It also means exploring and delivering innovative solutions to active travel with a whole system approach to health improvement and tackling health inequalities. Strong infrastructure, creative planning and behaviour change can help create active travel as an accessible, safer, healthier, more environmentally friendly option than driving. This crucially has the potential to address health disparities and deliver positive health and well-being outcomes for people in Leeds, including in the communities which face the most social and economic challenges.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

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A strong economy with good local jobs for all

Why is this important?

Leeds has seen a significant increase in the number of people in the city who live in areas that are ranked in the most deprived 10% nationally. More than 70,000 adults are facing in-work poverty. Economic inactivity nationally is also on the rise significantly affecting people over 50 and highlighting the need to improve employment outcomes for all, including refugee and asylum seekers, people with mental health, learning disabilities and physical health problems.

A good job is really important for good health and wellbeing of working age people. Focusing on improving people's health and wellbeing is key to delivering an economy that works for everyone and where the benefits of economic growth are distributed fairly across the city, creating opportunities for all. This will include raising the bar on inclusive recruitment, better jobs, and healthy workplaces. It will mean encouraging people who have been economically inactive back into the workplace; maximising employment and skills opportunities; developing clear talent pipelines and supporting good quality careers education.

Leeds economy has many strengths including our digital health, medical technology, and health data sectors, supported by a wealth of talent and a huge concentration of innovative organisations, which means we are well placed to develop as a location of choice for health and social care businesses. Our key health and care institutions will also be vital to driving inclusive growth in the city. The Innovation Arc vision is a key example of this - a series of innovation neighbourhoods, formed around the city's natural anchors of our main universities, the proposed adult and children's hospitals, and major private sector partners.

By 2030 we will…

Have built on our thriving partnerships in the city, utilising the strong network of organisations such as our Leeds Anchor Institutions Network, where partners share a commitment to using their place-based economic, human and intellectual power to better the long-term welfare of their local communities. Specifically supporting the joined-up work with a targeted approach to economic and health interventions in the most socially and economically challenged communities will be vital.

We must also do all we can to continue to promote the health and wellbeing of the workforce and reduce social inequalities through how people are employed. We will build on successful projects, such as the Lincoln Green project which linked employment opportunities to people living in their local areas, the One Workforce programme, and the Leeds Health and Care Talent pipeline. All will be key to delivering an economy that is accessible for all.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Maximise benefits of world leading research, innovation and health and care technology

Why is this important?

Leeds has an ambition to deliver growing cross-city research capacity and making Leeds a test bed for innovation and new technologies, including in health and care and the delivery of a just transition to net zero. New technology can give people more control of their health and care and enable more coordinated working between organisations. Advances in research, innovation and technology also enable us to better understand the causes of ill-health, strengthen diagnosis of medical conditions, and develop more effective treatments. This will further contribute to tackling

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health inequalities by enabling us to focus innovation on improving the health of the poorest the fastest

By 2030 we will…

Have made further progress in delivering our place-based and person-centred approach. This will be focused on integrating healthcare and wider services in every community across the city supported by key organisations across sectors. The NHS, council, VCSE organisations and key partnerships such as the Leeds Academic Health Partnership will all be vital to achieve the best outcomes for local people.

So that we can ensure the best start in life, we will utilise modern data technologies and techniques to understand what determines a person's health, life chances from birth through to old age and improve service delivery. To support people to live and age well, we will work to deliver health and wellness services tailored for individuals and ensuring that people's information follows them through their journey regardless of the organisation they are interacting with. To have a city which works well, we must deliver 21st Century connectivity and infrastructure that provides the backbone for world-class service delivery. We will achieve this by building on existing collaborative work and improving information flow between organisations. This will create a thriving digital community, modern infrastructure and skilled workforce which will attract new and established businesses to Leeds.

We must also support and empower people to effectively manage their own conditions in ways which suit them. This means continuing to support digital inclusion and enabling people to be more confident to access their information and contribute to their records.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Promoting prevention and improving health outcomes through an integrated health and care system

Why is this important?

In Leeds, we have focused on early intervention and have developed and sustained prevention approaches over time, which has helped to deliver improved outcomes and excellent services for people across the city. This can also support in improving healthy life expectancy and narrowing the health inequality gap.

Investing and scaling up prevention and using asset-based approaches to build community capacity, must continue to be at the centre of our approach to tackling poverty and health inequalities. This approach focuses on what people can do, not what they can't.

Our health and care needs are changing: our lifestyles are increasing our risk of preventable disease and are affecting our wellbeing. Whilst people living longer is a positive development it also brings with it specific health and care challenges, with more multiple long-term conditions like asthma, diabetes, and heart disease, and with avoidable and unfair differences in health between different groups of people increasing.

By 2030 we will…

Have further developed our whole city approach driven by all partners to promote wellbeing and preventing ill health. The refreshed Healthy Leeds Plan will be a key component in helping to deliver this.

There are some specific areas where we can make a really big difference to prevent ill-health and deliver actions to reduce the causes, leading to improvements in health lifestyles. We need to maintain a continued focus on healthy diets, stopping smoking and harmful drinking.

Building on the strong foundation of key work such as the outstanding Forward Leeds drug and alcohol treatment service in Leeds will help to drive progress on this priority. There will be further opportunities in the additional funding to the city's Drug and Alcohol partnership to support adults and young people who are struggling with drugs and alcohol issues, through dedicated prevention, early intervention, and tailored programmes.

Supporting investment in evidence-based prevention services where we know this will improve health outcomes is essential, particularly in the most socially and economically challenged parts of the city. So too is investment in areas that deliver greater prevention across disease pathways and targeted prevention programmes. These help to promote healthy ageing, supporting people known to be at high risk of developing long term physical and mental health conditions.

The way we work together as one integrated health and care system in Leeds will also be key to delivering improved health and wellbeing outcomes for everyone across the city. The recent development of our integrated care partnership in Leeds provides a great opportunity to build on the strengths of existing Team Leeds approach and partnership principles to tackle health inequalities.

How we look at people's health is also guiding how we reduce health inequalities across the entire population, over the whole life course, and also recognising the influence of the determinants of health. This approach understands people have different needs, and what good health looks like varies between people. We will look at the population of Leeds as a few defined groups of people who have similar health and care needs. By looking at our population in this way, we can better understand what people need to address the challenges they face. We can also tailor better care and support for individuals and their carers, design more joined-up and sustainable health and care services and make better use of public resources to the benefit of people and communities.

This approach will be key to helping deliver key ambitions like delivering the best in cancer care for the people of Leeds. 1 in 2 people will develop some form of cancer during their lifetime. In Leeds 4,100 people are diagnosed with cancer each year. As an integrated system we will work with all communities to ensure that everyone affected by cancer has access to the same high-quality care with more cancers being diagnosed earlier.

In key areas where we want to see better health outcomes like cancer, learning disability and neurodiversity, maternity and end-of-life care, the city's Population Boards will play a key role. These Boards will ensure key partners are involved in designing new ways of working which will improve health and wellbeing and ensure decisions are coordinated to improve every aspect of health and care. Population Boards will include doctors, public health experts, charities, the local council, and health system leaders who are responsible for improving the population segment's health and wellbeing.

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A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

An inclusive, valued and well-trained workforce

Why is this important?

We have a highly motivated, creative and caring workforce in our city, working hard to deliver high quality care for people in Leeds. Our health and care workforce were at the frontline of our city-wide response to the Covid-19 pandemic. As we move into the next phase of integrated health and care and rebuild from the pandemic, they will remain key to help deliver change and support the best possible health and wellbeing for the people of Leeds.

We have 62,000 people who work in health and care in Leeds and we want to further progress in making Leeds the best place to train and work in at any age. The Leeds Health and Care Academy, in partnership with our local schools, colleges and universities will play a central role in developing focused interventions that promote social mobility across the life course and widen opportunities for working in health and care.

By 2030 we will…

Be progressing our work to deliver for everyone in Leeds by working with communities. We will be providing opportunities for skills, jobs and wealth creation. We will be engaging and recruiting those in our communities facing the most social and economic challenges and inspiring the next generation of the health and care workforce.

The One Workforce approach in Leeds health and care is a key element of ensuring no part of our health and care workforce is left behind and is based on common purpose and deep partnership working. Joint planning and connecting care closer to home in a stable way for the wider workforce will be key to driving this approach. So too will be addressing gaps in services through attracting, training and recruitment, and removing barriers to enable new models of service delivery. We must also remain committed to learning together to ensure our workforce is delivering 21st century care, helping to ensure we will achieve our workforce ambitions in Leeds.

This must further focus on how the type of job roles and ways of working shift in focus to prevent ill-health, narrow inequalities in the workforce and improve health and wellbeing. City-wide workforce analysis and planning will also be key to better enable us to deliver our shared workforce priorities responding effectively to the needs of the future in a changing health and care system. Better data sharing and building capability across our city must be part of this approach.

Valuing our health and care workforce also means supporting their health and wellbeing. From GPs, nurses, cleaners, receptionists, social workers, care home and home care staff, third sector workers – all must be supported to ensure we have a healthy and well-trained workforce. These workers are part of the city's health and care system and who are the first to come into contact with people accessing services. It is vital these groups are supported to work in a healthy and safe working environment and to maintain their own physical and mental health and wellbeing.

We want to see a truly inclusive workforce free from discrimination, that reflect the communities that we serve, and to benefit from the perspectives and skills that our richly diverse population brings to the workplace.

We further need to ensure that our future leaders reflect this diversity and build on pioneering work already underway in the city such as delivering the Workforce Race Equality Standard across children's and adult social care.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

Support for carers and enable people to maintain independent lives

Why is this important?

In Leeds, we know that people are ageing with multiple long-term health conditions. There is also an increase in the likelihood of having more than one long-term condition in the most socially and economically challenged parts of the city.

Cases of diabetes, respiratory disease, dementia and cardiovascular disease will continue to increase as the population of Leeds grows and ages.

Carers, including unpaid carers, continue to play a vital role in supporting people across the city. It is estimated that Leeds has 75,000 carers which is around 1 in 10 people. Carers come from all walks of life, all cultures and can be of any age. Being a young carer can affect school attendance, educational achievement and future life chances. Carers are more likely to have a long-term physical or mental health conditions and we know that unpaid carers have been particularly affected by the Covid-19 pandemic with increased time spent caring and fewer opportunities to take breaks.

By 2030 we will…

Be delivering an approach which continues to focus on the way care is provided to enable people to better manage their own health conditions. We must focus on supporting people to maintain independence and wellbeing within local communities for as long as possible. Supporting people through a crisis can also have a transformational impact, really helping them to flourish.

Care must be person-centred, coordinated around all of an individual's needs through networks of care rather than single organisations treating single conditions. To have more active involvement in health and care we all need to make the most appropriate use of services. This means having better and more coordinated and inclusive information, which will make it easier for people to access the services they need, when they need them by.

We will also need to improve the way we identify carers including unpaid carers and must recognise, value and support carers, putting them at the heart of everything we do.

This means that in order to reduce the health inequalities that carers experience due to their caring role, we must support shared aims and values. This is supported by taking a strong partnership approach to ensure that carers in Leeds stay mentally and physically healthy for longer.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

The best care in the right place at the right time

Why is this important?

The integration of care in the community is crucial. The transformative potential of organisations working together at a neighbourhood level to meet local needs has been emphasised further with the Covid-19 pandemic.

Outcomes for people can vary depending on where, when and how they are supported. We know that getting the right help and support at the right time can help people to manage their daily lives as independently as possible. Delivering the right type of care can address people spending more time in hospital than they need.

By 2030…

We will be further delivering population–based, integrated models of care with services which meet local needs. These services will be supported by multidisciplinary teams which help to achieve more independent and safe outcomes and help more people stay at home, whilst improving the experience for people, carers, and staff.

Better, integrated and co-ordinated partnerships and approaches supported with co-operation; communication and coordination can also help in getting people back home after a hospital stay. Rooted in neighbourhoods and communities, with coordination between primary, community, mental health and social care. They will need to ensure care is high quality, accessible, timely and person-centred. Providing care in the most appropriate setting will ensure our health and social care system can cope with surges in demand with effective urgent and emergency care provision.

Building on models like Local Care Partnerships (LCPs) will be vital. LCPs include a range of people working together, regardless of the employing organisation, to deliver joined-up collaborative care that meets the identified population's needs. Each partnership includes statutory organisations, third sector (community groups) and elected members, alongside local people, to develop services that support people to access the right support when they need it and thrive using their individual and community asset.

Population health management must also be key to driving proactive, data-driven approaches. This will help inform the way we provide health and care support for local people, whilst also, tackling some of the biggest health priorities. Through targeted interventions to prevent ill-health we can improve the care and support for people with ongoing health conditions.

A clear action plan to deliver this priority will be developed with the Health and Wellbeing Board and relevant partners.

A mentally healthy city for everyone

Why is this important?

Our vision for Leeds is to be a mentally healthy city for everyone. The impact of the Covid-19 has exacerbated the mental health challenges in the city. People living in poorer parts of Leeds are more than twice as likely to experience anxiety and depression but are least likely to complete treatment for these types of conditions. Rates of both suicide and self-harm admission (being cared for in hospital) are also higher in poorer areas of the city. The highest rates of suicide are found in middle aged men, and girls and young women have the highest rates of being admitted into hospital because of self-harm. We also know that ethnic minority communities in the city are more likely to be admitted into a mental health setting in crisis.

Good housing and employment, opportunities to learn, financial inclusion and debt are all key determinants of emotional wellbeing and good mental health. Improving mental health is everyone's business. It will take the collective determination of all strategic partners, businesses and communities to help achieve the city's vision.

By 2030 we will…

See significant progress in progressing positive outcomes in people's mental health across all ages including through the work of the city's breakthrough project on promoting mental health in the community and building on the Leeds Mental Health Framework. This will also in part be delivered through the Leeds Mental Health Strategy and focus on improving services alongside other key strategies and action plans like The Leeds Future in Mind Strategy. This co-ordinates work to promote emotional wellbeing, and to prevent and treat mental health problems in children and young people.

Targeted mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm will be at the centre of our focus over the coming years. We will also work together with partners to reduce over-representation of people from ethnic minority communities admitted in crisis.

Education, training and employment will also be more accessible to people with mental health problems.

Improving transition support and developing new mental health services for 14- to 25-year-olds will also be vital alongside all services recognising the impact that trauma or psychological and social adversity has on mental health.

Timely access to mental health crisis services and support and ensuring that people receive a compassionate response will further help to deliver this priority.

Support older people to access information and appropriate treatment that meets their needs and to improve the physical health of people with serious mental illness.

Working together we can help to realise a city where people of all ages and communities live longer and lead fulfilling, healthy lives.

A clear action plan is in place to deliver this priority through the Mental Health Strategy Delivery Group and will be linked into the Health and Wellbeing Board and relevant partners.

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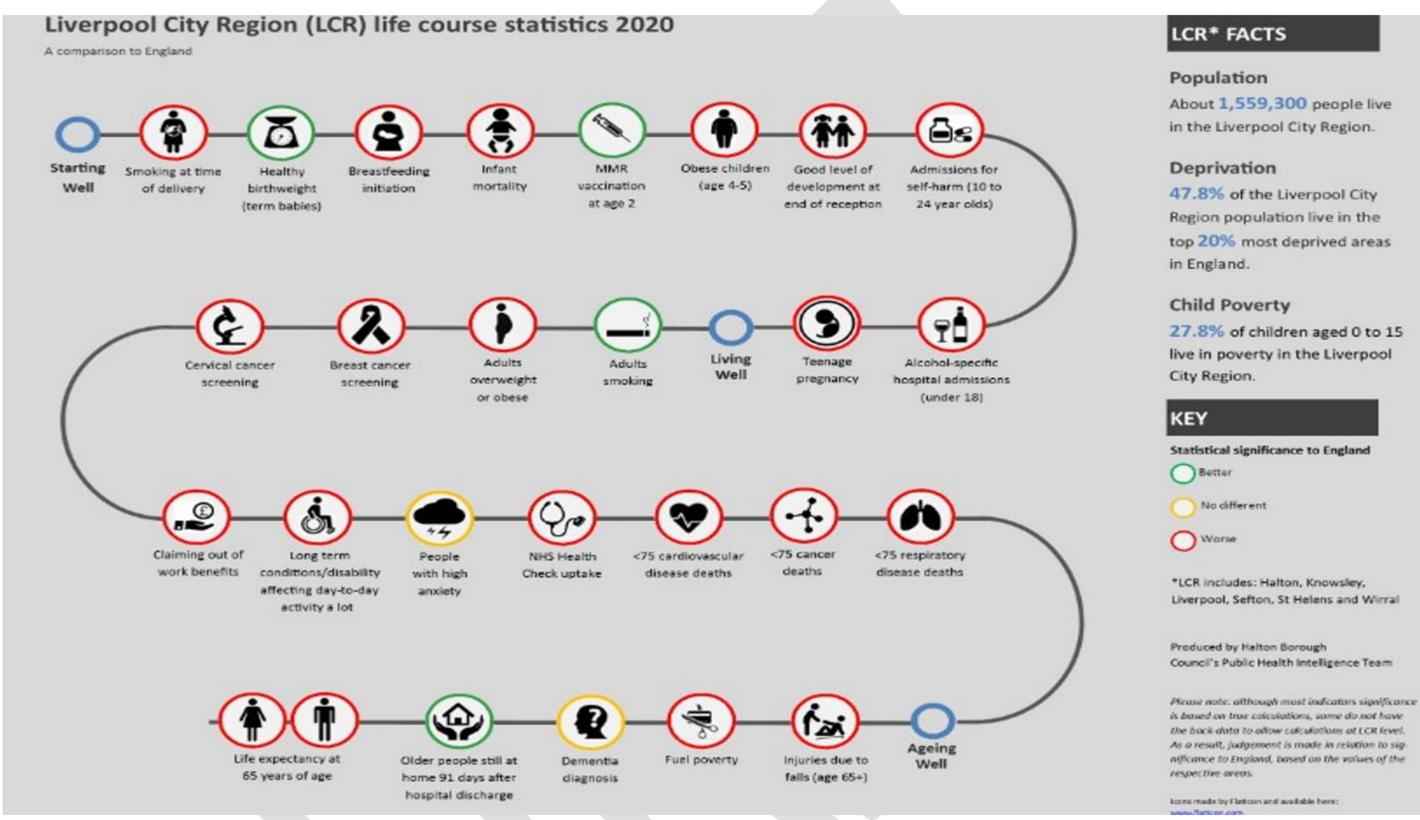
How will we know we are making a difference?

Measuring progress of our 12 priorities

- *Single page describing indicators presented as part of life-course approach in strategy*
- *Presented similarly to Liverpool City Region infographic example below*



Health and Wellbeing is everyone's business

Leeds Health and Wellbeing Board:

- Provide leadership and direction to help and influence every partner and stakeholder in Leeds to achieve the 5 outcomes for all people and communities in the city.
- Further embed the Board's city-wide expectation to ensure the voices of everyone in Leeds are reflected in the design and delivery of strategies and services.
- Provide a public forum for decision making and engagement across health and wellbeing.
- Continually ask what we are all doing to reduce health inequalities, create a sustainable system and improve wellbeing.

People

- Take ownership and responsibility for promoting personal health and wellbeing.
- Be proactive and confident in accessing services which are available.
- Get involved in influencing and making change in Leeds.

Local communities:

- Support vulnerable members of the community to be healthy and have strong social connections.
- Take ownership and responsibility for promoting community health and wellbeing.
- Make best use of community assets and leadership to create local solutions.

Other Boards and Groups

- Work closely and jointly with partnership boards and groups to support the priorities of the Leeds Health and Wellbeing Strategy.
- Create clear action plans and strategies which help achieve specific priorities and outcomes of the Leeds Health and Wellbeing Strategy.
- Promote partnerships wherever possible, working as one organisation for Leeds.

Health and Care organisations

- Provide and commission services which support the priorities of the Leeds Health and Wellbeing Strategy.
- Make plans with people, understanding their needs and designing joined-up services around the needs of local populations.
- Provide the best quality services possible, making most effective use of 'the Leeds Pound' - our collective resource in the city.

How to get involved

The Health and Wellbeing Strategy will be a live document which will be shaped by what partners, people and communities are telling us. This will ensure that we can respond to any new or emerging developments which will influence achieving our ambition and vision.

There are loads of ways that you can get involved with the work of the Health and Wellbeing Board. Listening to the community and hearing about the experiences of people's health and

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wellbeing is vital to the Board. Detailed below are some of the ways you can get involved with the Board.

- Asking questions to the Health and Wellbeing Board
- Social media
- Public Engagement e.g. via Big Leeds Chat/How does it Feel for Me?

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West Yorkshire Health and Care Partnership

West Yorkshire Integrated Care Strategy

(Easy read, plain text, audio and BSL versions to follow on final draft)

Examples, case studies and infographics to be added and finalised

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Foreword (TO ADD):

Councillor Tim Swift (Chair of the Integrated Care Partnership)

Rob Webster (Lead Chief Executive for the Integrated Care System)

Introduction

Proud to be a partnership

Our Partnership has existed since 2016. It was established on the fundamental belief that working together towards common goals rather than competition is the best way to join up services to meet people's needs, tackle inequalities and improve outcomes.

Over this time we have built close collaboration with partners such as the voluntary and community sector, universities, the West Yorkshire Police, the Combined Authority and the housing sector. These partnerships allow us work together on the things that matter for peoples health and wellbeing. Our previous strategy was published in March 2020 and included our 10 big ambitions for health and care, delivery of which are dependent on the strength of these relationships.

During the COVID-19 pandemic we witnessed the best of the health and care service. We rapidly changed working practices so that we could safely treat people with COVID-19 whilst supporting peoples ongoing needs; we significantly increased capacity to deal with the peaks of infection and severe illness; and we delivered the biggest vaccine roll out in our country's history. All of our teams across the health, care and voluntary and community sector pulled out all of the stops to keep people safe and well.

The demand for health and care has been rising over time, as a result of an ageing population and more people with multiple long-term conditions. The pandemic further increased demand for health and care services, as well as disrupting what could be safely be provided to the risk of transmission. This now means the pressure on services is higher than ever. People who need an operation are waiting longer than any time in the past 15 years, and the accessibility of services such as primary care and urgent care is not as good as we would like it to be. These challenges will be further exacerbated by the significant pressure on funding and workforce pressure on the social care sector.

This is the challenge that our Integrated Care System must now address, by focusing on prevention and proactively supporting people to stay well at home; and secondly by arranging services in a way so that people receive care from the right people in the most appropriate setting. This will mean multidisciplinary teams working together to organise care around people and their families, and professional and organisational barriers being broken down.

Whilst these challenges are significant, we believe that collaboration at all levels in the system is the best way of tackling them. Our Partnership acts as a strategic influencing voice at regional and national levels for our populations who live, work or study in West Yorkshire in relation to health and wellbeing. This strategy describes how we will do this, and the ambitions we hope to achieve.

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Integrated care partnerships

The Health and Care Act 2022 introduced new legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people. As part of the new statutory arrangements, the Act describes how 'Integrated Care Partnerships' (ICPs, for West Yorkshire this is our Partnership Board) will bring together a wider range of partners, not just the NHS, to develop a strategy to address the broader health, public health, and social care needs of people and communities.

'Joining up care for people, places and populations', the government's proposals for health and care integration published on 9 February 2022 has signalled the importance of integrated 'place' level working towards a common set of locally agreed outcomes. This is something which is at the heart of our existing plan and the way in which we work as a Partnership.

The Health and Care Act also sets out how ICPs should develop an Integrated Care Strategy to set the direction of the system and to show how they intend to deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life.

The West Yorkshire Health and Care Partnership

West Yorkshire Health and Care Partnership (the Partnership) is a large integrated care system (ICS) that supports 2.4 million people, living in urban and rural areas. 770,000 are children and young people. 530,000 people live in areas ranked in the most deprived 10% of England. 20% of people are from minority ethnic communities. There are an estimated 400,000 unpaid carers, as many don't access support. Together we employ over 100,000 staff and work alongside thousands of volunteers.

Our ICS is made up many different organisations and collaboratives across West Yorkshire, including our Partnership Board which is the Integrated Care Partnership for West Yorkshire. It also contains the NHS West Yorkshire Integrated Care Board (WY ICB) which is the statutory NHS organisation responsible for developing a plan in collaboration with NHS trusts/foundation trusts and other system partners for meeting the health needs of the population. These are all supported by organisations working together across all services.

Our work begins in the neighbourhoods across West Yorkshire, keeping people, families, the health and care teams that support them within local communities at the centre of everything we do. Our five local places (Wakefield, Leeds, Calderdale, Bradford and Craven and Kirklees) support this work, coming together as partners in the place to meet the needs of local populations. An infographic of the system sets this out below:

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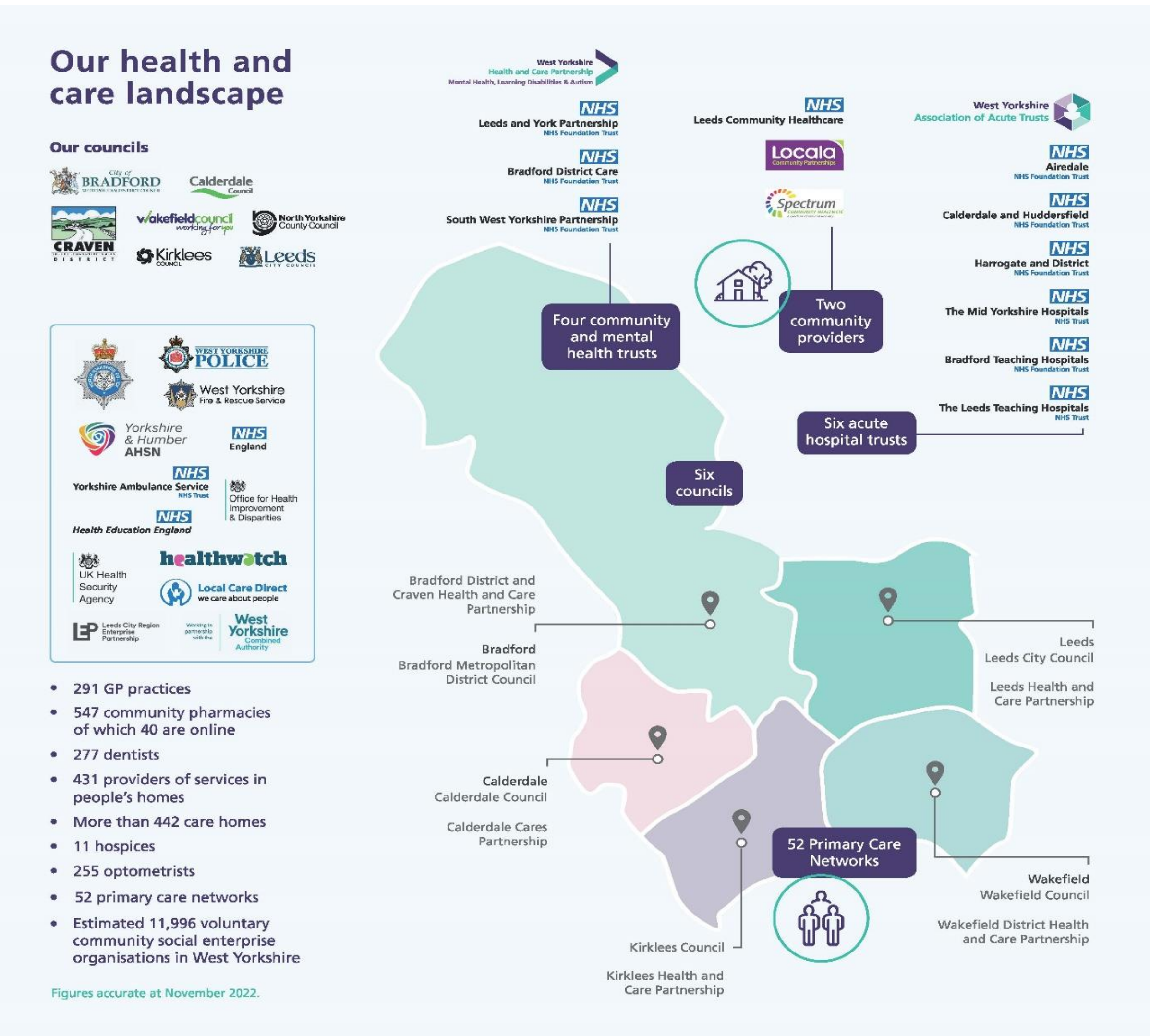


Within the Partnership we have many partners working together across the NHS, local authorities, the voluntary community social enterprise sector (VCSE), Healthwatch, hospices, and wider public sector organisations. We come together to better join up integrate health and care, to tackle health inequalities and to improve health and wellbeing for everyone.

We also come together in partnership with some of our wider partners like the West Yorkshire Mayor, the West Yorkshire Combined Authority, Local Resilience Forum and universities to maximise resources, for example buildings, skills and expertise and to work together for a common purpose of reducing health inequalities we know exist.

The West Yorkshire Health and Care Partnership (our Integrated Care System), published 'Better Health and Care for Everyone: Our Five Year Plan' in March 2020, setting out how we work together to give everyone in West Yorkshire the very best start and every chance to live a long and healthy life.

Since its publication, the context and focus for our work has changed significantly. Whilst we have made good progress across a range of areas in our strategy, the COVID-19 pandemic and cost of living crisis has meant that our Partnership has

necessarily needed to shift its focus away from our long-term ambitions, to more immediate operational pressures.

The scale of challenge has also increased in a number of areas, most notably the widening of inequalities, increasing levels of trauma and adversity and mental health difficulties and the ongoing impact of poverty.

Responding to this changing context, we have refreshed our existing five-year strategy to develop this new strategy. Putting people at the heart of the strategy, it is built from our Health and Wellbeing Strategies for our five places. These have been developed to respond to and are informed by their local Joint Strategic Needs Assessments (JSNA). This strategy sets out where there is opportunity and need to address an issue at a West Yorkshire level. We do this through our three tests:

- Sharing good practice across the Partnership
- Working at scale to ensure the best possible health outcomes for people
- Working together to tackle complex issues

Our vision

Our Partnership has an agreed vision for the future of health, care and wellbeing in West Yorkshire, where all partners are working together so people can thrive in a trauma informed, healthy, equitable, safe and sustainable society. We want to help people live well and stay healthy for as long as possible, and if they have mental health or physical problems, they can easily access services that meet their needs in a safe, sustainable and trauma informed way.

Places will be healthy. We will work in partnership to prevent ill health by improving the physical environment where people live and work. Places will be supportive of good health by having access to healthy green and blue spaces that provide safe spaces for outdoor activities and exercise and are biodiverse with good air quality. We aim for this to be the case for this and future generations.

You will have the best start in life so you can live and age well and die in the place of your choosing. We will work to make sure you are not disadvantaged by where you live, your background, gender or ethnicity. We will focus on supporting you to stay healthy and prioritise approaches of preventing trauma, adversity and ill health, delaying onset of disease and reducing the impact of long term-conditions.

There will be a culture of prevention across the partnership, making this everyone's business. This will include primary, secondary and tertiary prevention alongside the determinants of health and a focus on reducing health inequalities and the impacts of climate change.

If you have a long-term health condition **you will be offered trauma informed personalised support to self-care**. This will include peer support, technology and communities of support from people like you.

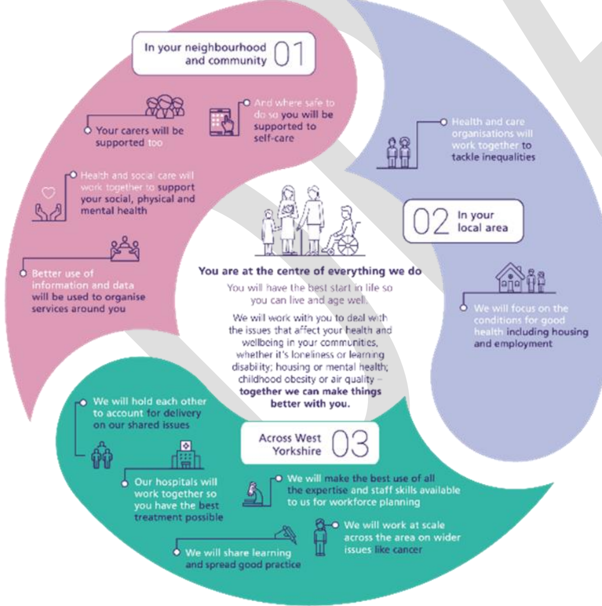
If you have multiple health conditions, **you will be in a team with your GP, community care staff, social services and voluntary and community organisations including community pharmacy working together.** This will involve you, your family and carers, the NHS, social care and community organisations. All working on what matters to you.

If you need hospital care, it will usually mean that your local hospital, which will work closely with others, will give you the best care possible.

Local hospitals will be supported by centres of excellence for services such as cancer, vascular (arteries and veins), stroke and complex mental health. They will deliver world class care and push the boundaries of research and innovation.

All of this will be planned and paid for once between the NHS, local councils and community organisations **working together and removing artificial barriers to care.**

Our people and communities will be involved in the design, delivery and assurance of services so that everyone truly owns their healthcare.



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Our objectives and ambitions

What we've heard from people in West Yorkshire

Listening to what people and communities tell us is important to them has been central to the development of all work, including this strategy. As a Partnership we have a continual dialogue with the people of West Yorkshire, supported by Healthwatch partners as set out in our Involvement Framework and the work of our local places.

As part of the development of this strategy, a number of reports summarising what people are telling us is their experience of health and care have been produced. This includes a Healthwatch Insight Report published in August 2022, a mapping report published in May 2022 setting out involvement and consultation activity across West Yorkshire and lastly a further mapping report from across the Partnership which provides oversight of engagement in all other areas of work.

There are a number of themes which have been raised over the last year (2022) as a result of these discussions in relation to healthcare across West Yorkshire. The changing context has in many cases placed a new emphasis on some of the themes and more recently the cost-of-living crisis has been an escalating issue.

Access to primary care remains a key area of concern. Primary Care is considered the front door to the wider health and care service and many feel let down when they can't access their GP in a way that works for them. There is a deep concern that this has a detrimental impact on their health and wellbeing.

Access to dentistry services continues to be an issue raised for both children and adults. This is both in terms of being able to register with an NHS dentist and access to appointments and treatment when registered. It was also raised that access to urgent dental care was not as responsive as needed.

Of increasing concern is the **cost-of-living crisis** which continues to escalate and impact on peoples' lives. This impacts significantly on the ability to make choices that positively impact their wellbeing, such as accessing healthcare, undertaking activities that support mental wellbeing, eating healthy nutritious food and being able to live in warm, safe housing. These challenges are having a particular impact on those who are living with social disadvantage, serious illness, addictions and those people who are carers. We know that suicide rates rise during times of economic recessions and financial exclusion is a significant risk factor in suicide deaths.

There continues to be concern around **accessing support for mental health** in a timely manner, an issue which has increased with the impact of the pandemic. Of significant concern is access to support for our children and young people and the level of support for children who are waiting for assessment for, or have been diagnosed with, autism. Self-harm rates are rising, and the people we are supporting

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with mental health issues are becoming more unwell, more quickly than they have previously.

We know that the pandemic has led to significant **delays in treatment,** particularly for planned care services and people are telling us that this is causing a deterioration in their physical, mental and emotional health. The impact of this is also extending to family members and carers.

The choice people have in **accessing care that is right for them** highlighted concerns about digital exclusion with many appointments and support moving to online. Many of our population do not have access to digital technology or have additional challenges in using it. This was particularly a challenge for people with learning disabilities

Negative experiences of **quality of care** are starting to emerge in some care settings. Whilst it is acknowledged that this is in part due to challenges arising from the pandemic in terms of staff shortages, it is still important to be treated with care and compassion. We know that children and young people from ethnic minority backgrounds and those in more deprived areas with diabetes have consistently poorer blood sugar control. We also recognise that there is a variation in access to digital technology such as continuous glucose monitoring.

The four strategic objectives of our Integrated Care System

Our strategy is centred around our four strategic objectives which set out the core purpose of our ICS. These are:

Our ambitions for the people of West Yorkshire

Improving outcomes in population health and healthcare

We will increase the years of life that people live in good health in West Yorkshire

Health inequalities are avoidable and unjust differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worse off experiencing poorer health and shorter lives.

To achieve this ambition, we will take a trauma informed whole systems approach, that addresses the conditions people live in and recognises the importance of the wider determinants on the health and wellbeing of the population.

This will also require a strong focus on preventing trauma, adversity and ill health by addressing the root causes for health harming behaviours - including tobacco, alcohol, drugs and gambling, in a joined-up systems approach.

A focus on reducing health inequalities for the partnership will aim to address some of the preventable differences that contribute towards inequalities. Working as a partnership we will consider variations in; risk factors for ill health, early diagnosis and screening and access to effective support – all of which contribute towards inequalities in health outcomes.

We will aim for early identification of risk factors and long-term conditions so that we can act early and, prevent or delay onset or progression of different health conditions. We will also focus on key areas that contribute most to the years of life lost or lived in ill health, such as cardiovascular and respiratory diseases, cancer and suicide.

The work we are undertaking to mitigate the effects of poverty and the cost-of-living crisis will have an impact on quality of life, prevention of ill health and timely access to health and care services.

Access to good quality health and care services continues to be a challenge for the population of West Yorkshire as we recover from the pandemic. Whilst our primary care services continue to provide more appointments than pre-pandemic we know that public satisfaction with access to services has deteriorated significantly. We continue to work collaboratively to provide timely and appropriate services.

Our hospitals are also working hard to recover from the impact that COVID has had on our diagnostic and elective care services.

By 2024 we will have increased our early diagnosis rates for cancer

Our work on enabling the transformation of cancer services in West Yorkshire is coordinated at a system level, via the West Yorkshire and Harrogate Cancer

Alliance, which is hosted by the NHS West Yorkshire Integrated Care Board (WY ICB). Cancer Alliances are non-statutory bodies which bring together clinical and managerial leaders from different hospital trusts and other health and social care organisations, to transform the diagnosis, treatment, and care for cancer patients in their local area.

Our local Cancer Alliance has an ambition to bring local partners together to deliver better outcomes and focusses on being empathetic, being honest and driven, being people focussed (including a focus on the cancer workforce) and being role models for effective collaboration. They help to oversee the cancer components of the NHS Long-Term Plan and the merger between nationally set priorities for transformation and locally derived need.

They work on a co-production model with patients and service users to ensure that our priorities and ways of working are informed by the experiences of people who are using cancer services. This is critical to ensure that patient experience of care is treated with parity of esteem around what care is delivered.

The Cancer Alliance works together with colleagues across all our West Yorkshire places, and Harrogate, to ensure that we are taking decisive action across the cancer pathway. This includes improved primary and secondary cancer prevention; better population awareness; promoting earlier diagnosis; achieving better treatment access including to new therapies and innovations; and adopting a person-centred approach both to follow-up, and end of life care where needed. They also work closely with partners involved in delivering the other ambitions, so that our work is joined up and connected for the common benefit of the people we serve.

We are clear why work to transform cancer care is important. In the future, it is estimated that one in two people could be diagnosed with cancer in their lifetimes, with four out of ten cancers being avoidable if we can achieve changes to lifestyle including healthier weight; safe sun care; reduced tobacco consumption; avoiding alcohol and substance misuse; and acting on wider determinants of health status, including air quality. The burden of cancer is one of the most significant faced by the West Yorkshire ICB and will be across the duration of this and subsequent planning strategies. Overall, cancer outcomes remain poorer than international comparators, and are strongly associated with wider prevailing health inequalities experienced across West Yorkshire.

Progress against our cancer ambition since 2020 has been good but we know that the data we have is usually around two years in arrears.

We know that:

- The net number of referrals into our local cancer services, including reduced volumes during the acute phase of the pandemic has closed.
- Almost all reduced treatment activity has been recovered on the same measure.

- The number of patients coming forward and being assessed for cancer symptoms has grown significantly since 2018, as has the number of patients being treated for cancer.

We have also made some good progress with our partners on encouraging uptake of the bowel cancer screening programme through local awareness raising campaigns and the activities of our public health, screening, and primary care network partners. Cancers detected via screening programmes are often at an earlier stage (and are therefore commonly more treatable).

We will reduce suicide by 10% across West Yorkshire by focusing on health inequalities, achieving a greater understanding of impact of inequality on suicide, so that suicide prevention becomes everyone's business.

Every death by suicide is devastating and can have a lifelong impact, with each death impacting 135 people on average. Suicide is our biggest killer of both men under 50 and young people. Suicide is one of our partnership's wicked issues, with no easy solution that one person/organisation can complete on their own.

Office for National Statistics data shows that despite a focus on prevention in recent years, suicide rates have not reduced. We need to work together to do something differently if we want to change this picture over the next five years. In order to achieve our collective ambition on suicide prevention, all partners have a part to play.

Our vision is to collaborate and create a movement for change - this will make suicide prevention everyone's business. We have adopted a zero-suicide approach where we believe that even one death by suicide is one too many. We have collaborated on a West Yorkshire suicide prevention strategy, which complements place-based suicide strategies and plans and has 13 core evidence-based themes on which we'll focus our work in the coming years:

We acknowledge that there are national and international factors, some of which are beyond our control, which may impact suicide rates. For example, Government policy, the economic climate and worsening poverty, widening inequalities and discrimination, harmful content online, the gambling industry and its regulation, and the climate crisis each have an impact. In order to mitigate these impacts, we need to:

- Invest in inclusive and preventative measures locally, including becoming a trauma informed system
- Ensure that suicide prevention is embedded across all organisations, eliminating stigma
- Build everyone's skills and confidence to recognise and address adversity and trauma, which is closely linked to suicide
- Improve and learn from evidence

- Provide inclusive and compassionate support for all people affected by suicide
- Support people with core risk factors for suicide

West Yorkshire Health and Care Partnership will work together to prioritise suicide prevention, creating a paradigm shift that makes suicide prevention everyone's business. Every organisation in the partnership will take demonstrable action on suicide prevention.

We will achieve at least a 10% reduction in anti-microbial resistant infections by 2024

We know that the Northeast and Yorkshire region has the second highest antibiotic rates in England. All parts of West Yorkshire are prescribing over the national target in relation to antibiotic prescribing. Whilst the number of people presenting with infection reduced during the pandemic, data is currently telling us that prescribing is now increasing back towards pre COVID 19 rates.

Whilst the burden of infectious disease is known to disproportionately impact vulnerable groups, the evidence base for the burden of antibiotic-resistant infections is sparse. However, we do know that rates of prescribing are much higher in highly deprived areas. We are working to understand this in order, to develop actions to redress this trend.

A priority for our strategy will be sharing expanding successful work in this area across West Yorkshire. The Leeds 'Seriously' campaign to raise awareness of antibiotic resistance is a good example of where positive campaigns can have success.

One of the main priorities for our WY Anti-Microbial Resistance Board is to reduce Gram-negative bloodstream infections caused by E. coli and reduce inequalities related to E. coli bloodstream infections. This work will be set out in our delivery plans.

We will achieve a 50% reduction in stillbirths, neonatal deaths, brain injuries and a reduction in maternal morbidity and mortality by 2025.

The West Yorkshire Local Maternity and Neonates System (LMNS) covers West Yorkshire and Harrogate and supports a number of Maternity Voices Partnership (MVP) groups across our system to transform our maternity services together. The MVPs are a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care.

The LMNS has already implemented seven of the initial immediate and essential actions from the Ockenden Report and each trust is currently being measured against these. The remaining issues raised from the report will be considered alongside the Independent Investigation into East Kent Maternity Services report,

with a further set of recommendations expected to be published in the early 2023. The actions to address these recommendations will form part of the Joint Forward Plan to deliver this strategy.

We continue to work at place and West Yorkshire to address the workforce challenges for maternity and neonatal services.

Tackling inequalities in outcomes, experience and access

We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population.

On average, we know that people with serious mental illness (SMI) live 12-15 years fewer than someone without an SMI, and 4 in 5 deaths related to SMI are linked to common and preventable or treatable conditions such as heart disease, lung disease and cancer. For people with learning disabilities or autism, this gap is even bigger, with a difference of around 14-18 years compared to someone without a learning disability or autism. These deaths are often also caused by the same conditions. We also know that neurodiverse people and those with diagnosed and undiagnosed mental health problems are more likely to take their own lives, and that suicides contribute to the remaining gap in life expectancy not explained by those common physical health conditions.

The reasons this gap exists can be divided into two main groups - increased risk of physical health conditions because of different risk factors and medications, and poorer access to health care when it is needed. This is more simply explained by saying that people with SMI, learning disabilities and autism face a range of inequalities that negatively impact their health and lives.

There are many ways that as a Partnership we can start to address this. We can:

- Listen to the voices of our populations to understand where the biggest barriers to good quality health care are across West Yorkshire
- Use the numeric data we have more effectively to understand what conditions we could target to reduce inequalities
- Work to ensure that as many people as possible can access a high quality, meaningful physical health check and any ongoing care that is identified
- Work with our acute hospitals to ensure that factors such as SMI, learning disabilities and autism are taken account of when planning elective care

We plan to do all the above, and more, to actively work to reduce the life expectancy gap for people with SMI, learning disabilities and autism, and reduce the health inequalities faced by this population

We will address the health inequality gap for children living in households with the lowest incomes

Children and young people who experience adversity and trauma are at higher risk of poor physical/mental health and emotional wellbeing and adopting anti-social and health-harming behaviours including serious violence, poor attendance/exclusion at school and decreased educational attainment. As a result, WYH&CP and WY Violence Reduction Unit (WYVRU) have recognised this as an area where it is essential, we work together across the whole system ensuring combined actions to address these issues.

We will do this by working together to prevent and reduce the causes of trauma and adversity for children, young people and families who are vulnerable and experiencing complex needs, including households living in poverty.

Ensuring that children, young people and families in WY have access to and receive integrated support from a range of professionals across health, mental health, education, social care, youth justice, the police and the voluntary sector to ensure that their needs are met in a coordinated way.

We know that we need to ensure that better support is available for children and young people with complex needs/special educational needs and disabilities (SEND). In addition, providing consistent and equitable support for managing long term conditions and seamless transition into adulthood will be a key element of reducing health inequalities and providing the best start in life for our children and young people.

We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic staff will become a thing of the past.

We see the diversity of all communities and colleagues as a strength to help inform the way we plan, design and commission health and care services for people living across West Yorkshire. We want to make sure that everyone is treated fairly and given an equal chance to access opportunities. Ensuring that we meet the needs of everyone to ensure that our population all have good outcomes.

We recognise and value individual as well as group differences, treating people as individuals and placing positive value on the diversity they bring because of a protected characteristic or cultural background.

Our strategy is also focused on making all groups of people feel included and valued within their society or community so that there isn't a negative effect on their health and wellbeing.

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Our plans include delivering the actions for the Integrated Partnership of Sanctuary, development of the West Yorkshire health inclusion unit and continuing the great work across West Yorkshire led by partners across place.

Our delivery will value equality, diversity and inclusion at the heart of everything we do and through our Involvement Framework we will listen to people to ensure that we get this right.

Our fellowship and allyship programmes continue to be a success in contributing to the diversity of leadership across our Partnership. The fellowship builds on existing good practice and complements existing local and regional programmes to make sure that we have adequate representation of ethnic minority colleagues in our next generation of leaders. We know that there is more to do in embedding this in our organisations beyond the fellowship programme itself, supported in part through the roll out of the racial inequalities training.

Enhancing productivity and value for money

As part of our work to develop this strategy we have taken an approach to ensure that we use the process to help create the way we want health and care to look like in the future. We have done this by building system leadership through the process, ensuring that we can better integrate all our work in a way which enhances productivity, value for money and most importantly improves health and wellbeing outcomes for our people.

Through our work we have embedded an improvement ethos, connecting our system to more of itself to ensure that we can identify where there are issues in transitions and gaps in care. We know that in developing our plans to deliver this strategy, through being connected and integrated in this way, we will be able to use our resources to maximise outcomes for our population.

Our enabling strategies such as finance, people, digital and estates will also support the best use of our resources in a way which will support us to deliver this strategy collectively ensuring value for money for our population.

Supporting broader social and economic development.

We aspire to become an industry leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.

We are already seeing the impact of climate change on the health and wellbeing of our population, with people living with vulnerabilities or living in more deprived areas experiencing disproportionate harm. It is also felt through long term health conditions such as respiratory and cardio-vascular disease. Air pollution is currently the 8th leading risk factor for death and contributes to approximately 40,000 premature deaths per year in the UK. Climate harms are felt first and most keenly by those who are already experiencing inequality and vulnerability.

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We know that excess plastics in the environment have a significant impact on our health, as does building antibiotic resistance due to drugs in our watercourses. There are also wide-reaching impacts on physical health, mental health and wellbeing as a result of significant weather events.

As a Health and Care system, we need to also adapt to the impact of climate change now and in future. This requires a whole system response which includes considerations for supply chains, estates, transports, how we deliver care, housing, planning of the physical environment – so the whole system becomes resilient which is central to tackling health inequalities and enabling our population, including future generations, to live well.

As a partnership we're committing to making fundamental changes to the way we work, through increased investment, mitigation, and culture change throughout our health and care system. We want to create the conditions for all organisations and individuals across West Yorkshire to be empowered to take action on climate change in their day-to-day work. This includes how our staff get to and from work and how we support patients in accessing health care, and how we adapt to climate harms.

This will also support the achievement of the NHS Carbon Zero ambition by 2040. (2038 in West Yorkshire in line with our system partners the West Yorkshire Combined Authority and the 5 Local Authorities).

Our 'all hands in' campaign was an important step in this work, using a system wide approach to behaviour change. The campaign supported our workforce to become more aware that their individual actions have a direct impact on sustainability and in decreasing carbon emissions, which collectively is a good thing for population health.

We will strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

We know that economic activity has a significant impact on health and wellbeing. Having a purpose and a living wage contribute significantly to a sense of belonging and being able to live a life well. Both the pandemic and the cost of living crisis has significantly impacted on this for many people in West Yorkshire.

As an employer our workforce is our greatest asset and our ambition through the life of this strategy is to grow and retain our workforce. Exploring innovative ways of recruiting and training staff and creating new roles to deliver integrated health and care.

Our strategy aligns to the West Yorkshire Combined Authority Economic Strategy and its vision:

'West Yorkshire to be recognised globally as a great place with a strong, successful economy where everyone can build great businesses, careers and lives, supported by a superb environment and world-class infrastructure.'

An improving population health strategy

This strategy is poverty and trauma informed, and demonstrates a commitment made by our Partnership. Both have been strong themes coming out of our engagement with partners, staff people and communities.

Viewing West Yorkshire as a whole population gives us the opportunity to consider what action we can take to improve health and wellbeing for people living and working here as a partnership on a larger scale. Health status is determined by much more than health and care services alone. It is well established that the wider determinants of health (housing, work, education, social relationships and the local environment) contribute more than three quarters of the impact on our health and wellbeing, and direct healthcare less than a quarter. Working as a partnership will allow us to work together to more effectively address these wider causes of ill health.

Helping those facing the most inequality

Our Independent Review to tackle health inequalities for Black, Asian and Minority Ethnic Communities and Colleagues, highlighted a number of recommendations which are woven through this strategy and our Joint Forward Plan to deliver it. The COVID-19 pandemic has highlighted the impact of deep-seated and long-standing health inequalities faced by some of our communities.

What causes these inequalities is the subject of much debate. This can be linked to the deeper impact of wider societal inequalities beyond the operation of health and social care services. These include broader environmental, social and economic factors that exert a profound ability to shape health outcomes for communities. Structural racism and the impact that this has is a particular concern and we will continue to prioritise our work in this area and embed it throughout our programmes of work.

We are committed to targeting action around the recommendations of the review, including how we better support our own workforce, particularly around leadership development, reflected in our ambitions. You can see examples of the positive difference we are making. There is still much to do.

Our most vulnerable people often face the biggest inequalities in health and our strategy is focused on trying to mitigate this. We have approximately 400,000 unpaid carers across West Yorkshire, many of whom we know don't access the support they may need. We know children and young people from deprived areas have more than twice the level of tooth decay than children from less deprived areas. We are working collaboratively with public health and local authority leads to discuss oral health provision across West Yorkshire. It is important to recognise the challenges our population face around health literacy and literacy in being able to plan to support people in the right way to make a change.

Many of our unpaid carers are young carers who can be invisible and are often not identified at school or in health settings so do not have access to the support that is there to help them. With their help we have developed an app which will help ensure they are able to help their loved ones whilst looking after their own physical and mental health coupled with working towards a bright and healthy future for themselves.

We know that often those without a voice or advocacy, can experience the most inequality, as highlighted in many national reviews over the last year. We have worked hard through the pandemic to provide the best support we can, for example prioritising those with a learning disability for elective care. Advocacy for children and young people can be even more difficult, we have established a West Yorkshire Youth Collective to help influence our top priorities and decision making. We know however that there is much more that we can do.

The people in West Yorkshire who are involved in serious violence, exploitation and the criminal justice system are at increased risk of additional social needs, inequalities and poor health and wellbeing. We know that the majority of people in the criminal justice system have experienced trauma and adversity, often in childhood.

Working with partners across West Yorkshire including the West Yorkshire Violence Reduction Unit, West Yorkshire Policing and Crime Team and NHSE Health and Justice team, we will provide support for people when they enter, during and leaving the criminal justice system. We will also provide support for their families and victims

Our population and demographics continue to change and it is important to listen to our place based joint strategic needs assessments in order to plan for them. It is also however, important that our system has the flexibility to be responsive at short notice when challenges arise.

Climate change

Our world is facing a climate change crisis and as a Partnership we are committed to taking collective and individual responsibility to take action against it, and adapt to change already taking place. We will do this through embedding sustainability in everything we do and changing the culture in West Yorkshire so that we build resilience to climate change across the system.

We will work towards creating a healthy, equitable and environmentally sustainable society and reduce the climate change impacts of healthcare through a high quality, equitable and environmentally sustainable health and care system. We will also reduce our vulnerability to climate change harms, focusing on prevention by building climate resilience among our partners and in our communities.

Poverty and cost of living

The rising cost of living is impacting both on the staff we employ and the wider population we serve. We have committed as a partnership to mitigate the impacts of poverty and the increased cost of living on the health and wellbeing of our population and workforce, including:

- Supporting people to have good mental health and wellbeing and taking a zero-suicide approach, making suicide prevention everyone's business
- Enabling the West Yorkshire voluntary and community sector to support people and communities most affected by poverty and increased cost of living
- Preventing serious violence, abuse and exploitation
- Responding to increasing levels of trauma and adversity
- Identifying opportunities to influence the increase of welfare/benefits and income from employment
- Working in partnership with our local places Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield to identify people whose health is at greatest risk from poverty and increased cost of living and targeting ways to reduce that risk

A trauma informed approach

The people in West Yorkshire who are involved in serious violence, exploitation and the criminal justice system are at increased risk of additional social needs, inequalities and poor health and wellbeing. We know that the majority of people in the criminal justice system have experienced trauma and adversity often in childhood.

Working with partners across West Yorkshire including the West Yorkshire Violence Reduction Unit, West Yorkshire Policing and Crime Team and NHSE Health and Justice team, we will provide support for people when they enter, during and leaving the criminal justice system. We will also provide support for their families and victims

As a health and care partnership we are committed to understanding and responding to the root causes of serious violence, violence against women and girls and keep our communities safe.

We know that some population groups face multiple complex disadvantages for a number of reasons, complicated further by also experiencing poverty or destitution and impact of poor air quality and poor housing. These populations groups are often referred to as inclusion health groups and include groups who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). These experiences contribute considerably to increasing health inequalities and frequently lead to barriers in access to healthcare and extremely poor health outcomes, often much worse than the general population.

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Inclusion health groups include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery but can also include other socially excluded groups.

We have a special focus on supporting people experiencing multiple disadvantages to attempt to reduce some of the barriers they face and to improve their experiences and outcomes relating to healthcare, but also the quality of their lives. This will require working with a wide range of partners across the WY Health and Care Partnership to address issues linked to the wider determinants of health (including the quality of housing people live in, the places and communities they live in and relationships they have, as well as a sense of purpose through giving back to the community or being in good quality employment, and having sufficient financial resources to meet their needs).

West Yorkshire is pursuing the status of ICS of sanctuary. In West Yorkshire, we see our Migrants, Refugees and Asylum Seeker population as an asset to our cities, towns and communities not a burden. Providing a safe and welcoming place of sanctuary for individuals and families should be seen as an opportunity not a threat.

Improving population health fellowship [example in a text box]

Our Improving Population Health Fellowship programme is helping to embed this work throughout our partnership. The Fellowship launched in 2021 with 33 equity fellows and will continue for a second year expanding to include, trauma, adversity and resilience, suicide prevention and climate change fellows. Our fellows are receiving training, implementing their learning in work and embedding their thinking across the Partnership and in everything we do.

Health inequalities academy [example in a text box]

Our Health Inequalities Academy continues to work to bring together partners to explore progress and share learning on tackling health inequalities. Our recent celebration of the first year of the academy, highlighted the work taking place to improve the lives of the most disadvantaged people living in West Yorkshire. The aim of the academy is to support everyone working across the partnership, whatever their role, to understand the part we can all play in creating a more equitable system.

By acting as a forum to raise awareness and bringing people together, the Academy provides support and showcases interventions which are being implemented locally and can be adapted across the whole of West Yorkshire and beyond.

Personalised care

An important part of improving people's health and wellbeing is through better delivery of trauma-informed personalised care, with and alongside them. Personalised care means people have choice and control over the way their care is planned and delivered, based on 'what has happened to them', 'what matters' to

them and their individual strengths, needs and preferences. Our digital strategy aims to support personalised care through giving people the option to access and contribute to their own records and using technology to help them stay well.

This happens within a system that supports people to stay well for longer and makes the most of the expertise, capacity and potential of people, families and communities in delivering better health and wellbeing outcomes and experiences. As a result of personalised care, health and care is tailored to what matters to the individual, in the context of their whole life, such that personalised care can support programmes and systems to address inequalities in access, experience and outcomes.

Our ambition for personalised care is important in tackling inequalities for communities and people, especially those who don't always know how best to access the care and support they need. For example we know that people with learning disabilities die 15-20 years earlier than the general population, as do people with complex mental illness. We also know that children and young people from ethnic minority backgrounds experience poorer health outcomes, with higher asthma rates and obesity.

We also know that only 55% of adults living with long-term conditions feel they have the knowledge, skills and confidence to manage their health and wellbeing on a daily basis Our continued approach to patient activation tools (which is a tool that assesses an individual's knowledge, skills and confidence to managing their own health and healthcare), personal health budgets, community-based support, shared decision making, personalised care and support planning all contribute to this.

Creative Health

Finding new innovative ways to support our population to have happier healthier lives is important to us in West Yorkshire and we want to have an active, vibrant, creative health sector. Our work to use creativity to support this is an important element of our work, it is proven to:

- Keep us well, aid our recovery and support longer lives better lived.
- Meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health.
- Save money in the health service and in social care through building health producing and better connected communities.

We already have good examples of where we have made a real difference through using a creativity and health approach, for example our Calderdale Creativity and Health Programme working with South West Yorkshire Partnership Foundation Trust and Creative Minds. We know that expanding this learning could help us create stronger, healthier more resilient communities through working at a population health level. We know that it will support us in delivering targeted interventions addressing the greatest health disparities and importantly, be part of a transformation in the way health and care services look and work for all of our people.

How we will work together to achieve this

Our principles

As a large Partnership, agreeing the way we work together is an important part of building on the strong foundations already in place since 2016. This involves building on our common purpose and vision, agreeing values through which we work and the behaviours that when demonstrated ensure that we deliver. It is important that we get this right to deliver our strategy.

We have a long history of working together in West Yorkshire to improve outcomes for our population which means that the new statutory arrangements are already building on a successful way of working. This is demonstrated through some of the West Yorkshire work we have undertaken together across the Partnership, for example national award winning campaigns such as 'Root out Racism', 'Looking out for our Neighbours' and the 'Check-in Staff Suicide Prevention' Campaign.

We have agreed as a Partnership that:

- We will be ambitious for the populations we serve and the staff we employ.
- The Partnership belongs to us all, local government, NHS, VCSE and communities.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will make decisions as close to individuals as possible – with work taking place at the appropriate level and as near to local people and communties as possible

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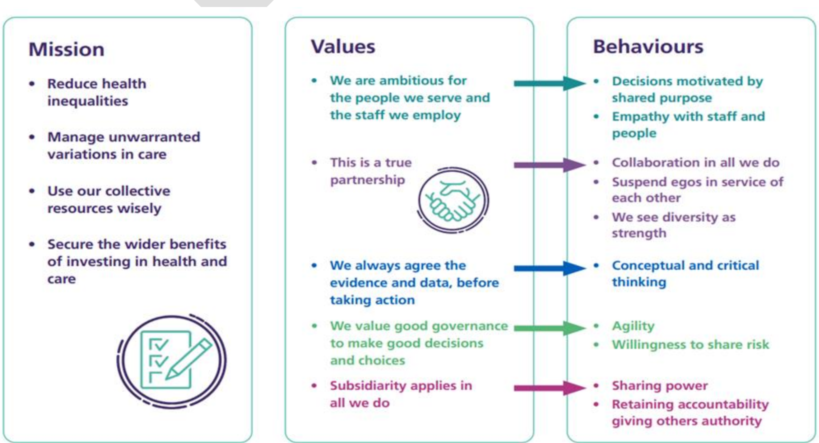
Our mission, values and behaviours

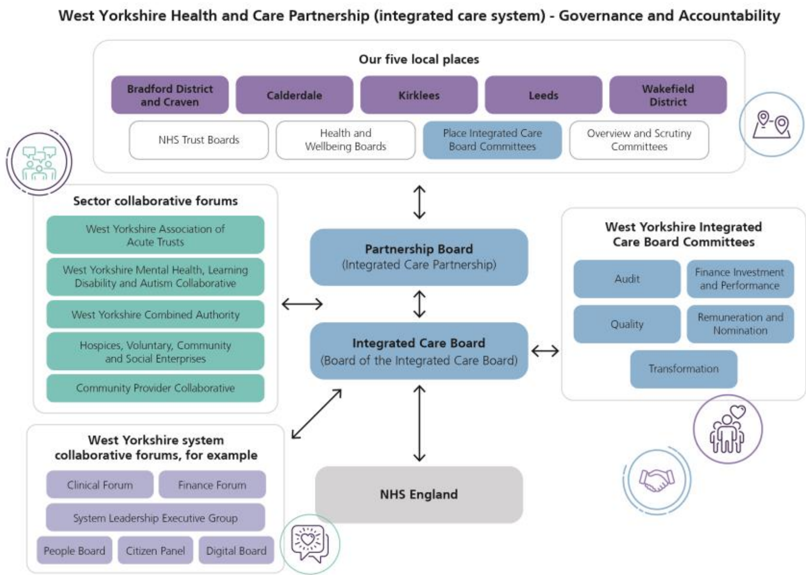
The way in which our Partnership will put these principles into action is set out in the diagram below:



The way we work has been demonstrated in being the Health Service Journal Integrated Care System of the year in 2021 and 2022, where leadership values across all health and care sectors was highlighted as a success of how we improve care for people and communities.

The way in which we organise ourselves to deliver better care for all

With the introduction of the new statutory arrangements following the Health and Care Act 2022, we have developed a new set of arrangements through which, we can ensure that we deliver our work for West Yorkshire people and communities. Details of these arrangements are available here. An illustration of how these arrangements work and how the different elements of our Partnership fit together is shown in the diagram below:



Building from Neighbourhoods

Our strategy begins with individuals, families and in the local communities or neighbourhoods in which they live. The ability of integrated neighbourhood teams, working together in an increasingly integrated way across the breadth of health and care services, to meet the needs of our communities underpins our ambitions to improve outcomes and tackle inequalities. We know that in recent years we have seen increasing pressure across primary care, community health services, social care and within the voluntary sector. This has been largely due to a combination of increased demand for care resulting from factors including an ageing population with greater morbidity, changes in the nature of population needs following the pandemic, and increased pressures on the primary care and community workforce.

Since our original strategy was published in 2019, and often in the face of the pressures created by the covid pandemic, we have continued to see local teams and services within our neighbourhoods work more closely together – for example through primary care networks and other related models of community and locality working. This is better for our populations in terms of helping provide a more joined-up experience, more personalised to people's needs and that helps people stay healthier and well at home and close to home. More integrated working also creates further opportunities and rewarding roles for our staff. But we know this is an on-going journey and one that we will need to keep in focus and support together across the Partnership over the next five years.

For example, as we take on responsibility for pharmacy, optometry and dental services over the coming year, there is also an opportunity for us to also integrate these services further into our integrated neighbourhood model of working. Our Voluntary and Community Sector partners are already an integral part of the way we work in our neighbourhoods and there is valuable learning as to how other partners can integrate their work and their teams. This will then ensure that we have a diverse team representing not just traditional health and care but also wider determinants of health, to wrap around individuals and families providing the support they need.

Our ambition is that our neighbourhood teams will be supported in adopting population heath management approaches to proactively identify and support people in their communities, helping to prevent ill health, reduce health inequalities, and being able to act earlier before people are at risk of poorer health and wellbeing outcomes. Our strategy also commits to ensuring that we are able to meet the workforce challenges (including investing in expanding and developing neighbourhood teams), capital requirements (to help ensure we have high quality facilities where teams can work together and further support local communities) and digital enablement to support the implementation of this approach.

Working in local places

Our Health and Wellbeing Boards have a long history of delivering real change in our local places and their representation reflects the breadth of contributors to health and wellbeing. They provide the strategic vision for each local place, working closely with the Place Based Committees of the ICB to oversee the delivery of the NHS elements of our Integrated Care Strategy.

Many of the Health and Wellbeing Board Strategies have been refreshed over the course of this year and they have all informed the development of this strategy. They all have a strong focus on tackling health inequalities through a life course approach, including giving people the best start in life, living well and having a good death. Many are based on the Sir Michael Marmot Report principles, a review of which is available on this website.

Our Local Health and Wellbeing Strategies are available on local place websites.

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- Wakefield Health and Wellbeing Strategy
- Kirklees Health and Wellbeing Strategy
- Calderdale Health and Wellbeing Strategy
- Bradford Partnership Strategy
- Leeds Health and Wellbeing Strategy

Our local places are delivering their Health and Wellbeing Strategies in partnership overseen by Health and Wellbeing Boards and their Place Committees of the NHS West Yorkshire Integrated Care Board. Starting with neighbourhoods they are bringing teams and staff together to deliver joined up health and care, This includes partners such as housing, Police, Fire and Rescue and the Department of Work and Pensions. Sharing learning and scaling up good practice across West Yorkshire is key, as is collaborating when it makes sense to deliver joined up health and care services between places and always intervening early to prevent poor health and wellbeing.

In many of our places integrated work begins with the leadership teams, with joint appointments at a senior management position. For example in Wakefield our place lead also undertakes the role of Adult Social Care Director and Director of Community Services in the hospital (Mid Yorkshire Hospitals NHS Trust). In Calderdale Local Authority Chief Executive is also the place lead.

This approach is also replicated in teams across local places and in some cases has been happening for many years. This has involved commissioning staff working in provider organisations and local authorities to ensure rich and varied skills and expertise in the planning and delivery of services. This way of working not only leads to better integrated care around the person but is also a more effective use of resources and a driver for a joined-up partnership culture.

Often there is additional benefit in providers from across West Yorkshire working together as a team across a larger footprint (we call this provider collaboratives) in This is in addition to working together with other partners in their local places.

Working in collaboration at West Yorkshire level

Most of our work happens in our local places, communities and neighbourhoods, taking decisions and delivering integrated services as close to people and families. Sometimes however, there is real benefit in providers of services coming together (we call this provider collaboratives) across West Yorkshire to collaborate on agreed programmes of work. This work is in addition to working in collaboration with other partners within their local places.

West Yorkshire Association of Acute Trusts Provider Collaborative (WYAAT)

Our acute hospitals have worked together through WYAAT since 2016 providing a collaborative, partnership model of integrated acute and specialist healthcare across West Yorkshire. Their vision is to deliver outstanding, high quality acute and specialist healthcare for the whole population of West Yorkshire.

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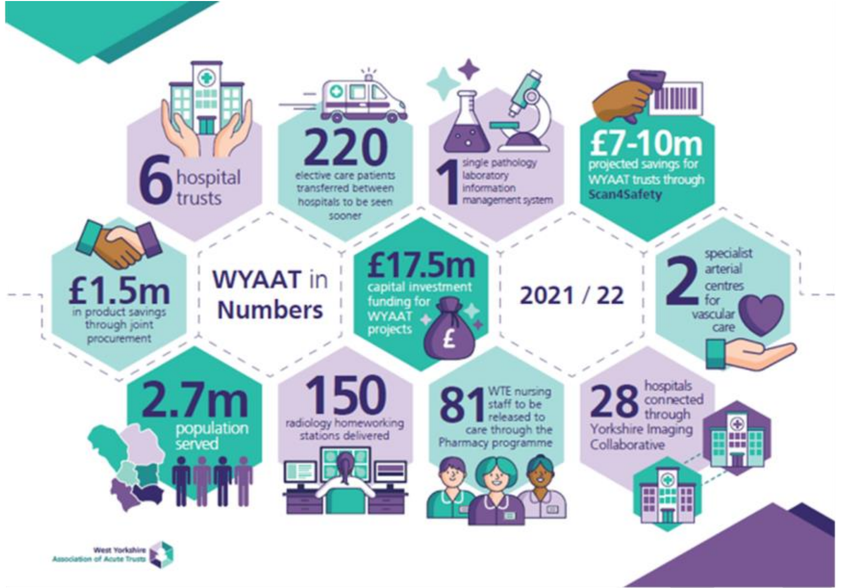

We know that the pandemic has had a significant impact on hospital services in the same way that it has elsewhere in our partnership. There are significant workforce challenges which we are seeking to resolve through our WY People Plan and we know that people are waiting longer than before the pandemic to receive hospital care.

In addition to the WY People Plan, WYAAT's developing strategy is aligned to our integrated care strategy in ensuring that we can collectively provide the best health and care for our population, whilst tackling health inequalities, as well as supporting sustainability and broader social and economic development. To ensure WYAAT is able to proactively collaborate where it makes sense to do so, the strategy contains five pillars:

- Workforce
- Service Delivery (clinical and non-clinical)
- Ways of working
- Recognising and reducing variation
- Estates

There are already a number of ongoing work programmes to deliver the strategic vision. For more information, please visit the WYAAT website here

Mental Health Learning Disabilities and Autism (MHLDA) collaborative

Our MHLDA Collaborative consists of our four mental health/learning disability trusts across West Yorkshire. It is designed to help drive forward the system changes that need to be made, remove barriers to integration and ultimately ensure that our resident population receive the best care and support that can be offered within finite resources.

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Through the Collaborative, providers will share and learn from their experiences, including what has not gone well, offer peer support and challenge. Boundaries between services, organisations and across the provider/commissioner landscape will begin to blur focusing on becoming “one workforce” with a collective ambition.

We know that the pandemic has had a significant impact on mental health and this is now compounded by the cost of living crisis. As a collaborative much work has been undertaken over recent years to transform services and this will continue through the delivery of this strategy.

Community Health Services Provider collaborative

Our collaborative of Community Services Providers, which formed in 2021, has come together work collectively on shared issues that of common interest to the sector, such as enabling more healthcare to happen close to home, and where joint approaches or shared learning, such as in workforce development and service redesign, can add collective value.

The collaborative has an important contribution in delivery the strategy through both working together and with other partners, ensuring that community services has a clear and engaged stake in the direction and decisions

Hospice collaborative

In West Yorkshire we have an ambition that people will die well and have a good death. Our Hospice Collaborative is built from a powerful trust base and has strong relationships through which, it delivers a manifesto for palliative and end of life care.

Through our strategy we plan to provide the very best palliative & end of life care for the population of West Yorkshire, which will be personalised, holistic, accessible, a good life to the end of life & a good death. We will provide Effective and personalised support for carers, families & friends and ensure access and inclusion of diverse communities across West Yorkshire.

We want to make sure that hospices are working in a seamless way with the NHS and palliative end of life care system, to meet the needs of patients, reduce unnecessary hospital admissions and enable patients to be discharged home or to the setting of their choice.

Working with NHS England

Services are planned for and provided at, a range of different footprints and whilst this is best carried out as close to the individual as possible, sometimes it is more appropriate to be carried out at a much larger footprint. When this is the case, we work with NHS England to do this on behalf of our people in areas such as health and justice, specialised services, dental, optometry and pharmacy services.

From April 2023 the NHS West Yorkshire Integrated Care Board will be taking on responsibility for the planning and delivery of dental, optometry and pharmacy services, details of which will be set out in our delivery plans.

Specialised Services

The Specialised Commissioning and Health and Justice Team are responsible for commissioning services across a diverse portfolio of care that is provided at specialist tertiary centres, within prison settings as well as in specialised inpatient mental health units across the region. These services are planned at a regional level due to low volume, complexity of the services, and the potential financial risk associated with provision.

Specialised services have an important part to play in the delivery of the long-term plan ambitions for Yorkshire and the Humber. Many of the specialised services which NHS England commission are part of broader pathways of care. Working in partnership with West Yorkshire ICB, South Yorkshire ICB, and Humber and North Yorkshire ICB, specialised commissioning will explore ways to deliver new service models to integrate specialised services into care pathways, focussing on population health for each ICB. We will do this through joint collaborative commissioning approaches as set out in the Roadmap for integrating specialised services within Integrated Care Boards, published in May 2022. We will explore opportunities for more advanced integrated arrangements where these will support the delivery of outcomes for our population.

To optimise equity of access for specialised services, while ensuring care as close to home as possible, we will build on our current clinical engagement to expand new models of service delivery through network approaches, this will ensure that we can deliver care for our population while improving clinical governance and oversight. These successes will help us to develop networked solutions that are appropriate for the population of West Yorkshire.

Some of the joint priorities for 23/24:

Healthy Childhood (Maternity and Neonates)

- Work with the Northern Neonatal Operational Delivery Network (ODN) and Local Maternity Systems (LMS) to deliver the 5-year implementation plans for the ICS for the national Neonatal Critical Care Review, this will ensure delivery in the reduction in neonatal mortality. This will include plans for developing neonatal capacity, further developing the expert neonatal workforce and enhancing the experience of families through care coordinators and investment in improved parental accommodation.

Cancer

- Work with providers of Paediatric Radiotherapy Services and Cancer Alliances to develop new service model for Y&H that will ensure access to the best care and treatments.

Cardiovascular

- Review and assure plans for the delivery of mechanical thrombectomy for the ICS as set out in the Long-Term Plan and reduce the likelihood of disability from stroke.
- Work with the West Yorkshire Cardiac Network to deliver the national Cardiac Improvement Programme to improve patient pathways and quality of care. This includes reducing waiting times for Cardiac Surgery and improving the pathways for patients with Aortic Stenosis.

Other

- Develop an Adult Critical Care Transfer Service that will support best use of critical care capacity across the Yorkshire and the Humber patch, particularly in times of high demand for services.

Working with wider partners

We need to work effectively with partners outside of health and social care in order to make the most impact on health and wellbeing, as so much of good health is related to wider determinants of health such as employment, technology, policing, the economy the climate crisis

We have a long history of successful working in relation to wider determinants of health, for example through our work on health and housing. In some parts of West Yorkshire, we have successfully introduced housing advisors into hospital settings in order to ensure that we can begin to address people's housing needs as soon as they are admitted into hospital, therefore supporting the discharge process. We are also undertaking an assessment of the housing needs of people with Learning Disabilities, Autism and Severe Mental Illness to drive change in future planning decisions and ways of caring for people outside of hospital settings.

There are a significant number of large employers in a broad range of sectors across West Yorkshire. Taking a proactive approach to working with employers on health promotion and prevention will be mutually beneficial and more accessible for the population. Working with education and early years provisions to support children to have the best chances in live and outlook for their future is an important element of our wider working.

As a Partnership we are committed to working with both the West Yorkshire Combined Authority and the West Yorkshire Mayor on work which will in turn improve the health and wellbeing of our population. We know that employment,

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housing and transport all have an impact on health and wellbeing and are all factors of concern in the cost-of-living crisis. We know that this is an issue for both our workforce and our population.

In delivering this strategy we aim to be work more closely with our partners to tackle this, placing more focus on the action we can take. The Mayoral Pledges align well to this strategy and provide us with a good opportunity to focus our work around supporting broader social and economic development working on the factors that are important to our communities and our workforce. As a partnership we have opportunities to work more joint up with these wider stakeholders.

Delivering our strategy

How we involve our people

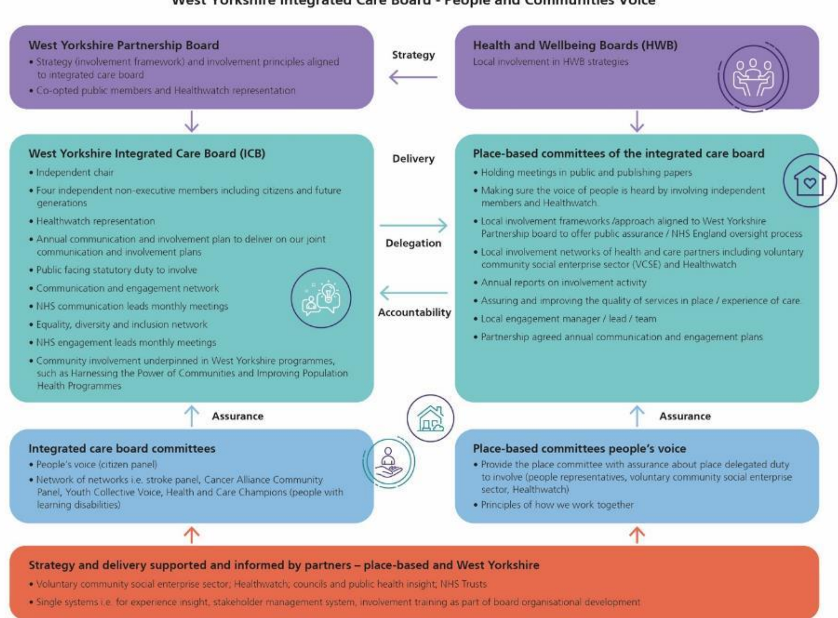
Our Partnership is committed to ensuring that our approach to involvement, in all its forms meets the needs of people living, working, and caring in West Yorkshire. No decision will be made about changes to health and care services that people receive without talking with and listening to people receiving those services or who may do in the future, about it first. It is important that people have their say to shape and improve local services and those provided on a wider geography.

Engaging with partners, stakeholders and the public in the planning, design and delivery of services is essential if we are to get this right. Wherever and whenever possible we will include meaningful involvement as part of our work. We want people to help us design, develop and improve services by sharing their views and experiences.

We know that the people we listen to and involve need to reflect the communities we serve. We know that many people are often not heard in our system and to ensure our services / commissioning meet the needs of all people we work creatively and accessibly to reach those whose voices / views / opinions are too often ignored or not sought. We have agreed principles of how we work together and with people and communities.

Our involvement framework describes our approach to involvement across West Yorkshire and how our engagement is helping us to tackle health inequalities. Through this approach we are able to ensure that we are putting the people of West Yorkshire at the heart of everything we do. We have used the involvement framework to guide us in the development of this strategy and this will be especially important in the development of our plans to deliver the strategy.

The way in which the people voice is heard in our system is outlined in the diagram below:



How we will develop plans to deliver: our Joint Forward Plan

To ensure as a Partnership we deliver this strategy, we will develop a Joint Forward Plan together which will be overseen and owned by the NHS West Yorkshire Integrated Care Board. This plan will set out how over the next five years we intend to deliver the ambitions we have set out in this strategy. The plan will also include national NHS ambitions including:

- Continuing to reduce the waiting times for people needing diagnostic or planned care (such as cancer treatments and orthopaedic surgery);
- Continuing to improve access to primary care services;
- Reducing demand for emergency care; and
- When people have an emergency or urgent need, they can be seen quickly by the most appropriate service.

In the same way that this strategy will be refreshed from time to time, our Joint Forward Plan will be reviewed each year. This will allow us to consider the progress made, what people are telling us about their health and wellbeing and how we might need to change our plans to respond to this. Using our involvement framework to support an ongoing discussion with people in West Yorkshire will be an important part of this work and will take place annually.

Our plans will be developed with a lens which will ensure that everything we do is developed and delivered in a way which will support sustainability and tackling climate change, mitigate the impact of poverty and respond to trauma.

We will publish our Joint Forward Plan on our website alongside information each year on the progress we have made. Our initial Joint Forward Plan will be published in April 2023 and if you would like to be involved in its development, please email westyorkshire.ics@nhs.net.

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How we will plan for our workforce

Our people are our greatest resource, we are proud of their commitment to the people of West Yorkshire and the resilience they have shown through the Pandemic. The resilience shown over recent years in challenging times reflects their strength and compassion and as a Partnership we want to make sure that we are supporting them in the best way that we can,

In 2021 we developed our West Yorkshire People Plan which recognises the diverse nature of our partnership. It represents the full range of health and care sectors, including universities, those working and volunteering in the voluntary, community and social enterprise (VCSE) sector and unpaid carers. The Plan sets out the current challenges which the plan needs to address but also the ambition for our people. It sets out what we are doing now and what our future plans will include.

We know that the pandemic has brought huge challenges for our workforce and we continue to both adapt and learn from this to ensure that we can support our workforce now; plan to ensure that we grow a workforce for the future; build new ways of working and delivering care and build our partnership.

A key element of our digital strategy is centred around supporting our workforce. We will do this by providing the digital tools to enable efficient and effective working regardless of the location in which our workforce need to work.

Equality, diversity and inclusion

We see the diversity of all communities and colleagues as a strength to help inform the way we plan, design and commission health and care services for people living across West Yorkshire. We want to make sure that everyone is treated fairly and given an equal chance to access opportunities. Ensuring that we meet the needs of everyone to ensure that our population all have good outcomes.

We recognise and value individual as well as group differences, treating people as individuals and placing positive value on the diversity they bring because of a protected characteristic or cultural background.

Our strategy is also focused on making all groups of people feel included and valued within their society or community so that there isn't a negative effect on their health and wellbeing and so everyone can access the care they need.

Our plans to deliver will have valuing equality, diversity and inclusion at their heart and through our Involvement Framework we will listen to people to ensure that we get this right.

Clinical and professional leadership

Clinical and professional leadership is central to all of our work, helping us put the person at the centre of our decision making. The West Yorkshire Clinical Forum provides clinical leadership and expertise into all programmes of work. It is supported by networks of nurses, allied health professionals, pharmacists and medical directors from across the health and care system. The forum also provides clinical leadership to dental and optometry services. The development of this strategy has been informed by their voice.

Ensuring our services are of good quality

Listening to clinical leaders and people's experience of health and care is an effective way of us ensuring that our services across West Yorkshire are of good quality. We also work through our Integrated Care Board System Quality Group to ensure that we are delivering our statutory quality functions and strategic objectives in a way that secures continuous improvement in the quality of our services. It also provides valuable assurance for the delegation of some functions of commissioning.

Listening to our workforce and our people is also central to the way in which we design and deliver care and how we transform our services in response to their experience of providing and receiving care.

Safeguarding people

Our joined-up approach to safeguarding across our Partnership is based on arrangements within our five places and the statutory duties that organisations at place hold. Our Partnership's Safeguarding Committee spans these place arrangements to facilitate peer support and shared learning and an interface with NHS England and lead professional networks.

How we will use data and intelligence

In delivering this strategy, we will ensure that our decisions are data and intelligence informed. Much of the data will be built upon the Joint Strategic Needs Assessments in each place which look at the current and future health and care needs of local

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populations. These are designed to inform and guide the planning and commissioning (buying) of health, well-being and social care services.

By bringing together our data alongside what our people and staff are telling us will support improving outcomes and reducing health inequalities for the population of West Yorkshire. This will not only ensure that we are able to tell a compelling story as to how our services are being delivered, but also help us consider where we can best focus our efforts on improving them.

To ensure that we are doing this in the right way, we need to make sure that we understand where this intelligence is in our system and how we can ensure that it is brought together to help our decision making on an ongoing basis. We will also gather and make sense of the data and intelligence we have, in the right place at the right time to ensure that we can improve efficiency and productivity.

In order to deliver the strategy and achieve our ambitions we will need to grow our analytical capacity and capability over the next five years, freeing up time to innovate and support our plans. We will be able to do this through shared learning and development and shared resources with an aim of all parts of the West Yorkshire system being able to contribute to, access and use, the best possible analysis of our information.

To deliver the strategy and the innovation we need to make a real impact on reducing health inequalities, we will look to constantly advance the technology we use. Building on our use of modelling to understand future demand and how we might innovate to meet the need. Our digital strategy sets out how we will use data to support decision making, design services and research to improve the health of our population. It also provides a direction of travel for how we will ensure the safe, secure and seamless flow of information between organisations to support care delivery.

Money and resources

In West Yorkshire, we have worked to a set of guiding values and behaviours which have ensured that decisions around how we allocate monies and manage financial risk have been made collectively together. We know that the budgets of all organisations within our partnership are going to be challenging over the coming years. All of these pressures run alongside the cost-of-living issues that people are facing across West Yorkshire, and the unequal impact on poorer communities. and that this will be felt at both system, organisation and individual level.

We know that demand for services is likely to increase across all ages. The impact on some sectors such as our VCSE has also been noticeable and has threatened their sustainability whether through reductions in grant funding or charity donations from the public alongside increased demand.

We have a strong history of working together across organisations and sectors to better use our resources to improve health and care. An example of where we have

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made a difference through our collective action is the deployment of £1million into social care providers in 2021/22 to allow the early introduction of the national living wage for low-paid employees. This ensured early action to tackle the cost-of-living crisis whilst also supporting a more sustainable care workforce.

This work has been successful due to the way in which we work together across our partnership to a common vision, the level of trust we have and the relationships we have built. We will continue to do this over the lifetime of this strategy to ensure that we can use our resources to reduce health inequalities and improve health and wellbeing in our population.

We make our decisions as close to the individual as possible, starting our planning of services from places and communities. Our resources enable the delivery of plans at this level, ensuring that they are used effectively, efficiently and in new innovative ways where possible.

Our 2022-2027 Finance Strategy sets out our approach to how we will use our resources and make our financial decisions to support deliver of our strategy. It outlines the actions we will take to use our finance and resources in tackling health inequalities; managing unwarranted variations in care; using our collective resources wisely; and securing the economic and social benefits of investing in health and care.

Buildings and estates

To deliver joined up health care and new ways of working together we also need to look at how we make the most of our buildings (our estates). The way in which we work as organisations together across our Partnership helps us make the most of both our buildings and other assets available to us. We will look to use our estates effectively as an organisation and support our NHS Trusts to adapt to the new ways of working. Planning for future changes as more and more people become flexible and take positive advantages of hybrid working.

This work begins in our communities, using our estates to support bringing teams together to wrap around and support people, unpaid carers, communities and neighbourhoods. This extends beyond traditional health and care, looking at how we can use our estates across our wider partnership to truly integrate the way in which we work together. Our estates are led by the clinical strategy around the services that we provide.

Our capital and estates work are also important in supporting our organisations to deliver their services in a safe and effective way. In order to deliver this strategy we need to ensure that we are able to develop and prioritise bids for capital funding to ensure that we have high quality buildings which support us to deliver health and care safely, collaboratively and in an innovative way.

Through working together on capital, we been able to successfully bid for NHS England capital to support system-wide capital investments over recent years. This

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has brought an additional £300m into West Yorkshire. We will work with WYCA to support investment within the region in economic and workforce development.

The way in which we will learn and develop

As a forward-thinking innovative partnership, we continue to develop and deliver innovative ideas and solutions to improve the health and wellbeing of the 2.4million people living across our area. We do this through working together with organisations from industry, universities, and public and VCSE partners, so that we can create a culture that uses 'innovation' to improve people lives. This helps to make sure people have the best start in life and every opportunity to live a long, happy, and healthy one.

Our partnership with the Yorkshire and Humber Academic Health Science Network provides us with a valuable opportunity to work with a range of professionals and organisations with expertise in a wide range of areas. Through this work we have been able to develop an Innovation Hub, one of two across Yorkshire and Humber.

One of the aims of the Innovation Hub is to support West Yorkshire to develop and foster our culture of innovation and improvement whilst highlighting areas of best practise and helping us to deliver on the systems innovation goals. Within the Innovation Hub, there is also a Digital Primary Care Innovation Hub, which supports our understanding and innovative work on issues facing primary care.

We also work closely with the Yorkshire and Humber Applied Research Collaborative which supports people-powered research that aims to tackle inequalities and improve health and well-being for our communities. With themes of healthy childhood, mental health and multimorbidity, older people and urgent care, this work provides us with an opportunity to both learn and commission work in these areas to support the delivery of our strategy and ambitions.

In the development of our plans to deliver our strategy, we will lean from both organisations to inform our plans and we also identify opportunities to use their expertise to help us understand areas where we have significant challenges.

There is also much we can learn from each other within West Yorkshire. We know that there is good work happening in neighbourhoods, places, providers, collaboratives and across West Yorkshire. We will continue to share and learn in a collaborative way to understand where we can implement good practice and innovation into our work to improve outcomes for our population.

The way in which we will use digital and technology

In West Yorkshire we are embracing technology to empower people to take control of their own health and care and continually improve the way we deliver services so we can be the best we can be. Our Digital Strategy sets our vision that:

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‘People have a choice to use digital channels to access services and monitor their own health. Services are designed using evidence from data and our workforce can work from anywhere in the region and access the information that they need to care for the individual person.’

Our Digital Strategy also seeks to ensure that our services are designed using evidence from data and that our workforce can work from anywhere in the region and access the information that they need to care for the individual person. This will support us in our recovery from the pandemic and ensuring that people can access health and care and receive diagnoses at the right place and the right time.

An example of where we have made a difference is through our online GP consultation. Whilst we have continued to deliver face to face appointments over the last year, for those who have wanted to and been able to, the opportunity to access online GP consultations has been a valuable resource through the pandemic.

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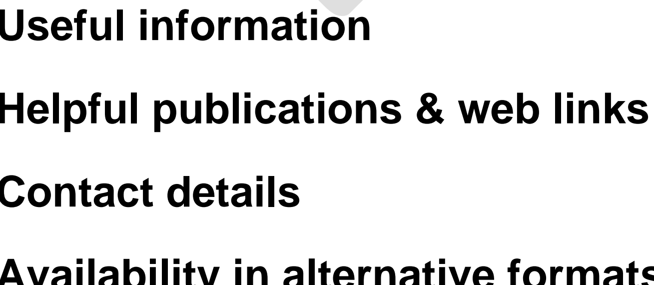
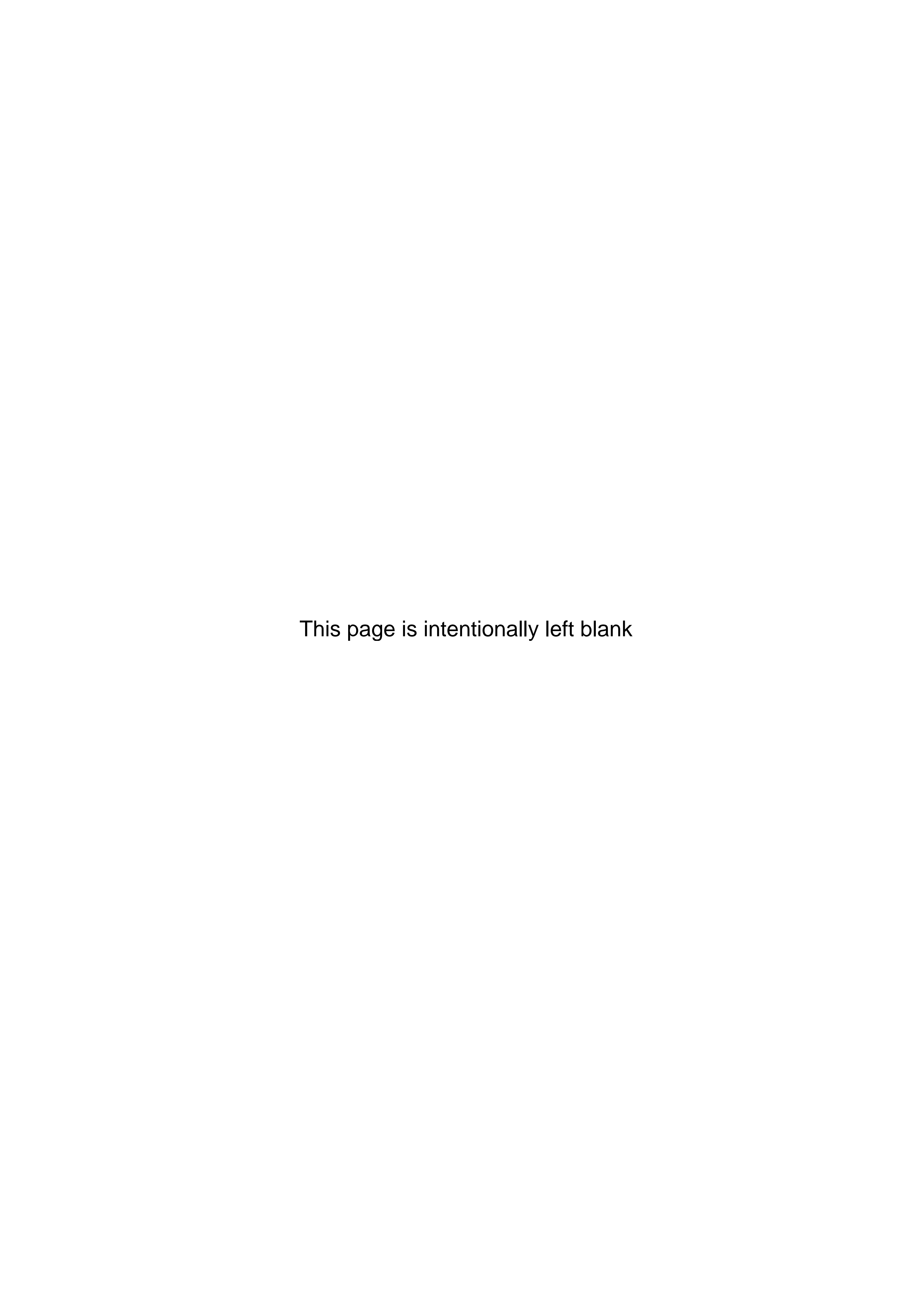


Useful information

Helpful publications & web links

Contact details

Availability in alternative formats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Leeds
Health & Wellbeing
Board

Report author: *Sara Munro & Kate O'Connell*

Report of: Dr Sara Munro - Senior Responsible Officer Leeds Health and Care Academy and Chair of Leeds One Workforce Strategic Board; Chief Executive Officer, Leeds & York Partnership NHS Trust,

On behalf of: Leeds Health and Care Academy **and Leeds One Workforce Strategic Board**

Report to: Leeds Health and Wellbeing Board

Date: 09 February 2023

Subject: Leeds One Workforce Strategic Board Report

Are specific geographical areas affected?	☐ Yes	☒ No
If relevant, name(s) of area(s):		
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?	☐ Yes	☒ No
If relevant, access to information procedure rule number: Appendix number:		

Purpose of this report

This report provides the Health and Wellbeing Board with an overview of the Leeds One Workforce Programme and the Leeds Health and Care Academy, their successes and impact being made to the current and future workforce in Leeds.

Recommendations

1. Board to celebrate the progress and positive impact the Academy and One Workforce Programme is making.
2. Board to continue to proactively and visibly champion a one city Team Leeds approach across our collective workforce.
3. Board to provide steer for any high impact opportunities not mentioned within this report or supporting papers where the work being undertaken could be applied.

Background

Leeds Health and Social Care service providers, educators and policy makers have a well-established strategic partnership approach to developing and sustaining One Workforce in Leeds, built on common purpose and effective collaboration. There has long been recognition in Leeds that our health and care system will only work effectively for our population through supportive infrastructures and practices and a workforce which is resourced, motivated and enabled to work together across organisational boundaries. Within Leeds there is an ambition to be the best place to learn and work whatever your age and a commitment to work together to provide opportunities for skills, jobs and wealth creation, engaging and recruiting those in our most disadvantaged communities and inspiring the next generation health and care workforce. This ambition is overseen by the Leeds One Workforce Strategic Board and is delivered by partners through the leadership, coordination and facilitation of the Leeds Health and Care Academy.

Leeds Health and Care Academy exists to help our Leeds health and care system to work together with shared purpose and to deliver shared workforce priorities. The collaborative and inclusive Leeds approach is intended to drive efficiency, improve quality, accelerate progress and amplify impact, with the city's vision ***to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest***, at its heart. The current strategy (Leeds One Workforce Strategy: 2024) is an intrinsic part of our city's evolving Place Based Partnership.

Since the pandemic, the challenges facing our workforce have continued to increase as all our services experience unprecedented demand and adapt to meet changing needs and expectations. Wider factors are adding to the challenge of recruiting and retaining our workforce including the high levels of competition within the labour market, the economic and social impact of Covid 19 and the increasing cost of living pressures. Combined with the impact of Brexit, enhanced seasonal pressures and the existing levels of exhaustion and burn-out experienced by our staff, it has never been more important to work together across organisational boundaries to ensure we provide the best possible health and wellbeing services to the people of Leeds, and share the responsibility to address our collective risks.

1) Overview of The Leeds Health and Care Academy

A pivotal part of delivering the Leeds One Workforce agenda was the launch of the ground-breaking Health and Care Academy in April 2019, established as a project of the Leeds Academic Health Partnership (LAHP) but now developed into an independent partnership organisation hosted within Leeds Teaching Hospitals NHS Trust. The Academy was designed through extensive consultation with partners and external input, and provides a unique opportunity to transform system-level workforce leadership and development across Health and Social Care within Leeds, growing and shaping the workforce both now and for the future. Since its inception, the Academy has quickly established itself as an integral part of the Leeds Health and Care Partnership, working with partner organisations to deliver local solutions, influence national policy and attract substantial funding for workforce innovation in Leeds. The 21/22 annual report (Annual Report 2021/22 - LHCA) highlights the key areas of impact and 22/23 continues to show strong growth and progress against the city's strategic objectives.

The Academy's overall purpose is to better integrate health and social care workforce in Leeds and to realise the potential of our One Workforce through planning, delivering and learning together. Partner organisations collaboratively developed our shared Strategic Workforce Priorities which guide the work of the Academy, but also provide a clear framework for all partner organisations in Leeds to collaborate effectively on shared workforce issues. In so doing, these priorities effectively underpin the collective delivery of the city's Health and Wellbeing strategy and the Healthy Leeds Plan. The seven strategic workforce priorities are:

1. **Integrated Workforce Design** through jointly developing and designing an integrated workforce to connect care closer to home, recognising and mitigating the risk that introducing new roles and reconfiguring services could destabilise other parts of our system
2. **Growing and Developing Registrants** through attracting, training and recruiting together to improve the profile and potential shared opportunities of registrants across health and social care in Leeds; ensuring we reduce gaps in priority services.
3. **Working Across Organisations** by removing the barriers to cross-organisational and cross-functional working to enable new models of service delivery supporting the Leeds Left Shift.
4. **Preventing ill health** through ensuring that job roles, ways of working and development reflect the increasing shift from treating illness in isolation to the promotion of physical, mental, social wellbeing and prevention of ill health
5. **Narrow Inequalities** by eliminating discrimination and narrowing inequality gaps where they exist to ensure that Leeds is an inclusive and diverse 'one workforce employer', specifically focusing on engaging and attracting people from local communities.

6. **Learning together**, precisely focussing on cross-cutting skills gaps including systems leadership at middle management and digital skills, ensuring our current and future workforce is equipped with the skills and knowledge required to deliver high quality care.
7. **Improving Health and Wellbeing** by specifically focusing on the health, wellbeing and resilience of our 'one Leeds workforce', ensuring our staff are well at work and continue to deliver high quality health and care.

Reflecting on the city's greatest areas of risk and opportunity, the Academy has developed a number of direct services to enhance collaborative learning and development, resourcing, health and well-being, workforce planning and our collective capacity to narrow inequalities through health and care careers. The impact of both the strategic projects and the core services is regularly reviewed and informed by the Academy Steering Group which consists of leadership representatives from Leeds City Council, the three Leeds NHS Trusts and West Yorkshire ICB. This ensures that our assets are used effectively for the benefit of the wider partnership including Primary Care, Third Sector, independent providers and educational partners, all of whom are directly represented on the Leeds One workforce Strategic Board.

2) Overview of The One Workforce Programme

The strategic plan for delivering the Leeds One Workforce ambition is set out annually in the One Workforce Programme and can only be achieved through the active leadership and commitment from all our health and social care partners. The programme for 2023 Leeds One Workforce Programme - Leeds Health and Care Academy is the third annual plan and continues to embed system learning and progress to ensure that we continually work from stronger foundations. The programme includes a range of partnership projects funded by Leeds health and care organisations through the city's Fair Shares agreement, but also projects funded by Health Education England, NHS England and the UK Government, ensuring that Leeds is accessing best practice from around the country and beyond, as well as contributing to national innovation.

In the context of the major workforce challenges highlighted above, the following projects are important to highlight as they have made significant impact on reducing the risks and optimising the collaborative opportunities in Leeds.

a) Narrowing Inequalities - Connecting Communities through H&C Careers

This innovative programme of work has established and sustained a city-wide approach to working with disadvantaged local communities, successfully helping residents to explore and secure jobs and training in health and social care services.

b) Workforce Mobility Framework

The first of its kind, over 30 organisations in Leeds (including all five statutory partners) are currently signed up to a legal framework which enables health and

social care staff to be employed in one organisation but to undertake work for another when needed to meet priority service need.

c) Collaborative T-Levels and Apprenticeships

As a city, employers and education partners have come together to develop collaborative pathways through Health Science T Levels and Apprenticeships, ensuring that they are designed to integrate the best of both health and social care. This work is being showcased nationally to help influence policy and funding.

d) Collaborative recruitment and the Leeds Talent Pipeline

To mitigate competition for talent between health and social care employers, partners have come together to attract and select candidates through values based recruitment. Utilising the Academy's Talent Pipeline service as a coordinator and facilitator, we are better able to fill challenging vacancies and help candidates find the career which best fits their skills and aspirations across the full range of our employers.

e) Health and Wellbeing Community of Practice

This cross-organisational community of practice has shared insights and services available to support the physical, mental and social wellbeing of staff across Leeds and have also secured national funding to improve the accessibility and impact of these services for staff in smaller organisations and for those who don't benefit as much from traditional services.

The One Workforce Programme does not reflect the full breadth or depth of collaborative work across Leeds as our partnership is large and complex, but it does bring a sustained focus to the interventions which we know make a significant difference to our workforce. Further information on any of the priority areas of activity or key partnerships can be accessed through the Academy.

3) Impact

The impact of the partnership work is assessed over short, medium and long term timescales and as there are many interdependencies, it's important to explore the added value as well as the outcomes of the workforce projects and learning programmes themselves.

a) System and Organisational Development

A focus on system and organisational development across the partnership has enabled some key progress against strategic ambitions in Leeds, for example driving the culture shift to more personalised care. *Better Conversations* (a skills programme developed in Leeds to support the health and care workforce in improving the quality of personalised care we offer) is now an established part of our city's learning offer strengthening the shared ambition and skillsets required for staff to work more effectively with service users

and each other. Over 1000 staff have participated in the programme to date and are taking their skills back into the workplace.

Developing effective collective leadership and collaborative working across organisations and professions remains a key priority within the Leeds health and care system and the impact can be seen through key programmes such as:

- Team Leeds Hearts & Minds, a culture change programme which has connected staff across our organisations in different roles and professions to help share learning from our Covid response and inform what skills, support and opportunities they think will improve future collaboration. This has led to a range of shared learning, communications, resources and networking opportunities to better join our system together.
- Springboard Women's Leadership Development Programme, which has seen over 200 women participate in the programme to date facilitating career progression and increased confidence levels, particularly in under-represented groups. The demand for this programme continues to increase.
- The Leeds People & OD festival in June 2022 connected our HR & OD communities working across diverse Health and Social Care organisations to celebrate successes and to learn and develop solutions to real work challenges. The communities of practice and Virtual Network connections which stemmed from this event continue to tackle challenges together.

In addition, the Academy provides bespoke facilitation and development working with newly established city boards, committees and teams to enable them to work effectively together and champion change.

b) Learners

Over the last 18 months, more than 2000 members of our workforce have come together with colleagues from other organisations to learn with each other. This includes staff from all of our Leeds NHS Trusts, the City Council, Third Sector organisations, Primary Care, education partners and independent health and social care providers. The programmes range from short courses to T-levels and collaborative Apprenticeships.

Our partnership approach has enabled us to develop a unique model for T Levels in Leeds integrating both health and social care, and working collaboratively across employers and education providers to ensure we plan and learn together without unhelpful competition. Our approach is currently being shared as an example of good practice nationally through NHS Employers and the Association of Colleges.

Similarly collaborative Apprenticeships are continuing to expand and the value of learning together has been evidenced through strong evaluations and personal case studies following learner journeys. The benefits include clear return on investment, efficiency savings, common knowledge, understanding and skills from learning together across

Leeds, expanded professional networks, improved communications and access to best practice, and breadth and depth of expertise across our services.

The recent introduction of the Academy Learning Portal has already started to generate significant opportunity for efficiency savings and the increased opportunity for staff to use an accessible virtual platform for shared learning, free at the point of access. The impact of this for our services is expected to be significant over the coming years increasing the opportunity to develop common understanding and skills and improved connectivity across staff for the benefit of patients and service users.

c) Collaborative Recruitment

Our insights into the impact of collaborative recruitment has shaped a city-wide change, expanding the opportunities to advertise health and care roles through shared digital resources, pooling resources to target recruitment fairs, redirecting candidates to more suitable roles in other organisations and connecting better with supply partners to help candidates explore options and navigate our complex recruitment processes. The introduction of the Academy's Talent Pipeline has provided an additional city-wide service which has supported an additional 120 people successfully into health and care roles to date with 95% of those staff being new to the Leeds Health and Care system. Many more candidates have been supported to access training, employability programmes or alternative career opportunities in wider West Yorkshire locations or associated sectors.

d) Narrowing Inequalities

Narrowing Inequalities is a priority focus for our partnership working and building from the Lincoln Green project, the Leeds One Workforce Strategic Board has championed a long-term programme (Connecting Communities with H&C Careers) designed to focus on partnerships within communities in the 3% most deprived wards in Leeds, with particular interest in the priority neighbourhoods. Across a rolling programme of campaigns, we have now supported 130 people directly into employment across a variety of different employers and roles. The collaborative approach has embedded learning and continuous improvement and ensured we optimise impact and reach without duplicating effort or creating complexity.

The demographic profile of the priority communities has been very diverse in terms ethnicity and academic attainment therefore bespoke interventions to support people into training, education, volunteering and employment have been designed and developed; a number of which have now been embedded in standard recruitment processes as best practice across our partners. To date, key indicators show that 53% of successful candidates were currently unemployed and 68% were Black or Black African, with a wider range of indicators showing the added value of this hyper-local approach.

The core work around narrowing inequalities was deliberately not allocated additional funding as for any of the changes to be sustainable, it was essential for partners to test out

viability within recurrent leadership, funding and practice. The city was however successful in securing Community Renewal Funding for a specific Healthier Working Futures pilot programme, which built on the above model but adapted it to focus on working with young people and optimise the value of Third Sector partners. This programme was delivered over a matter of months.

In summary, the programme engaged with 961 young people supporting 156 with careers advice and guidance, 128 with job searching, 70 to gain a qualification, a further 56 to participate in training, and 20 to secure paid employment. More importantly than the statistics though was the impact on individual young people, with feedback including

- "I think I got careers advice in school, but if I did it was nothing like this. I'd sort of accepted that I was too stupid for all this, too much of a mess for this, but being a part of this programme has taught me that I was wrong. I am allowed to have a career. Sorry if that's a bit sappy, but it's true."
- "It was kind of a revelation to learn about different types of work and realise I could actually try and pursue a career in this, not just because it's money, but because it's interesting and I could really care about the work."
- "Having hands on experience of the kinds of things you'd be doing for a job is really important, otherwise you're guessing that you might enjoy something."

The value of this work is now informing the next phase of work with young people across the city, with the ambition of scaling up reach and impact through a wider and more sustainable partnership approach.

e) Evaluation and System Learning

A key role of the Academy is to capture insights, evaluate impact and disseminate learning from collaborative workforce initiatives across partners and the key highlights so far from 22/23 are:

- *Developing Employability Skills in Local Communities Evaluation Report*
- *Leeds Allied Health Professionals Workforce Planning Report*
- *Team Leeds Hearts and Minds Evaluation Report*
- *Healthier Working Futures Evaluation Report*
- *Connecting Communities with Health and Care Careers Health Anchors Learning Network case study*

Full reports are all accessible through the Leeds Health and Care Academy.

f) Funding

Our partnership approach has also supported the city's ability to bid for external funding and to optimise grants for the benefit of city-wide priorities. Over the last 2 years, we have

secured over £1.3m for Leeds from regional and national funding sources, in addition to managing a further £200k of additional work commissioned independently by Leeds partners for the benefit of our whole system. This investment has been used to support the development of city-wide Training and Development; Health and Wellbeing Resources; Recruitment and Retention support; and Culture Change andhas been instrumental in enabling us to connect our people and assets together better across the city, support innovation and embed effective learning and growth across our shared priorities.

4) Partnerships and System Working

Strengthening the Leeds Health and Care Partnership and supporting priority system work remains a critical part of the Leeds approach to tackling workforce challenges. The city's HR Directors work closely together to strengthen relationships and to connect and align activity, identifying opportunities and risks which have relevance across organisational boundaries. All our partner organisations work across a number of different professions, networks and systems so the ability to draw this expertise and insight into one place is vital to developing our workforce in such a challenging environment.

The Academy provides a focal point for system integration across workforce, leadership and culture and connects in with the wider city's infrastructure in the following ways.

- System Coordination Group and City Silver, to prepare for and mitigate collective workforce risk associated with Industrial Action.
- Leeds City Resourcing Group, developing our approach to collaborative recruitment, workforce planning, and improving mobility of staff across our services.
- Forum Central, to support the implementation of workforce recommendations related to the Third Sector Strategy.
- The Core Development Group for the Leeds Health and Care Partnership, developing next steps for integrating the core system 'building blocks', understanding shared risk and developing culture.
- The Leeds Learning Alliance, to establish common objectives and develop effective partnership collaboration for engaging and preparing young people for careers in health and care in Leeds.
- The Leeds Anchors Network, to develop initiatives together and specifically to support development of the Economies for Healthier Lives projects.
- The West Yorkshire ICB, developing the workforce relationship between Leeds place and West Yorkshire, including ways of working and shared priorities.
- The Department of Health and Social Care (DHSC) Leeds Health and Social Care Hub, coordinating and developing the partnership around People and Talent, progressing quick wins and refining shared priorities for the longer term.
- The LAHP, exploring the opportunities to strengthen the integration of research and innovation culture and skills within our Leeds health and care workforce.

- The West Yorkshire Workforce Observatory, providing the employer-led Workforce Strategy and Planning approach to the observatory projects

This is not an exhaustive list of our continued partnerships but highlights the areas of particular focus for the Leeds health and care partnership over the last few months.

5) Forward Plan

As all health and care partners across Leeds are now experiencing significant winter pressures, the partnership focus continues to be on the activities which best alleviate the pressures including collaborative recruitment, staff portability, induction, priority training and health & wellbeing, building on our learning and partnerships, and capturing improvements for the future. However, it is essential that we maintain a focus on longer term strategic improvements which will prepare us better for the future.

This includes a continued focus on Strategic Workforce Planning as a city; comprehensive project plans to optimise work with Health Education England (HEE) and NHS England; further development of our place-based Leeds Learning Needs Analysis (LNA) to identify collective priorities; and growing the content and audience for the Academy's new Learning Portal to increase the reach and impact of shared learning.

We are also exploring opportunities for partnership innovation relating to the pathway for young people into health and care careers; the potential for a Team Leeds approach to structured and supported engagement of students as volunteers and flexible workers; and the next phase of Leeds One Workforce Narrowing Inequalities strategic approach. The newly formed Digital Workforce Advisory Group will also meet to strengthen collective support for the development of the Academy's Learning & Development portfolio and the potential for digital innovation to improve access to Health and Care Careers.

Health and Wellbeing Board governance

1.1 **Consultation, engagement and hearing citizen voice**

1.1.1 Any of the initiatives described within the paper include hearing the voices of communities and the workforce in informing and shaping what is most important to them and what would have the greatest impact. Information gathered through staff surveys, Big Leeds Chats and other public engagement exercises are all utilised.

1.2 **Equality and diversity / cohesion and integration**

1.2.1 The work highlighted in this report is aligned to priorities of our Leeds Health and Wellbeing Strategy 2016-2021 and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest; and in particular priority 11 – a valued, well trained and supported workforce.

1.2.2 Any future changes in service provision arising from work will be subject to governance processes within organisations to support equality, diversity and inclusion.

1.3 **Resources and value for money**

1.3.1 The Academy is supported through a Fair Shares funding model against a set of agreed priorities and objectives which are closely monitored through the One Workforce Strategic Board. This helps ensure value for money and benefit. Through taking a one city workforce approach, doing this once or specific partners taking a lead on behalf of the city contributes to using our collective Leeds £ efficiently and effectively.

1.3.2 The Academy has also attracted and managed to secure additional external funding into the city.

1.4 **Legal Implications, access to information and call In**

1.5 There are no legal, access to information or call-in implications arising from this report.

1.6 **Risk management**

1.6.1 Risks relating to each piece of work highlighted is managed by relevant organisations and boards/groups as part of their risk management procedures.

Recommendations

1. Board to celebrate the progress and positive impact the Academy and One Workforce Programme is making.
2. Board to continue to proactively and visibly champion a one city Team Leeds approach across our collective workforce.
3. Board to provide steer for any high impact opportunities not mentioned within this report or supporting papers where the work being undertaken could be applied.

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How does this help reduce health inequalities in Leeds?

As outlined in the seven strategic workforce priorities, the Academy aims to narrow inequalities by eliminating discrimination and narrowing inequality gaps where they exist to ensure that Leeds is an inclusive and diverse 'one workforce employer', specifically focusing on engaging and attracting people from local communities. This includes ensuring that a diverse range of education and training, health and wellbeing support, and staff benefits are available and accessible free at the point of access, to all health and social care workers in Leeds, targeting those who need them most.

Additionally, the Narrowing Inequalities - Connecting Communities through H&C Careers project is an innovative programme of work which has established and sustained a city-wide approach to working with disadvantaged local communities, successfully helping residents to explore and secure jobs and training in health and social care services.

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

Ensuring a high-quality health and care system is at the heart of the Leeds Health and Care Academy and ensuring that the current and future workforce are equipped with the right opportunities and skills to make a difference. The collaborative and inclusive Leeds approach is intended to drive efficiency, improve quality, accelerate progress and amplify impact, with the city's vision to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

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

The greatest financial cost of the health and care system is on workforce. The impact of the work will ensure that the workforce are skilled and able to provide an efficient, effective, safe and person centred care. The One Workforce Programme and Academy are also leading on the development of different and innovative workforce models for the future which will also help to contribute towards and effective and efficient use of resources.

In addition, over the last two years the Academy and One Workforce Programme has attracted funding directly into Leeds or been part of bids totalling in excess of £1.3m.

Future challenges or opportunities

Challenges

- The impact of the pandemic- the challenges facing our workforce have continued to increase as all our services experience unprecedented demand and adapt to meet changing needs and expectations.
- The challenge of recruiting and retaining our workforce including the high levels of competition within the labour market, the economic and social impact of Covid 19 and the increasing cost of living pressures.

- The impact of Brexit, enhanced seasonal pressures and the existing levels of exhaustion and burn-out experienced by our staff.

Opportunities

- Reflecting on the city's greatest areas of risk and opportunity, the Academy has developed a number of direct services to enhance collaborative learning and development, resourcing, health and well-being, workforce planning and our collective capacity to narrow inequalities through health and care careers.

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

Leeds
Health & Wellbeing
Board

Report authors: *J Longworth, E Griffiths, K Ingold*

Report of: The Leeds Trauma Awareness, Prevention and Response Steering Group

Report to: Leeds Health and Wellbeing Board

Date: 9th February 2023

Subject: Seeking sign off for the Compassionate Leeds: Trauma awareness, prevention and response strategy for children, young people and families

Are specific geographical areas affected?	☐ Yes	☒ No
If relevant, name(s) of area(s):		
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?	☐ Yes	☒ No
If relevant, access to information procedure rule number: Appendix number:		

1 Summary of main issues

Colleagues responsible for the Trauma Awareness, Prevention and Response Steering Group presented to the Health and Wellbeing Board in December 2021. The board

- Noted the ambitious vision and scope of the Leeds work
- Recognised progress to date in Leeds
- Noted proposed next steps in Leeds
- Recognised the synergy of the WYICS programme and benefit of working together

Today we will share the proposed strategic approach and request sign off from the board and we will share progress delivered to date to make Leeds more compassionate and trauma informed.

2 Recommendations

The Health and Wellbeing Board is asked to:

1 Note the progress made by the Trauma Awareness, Prevention and Response Steering Group since December 2021

2 Sign off the draft strategy, endorsing publication in March 2023

3 Seeking sign off of the Compassionate Leeds Strategy from the board

3.1 The attached strategy sets out our ambitions vision which is: for partners in Leeds to work collectively as a trauma-informed city where we realise the widespread and unequal impact of adversity and recognise the part we can each play in overcoming this. Through nurturing relationships and building strengths, we hope that all babies, children, young people and those who care for them will feel safe and thrive.

3.2 It also sets out:

- Some of the language around trauma and adversity
- Why we want Leeds to be a trauma-informed city
- How being a trauma informed city will help children, young people and families in Leeds
- The journey so far and the context within which this strategy sits
- How this strategy has been developed
- The data and evidence upon which we're building this strategy
- The principles which underpin this strategy
- What a public health approach to trauma looks like
- The strategic framework including what we want to achieve
- How we plan on getting there (our action plan)
- How we plan to monitor and evaluate the strategy
- The leadership and governance of the strategy

We request that the board reads the strategy, listens to the presentation and has a discussion to enable agreement to sign off the strategy

4 Update on key developments since December 2021

4.1 An Adult Trauma Awareness Prevention and Response Steering Group has been set up

This was set up in January 2021 in recognition of the need for a strategic, collective leadership and coproduced response to adults of all ages who fall outside the children, young people and families strategic remit. This integrated response from the Leeds City Council and Leeds Office of the NHS ICB, incorporates partners from across the spectrum, working in close alignment with the Children Young People and Families steering group.

From January 2022 this work has evolved to form a parallel professional movement of organisational leaders alongside a smaller influential strategic group to progress the work at pace.

This response is strategically embedded within the mental health strategy however trauma awareness and trauma informed approaches are not solely occupying a mental health space. The strategic vision is the breadth and reach of this evidence base and the membership of the professional movement has the requisite broader inclusion to ensure expanded reach into other areas and systems.

4.2 Trauma Awareness Prevention and Response Community Grants Scheme has been set up and administered

The NHS West Yorkshire Integrated Care Board in Leeds, Leeds City Council and Forum Central have partnered with Leeds Community Foundation to deliver a grants programme that seeks to boost protective factors in children and young people who have experienced, or are at risk of experiencing, adversity. The main focus is on community organisations working with children and young people and families to promote strong, healthy relationships through activities that support the development of relationship & pro-social skills. The programme received twenty-seven applications and eight organisations have to date been awarded grants. These organisations have also been selected not only on the strength of their application but also in terms of their reach particularly in relation to those who work in more deprived areas, or with groups who face additional challenges, for example care leavers, families facing domestic abuse or racial inequity. A further application process for the remainder of the funding will be undertaken in the coming months that will focus on protective factors and targeting children and young people and their families from Black and Minority Ethnic communities.

4.3 The Leeds Trauma Informed Practice Integrated Resource Team has been further developed

The trauma informed practice integrated resource team currently consists of one permanent team member (the health co-lead) and a temporary seconded team member from the Educational Psychology Team (the education co-lead). From existing resource, some time is currently given to the team by an Early Help social care colleague (the social care co-lead).

Key outcomes for this team:

The workforce working with children and families in Leeds will understand and adopt a trauma informed lens within their practice
The organisations they work within will understand and actively support them to adopt this trauma-informed approach
Key workforce groups will be able to access ongoing support to develop and embed a trauma informed approach in their work through reflective case discussion, supervision formulation and consultation
There will be easy and streamlined access to joined-up, integrated trauma-focused expertise and recovery-focused intervention where needed.
Stakeholder agencies and arenas will be working in partnership towards a Compassionate, Trauma-Informed Leeds across the life-course; families, schools/colleges and communities will have increased awareness of the impact of trauma and adversity in childhood.

The three co-leads have been carrying out a range of activities to develop an implementation plan to establish this new team, adopting a trauma-informed approach to this work from the outset. Initial activities included planning and hosting a series of multi-agency team planning sessions. The clear consensus from these was that team should:

- Provide an integrated multi-agency support offer for anyone seeking trauma-focused expertise for young people in the city and be a recognisable place to go for support and guidance, with a single access point.
- Empower professionals and families to follow a graduated approach to meeting need - know what to do, in what order, within their existing relationship with the child to help them.
- Will not provide all trauma-focused intervention for young people, but will be well-connected to other services which do and will create an integrated system with partner providers, that can provide smooth access to suitable support and intervention – team around the family approach
- Will offer some direct therapeutic intervention where this will extend, compliment or develop existing provision, using a co-working approach

Subsequent activities have included:

- Drafting a service specification document for the team
- Drafting an outcomes framework for the team
- Discussions with ICB colleagues about funding/ service model/outcomes framework/collaborative agreement
- Connecting with and contributing to the West Yorkshire Adversity Trauma and Resilience Programme and their expert consultants to ensure our programme aligns with the regional direction, available evidence and best practice guidance
- Connecting with many key people across all agencies in Leeds to raise awareness, increase understanding and build relationships
- Connecting with people from other areas of the UK who are working towards similar outcomes eg Islington, Lancashire/South Cumbria, Southampton.
- Exploring ways to model trauma informed practice in recruitment inc. ways to increase diversity in team
- Exploring ways to co-design with people with lived experience/who might link with team, in a trauma-informed way
- Developing plans for a trauma information hub as part of the Mindmate website as a resource for professionals working with young people
- Health: building a trauma-informed lens into staff support and organisational development in Leeds Community Healthcare; promoting the programme across child health teams; developing a clinical model to guide formulation, consultation and intervention planning

- Social care: developing a framework of reflective practice groups for managers, embedding the Leeds Practice Model into a trauma-informed framework, part of an ongoing training offer to social care children and families' workforce
- Education: co-developing a programme for trauma-informed whole school development; mapping current strengths in practice in Leeds schools, linking in with different teams to develop consistent training offer; promoting the programme in Leeds to senior leaders in schools and further education settings.

Key to the next phase of team development will be recruiting education and social care co-leads into permanent positions, which is in progress. Further actions will then focus on the first 3 outcomes and will include:

- Planning and hosting a series of discussions to co-develop a programme for whole school development approach (linking in with the wider WY ATR workstream)
- Delivering foundation training to the children's health, social care and third sector workforce, possibly in collaboration with the WY ICP programme.
- Extending the reflective practice offer to managers in health and social care
- Working with the Rethink team in social care to embed the Leeds Practice Model in a trauma informed framework
- Working with organisational development colleagues to embed a trauma informed approach into management and leadership training
- Linking with the community grant holders to learn from their projects and communities, embedding this learning and insight into our plans.

5 Health and Wellbeing Governance

5.1 Consultation, engagement and hearing the citizens' voice

Colleagues in the city have reviewed existing local and national reports to understand people's experience of trauma and what needs to improve. Some of the key headline messages are:

- Children often felt anxious, scared, depressed and ashamed, with many believing that the problems at home were their fault.
- Children report trying to shield and protect younger siblings.
- This insight report found that feeling listened to is particularly important to people who have experienced trauma.
- Evidence tells us that involving children and young people in their care and in the development of service increases safety and leads to improved access and experience.

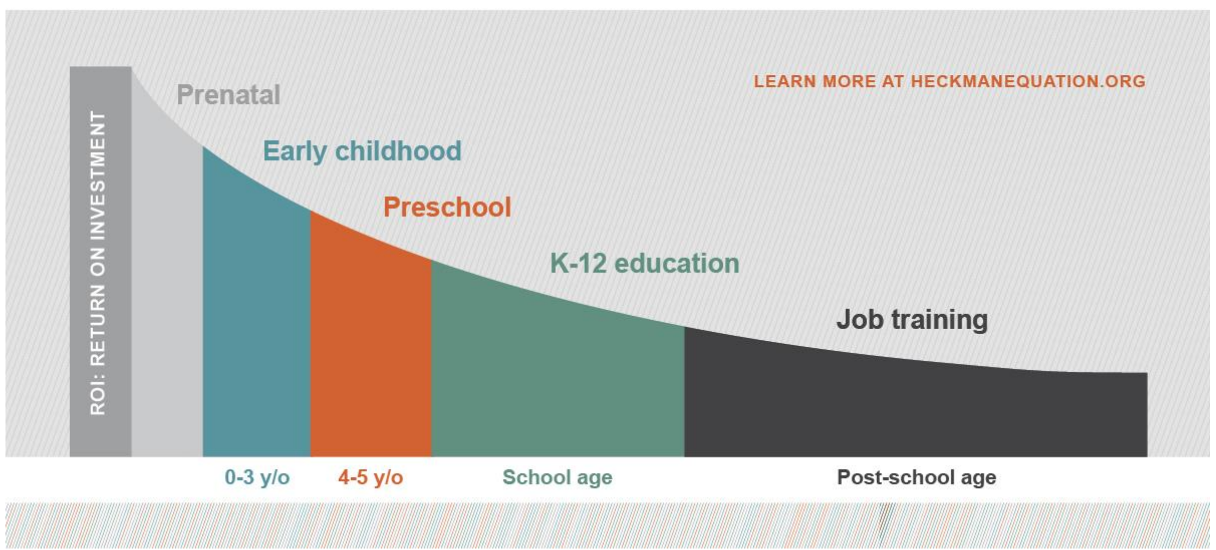
There is a commitment to work with children and families and those with lived experience through delivering the strategy, programme, events and services.

5.2 **Equality and diversity / cohesion and integration**

Childhood trauma can be exacerbated (as well as caused) by experiences of prejudice such as sexism, homophobia, racism and disablism. This prejudice not only intensifies the trauma they have faced, but discrimination, stigma or social marginalisation means they are also more likely to have only limited access to support and treatment. The Leeds approach recognises this as reflected in including adverse community experiences alongside the ten original adverse childhood experiences.

5.3 **Resources and value for money**

Professor James Heckman, Nobel Prize Laureate in Economics, through his research shows that quality early child development is essential for better education, health and economic outcomes for a whole population



The cost of late intervention is estimated to be £16.6 billion a year (in England and Wales); while not all late intervention is avoidable, there are considerable resources being spent tackling issues that could have been dealt with sooner and at less cost to the individual and to services (Early Intervention Foundation, 2016). There are local data that confirm this in children and young people who have been placed out of area; deep dives of 3 individuals illustrate how earlier integrated intervention could have prevented significant escalation of need in these children.

A recent Lancet article identifies that programmes to prevent ACEs and moderate their effects are available: Rebalancing expenditure towards ensuring safe and nurturing childhoods would be economically beneficial and relieve pressures on health-care systems.

Evidence from UK and international contexts suggests that failing to help young people recover from harm and trauma can mean that problems persist and/or worsen in adulthood, creating higher costs for the public purse (EIF, 2016; Kezelman et al, 2015).

5.4 **Legal Implications, access to information and call In**

There is no access to information and call-in implications arising from this report.

5.5 **Risk management**

The Steering group(s) are responsible for owning any risks identified through the programme planning process, and to work collaboratively to develop proposals for mitigation and resolution.

6 Conclusions

Our ambitious vision is for partners in Leeds to work collectively as a trauma-informed city where we realise the widespread and unequal impact of adversity and recognise the part we can each play in overcoming this. Through nurturing relationships and building strengths, we hope that all babies, children, young people and those who care for them will feel safe and thrive. This paper provides an overview of the draft Compassionate Leeds strategy for sign off, alongside an update on work delivered so far.

7 Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress made by the Trauma Awareness, Prevention and Response Steering Group since December 2021
- Sign off the draft strategy, endorsing publication in March 2023

8 Background documents

- Best Start Plan (2015-25)
- Early Help approach and Strategy (2020-23)
- Future in Mind: Leeds (2021-2026)
- Leeds All Age Mental Health Strategy (2020-25)
- Future in Mind Health Needs Assessment (2016)
- Leeds in Mind Rapid Health Needs Assessment 16-24 year olds (2018)
- Social, Emotional and Mental Health Needs Assessment: Children and young people from Black, Asian and Ethnic Minority Communities in Leeds (2019)
- Young Women’s Mental Health Outcome Based Accountability Report (2020)
- Draft Compassionate Leeds: Trauma awareness, prevention and response strategy for children, young people and families (2022)

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How does this help reduce health inequalities in Leeds?

A key priority in the Future in Mind: Leeds strategy is to reduce health inequalities – this is a priority in itself as well as an underlying key principle to be applied to all other priorities. This will take into account a need for proportional universalism – targeting resource to the communities that need it most.

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

The strategy includes the further development of services in response to need and demand, driving down waiting times and increasing access.

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

Addressing problems early in the life of the child and the problem helps to reduce costs further on in life and reduces the impact on adult's services later in life. Proportional universalism e.g., targeting resource to where it is needed first will improve outcomes and long-term costs.

Future challenges or opportunities

There is a clear opportunity to work together across the partnership, with local communities, particularly those with high need to build on existing partnerships across the system.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21 (please tick all that apply to this report)	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	
A stronger focus on prevention	X

Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	

2022

Compassionate Leeds: Trauma awareness, prevention and response strategy for children, young people and families

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Foreword

Leeds has a long history of working collaboratively to improve outcomes for children and young people. Our Children and Young People's plan sets out our ambition to be the best city to grow up in. This strategy strengthens our existing commitment to improve outcomes for children and young people by working to reduce trauma and adversity.

We know that adverse experiences and trauma in childhood can have negative impacts well into adulthood. Children and young people in Leeds have been clear about the importance of understanding the impact that previous experiences have on them.

Being trauma informed is not simply about providing a service. It requires culture change across organisations, from those working on the frontline to the most senior staff. This ambitious strategy sets out how we plan to create that change by taking a public health approach to the problem. This will focus on preventing childhood trauma and reducing its impact for children and young people across Leeds.

This strategy is for everyone who works with children, young people and families and builds on the numerous examples of good practice across the city. We are committed to breaking down siloes and developing together as a system over the coming years. I hope that this strategy will help us to take a more compassionate approach and in doing so, help all children and young people in Leeds to thrive.

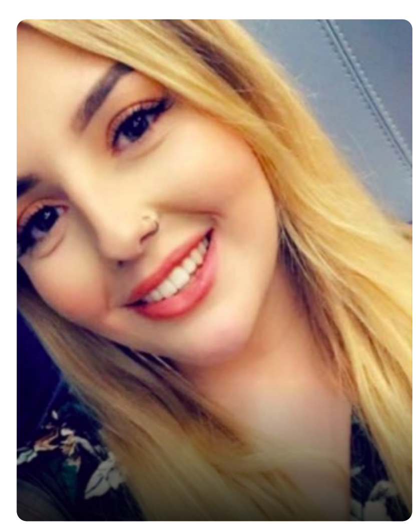
Fiona Venner -
Executive Member for Adult and Children's Social Care and Health Partnerships

> **The Future in Mind Leeds strategy:** *makes a clear commitment to develop trauma informed practice across the city, working with adult services to ensure we take a whole family approach.*

As someone who has used many services throughout childhood and into adolescence, I cannot express enough how important being trauma informed is within a service. It really makes a difference in the recovery of a young person.

Changing the language around why a young person is accessing a service can help in making the young person feel more safe, builds trust and reassures them they are not to blame in any way for the things they have been through.

Leeds works with young people to develop strategies and services, and the importance of this is paramount in the development of the trauma informed strategy. This strategy will benefit the young people of Leeds when accessing help, using their voices it will help make major improvements to all services and influence the journey to becoming a trauma informed city.



Rachael Campey -
MindMate Ambassador

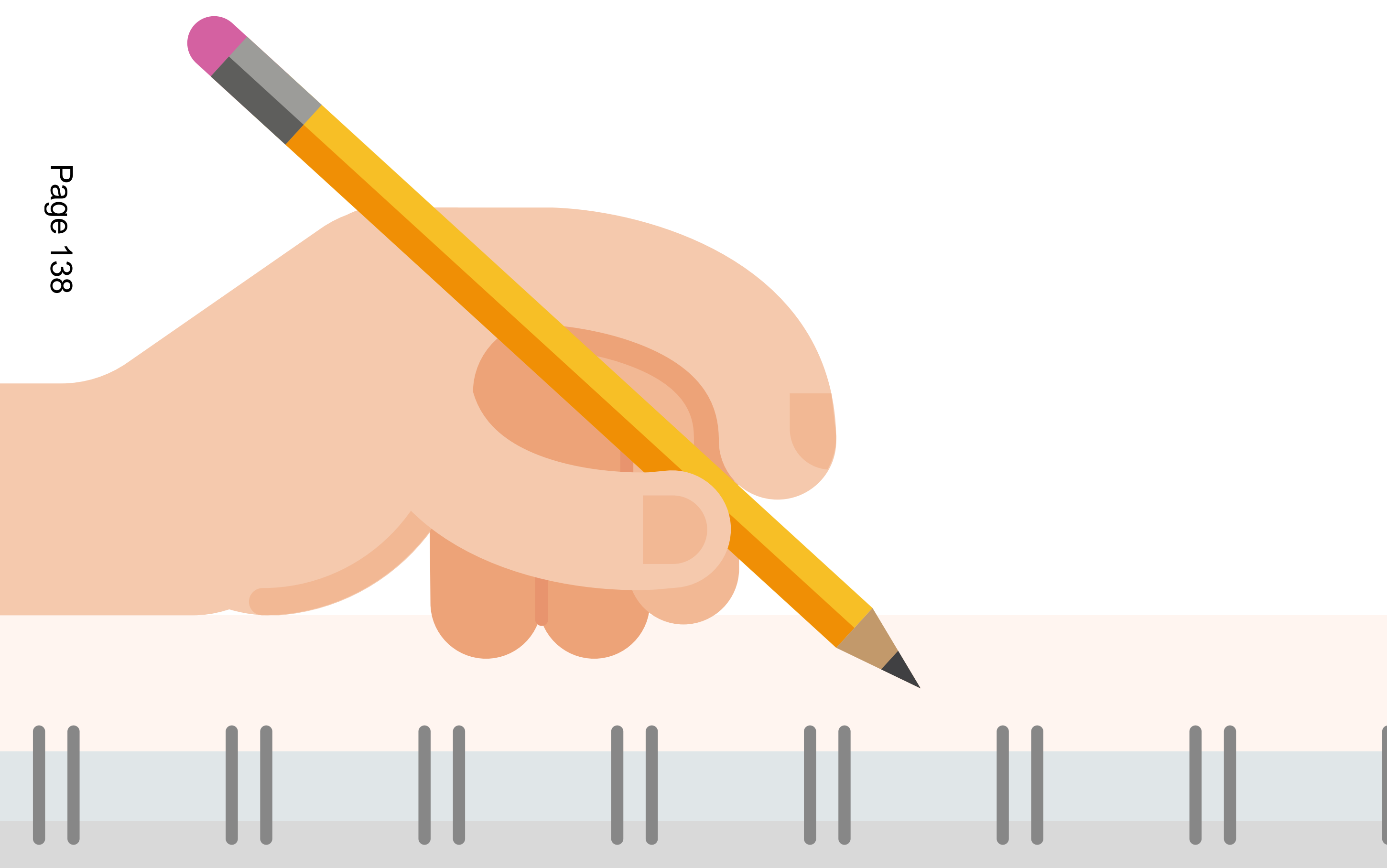
> *The services I accessed that would focus on what had happened rather than what is wrong with me, are the services I worked well with and have been imperative to my journey with my mental health/illness.*

What's in the strategy?

This document sets out:

- Some of the language around trauma and adversity
- Why we want Leeds to be a trauma-informed city
- How being a trauma informed city will help children, young people and families in Leeds
- The journey so far and the context within which this strategy sits
- How this strategy has been developed
- The data and evidence upon which we're building this strategy
- The principles which underpin this strategy
- What a public health approach to trauma looks like
- The strategic framework including what we want to achieve
- How we plan on getting there (our action plan)
- How we plan to monitor and evaluate the strategy
- The leadership and governance of the strategy

Thinking about language



As we have written this strategy, we have tried to hold in mind the power of language and the impact that our choice of words might have on those who read them.

We have tried to use language that will resonate in a helpful way with a wide range of readers. However, we know that our final choice of words won't feel right for everyone, that some people won't connect to the words we have used or might feel uncomfortable with how we have put things. We hope that starting a trauma-informed movement in Leeds will help all of us to grow better at using language that connects us and builds compassionate understanding. The words adversity and trauma are used frequently throughout this strategy. These are terms that are often used interchangeably, including by professionals. Here, we are using the word adversity to refer to very difficult situations and experiences that a young person might have. We are using trauma to refer to the negative impact this adversity might have on their mental, physical, and developmental health.

Adversity is sometimes also used interchangeably with the term adverse childhood experiences (ACEs). This term was first used by researchers in the United States to describe 10 difficult and potentially traumatic experiences or circumstances that might occur before the age of 18i. In large group studies, the ACEs research showed that reporting more of these experiences in childhood was linked to increased risk of poorer health and other outcomes in adulthood including health harming behaviours (smoking, alcohol and drug use), mental health disorders and physical health disorders including obesity and diabetesii. Importantly, this increased risk does not predict the outcome for an individual person, due to all the other positive, protective experiences an individual might also have had.

Whilst the ACEs narrative helps show the impact early adversity can have on children and young people, this strategy recognises that sources of adversity are much broader than these 10 ACEs and include community and environmental adversities as shown in figure 1.

Why do we want Leeds to become a trauma-informed city?

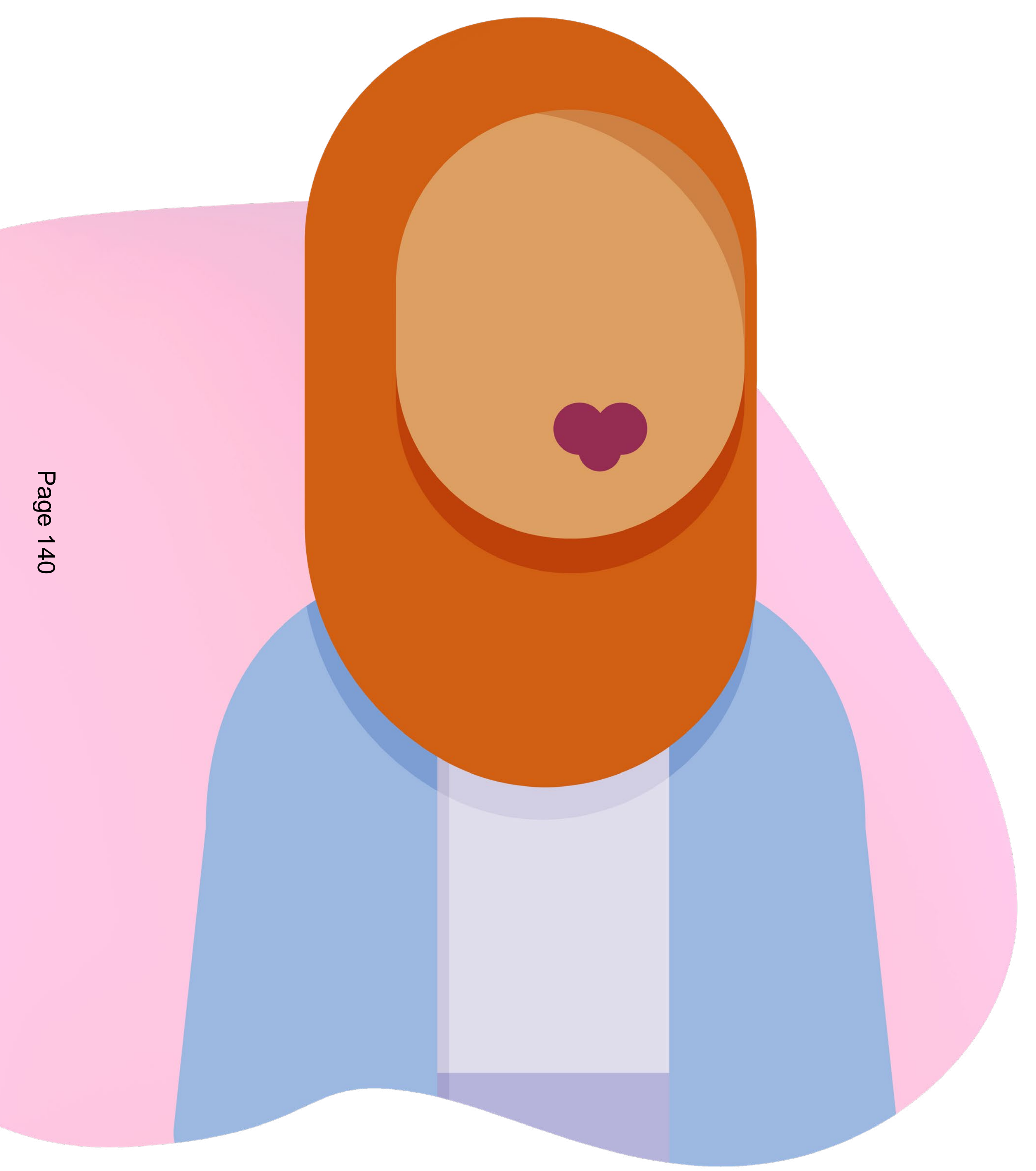
Trauma and the adverse experiences that can lead to it are common in our communities. The impact of trauma ripples out widely in people's lives; for children, trauma can disrupt their patterns of development, relationships, emotional and behavioural regulation, and growing identity.

These ripples can extend across family life, school life and social life, and have a profound impact on physical and mental wellbeing. The early ripples can swell and form into large waves of difficulty that persist long after the initial traumatic experience, increasing risk of the young person experiencing further adversity and trauma.

Trauma in childhood can have far-reaching consequences, extending into adult life and beyond, into the next generation of children. Because trauma and adversity are so widespread, their ripples show up everywhere - in our communities and classrooms, our hospitals and prisons, our staff rooms and boardrooms. Trauma and adversity can affect everyone, therefore being trauma-informed needs to be a city-wide approach.

Being trauma-informed means being aware of what might initiate these ripples of trauma and how they can show up in everyday interactions and behaviours. It's important because it creates the space and an ability to be curious and wonder why someone is angry or acting out on a regular basis; why someone's relationships repeatedly break down; it provides the opportunity to wonder what happened to them and respond with compassion.

With this comes the ability to help and create a context for overcoming difficulties through compassionate relationships and interactions. In contrast, in the absence of a trauma-informed lens, our policy and practice can reinforce the trauma, creating waves of negative consequences. Practices such as exclusion from school, or rejection from a service can mirror early traumatic experiences and further compound them.



Our best response is to seek to prevent adversity and trauma in the first place. When adverse experiences do occur, they bring risk of trauma, but importantly the outcome is not certain or fixed. We know what resources can help buffer the impact and support swift recovery. These include positive, caring relationships, a sense of connection, belonging and purpose and the security of sufficient material assets. Access to these sorts of resources is not equitable in our city, so our preventative work needs to respond to this.

When there has been a traumatic response, we know that there is no single healing step or pathway that helps everybody, and that offering a choice of stepping stones is important. Different steps will help different people move forward at different times. We need to build this map of options and help children, young people, and their families and carers to identify what strengths and resources are already helping them, and what could be the most helpful next steps for them.

Trauma can affect the way people approach potentially helpful relationships. Strategies that helped to survive adversity in the past, like being wary of others and vigilant to possible threat, can get in the way of feeling the safety and trust necessary to build helpful relationships. Trauma can also occur in the context of the systems and services there to offer help and care. We have a moral obligation to adapt our way of doing and our way of being, in order to reduce the potential for further harm and to increase safety. This includes the safety of our workforce, who are exposed to traumatic experiences both directly and indirectly, and for whom resources that prevent or buffer the impact of these need to be woven into standard working practices to support well-being.

Today's children are tomorrow's adults: they will soon become the parents, workers, and community leaders in Leeds. Investing now in becoming a compassionate, trauma-informed city will protect our children's health in adulthood, boost their contribution to our economy and prepare them to nurture the next generation of children.

How will a trauma informed approach help children, young people, adults and families in Leeds?

Taking a trauma informed approach will mean that as a city we act to prevent trauma and respond with compassion where trauma, or risk of trauma, is present.

This will enable us to work with children and young people to change the course of their journey, not only to lessen the impact of trauma through childhood and as they grow into adults, but also for the benefit of future generations. Trauma can be thought of as a cycle which can continue over generations as children grow into adults and have children of their own.

Taking a trauma informed approach will support us to break this potential intergenerational cycle of trauma and enable new trajectories by changing the way in which we respond to, relate to and interact with children, young people and their families. A parallel workstream focused on tackling trauma in adults provides an opportunity to break the cycle in adulthood. The trauma informed approach outlined here will inform an adult focused action plan.

> *I cannot express enough how important being trauma informed is within a service. It really makes a difference in the recovery of a young person.*
>
> *Rachael Campey - MindMate Ambassador*

Protective Factors and Resilience

Taking a trauma-informed approach widens our focus from "what's wrong?" to "what's strong?" A key part of this is paying attention to all the strengths, resources and assets that surround an individual, a family or community and helping to nurture and enhance these.

Findings from research tell us to pay particular attention to "protective factors". Examples of these include (but are not limited to) stable, safe and nurturing relationships; a sense of belonging within a community or group; a sense of purpose. These are things that can have a buffering effect, reducing the likelihood that adverse experiences have a negative impact for somebody. Protective factors are thought to have this effect through processes like building self-esteem, increasing sources of support, reducing the chances of a chain of further negative experiences and opening up new opportunities.

These protective processes are closely related to the psychological concept of resilience. Whereas resilience used to be thought of as a characteristic of an individual, we now understand it better as something that exists between us, rather than within us. We understand that everybody's resilience capacity changes over time, reflecting what is going on around us and that it is influenced by the resilience within the multiple systems, relationships and resources that surround us.

The journey so far and wider context

The desire for Leeds to become a trauma informed city has been growing in recent years with many examples of good practice. A number of strategic drivers mean that now is the time to redouble our efforts and create a dedicated strategy for trauma.

Examples of good practice can be seen across different parts of the system and stretch back many years. A number of schools have already embedded trauma informed principles in the way they work. Many others have relational and restorative practices central to their approach in working with children and young people. In the Accident and Emergency department we have trauma navigators working to support children and young people who may have experienced trauma. Within our early years service there has been work to promote awareness of stress and trauma and to move the conversation from 'what's wrong with you' to 'what happened to you'.

Many third sector organisations are acutely aware of the burden of trauma and working in trauma informed ways. A good example of this is The Visible Project, a cross-sector partnership aimed at improving health and wellbeing outcomes for adult survivors of childhood sexual abuse. The Visible Project has developed an all-age trauma informed charter, setting out key principles of a trauma informed approach. The full charter can be seen in *Appendix 2.*

Key strategic drivers have arisen from the development of existing strategies. The most important of these is the Leeds Future in Mind strategy which, through consultation with children and families, identified trauma as a priority area for action. This trauma strategy therefore forms part of the broader Future in Mind programme of work. Another important strategic driver is set out in the Leeds Children and Young People's Plan 2018-2023 where partners commit to protecting those who are most vulnerable and to improving social, emotional and mental health and wellbeing.

Many other existing strategies and programmes of work focusing on children and families already go some way towards achieving our ambition of becoming a trauma informed city. An important example of this is the move to restorative practice which helps to build and maintain positive, healthy relationships, something which is core to the trauma informed approach. Other important examples include the Early Help strategy which aims to enable children and families to have the right conversation with the right person at the right time in order to improve outcomes. Responding to the impact of trauma is also highlighted within the Special Educational Needs and Disability (SEND) and Inclusion strategy.

Some existing strategies help prevent the conditions that make adversity more likely, reducing the burden of trauma on the population. One example is the Best Start strategy, a broad preventative framework for children from conception to age 2 years, which aims to ensure a good start for every baby, with early identification and targeted support for families needing this, early in the life of the child. Another example is the 'Healthy Leeds' plan[iii] (previously known as the Left Shift Blueprint) which aims to support people to stay well, reduce health inequalities, provide more healthcare in community settings and focus on what matters to people.

Leeds has recently made a commitment to become a Marmot City. This means working to reduce health inequalities by tackling the social determinants of health which are the conditions in which we are born, grow, live, work and age.

As highlighted in *figure 1*, these conditions can be a source of adversity for children and young people. The Marmot programme of work will focus on giving children and young people the best start and improving the transition from childhood to adulthood. Reducing inequalities at these stages of childhood will work to prevent the conditions that make trauma more likely.

In addition to these local drivers and commitment, Leeds is a core member of the West Yorkshire Adversity, Trauma and Resilience programme. This provides a framework for the wider health and care system and there are key areas where we work together, share expertise and learn together.

This strategy is the latest stage of our journey, representing a step change in our approach to trauma and adversity. It brings together the examples of good practice and builds on existing strategic priorities to develop a structured approach which will embed trauma informed principles across the entire system. It will allow us to coordinate work across organisations and communities and provide a link to the parallel workstream focusing on tackling trauma in adults.

How this strategy has been developed

In order to develop this strategy a steering group was set up, bringing together professionals from across the system to identify how best to embed a trauma informed approach. Three senior responsible officers from Leeds City Council public health, Children's services and Leeds Health and Care Partnership are leading this work to ensure a joined up approach across the system. For the last 12 months this group has focused on working together to define language and ambition, to begin a programme of being trauma-informed and has explored the opportunities to align and integrate resources.

In November 2021 a virtual event was held to launch the ambition to become a trauma informed city and bring together partners from across the system.

Attendees and presenters included strategic leaders, expert professionals and experts by experience from a range of organisations including Leeds City Council, Leeds Clinical Commissioning Group (now the Leeds Health and Care Partnership), NHS provider organisations, Leeds Beckett University, and third sector organisations.

Over 440 people registered to attend and heard how this ambition aligns with and builds on the powerful improvement journey the children's partnership has undertaken over the last decade. Key themes from the event were captured by an embedded researcher from Leeds Beckett University who analysed the content of the various presentations and discussion sessions.

A working group was established in early 2022 to develop this strategy. The group consisted of a core of professionals from across the system with a wider reference group who were consulted during the development of the final draft of the strategy. The strategy sets out the ambitions of the steering group to develop a programme of work with a focus on prevention, raising awareness and responding to trauma, building on the good practice and assets which already exist within the city.

To see a full report of the event, view the summary document.

Data and evidence

When considering how best to develop a system approach to trauma it is important to understand the data and evidence on which the approach should be based. The data and evidence on which we have chosen to base the Leeds approach has been reviewed during the development of the strategy and is summarised on the following pages.

What do we know about trauma and adversity in Leeds?

Estimating the scale of the problem of adversity and trauma is challenging. There is no single data source which can provide us with a reliable estimate, meaning multiple evidence sources must be used to build up a picture. Each of these data sources will have specific caveats, however in general the estimates are likely to be imprecise. Much of the data available relate to people already in contact with services which likely underestimates the true burden as a proportion of those experiencing adversity and trauma will not be in contact with services. Despite the difficulties in measuring the scale of the problem it is widely accepted that trauma is widespread[iv].

In Leeds, local data has been combined with data from Public Health England (now disbanded) to estimate the prevalence of ACEs and trauma in Leeds[v]. It is important to note that this is a population level snapshot and therefore cannot be applied to any individuals.

Trauma is not predetermined by the experience of ACEs; not everyone who has adverse experiences will suffer trauma as a result. The experience of adversity can be ameliorated by protective factors, such as positive relationships, appropriate support, and safe environments.

When the report was produced in 2020, there were an estimated **169,422** children and young people under the age of 18 in Leeds. Of these, **54,512** lived in areas in the 10% most deprived nationally. Data from the Children's Commissioner local vulnerability profile estimated that **19.8% (33,580)** of children and young people in Leeds lived in households with any of the so called **'trio of vulnerabilities'.**

This trio comprises domestic violence, parental mental health problems and parental substance misuse. **7.30%** were estimated to live in a house with domestic violence, **5%** in a house with parental drug and alcohol misuse, and **15%** in a house with parental mental health problems. **1.2% (1,994)** of children and young people were estimated to live in houses with all 3 of the toxic trio.

In addition:

- **0.76% (1,288)** children and young people were looked after (i.e. in local authority care)
- **0.24% (399)** were subject to a Child Protection Plan
- **3.22% (5,472)** were Child in Need Cases
- **6.70% (11,354)** were in contact with Early Help services
- **0.40% (676)** were in contact with Youth Justice Service
- **0.13% (228)** were at risk of homelessness

In 2020 there were **126,976** pupils in Leeds schools. Of these, **0.94% (1,199)** were subject to Education, Health and Care plans, **12.14% (15,420)** were receiving SEN support, and **5.08% (6,457)** were subject to fixed term exclusions.

Understanding adversity

As highlighted on the previous pages, this strategy takes a broad view of adversity, recognising the multitude of experiences which can impact on a child (see figure 1). Whilst the widespread understanding of ACEs has highlighted the importance of addressing childhood adversity and resultant trauma, it is important to highlight the evidence that supports taking a broader view of adversity including the examination of some of the potentially significant drawbacks of the ACEs model[vii].

Factors such as bullying, discrimination, economic disadvantage and many more have been shown to impact on children's development[vi] but weren't included in the original ACEs model. Acknowledging these wider factors allows the strategy to benefit more children, young people and families, rather than focusing attention on a narrower selection of adverse conditions.

Recently the importance of promoting protective factors has been highlighted, something not promoted by the ACEs model which is largely deficit based.

By focussing on the positive, protective factors which may impact on outcomes for those experiencing adversity it is hoped that this strategy can build on strengths in both individuals and communities. The term PACEs (Positive and Adverse Childhood Experiences) has been suggested as a broader term to include these positive factors.

Adverse experiences do not occur in isolation and are often socially patterned leading to inequalities. These inequalities stem from structural inequalities (such as poverty, isolation, deprivation, and discrimination including racism) and increase the likelihood of adversity and amplify its negative impact. This is particularly relevant following the challenges experienced during the COVID-19 pandemic where children and young people experienced adversity related to conditions within the home and wider communities. Throughout the pandemic communities have been disrupted, children and young people have lost a range of opportunities and the impact of poverty has become even more stark. Taking a broad view of adversity enable this strategy to work towards reducing inequalities in the communities of Leeds.

Finally, a significant drawback of the ACEs model is the use of routine screening for ACEs which remains controversial[iv]. There are a number of unanswered questions in relation to screening for ACEs which require further research in order to understand whether screening correctly identifies vulnerable children and young people, the extent to which it leads to improvement in outcomes and the extent to which existing pathways can support those identified through screening. Taking a broad view of adversity rather than using the original ACEs as a screening checklist allows for a more holistic view of adversity and avoids excluding children and young people from support.

For these reasons, the Early Intervention Foundation recommends taking a comprehensive public health approach, focused on evidence of what works, in order to improve outcomes for children and young people[ii]. In Leeds we see the ACEs model as part of a wider narrative which, when used correctly, can help highlight the need to reduce childhood adversity and trauma and act as a driver to generate whole-system change to create the conditions where adversity is prevented and trauma responded to in a holistic, positive manner.

3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.

1 HOUSEHOLD

divorce
incarcerated family member
homelessness
parental mental illness
physical and emotional neglect
alcoholism and drug abuse
bullying
domestic violence
emotional and sexual abuse
maternal depression

3 ENVIRONMENT

CLIMATE CRISIS
record heat & droughts
wildfires & smoke
record storms, flooding & mudslides
sea level rise

NATURAL DISASTERS
tornadoes & hurricanes
volcano eruptions & tsunamis
earthquakes
pandemic

2 COMMUNITY

discrimination
substandard schools
historical trauma
violence
lack of jobs
substandard wages
structural racism
poverty
lack of social capital and mobility
poor water and air quality
food scarcity
poor housing quality and affordability

PACEs Connection thanks **Building Community Resilience Collaborative and Networks** and the **International Transformational Resilience Coalition** for inspiration and guidance. Please visit **PACEsConnection.com** to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

PACEs Connection

Figure 1 - Household, community and environmental influences on adversity and trauma. Diagram provided by PACES Connection

What is a trauma informed approach?

To guide the development of a trauma informed approach in Leeds, it is important to think about what a trauma informed approach does and what such an approach consists of.

The aim of a trauma informed approach is broadly to create 'a program, organisation or system that is intentionally designed to support children and families experiencing trauma'[vii]. One of the best known models for trauma informed care is the SAMSHA (Substance Abuse and Mental Health Services Administration) model from the United States[viii]. This model highlights four key assumptions for a trauma informed approach. It suggests that a trauma informed programme, organisation or system should:

- **Realise** the widespread impact of trauma and understand paths for recovery.
- **Recognise** the signs and symptoms of trauma in clients, families, staff and others involved in the system.
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices.
- Seek to actively **resist** re-traumatisation.

In an effort to summarise what makes up a trauma informed approach several groups have produced evidence reviews of different approaches. Key points from two of these reviews have been used to guide the Leeds approach.

The first review identified a number of different models of trauma informed care[ix]. Whilst there were some differences in the structure of the models, the review highlighted a number of common themes, including workforce development, organisational change and trauma focused services. The review also highlighted that all models included multiple intervention domains, building on the EIF conclusions that a broad, multifaceted public health approach to trauma is required to create change.

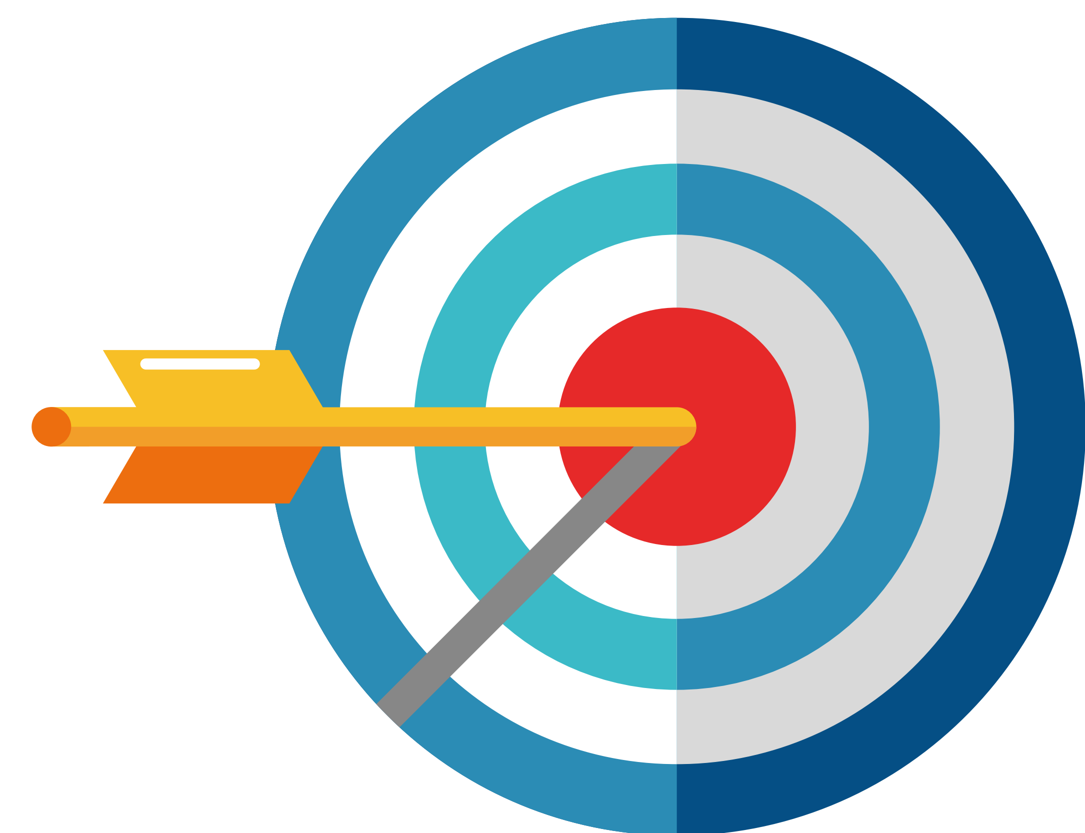
The second review highlighted factors linked to the success of implementation of trauma informed models[x]. Key factors were senior leadership commitment and strategic planning, sufficient staff support, amplifying the voices of patients and families, aligning policy, procedures and programming with trauma informed principles and using data to help motivate change.

Effectiveness of trauma informed approaches

The evidence base for the effectiveness of trauma informed approaches is growing and developing. Multiple studies show promising short term impacts of trauma informed approaches with many groups continuing to collect data for further evaluation of their impact. Many of the previously published studies focus on specific parts of the system (for example education or criminal justice). A good example of this is the iTIPS (Islington Trauma Informed Practice in Schools) whole school approach to trauma which has shown that adopting a trauma informed approach led to a change in school culture, improved staff knowledge of trauma and behaviour, and fewer pupil absences.

There is less evidence of the effectiveness of system-wide trauma informed approaches however projects like iTIPS are scaling up to work across systems meaning future evaluation findings may provide important insights for other trauma informed systems. Importantly, there is no evidence that taking a trauma informed approach results in negative impacts in either the short or long term.

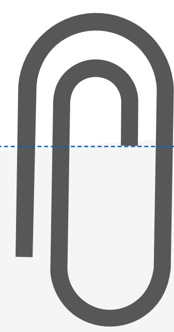
These findings, coupled with our understanding of the significant impact of trauma and adversity on children and young people, mean that a lack of action is not an option and highlight why we are taking a system-wide trauma informed approach. In order to keep growing the evidence base we will endeavour to add to capture and share the impact of the Leeds trauma informed city approach. As the national and international evidence base develops we will ensure that findings are incorporated into practice in Leeds.



Underpinning principles

Using insight from the journey so far and from the review of the evidence base, a number of key principles have been identified. These have been adopted as the underpinning principles which have guided the development of our strategic approach to trauma in Leeds.

- **Life course approach** – Trauma and adversity can affect children and young people at any age, from young babies through to those transitioning to adulthood. The effects of trauma can last even longer, impacting well into adult life. Whilst this strategy will focus on children and young people we will work closely with the parallel adult steering group to ensure our approach is aligned across the life course.
- **Intergenerational approach** – Children and young people whose parents or carers experienced high levels of stress and adversity in their own lives can also be at increased risk of experiencing such challenges themselves. By working with the adult steering group we will ensure that this intergenerational aspect of trauma is built into our approach.
- **'Think family, work family'** – Children do not live in isolation. When working with children and young people we will look at the bigger picture including family circumstances, as outlined in Leeds commitment to 'Think family, work family'[xi].
- **Strengths based approach** – This strategy recognises the numerous examples of good practice in the city upon which this can build, as well as resilience within individuals, groups and organisations. This includes drawing on protective factors within children and young people's communities and looking to strengthen these existing assets.
- **Voice of children and young people** – During the development of the Future in Mind: Leeds strategy, children and young people highlighted the impact of trauma as a priority. We have consulted with representatives of children and young people in the city and will continue to work with children and young people to inform the work done as part of this strategy.
- **Public health approach to trauma** – We commit to taking a public health approach to trauma by focusing on prevention as well as response. More detail on the public health approach can be found on the following page.



Public health approach to trauma and adversity

The public health approach has been applied to numerous typical public health problems (for example healthy weight) however recently the approach has been applied to more novel problems. Taking a public health approach can provide a structure to tackle complex problems, moving from an individual response to one that improves outcomes for entire populations by taking a system wide approach to the issue. One of the best examples of this can be seen in the 'Public health approaches in Policing' report from the College of Policing[xii].

In order to follow the recommendations set out by the Early Intervention Foundation, we have used the 'Public health approaches in Policing' as a framework to identify several components of a public health approach to trauma in Leeds which are summarised on the following page. For further detail on why each component is an important part of a public health approach see *Appendix 3.*

- **Focusing on populations not individuals** – this means looking at the needs of children and young people as a whole across the city and identifying and implementing interventions which will benefit everyone.
- **Targeting need to reduce inequalities** – this means understanding how need is distributed within the population in order to find a balance between universal (benefitting the entire population) and targeted (more benefit for those with greater need) approaches to reduce inequalities.
- **Seeking to understand and address the causes of the causes** – this means recognising that wider factors (ultimately the conditions in which we are born, grow, live, work and age) are associated with adversity and trauma and working to ensure we apply a trauma informed lens to our existing work on giving children the best start in life.
- **Putting prevention at the heart of our approach** – this means that rather than simply supporting those with established trauma we must work to prevent trauma and adversity by reducing risk factors and promoting protective factors.
- **Using data and evidence to understand the problem and implement effective interventions** – this means understanding what data we have on trauma and adversity, identifying gaps in our understanding and using the data to target need. We must also ensure that any interventions we deliver are evidence based and have been shown to be effective.
- **Working in partnership across the system with each other and communities** – means we must work together, taking a system-wide approach to prevent and respond to trauma in a holistic manner.

Strategic framework

The strategic framework is built around existing strategic priorities and uses the public health approach and the underpinning principles to set out our approach to preventing, raising awareness of, and responding to trauma in Leeds.

Vision

Our ambitious vision is for partners in Leeds to work collectively as a trauma-informed city where we realise the widespread and unequal impact of adversity and recognise the part we can each play in overcoming this. Through nurturing relationships and building strengths, we hope that all babies, children, young people and those who care for them will feel safe and thrive.

Approach

In order to achieve this vision, we have devised an approach consisting of six complementary, interconnecting strands which will help us create change *(Figure 2)*. The strands are designed to generate system-wide change and create the conditions we need in order for Leeds to be a trauma informed city.

This approach brings together, and looks to build on, the existing good work that is already happening across a range of partners in Leeds including early years, education, healthcare, children's services, police and criminal justice, and our communities. By taking this public health approach we hope to break down organisational barriers and move away from working in siloes. Instead, we will work collaboratively on issues which cut across the wider system.

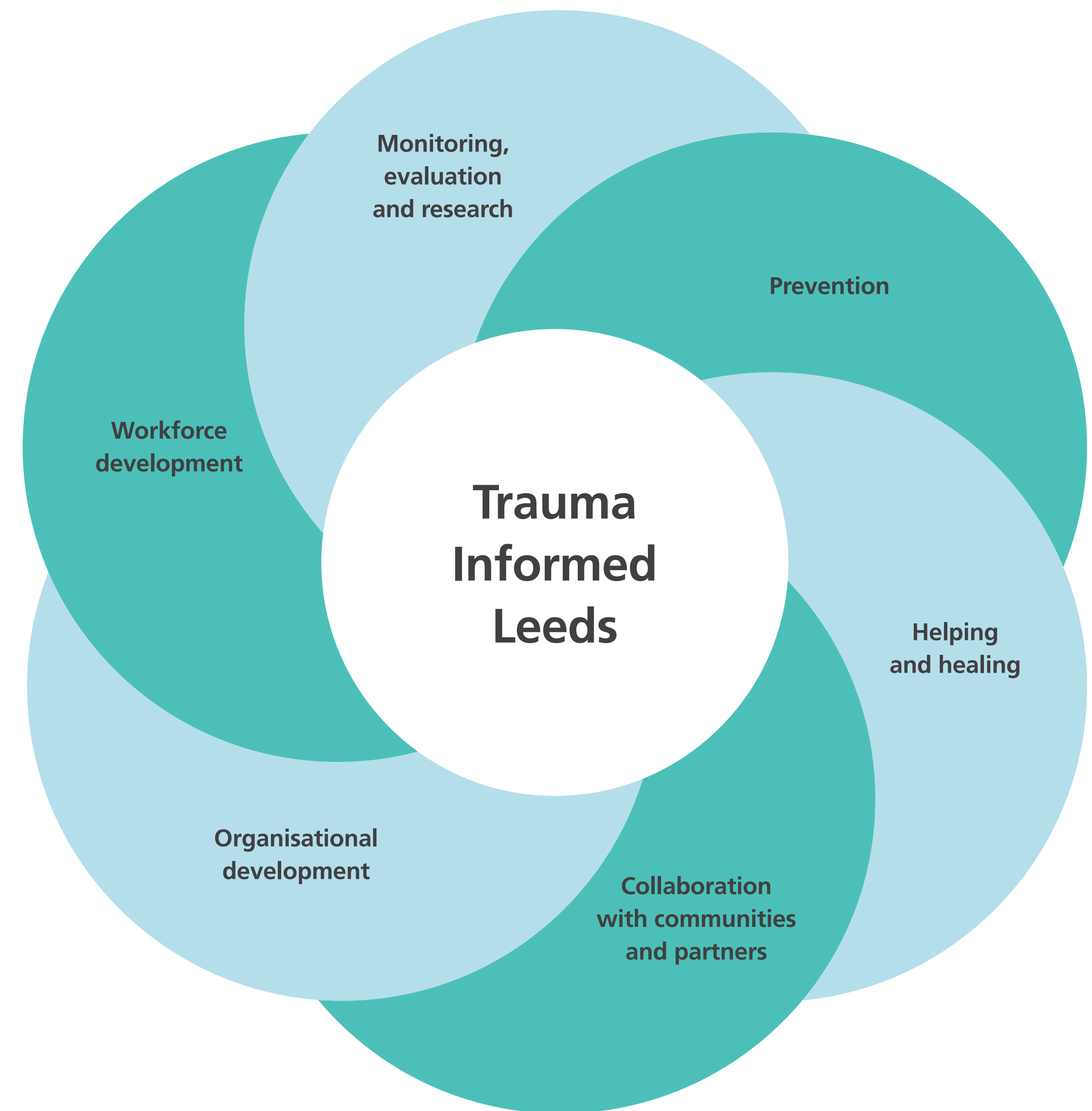


Figure 2 – The 6 strands of the Leeds approach to trauma

Workforce development:

We will offer training to those working with children and families to build realisation of the impact of adversity, trauma and resilience, the ability to recognise trauma, how to resist re-traumatisation, and how to respond within our role in a trauma-informed way. We will ensure there is support for the workforce to embed new knowledge and skills into their practice by using new systems of consultation, reflective practice, supervision, and formulation.

Organisational development:

We will engage with organisations in order to encourage person-centred and value-driven approaches,. and the development of trauma informed policy, process and procedures that support all staff, and children and young people they support in a trauma informed way. We will work to build resilience with organisations and secure buy-in from senior leaders to provide strong trauma-informed supportive working context for workforce, at all levels within the organisations.

Collaboration with communities and partners:

Working with a community development worker and supported by a community grants programme we will connect with communities and work in partnership with stakeholders to learn from those with lived experience and build on existing assets. We will develop capacity within communities through a range of co-produced actions. We will show cultural humility in all we do and work with communities to ensure that the traumatic impacts of racism and other forms of discrimination are understood and tackled through our approach.

Helping and healing:

We will develop a shared umbrella model to support development of inter-agency support plans that are theory and evidence-driven. They will empower professionals and families to know what to do, in what order, within their existing relationship with the child to help them. We will provide support to build confidence in working with trauma, and develop inter-agency practice that shares common language, common understanding and empathy for partner agencies and services to build sense of shared endeavour. We will develop a map of available support and provide an integrating function to help children and families to access support. We will develop a new team to act as a trauma-informed practice integrated resource team in order to build capacity in others and provide a place to turn to for support, guidance, information and resources. We will offer some direct therapeutic intervention where this will extend, compliment or develop existing provision.

Prevention:

We will work to prevent trauma and the conditions that make adverse experiences more likely. This will include the use of population health data through a local data accelerator programme to increase our understanding of trauma and direct resources to support prevention and early intervention. Our preventative work will also look more broadly and consider how we can influence the wider factors related to trauma (the 'causes of the causes') by building on the existing good practice and applying a trauma informed lens to preventative work. Our preventative work will look to identify and tackle inequalities in adversity and trauma.

Monitoring, evaluation and research:

Working with an embedded researcher we will collaborate across a range of research and evaluation resources, including in local universities and the trauma-informed practice integrated resource team, to develop and share evidence of how this programme unfolds. We will develop a comprehensive evaluation programme, working with colleagues from the West Yorkshire and Harrogate Health and Care Partnership, in order to ensure we are progressing towards our goal. We will ensure that analysis of inequalities is a core part of our evaluation and monitoring programme.

Outcome framework and action plan

A number of specific outcomes linked to the six strands of our strategic approach have been identified (*Table 1*). The research evidence highlighted in this strategy evidences the contribution that trauma and adversity make to broader outcomes for children and adults. Delivering these outcomes, and thereby creating a trauma informed city for children and families in Leeds, will improve health, wellbeing, education and broader social outcomes for children throughout their lives.

Strategic strand	Key outcome
Workforce development	All members of the workforce supporting children and families in Leeds understand the role they play in making Leeds a trauma informed city and are able to adopt a trauma informed approach when interacting with children and families.
Organisational development	All organisations working with children and families in Leeds understand the role they play in making Leeds a trauma informed city and actively support the adoption of a trauma-informed approach within their organisational practices and policies.
Collaboration with communities and partners	Organisations, communities and other stakeholders work collectively to ensure the trauma informed approach is informed and shaped by the perspectives of all communities including those seldom heard and those with the greatest need.
Helping and healing	All children, young people and families have clear and easy access to appropriate, timely and graduated support when intervention, further to experiences of specific traumatic events and/or developmental trauma may be indicated.
Prevention	The traumatic impact of early adversity and the conditions that make adverse experiences in childhood more likely are reduced whilst protective factors are strengthened.
Monitoring, evaluation and research	The impact of taking a trauma informed approach and any additional learning points are understood and add to the existing evidence base.

Table 1 - Key outcomes for each strand of the strategy

Action plan

Workforce development

High level outcome	Priority areas	Year 1 actions	Subsequent actions
All members of the workforce supporting children and families in Leeds understand the role they play in making Leeds a trauma informed city and are able to adopt a trauma informed approach when interacting with children and families.	The workforce supporting children and families across Leeds understands the impact of trauma, the scale of trauma and the principles of trauma informed practice and actively incorporates a trauma informed approach.	Identify key workforce groups who would benefit from trauma informed practice training.	Develop an infrastructure to deliver training and begin delivery to identified groups.
	Key workforce groups actively keep their knowledge and skills up to date.	Develop a foundation training package which highlights the impact and scale of trauma and outlines trauma informed practice principles.	Develop follow-on training packages to cover specific areas of trauma informed practice to deepen knowledge and skills over time.
	Key workforce groups are supported to embed a trauma-informed approach into their ongoing practice.	Establish a network of practice to share resources and best practice.	Develop an infrastructure to offer reflective practice and supervision to key workforce groups.
		Establish a library of resources to support trauma informed practice that is shared across the system.	Create an integrated multi-agency trauma-informed practice resource team to offer regular reflective practice and supervision opportunities.
		Develop and pilot models of reflective practice and supervision focused on embedding a trauma-informed approach into the routine practice of key members of the workforce, building skills and promoting wellbeing.	

Organisational development

High level outcome	Priority areas	Year 1 actions	Subsequent actions
All organisations working with children and families in Leeds understand the role they play in making Leeds a trauma informed city and actively support the adoption of a trauma-informed approach.	Organisations actively embed trauma informed principles in practices and processes, outwardly with the people they are there to serve and with external partners and inwardly with colleagues in the organisation.	Connect with senior leaders and key allies in organisations across the system to introduce this programme and secure buy-in to trauma informed principles.	Develop networks across organisations to share learning about good practice and to embed changes across the whole system.
	Organisations actively support the wellbeing of the workforce to prevent the negative and possibly traumatic impact of working closely with people who have experienced trauma.	Work with organisations to identify existing examples of policies, processes and pathways which embed trauma informed principles.	Work with senior leaders, key members of organisations and their service users to co-create and pilot new processes and practices.
		Work with organisations to develop measures to track progress of trauma informed organizational change.	Further develop and embed trauma informed policies, processes and pathways across organisations in Leeds.
		Work with the West Yorkshire Staff Wellbeing Hub and organisations to identify existing good practice and gaps in practice to support wellbeing and trauma stewardship of key staff groups.	Work with key members of organisations to co-create and pilot resources and practices that protect staff wellbeing and develop trauma stewardship.

Collaboration with communities and partners

High level outcome	Priority areas	Year 1 actions	Subsequent actions
Organisations, communities and other stakeholders work collectively to ensure the trauma informed approach is shared across the system, and is cognisant of the experiences of all communities including those seldom heard and those with the greatest need.	Young people with lived experience of adversity and trauma, other stakeholders and communities are able to engage with the development of the trauma informed approach in Leeds in a variety of ways, with their experiences and perspectives valued as an asset through trauma informed co-production.	Identify key stakeholders by identifying the critical interfaces between core services, which have established related offers to key groups and settings.	Identify ways to incorporate lived experience of early adversity and trauma to into co-production activity.
		Identify key voluntary and community sector organisations working on trauma and adversity.	
	Communities and community-based organisations play an active part in the delivery of the trauma informed approach.	Involve relevant agencies and organisations in the co-production and planning of key elements of the strategy (e.g. workforce development programme, response pathways as part of Helping and Healing).	
	Families, communities, schools, colleges, early years settings and other partners are aware of the impact of childhood trauma and empowered to play a key part in this ongoing work in Leeds to tackle it.	Employ and embed a community development worker to develop links with key community groups and stakeholders, to enable their voices and views to be heard and to influence and co-develop the evolving plans.	
		Develop and maintain a community grants scheme to fund projects which promote protective factors.	
		Develop a trauma informed movement/ network.	
		Share key updates with the network.	

Helping and healing

High level outcome	Priority areas	Year 1 actions	Subsequent actions
All children, young people and families have clear and easy access to appropriate, timely and graduated support when intervention, further to experiences of specific traumatic events and/or developmental trauma may be indicated.	Establish a joined up, integrated and needs focused offer of graduated support and intervention following trauma and adversity across the partnership of key front-line services for children and families in Leeds.	Identify good practice in existing offers of support and intervention following trauma and adversity in key front-line organisations across the system.	Create a comprehensive map of support and intervention following trauma and adversity that identifies a range of support options to meet identified needs, rather than defining who distinct services can help.
	Ensure the workforce is able to access ongoing support to provide a needs-focused, flexible and proportionate response to presenting situations.	Identify gaps and blockers in existing offers of support and intervention following trauma and adversity in key front-line organisations across the system.	Identify and pilot new approaches to reduce barriers and fill gaps in existing offers of support and intervention in collaboration with interagency colleagues and co-production with young people and families.
		Develop a shared umbrella clinical model to support development of evidence-based inter-agency therapeutic plans that focus on sequential needs being met through a partnership approach between services.	Share model in training, consultation and joint working, piloting its use and shaping the model in response to feedback.
		Establish and develop a dedicated multidisciplinary trauma informed practice integrated resource team, drawing on clinical, educational and social care perspectives, that is integrated into existing and developing therapeutic support services in early help.	Develop an infrastructure to deliver accessible support through case formulation and consultation, using feedback to shape the offer of both indirect and direct support.
		Develop and pilot models of trauma-informed formulation and consultation.	

Prevention

High level outcome	Priority areas	Year 1 actions	Subsequent actions
Trauma and the conditions that make adverse experiences more likely are reduced whilst protective factors are strengthened.	Population health data relating to trauma is widely understood and used in the development and delivery of the trauma informed approach.	Share existing prevalence study amongst partners to ensure all stakeholders understand the current picture.	Work with the local data accelerator programme and public health intelligence colleagues to identify ways to strengthen population level data on trauma and adversity.
	Trauma and adversity are factored into wider prevention work across the city.	Map trauma and adversity risk factors against existing activity to identify gaps for action.	Influence existing and emergent strategies to include a focus on prevention of trauma where relevant (including in the upstream determinants of health).
	Communities and community organisations understand and promote protective factors.	Develop and maintain a community grants scheme to fund projects which promote protective factors.	

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Monitoring, evaluation and research

High level outcome	Priority areas	Year 1 actions	Subsequent actions
The impact of the trauma informed approach and any additional learning points are understood and add to the existing evidence base.	Develop a monitoring framework to enable regular updates on progress.	Identify key milestones and indicators.	
		Develop an agreed structure for reporting to relevant boards and groups.	
	Develop and implement a comprehensive evaluation plan, sharing learning with local, regional and national stakeholders as appropriate.	Review approaches to evaluation of trauma-informed organisation-wide and system-wide programmes in the UK and beyond.	Share learning across local, regional and national stakeholders.
		Work with academic colleagues to identify suitable indicators to measure outcomes of this programme.	
	Working with academic partners, identify opportunities to conduct research related to the aims of the strategy and system-wide trauma informed approaches.	Identify partners in local universities and organisations with interest and expertise in this area.	Working with partners, develop opportunities for research projects.

Monitoring and evaluation

In order to capture progress towards the strategy outcomes we will ensure there are robust monitoring and evaluation processes in place. Monitoring will provide regular updates to allow oversight by both the trauma steering group and the Future in Mind board.

A more thorough evaluation will be completed at a future date and will provide more detail on what has been achieved. Where possible, in order to add to the existing evidence base, we will publish relevant findings in collaboration with local academic colleagues.

The biggest challenge with monitoring and evaluation of this strategy is the lack of robust, regularly reported data. As highlighted above, adversity is a broad topic with no single marker or indicator. The previously completed prevalence study showed that a number of relevant data sources exist however these focus on ACEs rather than the broader topic of adversity.

Many of the data sources are not routinely reported and as such do not provide obvious targets for routine monitoring, although they may still be useful for evaluation. We will work with academic colleagues to devise ways to better capture the impact of the strategy by identifying meaningful indicators and ways to capture the more abstract elements such as culture change within the system.

As such, in the initial stages of the strategy, monitoring will focus on processes rather than impact, with a focus on what and how things were done during the delivery of the strategy. This is important as it can help understand what elements of the strategy were successful (or not).

To enable regular reporting, the action plan has been expanded to include the responsible person/team for each action and space to record progress. This will act as an action tracker, enabling progress to be captured and fed into relevant boards.

Leadership and governance

Leeds Health and Care Partnership and Leeds City Council have committed funds to create a trauma informed practice integrated resource team that will provide capacity and act as a key enabler to build the trauma-informed approach in Leeds.

This includes providing leadership to workforce development, supervision and formulation for the wider children and families workforce, as well as access to therapeutic support. The service will lead the delivery of several elements of this strategy, overseen by the trauma awareness, prevention and response steering group. This will be led by the three senior responsible officers from Leeds public health, the Leeds Office of the Integrated Care System and Leeds Children's Services. Other elements of the strategy will be delivered through other key partners including public health and the third sector.

The steering group will sit alongside a parallel group focusing on the approach to trauma in adults, working together to ensure a joined up approach to trauma and adversity in Leeds.

A number of stakeholders from across the city expressed an interest in helping to shape the strategy and the ongoing trauma informed approach. This group was asked to comment on the draft version of the strategy and will be part of an ongoing network.

The steering group will report to the Future in Mind Board (and ultimately the Health and Wellbeing Board) as shown in *Figure 3.*

Children and young people in Leeds, including those with lived experience will have the chance to shape the work delivered as part of this strategy as outlined in the strategic approach above.

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Future in Mind Programme Board

Children and young people trauma awareness, prevention and response steering group

Adult trauma steering group

Trauma informed practice integrated resource team

Community grants programme

Community development worker

Wider public health programmes

Future projects

Figure 3 - Governance structure

Appendix 1 - Key strategies aligned to the trauma informed approach (in alphabetical order)

Everyone's included: the Leeds SEND (Special Educational Needs and Disability) and inclusion strategy – sets out the approach to improving outcomes for those with SEND and additional needs. It emphasises a shared commitment to breaking down barriers to inclusion and reducing inequalities, a graduated approach to meeting need with high quality early assessment and support, and working in an integrated way across agencies and with families. The strategy makes a commitment to develop a city-wide approach to trauma informed practice, linking closely with the ambition outlined in the trauma strategy.

Future in Mind: Leeds – is the children and young people's mental and emotional health strategy. It sets out seven key priority outcomes, one of which focuses on the impact of trauma. The strategy makes a commitment to developing trauma informed practice across the system which will be achieved by this trauma strategy.

Healthy Leeds: Our plan to improve health and wellbeing in Leeds – sets out how the CCG in Leeds (soon to become the Leeds Office of the ICS) will work to deliver better outcomes and reduce health inequalities. It commits to taking action at three levels: wider determinants, prevention and access to effective treatment, care and support. This will enable a 'left-shift' whereby people will stay healthier for longer.

The plan is clear that improving children's outcomes is key, linking nicely to the work set out in this trauma strategy.

Leeds Best Start Plan – describes a broad preventative programme from conception to age 2 years. It aims to ensure a good start for every baby with early identification and targeted support for vulnerable families early in the life of the child. The focus on reducing vulnerability through preventative efforts has a lot of cross over with the trauma strategy. Some of the preventative work undertaken in the Best Start work will help achieve outcomes outlined in the trauma strategy.

Leeds Children and Young People's Plan – is the overarching plan for improving outcomes for children and young people in Leeds and for making Leeds a child friendly city. The plan outlines the vision for the city along with a number of priority areas, outcomes and actions which will help to achieve this. The trauma strategy links closely to the plan and works towards two of the priorities - ensure that the most vulnerable are protected and improve social, emotional and mental health and wellbeing.

Leeds Domestic Violence and Abuse Support in Safe Accommodation Commissioning Strategy – sets out the Leeds approach to ensuring victims-survivors of domestic violence and abuse have access to safe accommodation. Domestic violence and abuse is one of the toxic trio, as described earlier in the trauma strategy document.

By ensuring the safety of victims-survivors and their children, this strategy will help prevent trauma in children and young people. The strategy also commits to taking a trauma informed approach.

Leeds Maternity Strategy – highlights the key priorities around pregnancy and childbirth with the aim of improving maternal and childhood outcomes. It includes five priorities, one of which commits to improving emotional wellbeing. This priority includes a component around developing a trauma offer in Leeds. Whilst the focus of this component of the maternity strategy is expectant mothers, the intergenerational nature of trauma means there will be benefits to children and young people. The trauma strategy can also help shape the trauma informed approach for maternity and early years.

Leeds Mental Health Strategy – This all-age strategy sets out the approach to mental health in Leeds from conception to end of life. It includes 8 priorities to focus attention. Priority 5 states that all services will recognise the impact of trauma, linking closely with the actions set out in this trauma strategy.

Marmot City – Whilst not a strategy, the commitment to become a Marmot City links closely to the aims of the trauma strategy. Becoming a Marmot City will enable Leeds to focus on the social determinants of health (the causes of the causes).

Leeds has committed to focusing on giving children the best start, the transition from childhood to adulthood and housing. Applying a trauma informed lens to these issues will help to achieve the aims of trauma strategy.

Right conversations, right people, right time – This is the early help approach and strategy for the city. It outlines the approach to supporting children and families with a range of social, health and educational issues. The strategy makes a commitment to intervene early in the life of problems and take a holistic view of children and families. Many of the vulnerabilities discussed within the early help work are also associated with childhood trauma and adversity.

The Leeds 3 As Strategy: Attend, Attain, Achieve – sets out the city's approach to improving educational outcomes. The strategy focuses on three key obsessions and a number of wider priorities. Obsessions 1 and 2 ('All children should make the best start to school' and 'All Children in Need are safe, supported and successful in school') link closely to this trauma strategy.

Appendix 2 - The Leeds trauma informed charter

The Leeds Trauma-Informed Charter aims to 'set the scene' in Leeds around what's generally called 'trauma-informed care'. It originated in the Leeds Visible Project, which seeks to improve health and wellbeing outcomes for adult survivors of childhood sexual abuse, though is aimed much more widely - right at the whole population of the city. The Charter gives organizations a foundation to build on, in terms of implementing trauma-informed care.

We have an ambition that Leeds will be 'compassionate and mentally healthy city for everyone'. Part of this ambition means recognising the effects that psychological trauma can have on babies, children, young people and adults. All of us, from all ages and backgrounds, can be physically and emotionally harmed, or traumatised, by things like:

- Childhood sexual abuse
- Emotional neglect in childhood
- Bullying
- Domestic or sexual violence
- Poverty
- Racism and discrimination
- Combat experiences in the army

Anyone can potentially experience a traumatic event and be affected by it, though this can be in very different ways - some people may not even recognise that they have been 'traumatised'. Sometimes, babies, children and adults experience traumatic events over long periods of time – this can lead to especially serious and life-long issues. We recognise that some issues linked to trauma are:

- Having overwhelming feelings – feeling sad, upset, scared, angry or out-of-control
- Feeling suicidal and/or wanting to self-harm
- Finding it hard or impossible to trust other people
- Feeling worthless
- Finding that day-to-day experiences 'trigger' really distressing flashbacks and memories
- Dissociation – 'zoning out' or disconnecting from painful experiences
- Problems with physical health

We believe that all of these are normal responses to horrible things that can happen to us.

Our intention is that families and individuals; physical and mental health services; schools, colleges and universities; workplaces; criminal justice systems; sports and religious institutions; all have a good understanding of what trauma is and of the many ways it can affect people.

In Leeds, our commitment is to always:

- Work to reduce the chances of trauma happening, whether by raising awareness or challenging inequalities
- Give children and adults with lived experience of trauma a say in how we describe and respond to trauma
- Offer compassion whenever a child or adult says that they have been abused or harmed, even if they disclose this many years after the abuse happened
- Be non-judgemental towards anyone who's experienced trauma, no matter how they have been affected by it; and not 'blame' or 'shame' them
- Accept that believing people who've experienced trauma, particularly childhood sexual abuse, is really important and can in itself be healing
- Offer effective, specialist support to those who need it; while recognising that not all people who've experienced trauma will want or need services
- Not insist that people have to talk about what happened to them in order to get help
- Hold hope that people of all ages and from all backgrounds can heal and recover from trauma, recognising the strength in individuals, families and communities

Agree to the commitments described in the Charter? – how to sign up: Any organisation can sign up via Visible. Signing up means that they agree to make the commitments described in the Charter; and that they will communicate this to service-users in a meaningful way. The Charter is also important for people who've experienced trauma, as it gives them a clear outline of what they can expect in the city; and is also valuable to all, in that it gives easily understandable insights into what is meant by 'trauma'.

Richard Barber Visible Director
Pronouns: he, him, his
richardbarber@visibleproject.org.uk
www.visibleproject.org.uk

Population approach – The public health approach starts with populations, rather than individuals. This means understanding the needs of a population and developing systems to address these needs in order to improve outcomes at a population level. This is underpinned by the theory that by reducing risk by a small amount across the whole population we are likely to have a greater impact on population health than by reducing risk by a larger amount in those at highest risk. This is sometimes called 'shifting the curve'.

Targeting need to reduce inequalities – Taking a population approach means that we are trying to reduce risk across the whole population but it does not mean that everyone must have equal access to support. The needs of some individuals and groups within the population will be higher than for others. Whilst the population approach highlights the importance of ensuring interventions have a universal element, it is often also necessary to include targeted elements where the level of need is higher. By doing so we can reduce inequalities within the population.

The causes of the causes – (otherwise known as the wider determinants of health) are the conditions in which we are born, grow, live, work and age. They include housing, education, community cohesion, household income and numerous other factors which influence our ability to stay healthy. These conditions drive numerous health and social outcomes including trauma. The work of Professor Marmot[xiii] (and others) has shown how the circumstances of a persons life can impact on life chances. Importantly, this relationship is not deterministic meaning that difficult life circumstances do not inevitably lead to poor outcomes.

Prevention – is a core part of a public health approach. By moving further upstream (towards the root cause of a problem) we can reduce the impact on individuals and the population. Prevention can occur at three levels – primary, secondary and tertiary. Primary prevention means stopping a problem before it occurs, secondary prevention means stopping a problem in the early stages and tertiary prevention means minimising the impact of an established problem.

Preventing trauma needs action at all 3 levels:

- Primary prevention – preventing trauma before it occurs. This means looking at the 'causes of the causes'. These are the things that make adverse experiences more likely (such as domestic violence, parental substance misuse and homelessness).
  It includes many of the community factors shown in *Figure 1*
- Secondary prevention – preventing trauma following ACEs. This means building the protective factors which reduce the risk
  of trauma following adverse experiences. It also means identifying children and young people who are experiencing ACEs in order to support them and prevent re-traumatisation
- Tertiary prevention – preventing the impact of established trauma by responding compassionately. This means providing more intensive services for children and young people to help them overcome their trauma and minimise the long term impacts

A recent review summarised the evidence of what works to prevent ACEs at the community settings level[xiv]. It found that there are multiple community interventions effective at reducing ACEs but stressed that no single or simple solution would be sufficient. Only by creating system wide strategies involving communities can we promote health and wellbeing and reduce inequalities.

Data and evidence – A public health approach uses data and evidence to understand an issue, ensure interventions are likely to be effective, and monitor the impact of any intervention. Good quality data allows us to monitor outcomes, identify inequalities, see change over time and compare our progress with others.

Partnership working – Another element of the public health approach is partnership working. This is important as factors affecting health often span many parts of the system (for example education, healthcare and children's services). This is also true of trauma where there are numerous causative and protective factors which are widely dispersed. By bringing in different perspectives and experience it is possible to get a better understanding of an issue and work collaboratively to find solutions.

References - Trauma informed strategy

i) https://www.eif.org.uk/files/pdf/adverse-childhood-experiences-summary.pdf

ii) Hughes K et al, 2017. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet Public Health, 2(8);356-366.

iii) https://www.leedsccg.nhs.uk/content/uploads/2021/12/Health-Leeds-v1.0.pdf

iv) aces-key-messages.jpg (1920×1358) (eif.org.uk)

v) PHE vulnerable CYP report with additional Leeds data, Hanson et al, 2020.

vi) Adverse childhood experiences: What we know, what we don't know, and what should happen next | Early Intervention Foundation (eif.org.uk)

vii) Champine et al. Systems measures of a trauma informed approach: A systematic review. Am J Community Psychol, 64:418-437.

viii) SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (hhs.gov)

ix) ACEs_Report_A4_Feb_2019_Developing_a_Trauma_Informed_Approach_Full_Evidence_Review.pdf (qub.ac.uk)

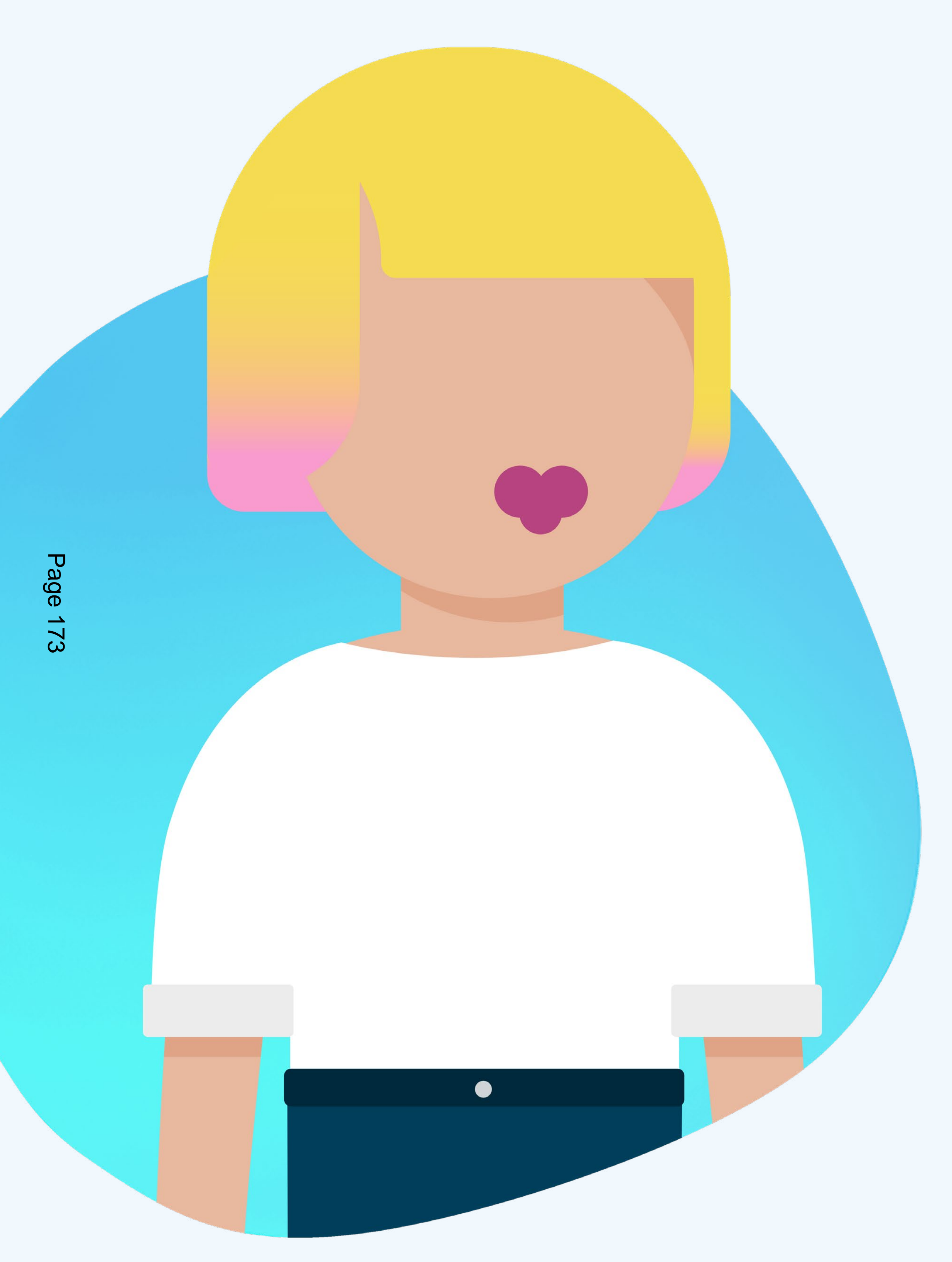
x) ACEs-Trauma-informed-Literature-Review-English-Final.pdf (phwwhocc.co.uk)

xi) The Leeds Approach to Think Family, Work Family | Leeds Safeguarding Children Partnership (leedsscp.org.uk)

xii) public-health-approaches.pdf (college.police.uk)

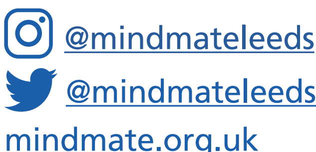
xiii) https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-exec-summary-pdf.pdf

xiv) What-Works-to-Prevent-ACEs-at-the-Community-Level.-An-Evidence-Review-Mapping-Exercise-Executive-Summary.pdf (phwwhocc.co.uk)



Thank you

We hope you found this document useful. If you have any questions or feedback, please get in touch. Visit the MindMate website and follow us on social media.



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Agenda Item 12

Report authors:

Tim Fielding Deputy Director of Public Health

Sarah Erskine Head of Health Inequalities (Public Health)

Pippa Bird, Public Health Registrar

Leeds
Health & Wellbeing
Board

Report of: Victoria Eaton, Director of Public Health

Report to: Leeds Health and Wellbeing Board

Date: 9th February 2023

Subject: Building a fairer Leeds for everyone: The Marmot City programme

Are specific geographical areas affected?		No
If relevant, name(s) of area(s):		
Are there implications for equality and diversity and cohesion and integration?	Yes	
Is the decision eligible for call-In?		No
Does the report contain confidential or exempt information?		No
If relevant, access to information procedure rule number: Appendix number:		

Summary of main issues

During 2022, a proposal for Leeds to become a Marmot City was endorsed by key strategic partnerships including the Health and Wellbeing Board, Partnership Executive group and Adults, Health and Active Lifestyles Scrutiny Board.

Becoming a Marmot City will provide Leeds with opportunities to: strengthen shared commitments to addressing inequalities and inspire action across sectors; better align efforts to reduce inequalities based on evidence and what communities say is important to them and improve the way in which outcome monitoring informs action.

It will support the strategic direction set out in the Best City Ambition and the Healthy Leeds Plan - by further embedding a shared approach to health inequalities across the city that puts equity at its heart, so that we build 'a fairer Leeds for everyone'

This paper summarises progress towards Leeds becoming a Marmot City. It outlines the two-year programme of work agreed in partnership with the Institute of Health Equity (IHE) and key milestones.

Recommendations

The Health and Wellbeing Board is asked to:

1. Note the progress that has been made towards Leeds becoming a Marmot City

1 Purpose of this report

1.1 This paper summarises progress towards Leeds becoming a Marmot City. It outlines the two-year programme of work agreed in partnership with the Institute of Health Equity (IHE) and key milestones

2 Background Information

2.2 The building blocks of health

2.2.1 In Leeds, people who live in the poorest neighbourhoods are dying earlier than people in the wealthiest areas – over 13 years earlier for women and 11 years earlier for men. They also spend more years of their lives in poor health. Such inequalities are shaped by the social, economic, commercial and environmental conditions in which people live their lives.

2.2.2 To create a city where everybody can thrive, we need all the right building blocks for health in place. This includes the best start to life, good education, stable and well-paid jobs, homes that are affordable and safe, and clean air. It also means that people live free from racism and discrimination and prioritising environmental sustainability.

2.2.3 However, these building blocks for health are not equally available to everyone.

2.2.4 It is vital that we work together across the city to continue to strengthen the building blocks for health. There are large and growing inequalities in health and wellbeing and both the pandemic and cost-of-living crisis have put extra pressure on both communities and organisations

2.3 The Leeds commitment to become a Marmot City

2.3.1 The Marmot review in 2010 revealed the scale of inequality in the UK and identified recommendations for action. Since then, Professor Michael Marmot and the team at the Institute of Health Equity (IHE) have worked in partnership with cities and regions across the country to act on the building blocks of health.

2.3.2 Building on the city's long history of working to address health inequalities, Leeds has now committed to become a Marmot city. This involves working in partnership with the IHE to take a strategic, whole-system and structured approach to improving health equity.

2.3.3 The proposal for Leeds to become a Marmot City has received strong support from strategic boards including the Council's Corporate Leadership Team and Executive Board, Partnership Executive Group, Adults, Health and Active Lifestyles Scrutiny Board and the Health and Wellbeing Board.

2.3.4 Through discussions at these partnership groups, two early priorities have emerged for Leeds. Whilst the programme will work across all eight policy areas identified by the IHE, Best Start and Housing will have a particular focus in the first year.

2.4 The added value of being a Marmot City

2.4.1 Other cities and regions that have adopted a Marmot approach report that collaborating with the IHE has increased the impact of local action to address inequalities. In Leeds, the Marmot City work is expected to add value by:

- Strengthening our shared commitment to addressing inequalities and inspiring action across the city,
- Improved partnership and coordination to align our efforts to reduce inequalities,
- Applying evidence on what works more effectively to build on current approaches and to go further, faster.
- Improving the monitoring of health inequalities across the city to inform action,
- Embedding equity in decision-making across the whole system.

3 Update on Progress

3.1 A Marmot approach for Leeds

3.1.2 The Marmot approach for Leeds includes a vision, key principles - which align with the unique context in Leeds, and initial ideas regarding 'ways of working' - which will embed the approach on a long term, sustainable basis.

3.1.3 The approach is intended as a starting point for wider conversations across the city and with the IHE; it will be developed as the work progresses over the coming year and first phase of the programme. A key focus of Phase 1 will be to engage widely in further developing the Leeds approach to being a Marmot City and to tackling health inequalities.

3.2 Vision

3.2.1 Our vision is to build *A fairer Leeds for everyone*

We will do this by:

- Increasing everyone's opportunity to have all the right building blocks of good health
- Developing approaches for everyone but at a different scale or intensity depending on the needs of different communities
- Focusing on every stage of life from birth through to death

3.3 **Principles**

1. Strategic alignment with the Best City Ambition and the Healthy Leeds Plan
2. Community voice – working with communities in a meaningful way to recognise the impact of power imbalances on health inequalities
3. Building on existing commitments – recognition of ongoing work to address inequalities locally
4. Whole-city and whole-system – but with specific priority areas of focus
5. Solution-focussed approach – building on assets and strengths
6. Outcome focussed - Maintaining a city-wide 'line of sight' on the combined efforts to reduce inequalities in the local population

3.4 **Ways of working**

- Improving workforce capability - Improving knowledge, awareness and skills of staff across the city to address inequalities
- Embedding structured approaches - Applying a quality improvement/theory of change approach in priority areas of work and including robust assessment and evaluation, e.g. Health Equity Assessment Tools
- Working collaboratively - with both communities and partners

3.5 **Leadership and resourcing**

3.5.1 Significant progress has been made in relation to ensuring there is leadership for this programme of work within Public Health. While there is no new funding, resource has been identified to engage IHE and capacity and through recruitment to the Deputy Director of Public Health, Head of Public Health (Inequalities and Core Work Programmes) and Advanced Health Improvement Specialist posts.

3.6 **Two-year programme with IHE**

3.6.1 The outline of a two-year programme has been agreed with the IHE. Public Health are currently in the process of negotiating the final specification and cost which will be met from within existing Public Health budgets. The contract is expected to be in place for 1 April 2023

3.6.2 It will build upon the 8 Marmot Principles:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities

6. Strengthen the role and impact of ill-health prevention
7. Tackle discrimination, racism and their outcomes
8. Pursue environmental sustainability and health equity together

3.6.3 The programme will include actions across the short, medium and long term.

3.6.4 Phase 1 will run through 2023/24 and Phase 2 through 2024/25. Throughout the two-years there will be five large partnership events. There will also be several focussed workshops on key policy areas. It is expected that there will be reports published at the end of both Phase 1 and Phase 2.

3.6.5 A partnership launch event is being planned to formally and publicly launch Phase 1 of the work. It is proposed that this be held in June 2023 once the local elections have been completed.

3.6.6 Details of the two phases are set out below:

3.6.7 **Phase 1 (April 2023 – March 2024)**

This will include four focused pieces of work:

- Assessment of health inequalities in Leeds
- Engagement across the city to further develop the Leeds approach to health equity/addressing health inequalities.
- Production of a monitoring framework, building on existing work in the city
- Action on two priority areas: Best Start and Housing and Health

3.6.8 **Phase 2 (April 2024 – March 2025)**

The second phase will focus on roll-out of the Leeds Marmot approach to other the priority areas from the Marmot framework. There will be flexibility to tailor the focus based on findings from phase 1. It will be important to include evaluation and analysis of impact.

3.7 **Governance Arrangements**

3.7.1 The Marmot approach for Leeds will contribute towards each of the three pillars of the Best City Ambition and the Leeds plan by supporting detailed understanding of health inequalities at a whole-system level and by engaging a broad range of partners. Officers developing the Inclusive Growth and Health and Wellbeing strategies are working closely with the city-wide Marmot working group.

3.7.2 Accountability for the Marmot City work is to the Health and Wellbeing Board.

3.7.3 A small Core Group meets regularly to support the important connection between the developing programme and elected members. Membership includes the Executive lead member for Public Health, Executive lead member for Children's and Adults Social Care/Chair of Health and Wellbeing Board and senior officers from Leeds City Council Public Health and Health Partnerships Team.

3.7.4 The Leeds Marmot City Working Group includes cross-sector representation from Public Health, Health Partnerships Team and relevant Council Directorates, the ICB in Leeds, NHS provider organisations in the city and liaison is ongoing to include the Third Sector.

3.7.5 The governance arrangements will be kept under review ahead of the formal launch of the programme in May/June 2023.

3.7.6 Consideration is being given, as part of the wider development of the programme, to working with communities in a meaningful way. This work will be scoped during January – March 2023 and is expected to build on existing and established structures.

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

Becoming a Marmot City will add additional profile, coordination and focus to the existing commitment across the city to reduce health inequalities and to improve the health of the poorest the fastest.

As noted above, expected benefits include:

- Strengthening our shared commitment to addressing inequalities and inspiring action across the city
- Improved partnership and coordination to align our efforts to reduce inequalities
- Applying evidence on what works more effectively to build on current approaches and to go further, faster.
- Improving the monitoring of health inequalities across the city to inform action
- Embedding equity in decision-making across the whole system

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

Included in the eight Marmot principles is recognition of the important role that health and care services play in the prevention of ill health.

Locally, Health and Care organisations (and collectively through the Leeds Health and Care Plan) have developed programmes of work to address issues of health equity (with a focus on access, experience and outcomes) and implementing the NHS framework of Core20PLUS5.

Developing a whole-city approach to health equity has the potential to mediate the effects of the current socio-economic context on the population of Leeds (the wider issues outside of the control of health and care) which may, over time, reduce pressures on health and care systems. It also provides an opportunity to further connect the work of the local authority, businesses, the Third Sector and the NHS - creating economies of scale and focussing attention where it is needed most.

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

There are potential risks associated with not taking further action at this critical time. Given the current trajectory of health outcomes – both national and local - it is reasonable to assume that health inequalities will continue to increase, people will live shorter lives and spend less time in good health, increasing demand for health and care.

Future challenges or opportunities

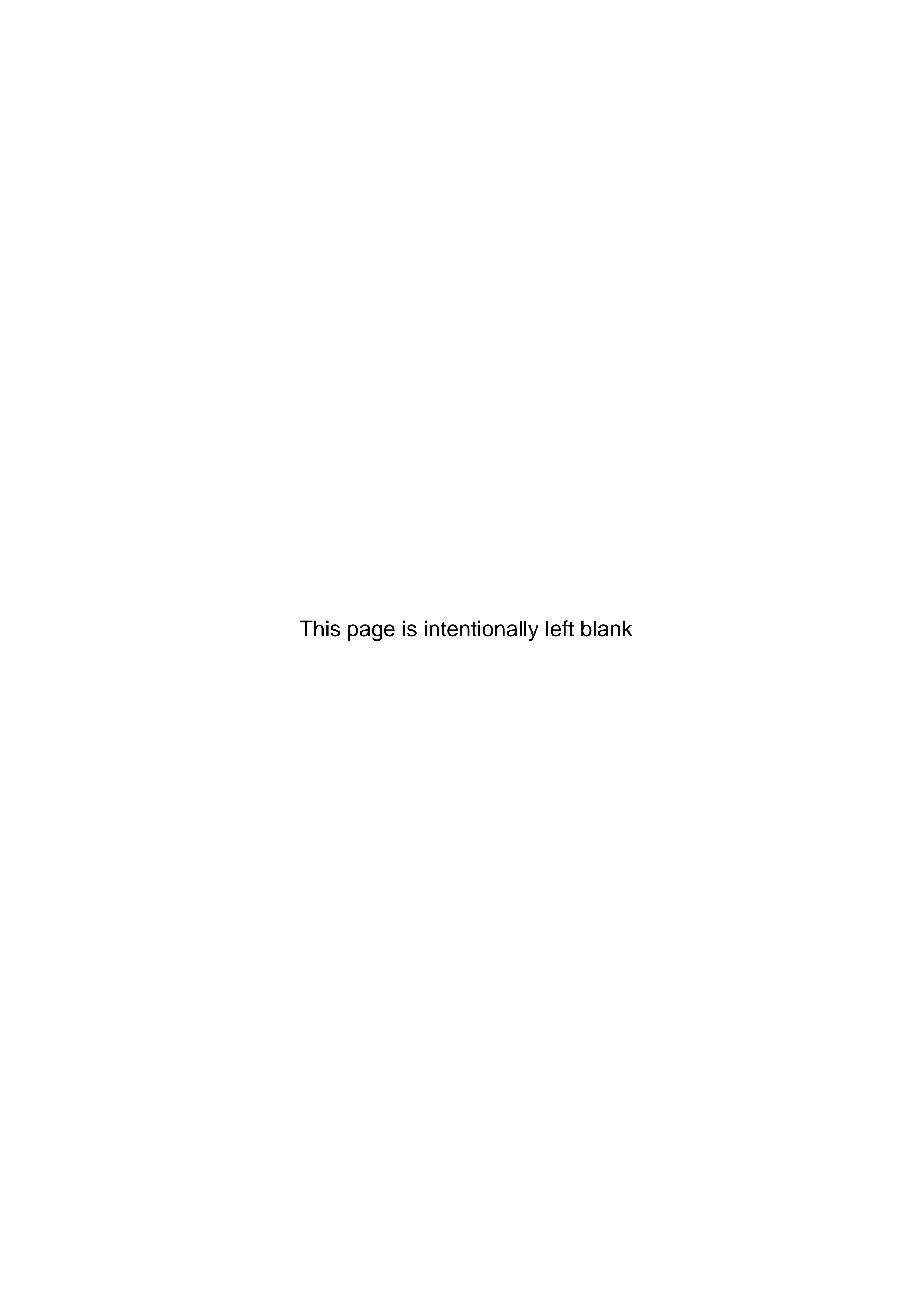
Challenges

- The impact of austerity, the pandemic and the cost-of-living crisis on the health of communities is well-documented. The scale of the challenge is significant and many of the factors that negatively impact on health outcomes are determined by national policy.
- Wider socio-economic conditions could worsen further.
- Drivers of poor health outcomes and health inequalities are complex and require action from partners across sectors – during a time of significant financial constraint.

Opportunities:

- Partners in Leeds have made a shared commitment to addressing health inequalities; this is underpinned by robust partnership arrangements and established cross-sector programmes. These provide an excellent basis upon which to develop work that goes further, faster to address health inequalities.
- The breakthrough project on Housing and Health and the 'Good jobs, better health, fairer futures' programme provide local opportunities to develop interventions on the building blocks of health.
- Working alongside the IHE will enable partners in the city to be assured that existing and new activity is having, or is likely to have, a positive impact on health inequalities.
- The high profile of Professor Michael Marmot has the potential to further galvanise partners outside of health and social care – to build a Healthy Equity system in the city that puts fairness at the centre of all decisions.
- There is a developing national health equity movement, with many towns, cities and regions committing to becoming 'Marmot places'. This affords Leeds the opportunity to draw on and share learning across the country as part of the national IHE Health Equity network.

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

Report author: *Caroline Baria/Helen Lewis*

Report of: Cath Roff, Director of Adults and Health, Leeds City Council & Tim Ryley, Place Based Lead, Leeds Health & Care Partnership, Leeds Committee of the West Yorkshire Integrated Care Board on behalf of the Partnership Executive Group (PEG).

Report to: Leeds Health and Wellbeing Board

Date: 9 February 2023

Subject: Allocation of Adult Social Care Hospital Discharge Fund

Are specific geographical areas affected?	☐ Yes	☒ No
If relevant, name(s) of area(s):		
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?	☐ Yes	☒ No
If relevant, access to information procedure rule number: Appendix number:		

Summary of main issues

In November 2022, Central Government announced additional funding in England of £500m Adult Social Care Hospital Discharge Fund to ease winter pressures during 2022/23. The allocation for the Leeds Health and Care Partnership is £7.947m. The entire fund is to be used for the period October 2022 – end of March 2023.

There is a requirement for the Fund to be pooled into the Better Care Fund (BCF) agreement as an addition to existing section 75 arrangements.

Recommendations

It is recommended that the Board notes:

- The Adult Social Care Hospital Discharge Fund 2022-23 allocated to the Leeds Health and Care Partnership to the sum of £7.947m
- The incorporation of the Fund into the BCF
- The amendment to the Section 75 Agreement incorporating the above
- The spending plan outlining the use of the Fund

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1 Allocation of the Adult Social Care Hospital Discharge Fund

1.1 In November 2022, Central Government announced additional funding of £500m Adult Social Care Discharge Fund to ease winter pressures during 2022/23 with 40% (£200m) distributed to local authorities and 60% (£300m) to Integrated Care Boards. This funding has been made available to help health and care systems reduce delays in discharge from hospitals and support those who are fit to leave hospital to receive any on-going care and support in a more appropriate location.

1.2 The total allocation for the West Yorkshire Integrated Care System and Local Authorities is £23.6m. The allocation for Leeds is £7.947m broken down as follows:

- Leeds City Council £2.759m
- Integrated Care Board in Leeds £5.188m

1.3 There are strict conditions attached to the funding allocations including an expectation that the funds will be pooled into the Better Care Fund (BCF) with agreement in local areas between ICBs and local government on the planned spend. The total sum of the funds is to be used for between October 2022 and end of March 2023. A lack of compliance with one or more conditions of the BCF, or in instances where the funds are not being utilised in accordance with the agreed plan the national or regional BCF team may make a recommendation to initiate the intervention and escalation process as outlined in the BCF planning requirements 2022-23.

1.4 The funding has been provided in two tranches – the first (40%) in December 2022, and the second (60%) by the end of January 2023. The allocations are dependent on each area submitting a planned spending report for regional assurance and approval, fortnightly activity data, and meeting the various conditions set out in the BCF policy framework for 2022-23 and the BCF planning requirements for 2022-23, including the transfer of the funds into a pooling arrangement governed by a Section 75 agreement.

1.5 The Partnership submitted its plan and associated templates by 16 December as required and received notification from NHS England on 6 January 2023 that the plan had been approved.

1.6 The Leeds Health and Care Partnership is now required to submit activity data on a fortnightly basis with the first activity return, which included baseline data for October, being submitted on 6 January. Additionally, the Section 75 agreement has been amended as required to incorporate this additional funding.

1.7 A final spending report will need to be submitted with the end of year BCF reports by 2 May 2023.

2 Section title

2.1 As indicated above, the local health and care systems are required to use the Fund on the interventions that best enable the discharge of people from hospital to the most appropriate location for their ongoing care, and to free up the maximum number of hospital beds and reduce bed days lost including from mental health

inpatient settings. The range of initiatives and schemes the Fund can be used for includes:

- Provision of homecare
- Bed-based Intermediate Care Services including Discharge to Assess (D2A) beds
- Assistive Technologies and Equipment
- Reablement in a person's own home
- Residential and nursing placements
- To boost general adult social care workforce capacity, through staff recruitment and retention, where that will contribute to reducing delayed discharges

2.2 The plan submitted by the Leeds Health and Care Partnership incorporates investment in all of the above (see Appendix A – Discharge Fund 2022 -23 Funding Template).

2.3 It is anticipated that there will be a further allocation of the Adult Social Care Hospital Discharge Fund for the full financial year 2023-24, with specific conditions and reporting requirements attached to the funding allocations. This further allocation is also expected to be pooled into the Better Care Fund (BCF).

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

The Adult Social Care Hospital Discharge Fund will enable additional care and support services to be commissioned and delivered to support people to return to their own home or a care home following a period in hospital. The services are targeted mainly at older people including people that require state funded care.

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

The Adult Social Care Hospital Discharge Fund is being pooled into the Better Care Fund (BCF) and is being used through the integrated commissioning of care and support services. This ensures a single joined up approach across the Leeds health and care partnership.

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

The Fund is allocated to ease immediate winter pressures and is time-limited – it does not therefore help secure a financially sustainable system in the longer term.

Future challenges or opportunities

It is anticipated that there will be a further allocation of the Adult Social Care Hospital Discharge Fund for 2023/24. Assuming the Fund will be allocated early in the next financial year, there will be greater opportunity to develop an investment plan for the full year.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21 (please tick all that apply to this report)	
A Child Friendly City and the best start in life	
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	X

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Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

Discharge fund 2022-23 Funding Template

2. Cover

Version 1.0.0

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- This template has been produced for areas to confirm how the additional funding to support discharge from hospital and bolster the social care workforce will be spent in each area. The government has also produced guidance on the conditions attached tothis funding, that you should ensure has been followed.

- This template collects detailed data on how the funding allocated to each area will be spent. The portion of the funding that is allocated via Integrated Care Boards (ICBs) does not have a centrally set distribution to individual HWBs. ICBs should agree with local authority partners how this funding will be distributed and confirm this distribution in a separate template. The amount pooled into the BCF plan for this HWB from each ICB should also be entered in the expenditure worksheet of this template (cell N31) (The use of all funding should be agreed in each HWB area between health and social care partners.

Health and Wellbeing Board:	Leeds
Completed by:	Helen Lewis and Caroline Baria
E-mail:	helen.lewis5@nhs.net
Contact number:	07723 758140

Please confirm that the planned use of the funding has been agreed between the local authority and the ICB and indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Confirm that use of the funding has been agreed (Yes/No)	Yes
Job Title:	Director of Adults and Health
Name:	Cath Roff

If the following contacts have changed since your main BCF plan was submitted, please update the details.

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Fiona	Venner	fiona.venner@leeds.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	Tim	Ryley	tim.ryley@nhs.net
	Local Authority Chief Executive	Mr	Tom	Riordan	tom.riordan@leeds.gov.uk
	LA Section 151 Officer	Ms	Victoria	Bradshaw	Victoria.bradshaw@leeds.gov.uk
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

When all yellow sections have been completed, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net
saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Discharge fund 2022-23 Funding Template

5. Expenditure

Selected Health and Wellbeing Board: Leeds

Source of funding		Amount pooled	Planned spend
LA allocation		*£2,758,941*	£2,758,941
ICB allocation	NHS West Yorkshire ICB	*Please enter amount pooled from ICB*	£5,188,000
		Please enter amount pooled from ICB	
		Please enter amount pooled from ICB	

Yellow sections indicate required input

Scheme ID	Scheme Name	Brief Description of Scheme (including impact on reducing delayed discharges).	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Estimated number of packages/beneficiaries	Setting	Spend Area	Commissioner	Source of Funding	Planned Expenditure (£)
1	short term care homes for recovery and	funding of up to 50 beds and associated primary care to enable discharge to	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		200	Residential care	Social Care	NHS West Yorkshire ICB	ICB allocation	£1,550,000
2	Adel Manor	30 therapy supported rehab beds	Bed Based Intermediate Care Services	Other		85	Residential care	Community Health	NHS West Yorkshire ICB	ICB allocation	£890,000
3	Community Staffing	enhanced staffing in LCH neighbourhood teams to support discharge flows	Reablement in a Person's Own Home	Reablement to support to discharge – step down		150	Home care	Community Health	NHS West Yorkshire ICB	ICB allocation	£778,000
4	CHC enhanced funding for care homes	increased fees to care homes for CHC placements to enable continued flow	Residential Placements	Nursing home		100	Residential care	Social Care	NHS West Yorkshire ICB	ICB allocation	£800,000
5	enhanced staffing for IC beds	pot to enable increased staffing to support increased acuity and dependency of	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		30	Residential care	Community Health	NHS West Yorkshire ICB	ICB allocation	£50,000
6	enhanced transfer of care function	increase discharge inreach to reduce LOS after no reason to reside	Other		yes	200	Both	Community Health	NHS West Yorkshire ICB	ICB allocation	£300,000
7	Wharfedale Hospital	increased staffing to open additional beds at Wharfedale hospital	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		15	Residential care	Community Health	NHS West Yorkshire ICB	ICB allocation	£120,000
8	care at home	Capacity to commission night sitters and additional home care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		65	Home care	Social Care	NHS West Yorkshire ICB	ICB allocation	£235,600

9	case management	reduced length of stay by improved case management/criteria to	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		200	Residential care	Community Health	NHS West Yorkshire ICB	ICB allocation	£30,000
10	MH Social worker	MH social worker (Agency) to reduce time delays in MH discharge	Other		yes	10	Both	Social Care	NHS West Yorkshire ICB	ICB allocation	£14,400
11	pharmacy	support self medication in intermediate care settings, reducing delays for onward	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)		50	Residential care	Community Health	NHS West Yorkshire ICB	ICB allocation	£24,000
12	appropriate technologies for moving and	project to maximise use of appropriate technologies to aid independence on	Assistive Technologies and Equipment	Other		100	Both	Social Care	NHS West Yorkshire ICB	ICB allocation	£170,000
13	Increased equipment and driver/fitter	enhanced equipment and driver fitter service to speed up discharges to a variety of	Assistive Technologies and Equipment	Community based equipment		200	Both	Social Care	NHS West Yorkshire ICB	ICB allocation	£226,000

Scheme types and guidance

This guidance should be read alongside the addendum to the 2022-23 BCF Policy Framework and Planning Requirements.

The scheme types below are based on the BCF scheme types in main BCF plans, but have been amended to reflect the scope of the funding. Additional scheme types have been added that relate to activity to retain or recruit social care workforce. The most appropriate description should be chosen for each scheme. There is an option to select 'other' as a main scheme type. That option should only be used when none of the specific categories are appropriate.

The conditions for use of the funding (as set out in the addendum to the 2022-23 BCF Policy Framework and Planning Requirements) confirm expectations for use of this funding. Funding should be pooled into local BCF agreements as an addition to existing section 75 arrangements. Local areas should ensure that there is agreement between ICBs and local government on the planned spend.

The relevant Area of Spend (Social Care/Primary Care/Community Health/Mental Health/Acute Care) should be selected

The expenditure sheet can be used to indicate whether spending is commissioned by the local authority or the ICB.

This funding is being allocated via:
- a grant to local government - (40% of the fund)
- an allocation to ICBs - (60% of the fund)

Both elements of funding should be pooled into local BCF section 75 agreements.

Once the HWB is selected on the cover sheet, the local authority allocation will pre populate on the expenditure sheet. The names of all ICBs that contribute to the HWB's BCF pool will also appear on the expenditure sheet. The amount that each ICB will pool into each HWB's BCF must be specified. ICBs are required to submit a separate template that confirms the distribution of the funding across HWBs in their system. (Template to be circulated separately).

When completing the expenditure plan, the two elements of funding that is being used for each line of spend, should be selected. The funding will be paid in two tranches, with the second tranche dependent on an area submitting a spending plan 4 weeks after allocation of funding. The plan should cover expected use of both tranches of funding. Further reporting is also expected, and this should detail the actual spend over the duration of the fund. (An amended reporting template for fortnightly basis and end of year reporting, will be circulated separately)

Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding.

For the scheme types listed below, the number of people that will benefit from the increased capacity should be indicated - for example where additional domiciliary care is being purchased with part of the funding, it should be indicated how many more packages of care are expected to be purchased with this funding.

Assistive Technologies and Equipment
Home Care or Domiciliary Care
Bed Based Intermediate Care Services
Reablement in a Person's Own Home
Residential Placements

Scheme types/services	**Sub type**	Notes	home care?
Assistive Technologies and Equipment	1. Telecare 2. Community based equipment	You should include an expected number of beneficiaries for expenditure under this	

	3. Other	category	Y
Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge 3. Domiciliary care workforce development 4. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Bed Based Intermediate Care Services	1. Step down (discharge to assess pathway 2) 2. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Reablement in a Person's Own Home	1. Reablement to support to discharge – step down 2. Reablement service accepting community and discharge 3. Other	You should include an expected number of beneficiaries for expenditure under this category	Y
Residential Placements	1. Care home 2. Nursing home 3. Discharge from hospital (with reablement) to long term care 4. Other	You should include an expected number of beneficiaries for expenditure under this category	N
Increase hours worked by existing workforce	1. Childcare costs 2. Overtime for existing staff.	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Improve retention of existing workforce	1. Retention bonuses for existing care staff 2. Incentive payments 3. Wellbeing measures 4. Bringing forward planned pay increases	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Additional or redeployed capacity from current care workers	1. Costs of agency staff 2. Local staff banks 3. Redeploy other local authority staff	You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Local recruitment initiatives		You should indicate whether spend for this category is supporting the workforce in: - Home care - Residential care - Both	Area to indicate setting
Other		You should minimise spend under this category and use the standard scheme types wherever possible.	Area to indicate setting

Administration		Areas can use up to 1% of their spend to cover the costs of administering this funding. This must reflect actual costs and be no more than 1% of the total amount that is pooled in each HWB area	NA

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