



Report of: #TeamLeeds Health and Care People’s Voices Group (PVG)

Report to: Leeds Health and Wellbeing Board

Date: 22nd February 2022

Subject: A listening city... moving to collective action

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

Summary of main issues

Health and Wellbeing Board (HWB) has made a firm commitment to being led by the people of Leeds, acknowledging that people should be at the centre of health and care decision making. Under the leadership of the HWB, the People’s Voice Group (PVG) was established to bring together listening teams across the Leeds health and care partnership, so they could better collaborate on improving the engagement ‘experience’ of local people, work together to improve insight, to champion the voices of local people in decision making, and to ensure that the voices of those living with inequalities are better heard.

As a city we now have significant insight around what matters to people in terms of wider health and wellbeing and what people feel keeps them well. This insight has come through the citywide Big Leeds Chat, but also through significant work around listening to people’s experiences of health and care services. The ask from citizens is to not keep coming to people with the same questions, but to act together and with them on what has been consistently shared.

This paper shares key themes from the insight and describes some of the emerging governance which will ensure the partnership moves from insight to action.

Recommendations

1. HWB is asked to support the workstreams recommended by PVG and to help shape our citywide involvement culture by:

- Receiving regular updates on the PVG's work
- Support and endorse progress within its various workstreams
- Note and support the progress in embedding people's voices into future system governance

2. HWB is asked to take action on the insight gathered through the Big Leeds Chat by:

- Using the insight to directly inform and influence the refresh of the Leeds Health and Wellbeing Strategy (LHWS) and the developing Best City Ambition
- Provide the public with direct feedback around the actions and work taken on each of the insight's themes
- For each theme, allocate a lead forum and ask it to report back to the HWB on a regular basis on progress

3. Organisations represented at the HWB are asked to:

- Take the commitment made at the HWB into organisations
- To support and champion Board actions within represented organisations and in partnership on a citywide basis.

1 Purpose of this report

1.1 The purpose of this report is threefold:

1. To ask the Board to ensure the new collaborative involvement culture that our PVG has fostered through its workstreams is core to our developing local integrated arrangements; mandated under forthcoming legislation. This approach is rooted in listening to people and hearing the voices of those facing the greatest health inequalities.
2. To set out key themes which have emerged from the recent Big Leeds Chat and other people's voices work; and to invite the Board to agree how the governance to ensure that action is taken against each of the themes.
3. Paper notes system commitments made on two areas where we have heard consistent feedback from people: communication and inequalities.

2 Background information

2.1 PVG and our partnership principles

2.2 The PVG leads by example in embodying the city's partnership principles throughout its work.



People's Voices Group

2.3 **We start with people...** but more than that, we have people at the centre of everything we do. Together we promote a model that says that people, patients and service users should be involved and seen as integral co-partners at all stages of the health and care decision-making process. It is exemplified in our five core principles that shape the way we work together listed in the diagram above.

2.4 **We are Team Leeds...** The PVG brings together the involvement leads from across health and care partners to work together in a #Team Leeds approach. It has an ambition to put people's voices at the centre of health and care decision making in Leeds, but particularly the voices of those facing the greatest health inequalities. By working together, it has reduced duplication, shared insight,

shared best practice, ensured that we feed back to the people of Leeds and strategically led the delivery of our ambition that people's voices be central to decision making in the Leeds health and care system.

- 2.5 **We deliver...** In February 2020, we agreed an ambitious action plan, aimed at integrating our engagement and involvement work, strengthening the voice of local people, better informing decision-making, and strengthening our city culture of putting people first, whilst also making best use of the city's resources.

3 Main Issues

3.1 Section 1: PVG Workstreams and people's voices in the proposed Health and Social Care Bill governance

- 3.2 The following are the agreed workstreams of our PVG action plan.

3.3 People's voices intelligence data hub

- 3.4 Decision making needs to be informed by ready access to collated partnership insight from engagement activity. We want to make it easier for decision makers to have access to this and maximise the value and impact of our engagement work. We want to develop an online central hub/repository that brings together all the people's voices intelligence gathered across Leeds, drawing together the rich information gained from specific engagement activity alongside all the different ways that people feedback about services. For the first time drawing together data from sources such as the NHS "Friends and Family Test", system complaints and compliments, Patient Advice and Liaison Service information (PALS), focused surveys, thematic studies and more. Our local system has plans to draw together clinical and needs data in a more collaborative and real-time way to understand demand and plan services (the Leeds Data Repository). The proposal is to provide a partnering data resource to this to enable decision makers to have key elements of people's voices data to support them with their decision making. As part of this project, we will also look at how we can make available the outcomes of all of our engagement on a public-facing, easy-to-use platform – potentially hosted on a partnership website.

- 3.5 The development of this is in early stages and is currently being discussed within the CCG, supported by PVG members, and there is also considerable interest in this from the West Yorkshire Health and Care Partnership (our "Integrated Care System") to see this replicated across the different West Yorkshire areas.

3.6 Network of engaged people

- 3.7 Many of the health and care organisations in Leeds have 'virtual networks' of patients, carers and members of the public. These networks enable us to communicate important information to local people and consult their views when we consider making changes to services. Across the city we use various "platforms" which hold people's information and facilitate communications with the networks (e.g. through email, text, letters etc). As we move towards a more integrated approach in Leeds, we want to explore options of a more citywide shared virtual network of patients, carers and members of the public. A Citywide

Network Working Group (subgroup of PVG) has been convened to explore options to progress a joint approach. The workstream is currently understanding the different virtual networks being used in the city and focusing on shared requirements from partners to form a Citywide Network, including the infrastructure requirements. An options appraisal will be presented to Accountable Officers in spring 2022.

3.8 Mechanism to hear the voice of inequalities

3.9 Traditional engagement and feedback gathering mechanisms have often not worked in terms of hearing the essential voices of inequality and placed these at the centre of our decision making. The Big Leeds Chat (see 2.20) has been effective in bringing real people and decision making closer together. The PVG has been keen to find a more systematic way of enabling a better link directly into our health and care decision making structures. Covid 19 has expedited this need and, supported by the Leeds City Council Communities Team working with Forum Central, Voluntary Action Leeds (VAL) and Healthwatch Leeds, a Communities of Interest (Col) network has developed. The Col network brings together 22 Third Sector organisations who are working with some of the people who experience the greatest health inequalities such as Gypsies and Travellers, carers, care leavers, sex workers, refugees and asylum seekers and more. The Col network has already capitalised on the opportunities to bring voices into the heart of health and care decision (see the allyship programme below for example). It is a priority for the Col network to make recommendations about how the HWB, Partnership Executive Group (PEG – group of Leeds health and care chief executives and senior accountable officers), commissioning plans and the CCG could gain further insight from the network and its approach.

3.10 The HWB Allyship Programme

3.11 The Allyship Programme is at the heart of our ethos that the closer you bring decision making to people's lives, the better the decision making. The Leeds HWB Allyship Programme was developed to focus primarily on HWB members through giving them direct partnership relationships with organisations representing our Col (see above). The proposition is that through Allies meeting regularly with their partnership organisations that this helps improve Board capacity, learning and decision making.

3.12 To enhance and expedite this work, the Leeds Solidarity Network (Leeds GATE, Basis, LASSN and MESMAC) has applied for resourcing via the Kings Fund. If successful it would mean Leeds is part of a "national voice of inequalities programme". Leeds has progressed to the second stage of application.

3.13 Supporting the voice of people to be heard in LCPs

3.14 Historically, consultation and representation in health and care has been around services, organisations, or the whole city. The diversity of our communities, the differences in health equity between our neighbourhoods and the federal nature of Leeds as a city means it is essential that we develop a way to bring the voice of geographic communities into the heart of local decision making. The Local Care Partnership (LCP) Development Team are working closely with all LCPs and with

the PVG to develop an approach. The “Big Leeds Chat On Tour” approach in 2021 had the ambition was to host a Big Leeds Chat in each LCP. Because of this, each LCP now has been equipped with a baseline insight into the issues that are important to people within each community. The LCP Development Team are also developing a plan to strengthen the work. PVG members volunteer to act as links to advise on voice work within each LCP.

3.15 **Mechanism to hear the voice of frontline staff**

3.16 We know that many of the answers around health and care transformation, integrated working, where the gaps are and how we could improve services are known and understood by frontline staff. The PVG has supported the Team Leeds Hearts and Minds programme which is currently being rolled out across health and care is part of this commitment to listening to and empowering frontline staff to have their voices heard.

3.17 **Big Leeds Chat (BLC)**

3.18 The PVG are the host team which organise the BLC. This has been the one-system engagement mechanism for listening to the people of Leeds together as a health and care system. It provides a unified brand for health and care partners to hear the voices of local people.

3.19 **“Impact of Covid” real-time reporting and maintaining momentum**

3.20 The strength, flexibility and drive of the PVG partnership has been perhaps best demonstrated by the rapid development of collective insight reporting during Covid. This synthesised emergent learning on people’s and staff experience of COVID via “Weekly Check-in Reports”. These went into the heart of Covid planning proving how people’s voice can be rapidly actioned to improve and target the service offer across communications, location and process.

3.21 Despite covid we have still pushed forward on many of these developments; we have seen the ‘How Does It Feel for Me?’ work going from strength to strength, undertaken the biggest Big Leeds Chat yet, pulled together all our insight during Covid to deliver the Weekly Check In reports which went into the heart of Covid planning, developed and launched the Allyship HWBB programme and ensured that the voice of inequalities was strengthened by the work of the Communities of Interest network. Much of this is thanks to the strength of the PVG partnership and the commitment and drive of PVG partners.

3.22 **People’s voices in the new governance (the Health and Social Care Bill)**

3.23 The introduction of the Health and Social Care Bill (2022) has prompted work to ensure that the voice of people is central to the development of the new ‘place’ (Leeds) based and West Yorkshire Integrated Care System (ICS) governance.

3.24 Locally, the new, proposed governance includes a new “Leeds Committee of the West Yorkshire Integrated Care Board” (WY ICB). This is supported in turn by three sub-committees: “Quality and People’s Experience”, “Finance” and, “Delivery”.

3.25 Leeds has developed in line with its population health ambition Population Boards, which plan services against agreed outcomes, developing more preventative approaches and more integrated services. The approach is set out in the Healthy Leeds Plan agreed by partners. Areas of care are also supported by Care Delivery Boards which focus on critical operational services or transitions. Work is now underway to develop each of the Population and Care Boards/Groups and Committee and sub-committees. The following are recommendations for the operation of these meetings

- That the development of population health outcomes pays full regard to what people say “a good life looks like”. That is centrally focused on outcomes defined as positive by people
- That assurance mechanisms are put into the governance of the meetings structures, so that all papers and services that come for decisions ask for evidence that people with lived experience have been at the centre of the proposed service development
- That the Committees (where relevant) and Population Boards should receive an insight report detailing summary learning of what has been heard around this group of people, as per the PVG principle of building on what we know
- That it is a core expectation of membership of these structure that members should link in with a relevant community, building on the Big Leeds Chat and Allyship programme. Based on the principle that the closer you build links to people, the better and more informed the decision making
- That, as a default, senior meetings in our governance structures should start with a story/experience from someone with lived experience (this may be for example a short video, vignette or presentation)
- That there should be a representative from Healthwatch Leeds on each of: the Leeds Committee, Quality and Population and Experience Committee and Population Boards
- That there should be a representative on the Leeds Committee, Population Board and Care Delivery Boards from organisations that represent communities of interest or communities of geography (typically a Third Sector organisation) to act as a critical friend
- That someone with lived experience should be on each Board as appropriate (an alternative mechanism to be established where this is not appropriate).

3.26 The ask of the Health and Wellbeing Board is to:

- Accelerate the #TeamLeeds PVG approach through supporting the integrated workstreams highlighted above and the culture of an integrated approach to people’s voices
- Endorse the proposals regarding new Place based governance required by The Health and Care Bill.

3.27 **Section 2: Acting on what people have told us (through the Big Leeds Chat) and importantly feeding back to people around the actions that are taking place**

3.28 As a city we have collated significant insight around what matters to people, both in terms of wider health and wellbeing issues and through listening to people's experiences of health and care services.

3.29 **What do people tell us is fundamental to a happy and healthy Leeds?**

3.30 The BLC is unique, by going to community venues, talking to the public outside of health and care settings and having open conversations not vested in direct service consultation. It has provided a rich tapestry of information on what are the wider issues that matter to people. The Big Leeds Chat has taken place three times since 2018 and there have been consistent themes around what people have told us creates good health and wellbeing. Unsurprisingly, there is much work in place to create improvement around the issues people identify. It is however less clear how the Board has clear named links and an agreed approach to reporting of progress in these areas.. There is the opportunity to develop therefore new governance links based around the insight from the Big Leeds Chat 2021 tour.

3.31 The final report for the BLC 2021 is currently in development and will include two elements: citywide themes that were heard across Leeds and individual summaries of the 40 chats that took place in each LCP and with numerous Communities of Interest. The draft citywide themes for 2021 are:

- When thinking about a healthy city people very often wanted family, children and young people's lives that are filled with active, exciting and "connecting" things to do.
- For people of all ages, there was an ask for affordable community activities, mediated by good local organisations, venues, green space and effective enablement of volunteering.
- Digital access was raised, people were concerned where there was felt to be an "assumed digital default". People wanted a personalised offer which gave choice and was tailored across individual differences and different needs/situations.
- People feel GP appointments are harder to book than before and were offered further appointments quite some time away (variations occurred across BLC areas).
- Variations in BLC responses from people are significant by the area they live or the community of which they are part of. Our local working approach needs to be informed by this and actions planned to meet local (neighbourhood/community) issues.

- Crime and antisocial behaviour are raised by people as impactful on health and wellbeing. This includes perceived crime risks in public spaces such as parks and linked to perceived anti-social behaviour by young people.
- To tackle the mental health effects of the pandemic, we need to work proactively and creatively with communities and people who are isolated from them.
- People commented about having to make tough choices on their cost of living and health. Costs associated with staying healthy through exercise were raised often (more often than access to good food, reducing smoking or drinking).
- People treasured green spaces as a health asset but this was mediated by condition, safety and cleanliness.
- People raised public transport as closely linked to their health and wellbeing. Issues raised were access, frequency, cost and routing.

3.32 These themes have strong correlation with what the people of Leeds have told us in the previous two Big Leeds Chats in 2018 and 2019 about what will make Leeds the best city for health and wellbeing.

3.33 We would like to strengthen the governance around the above themes and what people tell us matters to them. As well as directly influencing the refresh of the LHWS and the upcoming Best City Ambition, we propose that the public receive direct feedback around the actions and work taken on each of these themes. The proposed governance is that for each theme, a lead forum is allocated and asked to report back to the HWB on a regular basis the following:

- Is there a plan/strategy to ensure that as a city Leeds is working on this?
- Is there an implementation plan that is tracked and measured to ensure progress on each of these themes?
- Does it understand the variance and gaps in terms of ensuring that the themes are being addressed in all communities in Leeds?
- Updates on what progress is being made in each of the communities against each of these themes.
- It is suggested that the HWB annual plan report is used to report back to people around the progress on each of these themes.

3.34 **Section 3: Transforming voice to action: Communication, coordination and compassion in services and tackling inequalities**

3.35 PVG is supporting our system to act on what we have consistently heard. This is driven by all our engagement work and in particular the “How Does It Feel For Me?” Programme (HDIFFM).

- 3.36 HDIFFM was instigated by the HWB as a response to the Care Quality Commission (CQC) Local System Review, 2018, which challenged Leeds as to a mechanism to collate feedback and therefore gain assurance of positive experience of journeys of care across our system. A systematic approach has collated a balanced scorecard of data comprising video blogs/diaries of people's experiences, case note review, complaints/compliments analysis and trialling new metrics of experience. Work has fed into periodic 'Assurance Balanced Scorecard' report to system executives.
- 3.37 Across the work to date, three priority areas for the health and care system have been identified. They are better: communication with people; better co-ordination of health and care services; and the need for compassion in all delivery of health and care services (a "Leeds 3 x Cs"). These ambitions are aligned to and supportive of existing improvement work to create a person centred health and care approach across Leeds. Above all, ineffective communication to people has been the number one theme that cuts across insight, complaints and feedback to teams across all health and care partners. For this reason, further work has been undertaken to qualify and develop what is meant by 'good' or effective communication. Additionally, research evidence has been used to quantify the financial and outcome benefits that could be realised if Leeds chose to focus on communication as an investment for improvement.
- 3.38 The options for immediate and medium-term improvement have been summarised for discussion via PEG (February 2022). The proposal is for significant transformational change around the issue of non-effective communication with people who receive services aligned to specific action plans. The paper proposes to introduce shared decision making across services. Shared decision making is a joint process in which a healthcare professional works together with a person to reach a decision about care. It involves choosing tests and treatments based both on evidence and on the person's individual preferences, beliefs and values. It makes sure the person understands the risks, benefits and possible consequences of different options through discussion and information sharing. The paper also proposes specific actions are identified by all partners to meet the Accessible Information Standard (AIS). The AIS sets out, a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. It is a legal requirement.
- 3.39 Throughout people's voices work there has been acute awareness of how tangible inequalities are evident in what has been heard. In hearing from communities of interest the same inequalities are recognised, and the same themes expressed. A clear message was heard from those community organisations, to not keep asking "what the issues are?" because for many communities they are well understood, but to act on what has been said, in partnership with those communities.
- 3.40 The Healthwatch Leeds "Health Inequalities Report" (Healthwatch Leeds, 2021) identified ten themes. Some echo the themes from the Big Leeds Chat above and the HDIFFM work:

- The key role that GP practices play in a person's health and care
- The importance of a welcoming front-of-house experience
- The importance of accessible health and care services
- Joined up health and care services lead to better health outcomes
- The impact of poverty on accessing health and care
- Digital inclusion
- The importance of having an inclusive workforce trained in person-centred working practices
- Communities facing inequalities need tailored responses to meet service gaps in current service offer.
- Developing services needs to be in partnership with trusted community organisations.
- The overall approach needs to embody co-production with communities

3.41 In responding to these there has been significant developments through the Tackling Health Inequalities Group (THIG) which has been set up to support the HWB in its ambition to tackle inequalities.

3.42 The Health Inequalities Toolkit, which has been endorsed by the HWB, aims to provide a solid plan of action to all health and care partners around the actions that need to take place.

3.43 Ongoing conversations with the evolving local health and care partnership governance, described above, around how that may integrate the Toolkit actions into its structures, in particular Population Health Boards and Care Delivery Boards.

3.44 The Board is asked to continue to in its commitment to placing people at the centre of health and care decision making by supporting the above initiatives, both through the work within individual organisations and in our city partnerships.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.2 The focus of this report is to bring the experiences of the people of Leeds into the heart of heart and health and care decision making Leeds and that of the Health and Wellbeing Board. The insight is driven from all health and care partners across Leeds and from thousands of people living in all communities in Leeds.

4.3 Equality and diversity / cohesion and integration

4.4 The activities from this report all support equality and diversity as well as building trust within communities as people can see that services are working together on the things that matter to them.

4.5 **Resources and value for money**

4.6 There is no specific new ask for resource as part of this paper but an acknowledgement that to fulfil the ambition of the Health and Wellbeing Strategy and the PVG that resources will need to be allocated. There is a risk to some of the PVG workstreams that they are currently supported through short term Covid response funds facilitated by Public Health. A proposal to the partnership for appropriate resourcing is in development.

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

4.8 There are no legal implications.

4.9 **Risk management**

4.10 There are no new risks that require management.

5 Conclusions

5.1 Under the leadership of the Health and Wellbeing Board and the Health and Wellbeing Strategy, much importance has been placed on people's voices being at the centre of how we work in Leeds. The People's Voices Group (PVG) has developed a strong one-team approach to this, and involvement activities across all health and care organisations in Leeds have consistently been working together to deliver our shared ambition, with identified developments to enable us as a health and care system to do that. As we move towards coming out of covid, it is an opportune time to consolidate that body of insight. and focus as a health and care system on the issues that people consistently raise, as well as areas for development. We want to do this in terms of the wider health and wellbeing asks of creating happy and healthy communities across Leeds, but also as regards health and care services and the issues that need a system response to tackle poor experience and outcomes and to address inequalities.

6 Recommendations

6.1 HWB is asked to support the workstreams recommended by PVG and to help shape our citywide involvement culture by:

- Receiving regular updates on the PVG's work
- Support and endorse progress within its various workstreams
- Note and support the progress in embedding people's voices into future system governance

6.2 HWB is asked to take action on the insight gathered through the Big Leeds Chat by:

- Using the insight to directly inform and influence the refresh of the Leeds Health and Wellbeing Strategy (LHWS) and the developing Best City Ambition
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6.3 Organisations represented at the HWB are asked to:

- Take the commitment made at the HWB into organisations
- To support and champion Board actions within represented organisations and in partnership on a citywide basis.

7 Background documents

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How does this help reduce health inequalities in Leeds?

The focus of this report is to act on what people have consistently told us doesn't work for them in terms of health and care services and in particular the report outlines the consistent issues that people experiencing the greatest health inequalities have identified.

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

This report focuses on the elements of health and care which in some cases are not meeting peoples' needs in terms of quality of services. By understanding and acting on these issues as a health and care system the quality of care in Leeds will improve.

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

The costs of not delivering effective communication, coordination and compassion within health and care services has been evidenced to cost the health and care system millions of pounds. The cost of not meeting the health and care needs of those people experiencing the greatest health inequalities again is significant in terms of needing more costly treatment at later points in people's health and care, additional cost of medication as well as the wider financial impacts to wider support services.

Future challenges or opportunities

There are significant opportunities for the Leeds health and care system by focusing on the identified themes, in terms of quality, people experience, inequalities, and ultimately in terms of achieving the health and wellbeing strategy ambition of being the best city for health and wellbeing where the poorest improve their health the fastest.

**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	
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

