NHS
Leeds
Clinical Commissioning Group

Annual Report and Accounts 2022-23

(Q1) 1 April – 30 June 2022

DRAFT Performance Report – 6 September 2022

- HWB approval process (performance report only)
  - 8 September 2022 – Executive Member to be briefed on the draft report
  - 8-15 September 2022 – HWB members to receive the draft report via email to provide comments/feedback.
  - 27 September 2022 – Draft report to be noted at HWB meeting.

- NHSE submission deadline
  - 5 October 2022

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About our annual report

The National Health Service Act 2006 (as amended) requires clinical commissioning groups to prepare their annual report and accounts in accordance with directions issued by NHS England with the approval of the Department of Health and Social Care (DHSC).

These directions also require clinical commissioning groups to comply with the requirements laid out in the Group Manual for Accounts issued by the DHSC. The Group Manual for Accounts complies with the requirements of the *Government Financial Reporting Manual*, which the Department of Health Group Accounts are required to comply with. For 2022 Q1 (1 April to 30 June 2022), we follow the structure outlined in the current DHSC templates, including the three core sections:

- **The Performance Report** - including an overview and detailed analysis
- **The Accountability Report** - including the members report, corporate governance report, annual governance statement, remuneration* and staff report
- **Annual Accounts***

** data for these elements is not available for the submission of the draft report to NHSE in October 2022 but will be included in the final report.*

A note about abbreviations

Throughout this report, we use a number of abbreviations. These are always explained in full the first time they appear, but the most common ones are:

- CCG – Clinical commissioning group
- DHSC – Department for Health and Social Care
- ICB – Integrated care board
- ICB in Leeds – On 1 July 2022, CCGs ceased to exist and NHS Leeds CCG became the Leeds office of the NHS West Yorkshire Integrated Care Board
- ICS – Integrated care system
- LCP – Local care partnership
- LCC – Leeds City Council

- LCH – Leeds Community Healthcare NHS Trust
- LHCP – Leeds Health and Care Partnership
- LTHT – Leeds Teaching Hospitals NHS Trust
- LYPFT – Leeds and York Partnership NHS Foundation Trust
- PCNs – Primary care networks
- NHSEI – NHS England and NHS Improvement
- WYICB - NHS West Yorkshire Integrated Care Board
- WYHCP – West Yorkshire Health and Care Partnership
- YAS – Yorkshire Ambulance Service NHS Trust

Chair and chief executive's foreword

Welcome to the final annual report and accounts for NHS Leeds CCG. This report covers the period from 1 April to 30 June 2022, the last quarter of operation for the CCG. It gives an overview of our progress and performance over that period, as we continued to work with people and partners to achieve our collective vision of "a healthy and caring city for all ages, where people who are the poorest improve their health the fastest."

As this is our final annual report, we want to start by thanking all our staff, member practices, Governing Body members and colleagues in partner organisations for their hard work and support over the four years that the CCG has been in existence.

Four years ago, the CCG committed itself to a strategy to move commissioning away from the traditional approach to service level design and contracting and towards a more value-based healthcare and population outcomes approach. This required a much greater degree of integration among the wider partners within the Leeds system and a strengthening of our use of data in delivering a population health management approach.

From July 2022, the new Leeds Committee of the West Yorkshire ICB (Leeds Committee) took on this responsibility. Whilst overseeing several functions that are similar to previous ones, the new committee is quite distinct in that all providers are equal partners, reflecting the push for greater integration that we envisaged back in 2018. Furthermore, we have now established a series of population health and care delivery boards developed from pre-existing Leeds structures that have, in effect, integrated provider collaboratives with a population and value-based approach.

General practice has been at the heart of clinical commissioning and will continue to play an active role in the new structures. Through the Leeds GP Confederation, there will be individuals from general practice at every level of decision making as there is now. Going forward, because of the wider balance of the Leeds Committee, these decisions can be taken together, further strengthening integration and population focus.

The CCG has always sought to work closely with the public in the design of services. In this we have worked closely with colleagues from across the city including Healthwatch Leeds. The new governance infrastructure within Leeds will continue to ensure that we will work with the public moving forward. Healthwatch Leeds are a full member of the Leeds Committee and the Quality and People's Experiences Sub-Committee is designed to strengthen the voice of the public within assurance processes. The population health and care boards have mechanisms to ensure that the public and individuals with lived experience are integral to their ways of working.

Contributing to a reduction in health inequalities has always been an important part of the CCG's ambition. COVID and now the cost-of-living crisis are significant barriers to that ambition. However, each of the population health and care boards has this ambition at the heart of its programme of work. We do not underestimate the challenge but we remain committed to doing all we can to tackle health inequalities.

Leeds has a long history of successful partnership working with people at the heart and with a breadth of assets to enable genuine whole system change. The past two years has shown what can be achieved when heath and care staff from different organisations and different roles work together, alongside communities, to achieve shared goals. Building on this success, we want to create the conditions that enable and support health and care staff from all professions to continue to work together, and with people and communities, to deliver measurable progress towards our ambition to improve outcomes and reduce inequalities for Leeds residents. Much still needs to be done, but we will work together with patients, the public and our partners to address these challenges as we move into our new role.

Jason and Tim

Jason Broch, Chief Strategic Clinical Information and Innovation Officer, Leeds Health and Care Partnership; former Clinical Chair, NHS Leeds CCG

Tim Ryley, Accountable Officer, NHS West Yorkshire Integrated Care Board (Leeds office); former Chief Executive and Accountable Officer, NHS Leeds CCG

August 2022

1. Performance report

Tim Ryley

Accountable Officer

Date TBC

1.1 Performance overview

1.1.1 Purpose of overview section

The overview section of this report highlights our approach and achievements from April to June 2022 – the last quarter of operation for NHS Leeds CCG. It gives a snapshot of who we are, what we do, the challenges we have faced and what we have done as a result.

1.1.2 Statement from the chief executive

Throughout the first quarter of 2022-23, the CCG played its full part in the health and social care system, mobilising across the city and region in our continued response to, and recovery from, the coronavirus (COVID-19) pandemic. Our performance report outlines the extent of the impact of the pandemic and explains how we and our NHS partners have responded. But while we continued to face unprecedented challenges during the quarter, we have continued to build on our relationships with partners, improving our collaborative approaches in addressing inequalities across the city and working to help people receive the very best health and care closer to their own homes.

Despite the challenges, the hard work, the passionate commitment to the people of Leeds and the level of collaboration with other equally committed partners is something that we should be very proud of. I want to thank each and every member of #TeamLeeds for all that they've done and continue to do to provide the best possible care for the city's residents. Of course, the pandemic continues to impact our performance. However, all our providers have continued to work together to improve performance against a very significant set of workforce pressures and increased demand across all service areas.

At the time of writing in August 2022, we are continuing to emerge from the intensity of the pandemic and subsequent waves of infection that have seen hospitalisations and staff sickness increase in recent months – a cycle that modelling suggests will occur every three months. However, we are again prioritising recovery in terms of waiting lists, whilst maintaining the focus on business as usual. We also want to make sure that the full range of delayed care resulting from COVID-19 is managed. This includes waiting lists in areas such as mental health and long-term condition reviews within general practice. There is no doubt that the rest of 2022-23 is going to be another incredibly challenging period, with considerable pressure to address long waits. Therefore, this will remain a high priority for the foreseeable future.

Helping protect people from COVID by delivering the vaccination programme remained a priority during the first quarter of 2022-23. To date, more than 1.7 million vaccinations, including nearly 50,000 spring boosters, have been delivered at vaccination centres, GP practices, community pharmacies and hundreds of pop-up clinics in local communities. Although many clinics paused activity for the summer, vaccinations have remained available at a variety of locations across the city. Much work has been done to prepare for the autumn booster programme, and we remain committed to making it as easy as possible for everyone to have their vaccinations.

Although the NHS in Leeds has missed a number of targets this quarter, as a system, we are committed to addressing this together. I'd like to thank all our staff, member practices and partner organisations, including NHS providers, the local authority, and third sector for their continued commitment and hard work. The pandemic will continue to impact the NHS, like every other health system around the world, for some time, but I know that in Leeds, we will continue to work together to provide the best possible care for our residents.

Tim Ryley

Tim Ryley, Accountable Officer, NHS West Yorkshire Integrated Care Board (Leeds office); former Chief Executive and Accountable Officer, NHS Leeds CCG

1.1.3 The nature and purpose of our organisation

NHS Leeds CCG (CCG) became a statutory body in April 2018, following the merger of the three previous CCGs in the city. Our commissioning activities are in line with the statutory responsibilities outlined in our constitution.

The CCG is made up of 92 member GP practices (as at 30 June 2022) covering the whole of the city of Leeds, with a registered population of around 900,000 people. Our vision is for Leeds to be “a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.”

We operate from a single site, which we lease through NHS Property Services, and which we share with a number of local businesses within WIRA Business Park at WIRA House, West Park Ring Road, Leeds, LS16 6EB.

We commission a range of services for adults and children including community health services, planned care, acute services, NHS continuing care, mental health and learning disability services. We co-commission GP primary care services with NHS England and NHS Improvement (NHSEI). We do not commission other primary care services such as dental care, pharmacy or optometry (opticians) which is done by NHSEI through their local area team, more commonly referred to as NHSEI North East and Yorkshire. NHSEI is also responsible for commissioning specialised services such as kidney care.

The following healthcare providers / areas of spending cover 86% of the CCG’s commissioning budget.

Provider	2022-23 (£ m's)
Leeds Teaching Hospitals NHS Trust	148
Mid Yorkshire Hospitals NHS Trust	9
Harrogate & District NHS Foundation Trust	8
Bradford Teaching Hospitals NHS Foundation Trust	2
Yorkshire Ambulance Services NHS Trust 999, patient transport service and 111 contracts	13
Spire Hospital	2
Nuffield Hospital	2
WY urgent care and urgent treatment centre contracts	2
Leeds & York Partnership NHS Foundation Trust	32
Leeds Community Healthcare NHS Trust	35
Prescribing recharges from the Prescription Pricing Authority	32
Primary care co-commissioning	36
Funded nursing care	2
Mental health learning disabilities	10
Main areas of commissioned spend	**333**
Other smaller contracts	55
Total net commissioning spend (programme budget)	**387**

A full list of contracts with providers is available on request.

1.1.4 Our business model

The CCG is responsible for the strategic planning, procurement (contracting), monitoring and evaluation of the performance of a prescribed set of services that are delivered by a range of NHS, independent and third sector health and care providers in order to meet the needs of our local population.

These providers offer a range of hospital treatments, rehabilitation services, urgent and emergency care, community health services, mental health and learning disability services.

Each year the CCG undertakes a planning process that provides the key mechanism for ensuring we continue to meet our population's needs within the resources available to us. This planning process is now undertaken within a wider West Yorkshire health and care system approach to planning.

1.1.5 Our strategy

Leeds has a collectively agreed vision to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. As a city we are seeking to achieve this vision by applying our collective resources to improve people's health outcomes. The Healthy Leeds Plan describes the health outcomes we are aiming to improve, along with measures that will help us demonstrate how we are making progress. For all of our objectives, we aim to be as good, if not better, than the England average and to reduce the gap between Leeds and deprived Leeds by 10%.

In order to achieve this, we have been reviewing with our health and care partners how we can work together more effectively to support the needs of different populations in the city. These include, for example, children and families, people with long term physical and/or mental health conditions, people with cancer, those with learning disabilities and/or neurodiversity, those living with frailty or approaching the end of their lives, as well as generally healthy people. Using an approach known as population health management, we are using data and patient insight to identify how we can improve people's health and wellbeing outcomes, their experience of care and ensure we achieve the best possible value from our NHS spend.

We want to make sure that decisions about how we spend NHS money are made as close as possible to the people and populations they impact. This means involving local people directly in decisions about how we use NHS resources and for what purposes. We do this alongside clinicians and senior leaders from our NHS partners in the city, as well as Leeds City Council and the voluntary and community sector. All are equal partners.

During 2021-22, we have tested and refined this approach for those living with frailty in Leeds. The frailty development project brought together a group of clinical and professional experts to understand, and make effective decisions around, a wealth of data and insight about the population of people living with frailty in Leeds. This included information about people's experience and the current range and spend on frailty services in Leeds. This group of partners (the Frailty Population Board) designed and approved an expanded "enhanced community response model," which will be implemented during 2022-23.

Based on what we learned through the project, we have worked with our partners to improve and apply this approach to other populations (maternity, children, mostly healthy, long-term conditions, cancer, mental health, neurodiverse and end of life), working with existing networks of senior leaders to establish “population boards” that can take on more formal accountability for improving health outcomes and reducing health inequalities. In early 2022 we supported these population boards to develop and establish their outcome frameworks. These frameworks set out the measures Leeds will use to monitor improvements in the health and wellbeing of each population, and track changes over time.

This true partnership approach puts us in a strong position for the move towards a more collaborative, integrated way of working for the NHS in England, which came into effect from 1 July 2022.

1.1.6 Key issues and risks

The governing body assurance framework – GBAF – is the key mechanism for identifying and ensuring the management of risks affecting the achievement of our strategic objectives. It draws together the high-level risks from a variety of sources and enables the governing body to focus on making sure that the impact of these risks is minimised through appropriate management action. The GBAF is supported by a risk register that provides a local record of all potential or actual organisational risks. More details are in the annual governance report on page xx.

Due to the impact of the pandemic on capacity, access and workforce, as at 30 June 2022 the key risks faced by the CCG are:

- Risk of harm to patients in the Leeds system due to people spending too long in emergency departments (ED) due to high demand for ED and the numbers in hospital beds with no reason to reside, resulting in poor patient quality and experience, failed constitutional targets and reputational risk.
- As a result of the longer waits being faced by patients, there is a risk of harm, due to failure to successfully target patients at greatest risk of deterioration and irreversible harm, resulting in potentially increased morbidity, mortality and widening of health inequalities.

- Risk of harm to patients with long term conditions (LTC)/frailty/mental health conditions due to the inability to proactively manage patients with LTC/frailty/mental health and optimise their treatments due to the impact of COVID on capacity and access resulting in increased morbidity, mortality and widening of health inequalities and increased need for specialist services.
- Risk of harm to patients with mental health conditions due to sustained increased demand impacting capacity to support a more responsive access to specialist mental health services, resulting in increased morbidity and widening of health inequalities.
- The following strategic risks have been rated as red throughout quarter 1 2022-23:
    - Risk of widening or not reducing the health inequality gap.
    - Risk of not securing improvement in the quality of services and outcomes for patients;
    - Risk that the Leeds health and care system workforce does not have the capacity or capability to support delivery of improved outcomes.

All identified risks have details of key controls, how assurance will be given, gaps in controls and assurance, target risk level, action plans to address gaps and the risk owner.

1.1.7 Emergency preparedness resilience and response (EPRR)

Overall approach

The NHS Act 2006 (as amended) requires NHS England to ensure that the NHS is properly prepared to deal with incidents and emergencies. Until they were replaced by integrated care boards on 1 July 2022, CCGs were category 2 responders under the Civil Contingencies Act (2004), which placed a statutory duty on them to co-operate with partners and to share information.

CCGs co-ordinated the health response to local incidents and provided support to NHS England in responding to large scale, local incidents. Although a category two responder, CCGs were also required to meet the full set of duties of a category one responder including:

- assessing the risk of emergencies occurring and using this to inform contingency planning

- establishing emergency plans
- establishing business continuity management arrangements, and
- establishing arrangements to make information available to the public to warn, inform and advise them the event of an emergency.

Compliance against these duties was obtained via the NHS England EPRR core standards annual assurance process, which usually took place in quarter 3.

Cooperation with partners was a statutory duty for CCGs, and so the CCG co-operated with West Yorkshire partners by representation at the local health resilience partnership (LHRP). NHS North Yorkshire CCG represented on our behalf at the North Yorkshire LHRP. Locally, the CCG worked with EPRR leads from both the health and wider response community via established agreements and protocols.

The CCG had a business continuity strategy and plan that helped to determine which functions were more critical to the organisation, that is, the need to be up and running in 24-48 hours. The plan also identified what type of impact loss of service would have on the organisation; this may be a legal breach, loss of reputation or a financial implication.

On-call

The NHS England EPRR framework required that CCGs needed to maintain 24/7 on-call arrangements to provide a route for providers to escalate issues 24 hours a day, supported by trained and competent people, in case they cannot maintain delivery of core services. The on-call rota was staffed by members from the senior leadership team.

Training

All relevant training for on-call staff was recorded and mapped against national occupational standards (NOS) for responding to emergencies. During quarter 1 2022, relevant CCG staff undertook appropriate training to prepare them for the role of being on-call for NHS West Yorkshire Integrated Care Board (ICB). This included the new national mandated course for NHS strategic commanders - principles of health command training.

Transition to NHS West Yorkshire ICB

A significant amount of work has been undertaken by CCG EPRR staff in Q1 2022 to ensure that NHS West Yorkshire ICB is prepared to meet its EPRR responsibilities from 1 July 2022. This has included developing a West Yorkshire ICB policy, incident response plan, on-call pack and policy and establishing a central EPRR team, with leads for each of the five places within West Yorkshire.

Incidents

During Q1 2022, the CCG was involved in the following key exercises and incidents:

COVID-19: the response to COVID-19 continued in Q1 2022 and the CCG sustained its incident contact centre to respond to communications and actions related to COVID.

Easter and Jubilee weekend: the Leeds health and care system worked together to ensure that plans were in place to manage demand over Easter and the Jubilee weekend.

Monkeypox: In May 2022, cases of monkeypox were reported in the UK. A task group was established in Leeds, led by Leeds Sexual Health, which the CCG attended. A monkeypox joint working agreement was developed, which has been shared with agencies across the place.

Exercises

Consequence management exercise – representatives for the five West Yorkshire CCGs attended an exercise run by the West Yorkshire Local Resilience Forum to review how organisations respond to the aftermath and consequences of a major incident. The learning from the event was used to inform the development of plans for NHS West Yorkshire ICB.

Exercise Aestus Rose - representatives for the five West Yorkshire CCGs attended an exercise run by the West Yorkshire Local Resilience Forum to practice the multi-agency response to a heatwave. The learning from the event will be used to update severe weather plans.

Core standards for EPRR

All NHS-funded organisations are required to carry out an annual self-assessment against the NHS England EPRR core standards and to submit a compliance level. For 2021, the CCG assessed itself as 'substantially compliant'. The 2022 assessment will take place in October 2022.

1.2. Performance analysis

1.2.1 Performance against key national and local indicators

Before the pandemic, the NHS in Leeds had made positive steps to improve the speed of access to treatment and the quality of healthcare delivered to patients. Throughout 2021 and into 2022, the NHS has continued to operate in a declared high state of incident response, due to the pandemic and hospital admission levels. December 2021 saw the NHS again return to the highest level of incident response because of increasing COVID infections and the emergence of the Omicron variant.

Many NHS performance measures have been adversely affected by the initial period of service disruption from the first wave of COVID in 2020 and the national mandate to suspend many routine services except where clinically appropriate or high risk. Subsequent COVID waves and increasing demand for services in the last 12-18 months have seen this disruption continue. At the same time, staffing has been affected by increased infection rates and infection prevention control measures have meant reduced capacity across many services. This position has affected the performance of NHS services right across the country, including Leeds.

At the time of writing, data representing the whole of 2021-22 and Q1 2022 had not been published. Therefore, the performance levels below represent the position reported for the year to date, up to and including the most recent data available.

Cancer waiting times

The NHS Constitution includes a number of targets relating to treatment for cancer patients. These include the right to be seen within two weeks when referred for a suspected cancer; the right to be treated within 62 days from the date of GP referral to treatment; and the right to be treated within 31 days from the day of decision to treat to the day of treatment.

Cancer waiting times lengthened because of the pandemic, with a greater number of patients waiting more than two weeks for a first outpatient appointment. This position has not yet recovered, although the NHS continues to work to increase capacity. Similarly, the number of patients waiting more than 31 days or 62 days for their first treatment has also been affected by COVID-related pressures on the NHS; greater numbers of patients have required an emergency admission (including those with COVID), with necessary infection prevention control measures affecting service capacity.

Cancer waiting times	**2020-21**	**2021-22**	**2022-23**	
	Actual	Actual	YTD	Target
2 week wait	73.5%	71.9%	73.5%	93%
31 day first treatment	94.9%	89.9%	91.7%	96%

Referral to treatment

The NHS constitution states patients should wait no more than 18 weeks from GP referral to treatment (RTT). Since many routine services have re-opened and national lockdown measures eased, we have seen increasing numbers of patients accessing all NHS services. This pressure has unfortunately led to fewer patients being referred for treatment within the target time frame. Periods of rising COVID inpatient numbers have also challenged capacity, with staff and beds being required to care for them.

Referral to treatment	**2020-21**	**2021-22**	**2022-23**	
	Actual	Actual	*YTD*	Target
Patients waiting less than 18 weeks for treatment	69.1%	72.6%	68.2%	92%

Diagnostic wait times

Although there has been some improvement in the time patients have waited for diagnostic services, performance is still not where it would normally be expected. Additional capacity within the independent sector is being used to support NHS services.

Diagnostic wait times	2020-21	2021-23	2022-23	
	Actual	Actual	YTD	Target
Patients having routine diagnostic tests within 6 weeks of referral	72.1%	74.3%	75.8%	99%

Access to psychological therapies

Improving access to psychological therapies performance has been maintained in the last 18 months with waiting time targets met.

Access to psychological therapies	2020-21	2021-22	2022-23	
	Actual	Actual	YTD	Target
Patients being seen within 6 weeks of referral	62.1%	92.4%	93.2%	75%
Patients being seen within 18 weeks of referral	99.3%	99.6%	99.7%	95%

Early intervention in psychosis

The number of patients experiencing a first episode of psychosis and who are seen within two weeks of referral was slightly below the national target.

Early intervention in psychosis	2020-21	2021-22	2022-23	
	Actual	Actual	YTD	Target
Patients being seen within 2 weeks of referral	75%	57.7%	*data not yet available*	60%

Dementia diagnosis rate

The dementia diagnosis rate in Leeds has remained stable across the last 18 months, marginally below the national target.

Dementia diagnosis rate	**2020-21**	**2021-22**	**2022-23**	
	Actual	Actual	YTD	Target
Expected rate of patients being diagnosed	67.4%	66.2%	66.5%	66.7%

Waiting times for children's eating disorder services

Demand and urgency of referrals across children's mental health services continues to be high, as an impact of COVID. All children and young people with an urgent need were referred within one week; however routine referral performance has remained below target.

Children's eating disorder service waiting times	**2020-21**	**2021-22**	**2022-23**	
	Actual *(Mar '21)*	Actual *(Mar '22)*	YTD	Target
Urgent referrals within 1 week	100%	95.5%	*data not yet available*	95%
Routine referrals within 4 weeks	87.6%	73.7	*data not yet available*	95%

Annual health checks

Full physical annual health checks provided by GPs for people with a severe mental illness (SMI) are above target. Despite additional COVID-related activity such as the national vaccination and booster campaign, the number of people with a learning disability who have received an annual health check has been maintained above the trajectory set for the year.

Annual health checks	2020-21	2021-22	2022-23	
	Actual	Actual	YTD	Target
Percentage of annual health checks for people with SMI	47.8%	68.9%	66.8%	60%
Number of annual health checks for people with LD	120.9% of target	116.7% of target	*data not yet available*	2776

A&E waiting times

Patients who attend A&E continue to be prioritised based on their clinical need. However, as attendance numbers have returned to pre-pandemic levels, demand for hospital beds has remained high and social distancing measures remain, more patients have waited more than four hours in emergency departments from the decision to admit, treat or discharge. We continue to provide and promote alternatives to A&E, with the city's two urgent treatment centres operating every day as well as an increase in the number of same day appointments available to patients at GP practices.

A&E waiting times	2020-21	2021-22	2022-23	
	Actual	Actual	YTD	Target
Patients being seen, treated & discharged or admitted within 4 hours	82.9%	71.1%	68.4%	95%

Ambulance handovers and response times

Nationally, there has been very high demand for ambulance services and reduced response times for some calls; however local ambulance-hospital handover times have been broadly maintained at an average of close to or below 15 minutes for Leeds hospitals, as we have tried to prioritise the release of ambulance crews as quickly as possible once patients have arrived at hospital.

Ambulance handovers	2020-21	2021-22	2022-23	
	Actual	Actual	YTD	Target
Category 1 call average response time	7m 35s	9m 11s	9m 13s	7 minutes
Average hospital handover times – LGI		11m 15s	16m 39s	15m
Average hospital handover times – St James		16m 8s	18m 40s	15m

In summary, the many and varied challenges associated with the pandemic have continued to impact NHS performance this year, not just in Leeds but nationally. In addition to a number of COVID waves creating high demand for every element of healthcare, in the last 18 months, significant numbers of patients have sought urgent care, which has also been a factor in extended waits in some areas. Even as national restrictions have eased and have now been removed, at the time of writing, our services continue to operate with some level of restrictions to keep patients safe. In 2022, NHS staff in all sectors are still experiencing truly significant and challenging levels of demand, as we continue to plan for and make progress to sustained recovery, reduce waits and improve performance.

Considerable work is taking place to reduce elective waiting lists, support timely access to mental health services and meet the demand within primary care services, as well as seeking further improvement where needed across all health services. It's very likely that this year will again be challenging although these steps to recovery will be a high priority.

1.2.2 Sustainable development

The UK government has set in law the world's most ambitious climate change target, to cut emissions by 78% by 2035 compared to 1990 levels; it is working towards its commitment to reduce emissions in 2030 by at least 68% compared to 1990 levels through the UK's latest Nationally Determined Contribution.

The CCG met the targets previously set as part of EU climate change requirements, and we have an excellent record of developing and delivering sustainable development management plans. However, despite our efforts, it has become increasing clear that we need to do much more.

Sustainable development requires organisations to focus on 'three pillars': social, environmental and economic. We recognise the great responsibility that comes with our roles as commissioners and providers of public services.

In March 2020, West Yorkshire and Harrogate Health and Care Partnership published its response to the NHS Long Term Plan: *Better Health and Care For Everyone: Our Five Year Plan.* This plan, developed in partnership with all West Yorkshire CCGs, NHS providers and local authority partners, identifies climate change as one of the 10 key priorities against which we will take action over the next five years.

The CCG, along with its partners in the West Yorkshire health and care system, are aspiring "to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.'

These three pillars also form part of our local decision-making processes. Population boards – the local partners responsible for improving the outcomes, experience and value from NHS spend for different population groups - are required to consider economic, environmental and social impacts when proposing changes to NHS services

Aligning ambitions

Further guidance was issued by NHS England in June 2021 - "How to produce a Green Plan".

This has five clear requirements

- NHS trusts were expected to develop a "Green Plan" during 2021-22.
- Each ICS is asked to develop a consolidated system-wide Green Plan by 31 March 2022. This Green Plan guidance sets out some key factors that should characterise ICS plan development:
    - Every ICS should have a named net zero lead

    - ICS plans should be developed collaboratively with system partners, including the local authority
    - ICS Plans should be place-based, and clearly set out outlining local priorities
- The Green Plan guidance outlines “minimum requirements”, but systems are free to go above and beyond the suggestions set out.

So our plan continues to be reviewed and refreshed to ensure that we are able to work together with our partners to develop a system-wide plan that we aspire to go beyond in Leeds.

The CCG still has its place-based Green Plan and its ambitions have remained in place for 2021-22. These are summarised as:

- Reducing WIRA house carbon usage: seeking ways to minimise use of energy and reducing waste on our site
- Improving carbon literacy of staff: increasing staff awareness of climate change and how they can change the way they live to minimise their impact on the environment through adopting and encouraging sustainable lifestyles
- Transport and travel: supporting and encouraging reduction in carbon and pollution through changes in travel behaviours
- Commissioning for sustainability: building sustainability into the commissioning and procurement of services
- Partnership working: acting together with other key stakeholders to support system wide change

Summary of performance

Reducing WIRA House carbon usage:

Q1 data not yet available

The CCG's current office lease expires in March 2023. This provides a timely opportunity to review what our future needs will be. As part of our new ways of working project, we're working with Community Ventures Leeds to look at what estates will be needed and coming up with different options that could meet our future business needs, based on the following criteria:

- All organisations within the Leeds Health and Care Partnership (LHCP) and WYICB need to make best use of our existing estate to enable greater access to care, reduce overall estates costs and maximise the use of the Leeds pound (£).
- A significant proportion of the CCG's running costs has been spent on premises. Additional ICB-related cost pressures mean we need to reduce our overall running costs by at least £500,000.
- As a partner within the LHCP, we are committed to making Leeds carbon neutral by 2030. All options should support progress to this target and other milestones within our Green Plan.
- Our focus is to support and enable Leeds and West Yorkshire providers and partners to work together in an integrated way. All future estate solutions should promote and support greater collaboration.
- Future estates options need to support and respond to the business and wellbeing needs of our workforce. Solutions should be flexible and responsive to the different needs of individuals and teams.
- Future solutions should incorporate the ability for teams to regularly connect in-person as needed.
- Solutions should build on best practice, evidence and learning to date from within our own and partner organisations.

Transport and travel

With national guidance to work from home in place for most of the last two years, transport and travel have been massively affected. Claims for travel expenses have continued to be significantly lower than pre-pandemic. Although the carbon reduction cannot be calculated with any standardised methodology, it is worth noting there will have been a one-off significant reduction in carbon emissions associated with business mileage since March 2020. This excludes any such reductions relating to carbon emissions saved from commuting to work.

As part of the new ways of working project, the CCG has developed agile working guidance for all our staff. This guidance sets out the expectation that in future, staff may need to work from a number of locations, including home, and with team members in other locations across the city. While this will inevitably result in an increase in mileage (in comparison to the negligible levels of travel by CCG staff during the height of restrictions), wherever possible, we will choose locations for physical meetings and touch down spaces that are accessible by public transport. This will reduce business mileage associated with individual car use.

As we become part of NHS West Yorkshire ICB, we are already a part of the West Yorkshire healthcare system sustainable travel forum, which has a number of workshops planned to learn from other places and promote greater consistency across the region.

Commissioning for sustainability

The way we design and commission services means that a range of long-term population outcomes and supporting performance indicators will be pivotal to delivering future sustainability objectives – for example, reducing carbon emissions, reducing particulate pollution, increasing social value and supporting local economic development. These outcomes will need to be defined so that they align to other strategic objectives for reducing health inequalities and improving health outcomes. Sustainability will remain an integral part of the quality impact assessment used when we commission services.

Partnership working

Despite the pandemic and with a view to becoming part of NHS West Yorkshire ICB with its own overarching green strategy, the CCG has built on its current established working relationships but has grown in its representation as part of the West Yorkshire partnership. In addition to the West Yorkshire sustainable travel forum, we are now represented on the West Yorkshire primary care climate change network and the ICB operational climate change network. Locally, there have been several social value schemes, including collecting food for local food banks and crisp packet collection schemes to raise money for local schools. Next steps for this work will include defining the remit for sustainability at place amidst wider sustainability initiatives across the ICB.

1.2.3 Improving quality

CCGs have a duty to carry out their functions with a view to securing continuous quality improvement (CQI) in the quality of services provided for the prevention, diagnosis, or treatment of illness (www.legislation.gov.uk/ukpga/2006/41/section/14R). In discharging its duty, a CCG must, in particular, act to secure improvement in the outcomes around safety, experience and effectiveness. Improving quality is not a static activity, so we aim to make sure that robust mechanisms are in place to continually monitor, identify and escalate quality concerns across the local system.

An outcomes-based approach, however, means moving from focusing on services, activity, individual organisations and so on to improving outcomes that matter to people (for example, good quality of life, getting back to work following illness and being able to self-care or manage long term conditions). Outcomes are the impact or 'end-results' of services on a person's life, and these are often impacted by the actions and processes of multiple service providers. As the world of commissioning develops under the Integrated Care Board (ICB) structure, we are increasingly looking for quality improvement opportunities across pathways and population groups, recognising that the measures we have traditionally used to understand quality, may not be appropriate going forward, and need to be re-defined.

Listening to the voices of people is essential to seeking CQI in outcomes; this helps us to appreciate the value that people place on health services and ensures that Leeds finances are spent on the things that matter most. We use knowledge of people's experiences, such as feedback, compliments, and complaints throughout the stages of the commissioning cycle to help influence planning and ensure person-centred care. In addition, to understand outcomes across Leeds and build on our knowledge of what people are saying about services, we work with Healthwatch, which includes the How Does It Feel for Me (HDIFFM) project. This project aims to hear and learn from the experiences of people at the interfaces of care.

We continually work with our service providers and system partners on quality and risk management systems, which ensures planning (defining quality contract details), measuring, analysing, and supporting improvement work as required. Assuring ourselves of the quality of services provided requires a balance between traditional quality assurance methods, geared towards monitoring compliance with a desired standard, and quality improvement approaches that make sustainable improvements where it is felt quality could be improved. The quality and safety measures we look at include, but are not limited to:

- Serious incidents
- Feedback from people who use services
- Quality impact of service changes and contracting for quality measures such as CQUINs (commissioning for quality and innovation payment framework)
- Local quality requirements (LQRs).

We escalate any quality risks we identify with service providers and monitor improvements, particularly looking at how these are measured. From a traditional perspective, we seek assurance that statutory duties are being met, concerns and risks are addressed, and improvement plans are having a positive and sustained effect. CQI activity is driven by regularly monitoring performance and reflects (and complements) the ratings published on myNHS website, in areas around speciality treatments and data on services and health and wellbeing (although note that this site has recently closed and other NHSE systems will be accessed going forward).

We use clinical outcomes publications data and national clinical audit/best practice to benchmark performance of specific types of surgery and disease management against national/regional trends and may reference these in service specifications and reports. For data on services, the teams seek assurances from providers on how they have applied learning identified from patient and staff survey results, any improvement action identified by the Care Quality Commission (CQC) following inspection and other contractually required information. This information is usually discussed in joint contract and quality engagement meetings and may be followed up with a quality visit to observe changes to practice and learning.

The CCG also monitors performance as part of many other national programmes and quality initiatives, such as LeDeR (learning from deaths of people with a learning disability) to ensure learning is embedded in practice and that safe and wellbeing reviews for people with learning disabilities and/or autism were completed before the deadline of December 2021.

During 2022, the CCG used the same principles for assuring itself of CQI with providers, although we adapted the way we did this to reflect the continued system pressures caused by the COVID-19 pandemic. We also began discussions with healthcare partners about what 'good quality' looks like from a systems perspective. In addition, as the CCG moves towards a population health management approach focusing on reducing inequalities, the data on health inequalities at different stages of life (such as healthy infancy, healthy older age, and dementia) has started to feature more in local quality management systems. Over the coming months, the ICB will continue to enhance its approach to quality and quality improvement in line with the expectations of the ICB and a more integrated / partnership approach to working, mutual accountability and responsibility for quality.

1.2.4 Engaging people and communities

Governance and assurance

Governance and assurance around involvement outlines how we work and how we make sure local people are involved in our decision-making.

NHS commissioning organisations have a legal duty under the National Health Service Act 2006 (as amended) to 'make arrangements' to involve the public in planning and paying for (commissioning) services for NHS patients ('the public involvement duty'). As part of our governance arrangements as a CCG, we are required to prepare an annual report, which must explain how the public involvement duty in the previous financial year has been fulfilled. This section of our annual report explains how we fulfilled that duty between April and June 2022.

We are passionate about providing the best services we can and are committed to understanding what matters most to our patients, our local communities, our member GP practices and our partners. Good communications and involvement are a priority for us, and a strong framework, with clear structures and assurance processes, plays a key role in making sure that patients and communities are central to our decision-making.

The CCG constitution

The CCG's constitution outlines our values and sets out the arrangements we have in place to meet the legal duty to involve patients and the public in our work. The constitution outlines:

- the key ways we involve the public in commissioning
- a statement of the principles we will follow in involving the public
- how we will ensure clear decision making

You can read our constitution on the CCG website: www.leedsccg.nhs.uk/content/uploads/2019/02/NHS_LeedsCCG_Constitutionv1.1.pdf

Patient and public involvement (PPI) lay person on our governing body

A lay member is a 'critical friend' who offers a more independent view on our decisions. Our lay member for public and patient participation chairs our Patient Assurance Group (PAG) and is also a member of the Primary Care Commissioning Committee, Quality and Performance Committee and the Remuneration and Nominations Committee. They ensure that the voice of patients and the public is championed at our governing body. You can read more about our PPI lay person at www.leedsccg.nhs.uk/about/governing-body/meet/angela-collins

Our commissioning framework

Our commissioning framework outlines how we plan to commission services that are high quality, safe and good value for money. Our ambition is to achieve the best outcomes for people accessing healthcare in Leeds at the lowest cost. We do this using our commissioning framework. Understanding the health outcomes patients wish to achieve is vital if we are to provide services that meet their needs and preferences and support them to achieve the things which matter most to them. We use a simple model (the commissioning cycle) to put meaningful involvement at the heart of our work. This is illustrated in the following table.

The stage of the commissioning cycle	Ways we show how we involve people at this stage (assurance mechanisms)	Example
Understanding local people's needs and planning local services (analyse and plan)	We carry out involvement with local people to find out what matters to them. This is one of the ways we understand the needs and preferences of people in Leeds	Ongoing partnership work on the Big Leeds Chat healthwatchleeds.co.uk/our-work/bigleedschat/
	We use feedback from local communities to develop our plans and priorities. We use public events to 'test' our plans with local people	Ongoing work to involve people in 'Healthy Leeds: Our plan to improve health and wellbeing in Leeds' www.leedsccg.nhs.uk/get-involved/your-views/healthy-leeds-involvement/
Providing new, closing and changing local services (design pathways)	When we make changes to services, our Patient Assurance Group (PAG) make sure that our consultation and involvement plans are meaningful	PAG webpage www.leedsccg.nhs.uk/pag/
	We speak to people affected by any changes to understand their needs and preferences.	Reviewing spasticity management for people with neurological conditions https://www.leedsccg.nhs.uk/get-involved/your-views/spasticity-management-project/
Outlining what we want services to deliver and finding an organisation to provide the service (specify and procure)	CCG volunteers support us to make sure that feedback from local people is central to shaping new strategies and services	You can see examples of our CCG volunteer work here: www.leedsccg.nhs.uk/get-involved/getting-more-involved/ccg-volunteer/meet-our-volunteers/
Making sure the service continues to meet the needs of local people (deliver and improve)	We involve people in reviewing our services to ensure that people are always at the heart of decision-making.	We continue to support our social prescribing service by providing CCG volunteers on the steering group. www.leedsccg.nhs.uk/get-involved/your-views/social-prescribing/

Involving the public in developing plans for commissioning

In May 2021 we carried out involvement with local people to talk about how we will use our money and time (resources) over the next five years to ensure we are:

- Reducing health inequalities
- Providing more healthcare in community settings

- Focusing on what matters to people

We supported an independent organisation to hold a series of focus groups and interviews with local people. We asked 80 people from diverse communities to share their views on our commissioning plans. We continue to use this feedback to shape our plans. You can read more about this involvement at www.leedsccg.nhs.uk/get-involved/your-views/healthy-leeds-involvement/

NHS Leeds are key partners on the annual Big Leeds Chat (BLC). The BLC is organised and managed by the Leeds People's Voices Partnership (PVP) (https://healthwatchleeds.co.uk/our-work/pvp/), who are involvement leads from NHS commissioners and providers, local authority and community groups that represent local people. The PVP is chaired by Healthwatch Leeds. The BLC provides a unique opportunity for commissioners and senior decision makers to meet members of the public and hear what matters most to them. Feedback from the BLC is supporting our commissioning plans in 2022. You can read about the BLC here: healthwatchleeds.co.uk/our-work/bigleedschat/

Patient Assurance Group (PAG)

Patient assurance is a process that makes sure we are putting the views of local people at the heart of our decisions. Our patient assurance group (PAG) meets monthly and is chaired by our lay member for public and patient participation. Members include CCG volunteers, a local Healthwatch representative and CCG staff. Members provide assurance that our commissioning plans include meaningful involvement. You can read more about the PAG on our website: www.leedsccg.nhs.uk/pag/

CCG volunteer programme

We have 11 CCG volunteers who work alongside us. They receive training, mentoring and peer support to champion the voice of patients and the public throughout the commissioning cycle. They provide assurance that our commissioning plans are clear and put local people at the heart of our decision-making. You can read more about our CCG volunteers on our website: www.leedsccg.nhs.uk/get-involved/getting-more-involved/ccg-volunteer

Framework to support participation

An involvement framework is a document that outlines how we will put people at the heart of our decision-making.

Over the last year we have supported the West Yorkshire Integrated Care Partnership (ICP) to develop its involvement framework: www.wypartnership.co.uk/get-involved/involvement-framework. This work includes signing up to the West Yorkshire ICP communication and involvement principles: www.wypartnership.co.uk/application/files/7416/3575/5103/1_NOV_draft_The_Way_We_Work_Together.pdf

In addition to our work at West Yorkshire level, we have continued to develop our place-based (Leeds) involvement framework through our work with local partners at the People's Voices Group (PVG): PVG - Your Healthwatch Leeds. This includes work to develop a place to capture people's needs and preferences (insight repository), a citywide library for involvement reports (grey literature library) and a citywide public network that supports local people to get involved in health and social care in Leeds. These projects will support partnership working, help us avoid duplication and support us to use people's feedback to shape local services.

There are numerous ways people can get involved in our work. Our community network gives patients, carers and the wider public the opportunity to receive regular updates and information about healthcare in their local area, as well as offering the chance to give their personal views and opinions. Network members are provided with a monthly e-newsletter. More information about joining our network at the Leeds office of the Integrated Care Board (ICB) can be found here: https://www.healthandcareleeds.org/have-your-say/shape-the-future/join-our-network/

We continue to support participation through our work with patient participation groups (PPGs) at local GP practices. We run quarterly peer support sessions to support the PPGs in Leeds. PPGs told us that they wanted their own PPG email to support their work. Following a successful pilot, we will be providing email addresses for all PPGs in Leeds. In 2021 we ran a review of PPG activity. 28 people responded to the review, representing 22 different practices. We will be using the review to improve our support to PPGs throughout 2022: www.leedsccg.nhs.uk/get-involved/getting-more-involved/patient-participation-group/

Involvement activities

Between April and June 2022, we involved individuals and communities in one engagement:

Networked Data Lab – We are partners on a national project which explores how we can work as a wider system to use data to improve health and care in the UK, including addressing COVID-19 and widening health and care inequalities. www.leedsccg.nhs.uk/get-involved/your-views/networked-data-lab/

More detail on our involvement activities can be seen in our annual report on involvement: www.leedsccg.nhs.uk/get-involved/stay-in-touch-stay-informed/publications/

Showing people how we have used their feedback

It is essential that we show people how we have used their feedback to improve local services. Sometimes the changes we make take some time and we regularly review recent involvement activity and update our website to demonstrate how people's feedback has shaped our decision-making.

Examples of how we keep people updated include:

- A 'You said, we did' section on our website for every involvement we are involved in. You can see an example here: www.leedsccg.nhs.uk/get-involved/your-views/leedsbsl/
- Our monthly electronic newsletter 'We-Ngage' updates our CCG network about involvement work in Leeds, including what action we have taken in response to their feedback: mailchi.mp/227f3bb75110/we-ngage-mar2022-14201388
- We follow up our involvement activities with an email or letter to update participants on progress with our work
- We hold follow up workshops where participants can hear about our progress and speak directly to commissioners about how their feedback will be used to shape decision-making: www.leedsccg.nhs.uk/get-involved/your-views/mental-health-community-based-2021/

Annual report on involvement

We produce an annual report on involvement (Involving You), which outlines all the involvement activities that we have undertaken and the impact these have had on decision-making. Involving You is developed with patients to ensure that the document is easy to read and understand. In preparation for our move towards a system wide approach, this year we invited our partners to share some of the work they have been doing to involve local people. You can read our latest annual report on involvement here: www.leedsccg.nhs.uk/get-involved/stay-in-touch-stay-informed/publications/

Using patient experience and understanding the needs and preferences of local people

Over the last few years, people in Leeds have told us that we should start with what we already know about people's needs and preferences. Approaching involvement in this way helps to avoid duplication and involvement fatigue (asking people the same questions again and again). There are several ways we are changing our work to support this approach:

- Creating insight reviews which outline what we already know about people's experience and highlights gaps in our understanding. You can see examples here: www.leedsccg.nhs.uk/get-involved/have-your-say/insight-reviews/
- Working with our partners in Leeds to develop a 'grey literature library'. The library will hold involvement reports from across the city, giving the system access to existing information about people's needs and preferences
- Working with partners in Leeds to develop an insight repository, which will bring together individual feedback about services so that the system can better understand people's needs and preferences

You can see our citywide plans for using patient experience on the People's Voices Group website here: healthwatchleeds.co.uk/our-work/pvg/

Using patient experience for commissioning

Our patient experience team at the CCG collects feedback from local people. The team respond directly to people's feedback and share themes and trends with the involvement team, commissioners, and our governing body. We include patient experience feedback in our insight reviews which are used to commission local services. You can see examples of our insight reviews here: www.leedsccg.nhs.uk/get-involved/have-your-say/insight-reviews/

1.2.5 Reducing health inequality

Inequalities in health are preventable but long-lasting, persistent, and driven by social, economic and environmental inequalities. Despite a strong focus on tackling health inequalities in Leeds, increases in life expectancy have stalled and health inequalities have widened up to the start of the pandemic. It is expected that this position will worsen, reflecting the impact of the pandemic.

In the first quarter of 2022-23, the focus of the health inequalities work in Leeds has been on deploying funding made available nationally to ensure we generate maximum value for people in Leeds. Of the £200 million made available nationally, targeted towards areas with the greatest health inequalities, West Yorkshire Health and Care Partnership (WYH&CP) was allocated £10,724,000, with Leeds Health and Care Partnership receiving £3.1m. The aim of the funding is to support targeted reductions in health inequalities for specific population groups linked to the CORE20Plus5 approach, alongside inclusive recovery from the pandemic, and supported by five priority actions for addressing health inequalities as outlined in the NHS Planning Guidance for 2022-23.

This funding offered Leeds the opportunity to accelerate existing plans to address health inequalities in the city. Working with the city's tackling health inequalities group, our local care partnerships, and the population and care boards, an inclusive and engaging process was undertaken to develop and prioritise the resource. 48 schemes were agreed to be funded using the £3.1m These schemes included the continuation of existing projects, as well as the opportunity to test out new services, projects, and ways of working. A community grants pot has also been created from this funding, which will allow for flexible deployment of the resource in-year across the third sector and with communities. Including this grant, nearly £900k of investment will go directly to the third sector in Leeds to address health inequalities in communities.

An evaluation has been designed to allow the system to understand the impact of this resource (both collectively and individual schemes) throughout the rest of 2022-23.

1.2.6 Equality, diversity and inclusion

The Equality Act 2010 introduced a Public Sector Equality Duty, which requires us to pay due regard to the need to eliminate discrimination, harassment and victimisation; advance equality of opportunity; and foster good relations between people with one or more protected characteristics, both in relation to our commissioning responsibilities and our workforce. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership (only with regards to eliminate discrimination), pregnancy and maternity, race, religion or belief, sex and sexual orientation. In addition, we have to publish equality information annually, demonstrating how we have met the general public sector equality duty with regard to both our workforce and the population we serve; and prepare and publish one or more equality objectives at least every four years.

We know Leeds is a very diverse city and recognise that due to a range of dimensions, including personal characteristics; lifestyle factors; social networks; living and working conditions; and socio-economic and environmental conditions some communities experience health inequalities. We also know that for some people or groups of people their experience of healthcare and ability to access healthcare could be improved.

As we aim to achieve our vision ‘working together locally to achieve the best health and care in all our communities’, improve health inequalities, patient experience and access to healthcare, we proactively make sure that equality, diversity and inclusion are a priority when designing, planning and commissioning local healthcare and respect the voices of the diverse communities we serve.

One of the ways we do this is through proactive engagement, involvement and consultation with communities across Leeds, service users and carers. We also work closely with our voluntary sector partners to ensure we engage with and involve all our diverse, seldom heard communities and other vulnerable groups when we are planning, designing, and commissioning healthcare services.

We value and respect our staff, aspire to be an inclusive employer of choice and to create a workforce that is broadly representative of the population of Leeds. We also aim to attract and develop a flexible, dynamic and responsive workforce who can lead and support the health and care system.

In the first quarter of 2022-23, we continued to engage and involve our local communities and keep EDI involved in the commissioning of health and social care services. In addition, we have remained committed to fulfilling our EDI responsibilities. Two key actions that have taken place are:

Public Sector Equality Duty

Each year the CCG creates a report that highlights the high-level EDI activity that it has participated in throughout the year. The aim of the report is to demonstrate and provide assurance that the CCG is meeting its statutory and legislative responsibilities regarding equality in line with the Equality act of 2010 and the Public Sector Equality Duty. The report covering the 2021-2022 financial year can be found on the CCG’s website: www.leedsccg.nhs.uk/about/policies/equality-diversity

Monitoring NHS provider organisations

As a commissioner of healthcare, we have a duty to ensure that our healthcare providers are meeting their statutory duties under the Equality Act 2010 Public Sector Equality Duty. As well as regular monitoring of performance, patient experience and service access, we work with them to consider their progress on their equality objectives. This includes the NHS Equality Delivery System (EDS2), the NHS Workforce Race Equality Standard (WRES) and the implementation of the Accessible Information Standard. Each provider organisation is subject to the Public Sector Equality Duty and has published its own data.

When procuring new services, we ensure that service specifications include the requirement to have robust policies, procedures and working practices in place to ensure that the needs of the nine protected characteristics and other vulnerable groups are adopted. These policies are examined and approved by procurement teams and our equality lead prior to any contract being awarded.

1.2.7 Health and wellbeing strategy

In accordance with section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007, we have consulted with members of the Health and Wellbeing Board before completing and submitting this section of our annual report.

The Health and Wellbeing Board has prioritised improving the health of the poorest the fastest and has an ambition to be the best city for health and care. The Leeds Health and Wellbeing Strategy 2016-21 is rooted in connecting people, communities and places and a social model of health. This means that we recognise the role of the wider determinants of health alongside the need for excellent health services.

During the first quarter of 2022-23, the CCG continued to play a key role in delivering the strategy. We have a strong partnership with a greater focus on prevention, early support and care closer to where people live where appropriate to do so. We have supported and led on a number of local programmes that link in with the NHS Long Term Plan – for example local care partnerships – and we have part funded the city's neighbourhood networks and older people's networks in the community.

Together with Leeds City Council, we commission services in an integrated way, have several joint appointments and our working cultures and practices are increasingly aligned. Tackling health inequalities is embodied in our commissioning strategy and supported by the CCG Governing Body – there is more information about this area of our work in section 1.2.5. We played a key role in developing the city's health inequality framework. We have also employed staff to specific roles within the organisation to support this area of work, including a specific clinical lead GP role for health inequalities and named leadership within strategy and planning.

However, despite some fantastic work to date, good health and prosperity in our city is still not felt by all. Health inequalities were already worsening before COVID-19, but the pandemic has significantly and disproportionately impacted the physical and mental health of some groups and communities more than others. Although, as a system there are areas where we have got things right and are making a difference, we would like to learn from these things and do more of them in a systematic way.

We know that addressing health inequalities is no longer about doing the 'extra things' but about a focus on inequalities in everything we do. Improving health services needs to happen alongside achieving financial sustainability, making the best use of the collective resources, and working more purposefully in an integrated way to ensure we improve the health and wellbeing of the people of Leeds. As well as a shared ambition, we need a clearly defined and shared work programme to collectively own and deliver. This work programme also needs people-centred outcomes and indicators that are jointly-owned and which can be used to measure our success not just in the here and now but also improving the health and wellbeing of the Leeds population over a longer time period.

In November 2019, the CCG committed on behalf of the city's health and care partners to lead the development of the 'Left-shift Blueprint' as one of the contributions towards delivering our collective partnership ambition. During the past quarter, we have continued to engage with partners and the public to develop this strategy and have started to put it into action. Now called the Healthy Leeds Plan, it sets out how health and care services will be delivered in Leeds over the next five years. It describes the health outcome ambitions we are aiming to improve, along with measures that will help us demonstrate how we are making progress. For all of our objectives, we aim to be as good, if not better, than the England average and to reduce the gap between Leeds and deprived Leeds by 10%. There is more information about the plan in section 1.1.5 on page x

The development of the Healthy Leeds Plan is just the start of our integration journey. Now that we are part of NHS West Yorkshire Integrated Care Board, we will continue to play a key role in the Leeds Health and Care Partnership. Our focus will be on working with all our health and care partners to deliver the plan, making a real change to the people living in our communities and addressing the health inequalities that currently exist, so that we can achieve our citywide vision of being 'a healthy and caring city for all ages where people who are the poorest improve their health the fastest'.

1.2.8 Financial review

The financial duties of a CCG are set out by NHSEI and can be found in the annual accounts on page xx The CCG has delivered against all of these duties.

For Quarter 1 (Q1) of the 2022-23 financial year, the CCG expenditure was fully matched by its resource allocation of £0.4bn for the same period. Please see section xxx on page xxx for detail of expenditure.

The Health and Care Act 2022

The Health and Care Act 2022 completed the parliamentary process and received Royal Assent on 28 April 2022. NHS Leeds CCG, along with four other West Yorkshire CCGs, formally transitioned into the West Yorkshire Integrated Care Board (ICB) on 1 July 2022.

Given that NHS financial years run from April – March, NHS England notified allocations, and asked for plans to be prepared, on a full year basis at ICB level, amalgamating the Q1 position for the merging CCGs as outgoing statutory bodies with the Quarter 2-4 (Q2-4) position of the incoming ICBs. The funding was attributed to place within West Yorkshire ICB and plans devised at place (previously CCG) level, and then built into an annual ICB plan.

The plans were profiled across the year spanning the 2 organisational formats of CCG for Q1, and WY ICB for Q2-4. Underspends and overspends within Q1 were adjusted by amendments to allocations between Q1 and Q2-4, thus retaining the annual spend limit for the year as the target spend for the system for the 2022-23 financial year, as the full year allocation remains unchanged.

Better Payment Practice Code

The Better Payment Practice Code requires that all NHS organisations aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. We know how important it is, particularly in the current economic climate, that we pay suppliers of goods and services promptly.

Better Payment Practice Code - measure of compliance Q1 2022-23

	Number	£000s
Non-NHS Creditors		
Total bills paid in the year	3,616	109,226
Total bills paid within target	3,554	107,858
Percentage of bills paid within target	98.29%	98.75%
NHS Creditors		
Total bills paid in the year	118	249,412
Total bills paid within target	118	249,412
Percentage of bills paid within target	100.00%	100.00%

CCG running costs

The initial running cost envelope for NHS Leeds CCG for Q1 2022-23 financial year was £0.41m. The total actual spend was £0.36m. The underspend of £0.04m was adjusted by an amendment to allocation, reducing the Q1 allocation to £0.36m but increasing the Q2-4 allocation by the same amount, thus allowing the benefit of this underspend to carry into Q2-4.

Better Care Fund

The CCG has entered into a partnership arrangement with Leeds City Council in relation to the Better Care Fund (BCF). A partnership agreement between the two organisations describes the commissioning arrangements for a range of health and social care services.

The two funds are hosted by either Leeds City Council or the CCG. The BCF partnership agreement is based on the national template developed by NHS England and Bevan Brittan. All funds are overseen by a joint BCF Partnership Board. A summary follows:

Contributions

		NHS Leeds CCG	Leeds City Council	Total
		£000	£000	£000
Fund 1	CCG Hosted s75 Agreements	6,852	-	6,852
Fund 2	Council Hosted s75 Agreements	7,385	2,731	10,116
Total		**14,237**	**2,731**	**16,968**

Expenditure

		NHS Leeds CCG	Leeds City Council	Total
		£000	£000	£000
Fund 1	CCG Hosted s75 Agreements	6,852	-	6,852
Fund 2	Council Hosted s75 Agreements	7,385	2,731	10,116
Total		**14,237**	**2,731**	**16,968**

Additional disclosure for 30 June 2022

Improved Better Care Fund (iBCF) £7.9m for the three months to 30 June 2022 (2021-22: £30.7m) was a whole of Leeds direct grant paid directly to the local authority during 2022-23.

This grant was not included in the BCF Section 75 agreement between the local authority and the CCG during 2022-23 and therefore is not included in the above figures.

A further £1.9m for three months to 30 June 2022 (2021-22: £7.5m), relating to non-elective admissions, also forms part of the BCF but is not included in the Section 75 agreement and is therefore also excluded from the above figures.

Financial outlook

NHS Leeds CCG (Leeds Committee of the WYICB from 1 July 2022) has a notified allocation of £1.55bn for the full 2022-23 financial year. An expenditure plan has been set for the full year demonstrating a planned surplus of £6.4m, all to be made in Q2-4, against the revised initial allocation for Q2-4 of £1.2bn. The planned surplus position is set in order to support the financial pressures across Leeds and the rest of West Yorkshire at plan stage.

NHS Leeds CCG/Leeds Committee of the WY ICB simultaneously operates on the Leeds and West Yorkshire footprints, both of which are amongst the largest in the country, with risks and opportunities that are commensurate with this magnitude. It is therefore vital that the organisation continues to fully engage at a strategic level with Leeds NHS partners, Leeds City Council, and NHSEI Specialised Commissioning as well as the wider West Yorkshire Integrated Care System to develop a joined-up approach to commissioning health care services for the population of Leeds.

1.2.9 Performance highlights

Primary care

General practice

General practice in Leeds is currently served by 92 individual practices providing services to a registered population which continues to grow quarter on quarter and currently stands at over 900,000.

The CCG is responsible for having oversight of the quality of general practice providers along with developing and implementing a number of other proposals and initiatives to support the overall improvement in access, quality and experience for patients. Whilst the CCG and practices and other primary care providers were heavily involved in delivering the COVID pandemic response, some highlights of service and quality improvements identified within quarter 1 of 2022-23 include:

Increasing the primary care workforce

Primary care networks (PCNs) are groups of general practices working together across a geographical footprint and were introduced as part of the NHS Long Term Plan in 2019. PCNs provide the structure and receive funding for services to be developed, in response to the needs of the patients they serve. There are 19 PCNs in Leeds.

Through the national GP contract, PCNs continue to have access to a significant budget to employ additional roles that would not normally form part of general practice. In Leeds as of March 2022, this funding has enabled PCNs to employ an additional 270 full time roles to offer more personalised coordinated health and social care to local populations.

There are 15 different roles that PCNs can recruit which includes roles such as pharmacists, social prescribers, paramedics, physiotherapists. This is additional capacity for primary care which will deliver more appointments and a greater level of expertise in primary care. Crucially, this multi-disciplinary workforce will be able to help meet demand and free up GPs to better focus their expertise on the most complex patients.

PCNs will have access to funding which could see this workforce grow to up 530 additional roles by 2023-24. The current workforce in primary care that delivers direct patient care is 1030, therefore this equates to a just over 50% increase in direct patient care roles by 2023-24.

PCNs submitted plans in June for 2022-23, which shows the greatest growth planned across pharmacy roles, who can play a valuable role in supporting patients in primary care. We also continue to work closely with Leeds and York Partnership NHS Foundation Trust to build further mental health support in the community through PCNs.

Access to general practice

2021-22 has been one of the most challenging for general practice and other primary care providers both nationally and locally. Practices in Leeds have had to change the way they deliver services in order to meet the needs of their local populations.

Throughout the pandemic, practices have not only remained open but adapted the way they see and treat patients to make sure staff and patients remain safe whilst continuing to provide high quality care. In addition to this all practices have come together to deliver the COVID vaccination and booster programme; working extremely hard to protect to their local populations in a safe and timely way. The commitment and dedication of all staff within general practice this year is very much recognised and highly appreciated.

National planning guidance requires Leeds general practices to deliver the allocated share of the 50 million increase appointments and ensure delivery pre-pandemic levels of appointments. The Leeds trajectory for this year is to deliver a total of 4,960,983 appointments, which have been added to the monitoring information and arrangements through the monthly NHS Digital published position.

The NHS Digital position for the end of 2021-22 showed a significant increase to 455,999 appointments which is both above pre-pandemic levels and the forecasted trajectory. Practices worked extremely hard to deliver this. This includes face to face, telephone and online consultations, which are widely available across Leeds.

In addition, local monitoring of appointment data through the practice quality improvement dashboard has been further updated to include online consultations and a regular report on telephone call data, which will provide a further reflection of the demand in general practice.

A process has been put in place to actively monitor and track practices offering appointments via 111 and through online booking as well as the availability of online consultations to patients.

In this quarter, face-to-face appointments have continued to be significantly higher than 2020 and 2021. The online consultation information for Q1 currently shows the CCG average is 241 per 1000 population, which is a significant increase on the previous report; there is, however, variation amongst those figures.

By January 2022, a total of 4,101,017 appointments had been delivered, which is a 2% increase on the overall number provided between April and January the previous year. Although face-to-face appointments had to be significantly reduced over the past year, all practices are now offering more face-to-face consultations, which account for 63% of all appointments.

In 2022-23 practices will undertake a quality indicator peer review to support practices to review access. In Q1, a local guidance document was produced and circulated to practices; primary care team colleagues will be supporting them to implement elements of the guidance as appropriate to the needs of their local populations to improve access.

Several specific projects are underway to continue to drive improvements to accessing primary care including:

- Increasing utilisation of direct booking from 111 into GP appts
- Monitoring compliance with online services within GP practices
- Improving use and quality of care navigation within practices
- Enhanced access service implementation
- Improving access via various methods:
    - Increasing the recruitment of alternative roles in practice (ARRS) – social prescribers, physios, paramedics, health and wellbeing coaches to provide additional access to patients
    - Promotion and increased utilisation of the Community Pharmacy Consultation Service

Local enhanced schemes

Quarter 1 saw the release of the practice-based quality improvement scheme, which focusses on the continued recovery phase for long term conditions, including severe mental illness. All practices signed up to the scheme and submitted plans outlining their areas of focus, including a practice friendly initiative which will support key populations such as migrants, people with dementia, veterans.

The enhanced frailty scheme end of year report for year 1 was released to practices, which will combine with the end of year data extraction from clinical systems. An evaluation report is underway and will be shared later in the year with relevant partners. The clinical system data extraction continues to show positive areas of quality improvement for the severe frailty cohort in key areas.

Lunch and learn sessions were held in April and May for both the enhanced frailty scheme and the quality improvement scheme. This has generated some feedback on the schemes and additional sessions delivered were delivered in partnership with the Leeds GP Confederation through the Confed Connect programme to support frailty.

Special Allocation Service.

This service is a national requirement for primary care and general practice; it is for patients who are removed from their GP practice because they display threatening or violent behaviour to the staff, other visitors, patients within the practice premises.

NHS Leeds CCG has worked with NHS Bradford and Craven CCG to jointly commission this service across Leeds and Bradford practices. The new service started on 1 April 2022 and will offer a proactive service to those people who are registered with the special allocation service. They aim to review all currently registered patients to develop an understanding and relationship of patient needs and where possible, promote a return to a mainstream general practice.

Ukrainian refugees arriving in Leeds.

We all watched the events in Ukraine unfold, which saw hundreds of thousands of people flee their country. Leeds initiated a coordinated partnership response, led by Leeds City Council, to support the arrival of Ukrainian families to the city, which still continues.

From a health perspective, general practices in Leeds are registering these individuals and families. As an organisation we have commissioned additional services to support them, specifically relating to their trauma and mental health. Services are being provided to offer screening and vaccinations

COVID vaccination and booster programme

Primary care, including both GP practices and pharmacies, continued to play a significant role in delivering COVID vaccinations in Leeds during the first quarter of 2022-23, particularly the Spring booster programme, which helped protect those most at risk from serious illness. Although many sites paused for the summer, all our PCNs will be taking part in the autumn booster programme, and once again, primary care will play a leading role in helping protect our most vulnerable residents

Leeds GP Confederation

The Leeds GP Confederation is a member-led organisation that unites the 92 GP practices throughout Leeds. It exists to improve people's health and wellbeing and to ensure the unified voice of general practice in Leeds is at the centre of the health and care system. It does this by strengthening and sustaining primary care, delivering high-quality services, and working as a system partner for Leeds. With the Confederation's support, practices in Leeds can flourish and focus on caring for their communities.

During the past quarter, the Confederation has continued to

- Actively engage with its membership and refined its purpose to focus on:
    - Supporting practice resilience and PCN development
    - Being a voice for general practice in Leeds
    - Delivering services and initiatives
- Demonstrate collaborative leadership to design and implement emerging governance and system architecture for health and care in Leeds, ensuring general practice is central in future arrangements.
- Ensure the voice of general practice is represented and advocated for in several forums and strategic boards, including the city's Health and Wellbeing Board and Leeds Committee of the ICB.

- Take a leadership role in the city-wide command structures throughout the pandemic.
- Successfully manage contracts for NHS health checks and the GP extended access service.
- Provide dedicated and tailored support to practices and developed the maturity of primary care networks through expert advice, resources, guidance and training.
- Respond to general practice needs by creating and launching additional initiatives, estates services, training hub, and piloting a GP locum bank. Economies of scale deliver financial savings for practices.
- Host free events for practices to gain knowledge and support on emerging guidance and legislation, to implement change, and to understand relevant legal or HR topics.
- Enable relationships and peer support for clinical and non-clinical colleagues across general practice, creating a unified body of people who can best respond to clinical leadership challenges, such as active participation in models of care.

Medicines optimisation

COVID vaccination and outbreak support

The CCG's medicines optimisation team has continued to support the COVID vaccination programme and provide pharmacy leadership in primary care to support safe and effective vaccine roll out, particularly with on-boarding new community pharmacy vaccination sites to support the evergreen, children's, spring booster and future autumn vaccination campaigns.

The team also worked with Leeds City Council public health colleagues and other system partners to review the commissioned service with community pharmacy Avian flu outbreak provision.

Pathway redesign and medication changes

Despite continued challenges around capacity to manage long-term conditions, the team has continued to work with partners to review and redesign services to improve access to key medicines that can improve health. This has included developing and piloting a new integrated heart failure pathway that seeks to provide more joined up care across the NHS to ensure patients get the medicines and expert advice they need to help manage their heart failure. Similarly, we have expanded a tiered service for atrial fibrillation (irregular heartbeat) that provides enhanced support to pharmacists within general practice to identify and treat patients who would benefit from anticoagulation medication to reduce the risk of stroke.

With the recent launch of new medicines to improve cholesterol, the team have worked to produce a new cholesterol treatment pathway. The team are now working with two PCNs to adopt the new pathway, optimising cholesterol treatment for people at high risk of strokes and heart attacks using a population health planning approach. Evaluation from this project will help us understand how we can adopt better approaches across Leeds to improve cholesterol and prevent heart attacks and strokes.

The team have piloted advice and guidance virtual clinics for primary care pharmacists to optimise medicines for older people living with complex frailty. We anticipate the scheme will be rolled out across the city later this year. We have also taken part in a pilot project working with the community falls clinic multi-disciplinary team. This involves providing advice regarding medicines and falls, with a view to making medication changes to reduce falls risk in a timely manner.

Another pilot project is looking at the benefits of a new approach to managing long term conditions and improving outcomes for people living with diabetes. The project is focusing on reducing inequalities, intensifying resource in areas of need.

CCGs across the country have been reducing their prescribing of methotrexate, an immunosuppressant that slows down the body's immune system and helps reduce inflammation. This is in line with national patient safety recommendations that a single strength of tablet, usually 2.5 mg, should be used to reduce the risk of harm from dosage errors. Leeds was identified a national outlier, and the team have been working to address this by seeking support from local specialists to switch patients to the recommended dose. We have amended local prescribing guidelines and developed a protocol and patient letter to help switch patients safely in primary care, tracking progress and linking with other areas to share learning. In November 2020, methotrexate 10mg made up 16% of the total oral methotrexate prescribing in Leeds; the latest data from April 2022 shows this has now dropped to around 6.6%.

The team also set up a comprehensive rebates review process and implemented seven rebate schemes, resulting in significant savings for the Leeds prescribing budget.

We have worked with public health colleagues in reviewing the Leeds smoking cessation service and the draft refresh of the Leeds pharmaceutical needs assessment.

Training, support and partnership working

The team continues to work with colleagues from general practice and other provider organisations in the city to support the expanding network of practice and PCN pharmacists and pharmacy technicians, many of whom are new to primary care, with their personal and professional development via monthly education sessions. There are now over 90 new-to-post pharmacists and pharmacy technicians bedding into their role and sharing best practice, with a supportive professional network involving all the PCNs in Leeds.

The team have also supported five people who joined the first cohort of the Leeds pharmacy cross sector pre-registration trainee pharmacy technicians (PTPTS) programme. The trainees have worked in pharmacy placements at LTHT, LCH, LYPFT, the GP Confederation, community pharmacy and the CCG in a truly collaborative training scheme, which has given them greater understanding of the patient journey and patient experience of pharmacy across the NHS system. All five are on track to register as fully qualified pharmacy technicians and they have successfully secured employment after they register, some at higher grades not usually possible for at least 12 months following qualification. Our second cohort of five PTPTs, due to qualify in March 2023, began their out of hospital placements in September 2021 and another eight are due to qualify in September 2023.

The team have continued to provide new and updated guidelines and delivery training to prescribers within general practice to improve the quality of prescribing. During the pandemic has included delivering a lot more online and video training sessions.

Throughout the period, the team have worked closely with their West Yorkshire counterparts to set up WYICS Area Prescribing Committee and medicines governance structure, focusing on joint working and integrating medicines optimisation staff to produce medicines commissioning statements and agree joint drug traffic light and shared care definitions for adoption by all WYICS organisations. A major priority has been to identify and address unwarranted variation in policy across the region that is potentially causing inequality of access.

The team are currently working to address significant challenges around safe and efficient transfer of prescribing and shared care from an increasing number of providers outside of Leeds, particularly in relation to gender dysphoria and neurodiversity.

Mental health

Responding to COVID-related restrictions and pressures

During 2021 and early 2022 mental health service providers continued to respond to COVID-related pressures and demands, including managing hybrid delivery models (combining face-to-face and remote methods of delivery) to accommodate COVID restrictions and managing increased need, workforce pressures and acuity of presentations to services. Some services are still reporting that since COVID, they are encountering more complex presentations, particularly inpatient and crisis.

Many services have now more or less resumed business as usual delivery, although they have also retained flexibility to deliver at least some of their support through digital remote methods. This has been helpful to improve accessibility for some people, although ensuring that people are not digitally excluded from accessing support remains a key issue.

Community and crisis mental health services transformation

Significant progress has been made in developing the plans for testing and evaluating new integrated models of community mental health support in three early adopter local care partnership (LCP) areas in Leeds: LSMP/The Light Surgery; HATCH (Harehills, Burmontofts, Richmond Hill and Chapeltown); and Leeds West. In particular, lots of work has been undertaken in the last few months to design the new community mental health model integrated across primary and secondary care. It is now expected that the pilot areas will begin testing the new models from September 2022 onwards, with the expectation that the second wave of LCP areas will begin to go live with testing the new approaches early in 2023.

The review of community based mental health support contracts, provided mainly by third sector organisations in Leeds, has continued, albeit with some delays due to COVID. During the summer of 2021 we conducted a wide-ranging involvement and co-production exercise to help develop future commissioning intentions for third sector mental health support contracts.

In addition to the community mental health services transformation programme, work has also been underway to understand how we can best improve access to mental health crisis support in Leeds, and a new high level draft model for crisis support access has been developed as a result of this. The next phase of this work is now due to commence with the establishment of a project board to implement the new model.

There has been some good work undertaken to help increase the uptake of annual health checks for people with severe mental illness (SMI) in Leeds, and Leeds exceeded the national target for this by the end of Q4 in 2021-22 by achieving 64% against the target of 60% of those on the SMI register receiving an annual health check. Linked to the objectives of the community mental health transformation programme, some LCP areas in Leeds have been either testing or planning for piloting new approaches to improving the physical health of people with SMI through improving access to health checks and follow up interventions. This has included LCP areas such as Leeds West and Leeds Student Medical Practice and the Light Surgery, introducing new workforce capacity to undertake targeted engagement. There are plans to support other LCP areas to also test new approaches over the next 12 months, incorporating learning from Leeds West and Leeds Student Medical Practice and the Light Surgery LCPs.

The new OASIS (Occupying a Space in Safety) crisis service was successfully launched in August 2021 and provides support for people in crisis to help avoid inpatient admission. There are six short term residential beds available, with the option for day places for people whose circumstances make it difficult to come into the OASIS house to stay overnight. OASIS provides an alternative crisis management/support service for people who may otherwise have had to be admitted to hospital for mental health care.

In 2020-21 NHS Leeds CCG acted as lead commissioner for the introduction across the West Yorkshire ICS footprint of S12 Solutions, a digital platform and app that digitises the process of setting up assessments under the Mental Health Act 1983 (MHA). Accessible from computer or smartphone, the platform allows approved mental health professionals (AMHPs) speedy access to a pool of doctors approved to carry out such assessments under section 12 of that Act, and securely send the necessary details once the case has been allocated. The aim is to speed up the process for all involved, not just the AMHPs responsible for making the arrangements, but importantly, also the individual being assessed. The platform also allows for fast, secure, paperless handling of S12 doctors' expenses claims once the assessment has been completed.

Use of the platform and app in Leeds was at first slow and patchy, particularly when compared with some other places within the project. Investigation identified that the main reason for this was that many doctors who were registered with it were not routinely updating their availability, with the result that there were times when it was quicker to ring round as before the platform came into use. As a result, the decision was taken to require doctors' expenses claims to be made and processed through the platform. Since then, usage in Leeds has steadily increased, until the vast majority of assessments are dealt with using the platform.

Priorities for 2022-23

A key priority for the newly established Leeds Mental Health Care Delivery Board will be developing the workplan for the Board, and a better understanding of what outcomes and value are being delivered through the current investment into adult mental health services. This work will be taking place throughout the autumn of 2022 and into 2023. Work will also be continuing to deliver on the Leeds mental health strategy outcomes and priorities.

The implementation of community mental health transformation will also be a critical programme of work for the remainder of this year, with the expectation that transformed care models will be delivering across both wave 1 and 2 LCP areas in Leeds by the end of March 2023. The implementation of improved pathways to accessing mental health crisis support will also be a key programme of work, which will be closely aligned to the community mental health transformation programme.

The evaluation of the S12 Solutions platform has recently been completed and is being reviewed to inform recommendations for future development. A service evaluation of the OASIS service is also underway, with plans for this to be completed by the end of spring 2023.

Learning disability and neurodiversity

The CCG has continued to work with key stakeholders across the system in Leeds to develop the pathways for autism and attention deficit hyperactivity disorder (ADHD). This work has been progressed by the neurodiversity commissioning lead who is jointly funded with Leeds City Council and also the newly appointed neurodiversity clinical lead. Working groups are being established to focus on priority areas which reflect important needs identified through engagement with autistic people and people with ADHD. Whilst access to timely diagnostic assessments and treatment for both autism and ADHD are being worked on with providers, we are also planning to develop areas such as mental health support, health access and the wider post-diagnostic support offer for these respective communities.

We are also engaged in the regional autism and ADHD deep dive research project led by the West Yorkshire Health and Care Partnership. This project aims to understanding the challenges and share best practice across the region; we are committed to contribute to the project groups and will consider any recommendations to progress developments here in Leeds.

Health inequalities funding:

This funding became available to implement projects to ensure health inequalities are not exacerbated by cost savings/efficiencies and to support the Core20Plus5 approach outlined in the priorities and operational planning guidance.

Successful pre-value propositions included:

Wellbeing Café for diverse communities: Providing information, support and signposting across religious centres and community centres, to widen participation and health engagement, specifically with BAME people with learning disability and those living in areas of high deprivation.

Increasing the uptake of cancer screening: Developing several cancer screening pathways, with an emphasis on reasonable adjustments - ensuring equality in access to national screening programmes and increasing the numbers of cancer cases being diagnosed early, with the aim of reducing premature deaths within this population.

Restore2 mini training for carers: the delivery of weekly sessions to all carers of people with learning disability, offering free resources, pulse oximeters, and ongoing support.

Health, well-being, and safe relationships: The third sector is working to develop a network of groups across the city, that meet weekly to deliver training and deliver themed activities around all aspects of sexual health and relationships.

Learning disability annual health checks (AHC)

Over the last two years, GP practices have exceeded their target for annual health checks. Because of this, it was agreed to return to the national target of 75%, one year ahead of the date set by NHSE following the pandemic. The trajectory agreed with primary care includes an anticipated growth of 3.5% of people on the learning disability registers:

The latest practice data (3 August 2022) shows that the Q1 target has been exceeded, with 695 people with a learning disability having received an annual health check. The data also suggests that we are currently on course to achieving the Q2 target.

No. of completed AHC	Register size	No. of checks to do	% AHC completed	% AHC to be completed
695	4,132	3,439	16.8%	83.2%

Reporting inconsistencies have been identified between local practice data and NHSE verified data due to the practice of NHSE collecting data retrospectively each month for any annual health checks that are missed. This continues to create significant discrepancies between local and national data. As ICB business intelligence must report based on the year to date, this raises issues of whether the learning disability and autism team should continue use local practice data to measure/monitor uptake of annual health checks against current targets.

NHSE has contacted all local ICBs requesting that they implement a plan to ensure that people who did not attend for their annual health check last year are contacted and offered an annual health check by the end of September 2022. This request is being made with additional reporting scrutiny not previously required and therefore we are working with primary care colleagues to identify how this will be produced. We are working with colleagues in primary care and LYPFT health facilitation team to address this priority:

A standard operating procedure (SOP) has been developed, with actions to increase AHC uptake over the next 30, 60 and 90 days outlined below:

Actions in the next 30 days:

- Support the health facilitation team to access and review practice data to establish a list of all patients that did not attend for their appointment in 21/22 and confirm reasonable adjustments including contact information and resources in the preferred accessible format.
- Then highlight and confirm the pathway that should be followed after a review of patient's notes

Actions in the next 60 days:

- Patients contacted and invited to the practice for an annual health check, with the 'Follow up' pathway implemented for those patients that fall into the *did not attend* (DNA) or *was not brought* (WNB) categories.

Actions in the next 90 days:

- Patient has been contacted and invited to the practice for their appointment
- Patient will again fall within the attended, DNA or WNB category and the "for follow up" pathway will be initiated at this stage.
- Progress on all actions will be monitored at scheduled bi-monthly AHC practice data meetings to review current data and address emerging issues.

Reasonable adjustment flag

Partners have also been liaising with NHSEI with regards to the national plan to implement a reasonable adjustment flag by 2023-24. As the reasonable adjustments flag is required for anyone who may experience health inequalities and not just those who have a learning disability, the primary care team is continuing to explore whether we can become a fast follower at the present time, factoring in the current pressures on PCNs and GP practices.

COVID-19

The most recent COVID-19 vaccination data (as of 18 July 22): shows that of the eligible population (3866), people with a learning disability (18+):

- 1st dose: 3484 - 90.1%
- 2nd dose: 3398 – 87.9%
- Booster/3rd dose: 2516 – 74.2%

Learning disability data on the COVID dashboard is now presented alongside PCN, age, ethnicity, and areas of deprivation to support additional analysis, to support the team's intention of developing more targeted collaborations focused on specific underserved groups.

LeDeR:

The latest position statement received by the regional LeDeR team confirms a total of 20 reviews within the system, as detailed below:

	Totals
CDOPs	3
Allocated for initial review	5
Allocated focused review	2
Awaiting GP notes	4
GP notes received (refer to Snr reviewer	2
On Hold: as other statutory processes ongoing	3
To be presented at next LeDeR focused review panel	1
Total Reviews	20

Following a shift to a more centralised LeDeR system hosted regionally by Bradford & Craven place, the local LeDeR team has updated the membership of local meetings to ensure MCA, quality and safeguarding teams are involved in the local LeDeR process. Group terms of reference and an engagement plan have been developed and currently a workplan focusing on SMART actions to raise awareness of key LeDeR mortality issues has been agreed.

Regional recruitment issues have impacted the local LeDeR process, with no initial or focused reviews received since April 22. This has meant that learning and themes identified from LeDeR cases have yet to be shared locally. However, we are working alongside the new interim LeDeR regional lead and have confirmed the receipt of position statements every fortnight alongside patient identifiable information to support and monitor local activity. The regional lead will also attend local meetings to provide updates on Leeds initial and focused reviews currently within the system.

We also currently working to better clarity the relationship between the LeDeR process and existing serious incidents/patient safety processes. This is to ensure that all parties are aware of all incidents that may meet serious incidents thresholds that are reported as LeDeR cases.

Continuing healthcare personal health budgets

An independent survey was undertaken to assess the implementation of continuing healthcare personal health budgets which is devolved to Leeds City Council. This concluded that there was an audit opinion of significant assurance.

Transforming Care Partnership

We have continued to focus on the Transforming Care Partnership (TCP) and have renewed our commitment to prevent inappropriate admissions, reduce length of stay in hospital and provide support closer to home for people who have a learning disability, autism or both and require support for mental health issues or behaviours which add to complexity of care. (Please see the section that follows on children's mental health for an update on our work with children and young people with learning disabilities and / or autism that also forms part of the TCP.)

This is being addressed in a number of ways including:

Working with partners across West Yorkshire: While Leeds partners, including LYPFT and Leeds City Council, continue to work together to meet the needs of Leeds citizens, the TCP has altered to reflect the size of partnerships nationally. Leeds is therefore now part of the West Yorkshire TCP. This shift supports work which is more beneficial on a wider geographical area.

Care and treatment reviews: The CCG has completed 44 care and treatment reviews (CTR) in inpatient settings, 18 within the community care. In addition, there have been adult and young people's care and treatment reviews for people under the care of the provider collaborative. This has resulted in people being discharged from hospital into a new home and some people avoiding inappropriate hospital admission by receiving better care in the community. Some people were moved from the provider collaborative to continuing rehabilitation units, which offer a less restrictive environment. Where people have needed to stay in hospital, plans are made to improve quality of life, including numerous cases where people's medication has been reduced or stopped, in line with the STOMP agenda (stopping over-medicating people with a learning disability). The STOMP agenda is routinely explored in each CTR to promote awareness of overmedication of people who have a learning disability.

Enhanced community capacity: The shift away from traditional pathways of care, involving people moving from secure services to continuing rehabilitation settings before settling into the community, has been supported by the continued development and implementation of

- **Forensic Outreach Liaison Service (FOLS) -** this new service has been introduced across West Yorkshire to provide specialist community care for people who have a history of offending.
- **Dynamic support system (DSS)** - we continue to work with LYPFT and Leeds City Council social workers to review people identified as requiring early intervention and additional support where they currently live in order to prevent unnecessary admission to an inpatient setting.

- **Intensive support team (IST)** - this team has been established to provide intensive support to the people identified on the community support register and those caring for them as well. This is helping to prevent people from having to be admitted to inpatient settings and out of area placements. The IST is also working with people stepping down from specialist commissioned placements back to the community. This is reducing the length of stay in inpatient settings and helping to prevent readmissions.

Market development – NHSE Capital Bids

In this financial year an NHSE capital bid is enabling us to refurbish a Brudenell Road property to support people with special needs/hearing impairment. A service provider, Sign Health, is working with us to develop the service and is working with the people who have been offered this service to make sure it meets their needs.

The West Yorkshire ICB has successfully secured another NHSE capital bid to buy two bungalows on the open market and we have submitted a further expression of interest, which has been approved in principle, for another three bungalows.

West Yorkshire housing needs

The West Yorkshire ICB and Transforming Care Programme has commissioned Campbell-Tickell to lead on completing a housing needs analysis across West Yorkshire for people of all ages with SMI, learning disabilities, autism, people within forensic and homeless services. Housing leads and commissioners across each of our places have been involved in developing the specification. Our aim with this piece of work is to support local authorities and the wider ICB in understanding and planning for our future housing needs and housing models for the identified population groups over the next 15 years. The contract started in July 2022 and will end in January 2024.

Assessment and treatment unit - a regional assessment and treatment unit has been established following consultation with key stakeholders, partners and clients. The regional units are in Bradford and Wakefield and there is a consistent triage process for referral into these units for Leeds residents. This will reduce inappropriate admissions, reduce length of stay in inpatient settings and provide care for people as close to home as possible.

Personal health budgets

The complex needs business unit personal health budgets project manager has worked collaboratively with Leeds City Council partners to implement a process promoting personal health budgets (PHB) and co-producing personalised care, support and wellbeing plans providing tailored outcomes for people receiving Section 117 after-care. Through PHBs people can be helped to meet their personalised care needs in a number of creative ways.

Examples include daytime welfare activities such as gym membership, acting classes and direct employment of personal assistance with day-time activities. In addition the funding of meaningful therapy support and activities identified to meet individualised healthcare needs can be realised through PHB.

Children's mental health and learning disabilities

Learning disabilities and / or autism

We have implemented a dynamic support register (DSR), enabling practitioners from different services to assess the risk of admission for children and young people with a learning difficulty and or a diagnosis of autism. The DSR allows us to work more effectively with our partners to support this group of children and young people. It means their needs are met in the community and we reduce the number of children admitted into child and adolescent mental health (CAMHs) units.

A specialist assuring transformation lead has been appointed within the West Yorkshire ICB to support the autism all-age dynamic support register and to undertake community and in-patient care and education treatment reviews for autistic individuals.

During the year 2021 to the present date, we carried out five care, education and treatment reviews (CETRs) in the community and participated in eight inpatient CETRs which resulted in three young people being discharged to the community. We work with partners to ensure that, where possible, existing reviews and teams around the child structures are used to support children and young people to remain in the community. We ensure that in line with the supporting treatment and appropriate medication in paediatrics (STAMP) programme, a review of medication is carried out as a part of reviews.

Barnardos were awarded a three-year contract for West Yorkshire children and young people's keyworkers. This has been supporting in each place, including Leeds, to have a dedicated keyworker for each child and young person up to the age of 25 who is an in-patient to support their discharge plans. The keyworkers are also supporting individuals who are rated either red or amber on the all-age dynamic support register to prevent hospital admission or risk of an out of area residential placement. The service supports children and young people up to the age of 25 years who have a learning disability and/or autism.

Since November 2021, Barnardos have seen their service move into a period of increased staff competence and confidence as understanding of the true nature of the work and the lives of this group of children and young people deepens and the model of delivery becomes embedded. The keyworkers have attended all relevant care and education treatment reviews for the young people. 32 young people have received and continue to receive keyworker support in Q1 2022-23. Three young people have been stepped down from hospital into community settings. Actions are underway to expand the service to meet high need across West Yorkshire

SEND and complex needs

In 2021, we developed the Leeds SEND and Inclusion Strategy 2021-26. Leeds City Council and Leeds health services are jointly leading on this strategy in order to make Leeds an inclusive and child-friendly city for all children and young people.

To further support the strategy, in 2021 the ICB in Leeds appointed a designated clinical officer (DCO) for special educational needs and disabilities (SEND). The DCO is responsible for providing assurance that the ICB, and the health organisations it commissions children's services from, meet the statutory duties of the Children and Families Act (2014) and the SEND Code of Practice (2014) for children and young people with SEND aged 0-25 years, and for influencing and supporting joined up working between all local health services, local authorities and other SEND partners. This year, work has included:

- continuation of work to ensure systems are in place to provide quality health advice into education, health and care plans (EHCP) in a timely manner,
- Development and redesign of health information on the local offer website
- Forging links with partners including education, especially developing close links with the council's special educational needs statutory assessment and provision team (SENSAP) in order to improve systems around EHC assessments and plans. This has included a process to better monitor and manage SEND tribunals developing a multi-agency restorative approach to appeals.

As part of a jointly commissioned service by the CCG and city council, Leeds SEND Information Advice and Support Service have continued to provide support to children and families who are going through the autism diagnostic process. Information has been gathered to identify what parents and carers perceive to be missing when a child or young person receives and autism diagnosis or is on the waiting list, and findings from this work will inform planned developments around neurodiversity pathways in line with the priorities set out within the Future in Mind Strategy and the SEND and Inclusion Strategy.

In June 2022 partners from all relevant health providers across Leeds committed to participating in a West Yorkshire wide piece of work looking at neurodiversity (autism and ADHD) pathways. Within Leeds work has begun to develop information on neurodiversity for children, young people and families on the MindMate website in order to address feedback from families about the gap in neurodiversity specific support for families in Leeds.

Mental health and wellbeing

We continue to implement the Future in Mind: Leeds strategy (2021-26), which was approved in April 2021. We know that the pandemic has had a negative impact on many children and young people's mental and emotional health, with many saying that lockdown has made their life worse. Some groups of children and young people have experienced a more negative impact on their mental health (for example those who are living in poverty, have experienced trauma, have special education needs and who are looked after children in the care system). The strategy acknowledges this and across the partnership we are working to address this impact and the ongoing associated challenges.

Seven key priority areas are identified within the strategy, informed by a range of health needs assessments and engagement activities carried out in recent years, as well as various consultation and feedback mechanisms within the local and national policy context. The full strategy and associated data pack can be viewed at www.leedsccg.nhs.uk/publications/future-in-mind-strategy-leeds-2021-26

There have been a number of new developments over the last quarter to support children and young people's mental health including:

- Crisis liaison practitioners roles being established to work in LTHT as part of the CAMHS crisis team to provide support to practitioners working with young people who are admitted to hospital and have significant mental health concerns.
- Development of a new Section 136 suite at Red Kite View to replace the current provision at the Becklin Centre. The staffing model should be finalised in the next quarter to allow the transition to happen in 2022-23.
- Further development of Silvercloud digital therapy programme to alleviate anxiety in young people. This work aims to support children and young people who are presenting with anxiety and work is underway to ensure the provision is accessed by vulnerable cohorts of children and young people across the city.
- Mental health support teams, funded by the Children and Young People Mental Health Trailblazer, are based in 10 schools and colleges to help meet the mental health needs of children and young people. They work alongside existing support and the sites' own provision. We have secured funding for the next wave of mental health support teams in the Bramley/Inner West/Together clusters with roll out happening in 2022. Four more teams will be recruited to work across the city throughout 2023 and 2024.

The Future in Mind Strategy links closely with the All-Age Mental Health Strategy, particularly in relation to two priority programmes of work:

Trauma: this priority applies across all ages recognising the intergenerational aspect of trauma and the importance of 'Think Family, Work family'. Developments during the past year include:

- The development of Leeds trauma strategy, which will be formally published by the end of March 2023.
- The integrated trauma service for children is being developed to help underpin the trauma informed movement and to provide access to expertise and direct therapeutic support.

Transitions: We know that the period when young people transition to adult mental health services is a particularly challenging one. The first step of the transitions work programme was the survey that was carried out to understand existing relationships between partners. Feedback from the survey is being used to inform a development event that will take place in September to identify future developments that are required across the partnership to improve relationships, and therefore, improve the transition process for young people.

Physical Health

The children's physical health pathways steering group has decided to focus on eight work packages, that sit within the portfolio, to focus our time, and make interventions based on evidence and data. These are asthma, allergy, the creation of an at home antibiotic service for children (with an eventual move towards increased hospital at home as a long-term outcome), urgent care improvement, constipation pathway improvement, the creation of child and family hubs, and a common referral pathway group that sits adjacent to all of these.

We have created a primary care template for asthma which will be rolled out in SystmOne practices to help clinicians ask a standard set of questions when diagnosing and managing asthma. We have also obtained some funding to employ a band 7 asthma practitioner to work in one PCN on asthma outreach work, such as increasing sign up to asthma friendly schools.

We have written a service model for the antibiotics at home service.

There is a joint commitment to build on the existing strong partnership work around child and family hubs, bringing services together in local areas around the needs of local families. We have begun to develop a new child and family hub in Beeston, working with local needs and strengths to improve access to healthcare services.

Our urgent care working group has analyzed the data around the use of urgent care services and progressed various projects to ensure that children and families who need on-the-day advice and treatment are seen in the right places. We have created an on-the-day service map to guide clinicians and have produced a fridge magnet for families advising when they should seek urgent help, and when they should dial 111. We have also submitted a business case to build a new paediatric observation unit in the paediatric emergency department.

The common referral pathway group sits adjacent to all of these workstreams and responds to the need to ensure all referral documentation is consistent, well documented, and easily available, to reduce the increasing amount of rejected referrals. We plan to build a digital referral (DART) form for selected paediatric services as a pilot, with the aim to moving towards a DART for all paediatric services.

Maternity

The Leeds Maternity Strategy was refreshed and re-launched in 2021; this set out the five year priorities of personalised care, emotional wellbeing, reconfiguration, reducing health inequalities and preparation for parenthood. We have brought together key partner organisations to deliver this strategy through a new Maternity Population Board, with responsibility for delivering a new maternity outcomes framework.

The nationally published Ockenden report set out various essential safety actions which have been met in Leeds. In line with the recommendations in this report, Leeds has maintained, but not expanded, the roll-out of continuity of carer teams, in order to ensure that safe staffing levels are in place before these teams are further rolled out across the city.

We have increased our funding to expand the community specialist perinatal mental health service to ensure that all women who need this vital intervention receive it quickly, with the aim of reaching the national trajectory of 10% of all people in the perinatal period accessing this service by 2023-24. We have also expanded the breastfeeding peer support available both at LTHT and in the community to help increase breastfeeding rates across the city. We have recently secured agreements to fund and pilot various schemes targeting the reduction of health inequalities for the maternity population, including developing a pregnancy advocacy service for the most vulnerable families, and re-instating the volunteer doula service.

Safeguarding

The CCG has a legal responsibility to ensure the needs of children and adults at risk of abuse or suffering abuse are addressed in all the work that they undertake and commission on behalf of the people of Leeds. the chief executive officer has overall responsibility for safeguarding and the executive director of nursing and quality is the executive lead and is supported by the CCG Safeguarding Team, who adopt a whole system approach to safeguarding.

The safeguarding team continues to ensure that the CCG is meeting its statutory safeguarding requirements and supports the executive lead to provide strategic leadership across the safeguarding partnership.

COVID-19

The impact of the pandemic on individuals and families' health and wellbeing is not yet truly understood but there is recognition that there will be ongoing and lasting implications in terms of safeguarding for a wide cross section of the population. Safeguarding has remained core business in Q1 for the CCG, the health economy and the wider partnership and work has been ongoing to embrace new ways of working to maintain safeguarding practice.

As a consequence of the pandemic, GP practices have significantly reduced face to face appointments, with an increase in virtual and telephone contacts. In response the CCG safeguarding team have continued to provide additional advice and support to primary care, including how to address/identify/respond to safeguarding concerns during a virtual consultation and the potential safeguarding implications of COVID. The CCG safeguarding team continue to promote 'safeguarding at a distance' which includes recognising the constraints of virtual contacts, making very contact count and identifying and responding to safeguarding concerns in a virtual world.

Safeguarding and Mental Capacity Act (MCA) training is seen as critical for NHS staff to ensure that they can identify and respond to any safeguarding concerns. To ensure that CCG and primary care staff continued to have access to safeguarding and MCA training essential to their role throughout the period of the pandemic, all training offered by the CCG safeguarding team was moved to a virtual platform and remained so in the first quarter of the year.

LSCP/LSAB

The CCG is a statutory partner in both the Leeds Safeguarding Children Partnership (LSCP) and Leeds Safeguarding Adult Board (LSAB) and last year saw changes to the arrangements of both boards.

During the past year, the Children and Families Trust Board (CFTB) and the Leeds Safeguarding Children Partnership came together, taking forward the joint priorities for the city, allowing the partnership to strengthen its resolve to challenge, not only the safeguarding system, but also the wider elements that put children and families in situations where their safety and wellbeing is compromised. This work has continued throughout the first quarter of 2022.

During quarter 1, the LSAB has continued its journey of development, focusing on achieving greater accountability, transparency and clarity of roles, both individually and collectively. This has been undertaken with a shared commitment to work together to meet the legal duties and achieve the ambitions of adult safeguarding for the city, including becoming increasingly citizen-led.

Strategy discussions for children

Strategy discussions for safeguarding children are a statutory duty that must involve the key safeguarding partners in the city: children's social care service, the police and health. During 2021-22 health services strived to become an equal partner within these discussions, ensuring that the risks to children are assessed and addressed in a holistic way, recognising the impact on the health needs within a family. Despite the difficulties that the health economy continues to face, participation in strategy discussions has remained a priority in Q1 and provides a valuable contribution to the safeguarding of children and young people across the city. We have seen a massive increase in the number of strategy discussions that are held with health partners and in Q1, health services contributed to 629 strategy discussions, with only 1% of strategy discussions requested not attended by health.

The CCG has been working with the partnership to complete a mapping exercise / strategy discussion improvement project to ensure that the partnership has the appropriate processes in place to meet its statutory responsibilities in terms of strategy discussions. This piece of work is being funded and facilitated by the CCG; however, it has been fully inclusive and owned by those organisations who have statutory duties with regards to strategy discussions i.e., health, police, and children's services. The project was completed in Q1 and a report will be presented to the LSCP Executive Board in October 2022.

Domestic violence and abuse (DVA) /MARAC

The CCG continues to be fully engaged with the domestic violence and abuse agenda in the city, with the head of safeguarding/ designated nurse for safeguarding being a member of the newly established Domestic Abuse Local Partnership (DALP) Board.

The routine enquiry work across primary care continues with additional support given from the CCG safeguarding team to ensure that primary care can continue to respond to domestic abuse within their new models of working. The contract with Leeds Women's Aid to provide the DV&A worker in primary care services came to an end on 31 January this year; however the service continues to be provided by Linking Leeds who took over the service provision from 1 February 2022. The CCG has invested additional funding into the service until April 2023, and Q1 saw an increase from 1 to 2.5 DV&A workers, which will allow us to expand the service to cover additional GP practices.

Multi-agency risk assessment conference (MARAC) meetings moved to twice weekly during 2021-22, with GPs continuing to receive notifications related to any patients who have received MARAC status. This has been an established process for several years and valued by primary care clinicians. During Q1 a member of the safeguarding team has been in attendance at the twice weekly MARAC to facilitate information sharing between the MARAC and primary care.

Transition to WY ICB

Work across the ICB has continued in Q1, with designated safeguarding professionals across West Yorkshire continuing to develop their shared approaches to safeguarding. A designated professional from the ICB footprint is aligned to each work stream, to offer safeguarding advice and expertise. The CCG designated safeguarding professionals have been involved in the development of the proposed ICB safeguarding model in partnership with the WY&H ICB designated professionals network.

We are still awaiting the publication of revised national safeguarding documents and the revised NHSE&I safeguarding assurance framework; once published, these will be reviewed to ensure that as an organisation we are compliant

Q1 saw the implementation of the Leeds office of the ICB and provider safeguarding practice improvement framework. Our ambition is to improve outcomes and reduce inequalities for people living in the city and as we move from NHS Leeds CCG to the Leeds office of the ICB we recognise that the way we operate and organise ourselves will need to evolve and adapt over time to meet this ambition. For best outcomes we need to create “mutual accountability”, which requires us to act and make decisions on in the basis of the best interests of our population (as opposed to our individual organisations,) requiring an even greater depth of openness and trust between partners. The shift in focus from commissioner to enabler and system integrator is crucial in creating the conditions for this behavioural shift.

In terms of safeguarding across the Leeds health system, we have established strong partnership relationships, which reflect an open and honest culture of shared learning. To deepen this work, we are strengthening our model of safeguarding assurance by introducing a forum of mutual accountability, which will take the form of the Leeds office of the ICB and providers safeguarding practice improvement meeting

This meeting will form part of the current safeguarding assurance framework, including attendance at provider safeguarding assurance meetings, individual meetings with head of safeguarding of providers and the completion and submission of the LSAB/LSCP safeguarding audit tools.

Mental Capacity Act

The past 12 months have continued to be challenging but productive in terms of supporting and upholding the rights of the vulnerable citizens in Leeds who might lack capacity during the pandemic. The CCG MCA lead has worked in a collaborative and integrated manner with colleagues in the health and social care system to support and advise on key interventions, including practitioner and family contacts and visits and vaccinations.

Work has continued during Q1 to ensure that Deprivations of Liberty in the city are legally authorised, with the CCG MCA lead engaging extensively with providers and local authority to ensure a joined-up approach. Preparation is ongoing within the CCG and across the partnership in relation to the introduction of Liberty Protection Safeguards, which introduces additional responsibilities for the CCG. Although the publication of the code of practice is still awaited in Q1, the CCG MCA lead has been working across the partnership and the ICB to ensure that we are prepared to meet our additional statutory responsibilities.

Digital

COVID-19 response

The Integrated Digital Service (IDS) has supported GP practices and PCNs during the continuation of the vaccination programme, helping to adapt to new ways of pop-up working environments and communicating primary care application concerns to NHS Digital and clinical workspace partners.

Population expansion and IT

Requests for clinical and administration accounts, email, smart cards, laptops, and desktop computers have continued to rise. Despite pressures bought about by increases in staffing to meet population growth and delays to IT equipment deliveries due to international shortages, the team have continued to deliver IT services to 92 GP practices and 19 PCNs

The increase in clinical ARSS roles across the PCNs introduced an opportunity of two additional sites. GPIT are working closely with the PCNs to install infrastructure and provision secure HSCN and Wifi connections to clinical services.

A major project is underway across the Leeds GP estate to refresh the clinical wireless network – this will cover 139 sites and allow more flexibility for cross site roaming and access to Govroam for CCG and LCH staff visiting GP sites. The project will provide a secure cinical wireless network and access for patients to attach to the web whilst at GP surgeries.

IT infrastructure projects

Soft phone systems are being enhanced to host an additional “wait in queue” feature. This enables patients to access automated instructions resulting in patients being contacted by a return call as soon as a clinician is available. Piloting is planned for September at two GP practices. We are expecting to see a marked reduction in patient calls abandoned.

Leeds City Digital Strategy

Over the past 18 months, IDS colleagues have been working to develop a new digital strategy. Following extensive consultation, it has been written from a ‘whole city’ view rather than from any specific organisation's perspective to encourage participation in its delivery. It is intended to be a 'live' document that will be updated as progress is made and priorities change.

It has been structured to firstly outline the building blocks (foundations) that we need to focus on, namely data use and management, connectivity and infrastructure, digital inclusion, digital skills, and digital and data ethics. Secondly, the main part of the strategy then focuses on how we utilise digital technology as an enabler to support people throughout the various stages of their lives: starting well, living well, working well and ageing well.

It is expected to be published towards the end of October following sign off by the Council and CCG’s leadership teams.

Place-based working

Over the last eight months, the CCG and LCC IT, business intelligence (BI) and information governance (IG) staff have moved to working more closely together in a unified manner as Integrated Digital Services. The basis of this approach is having product managers who can bridge the gap between the business areas and IT and engage with stakeholders to understand the needs of the different parts of the system and also their priorities.

To understand these priorities extensive engagement with stakeholders across the CCG has been undertaken and has led to the creation of a shared programme of work. The work programme reflects the population health boards and contains several pieces of work where IDS colleagues are working with colleagues from the CCG. Major pieces of work on this list include the system flow programme, the community mental health programme; and the review of teledermatology technology.

ICB collaboration

A dedicated SharePoint platform to enable sharing of new ICS wide documents has been deployed from the Leeds 365 tenant. This has been adopted and a programme of successful developments has introduced inter-organisation sharing of strategic data across West Yorkshire finance and contracting teams. SharePoint brings a new way of working, linking the five former CCGs and offering a modern method of safe, controlled data sharing. The platform is also able to safely share with third sectors and non-health organisations.

Online consultation procurement

Online consultation solutions that enable digital access for patients are now a contractual requirement as of 1 October 2021, and should meet all the necessary information governance, clinical safety and security standards as set out in the digital first online consultation and video consultation (DFOCVC) framework.

Practices across West Yorkshire are using one solution for everything or a combination of multiple solutions for different elements, cherry picking the best bits of each solution or simply using what is most comfortable or familiar without need for change. However, this cannot continue because of costs, (in)efficiency and economies of scale, so a single solution is required.

Since June 2021, the West Yorkshire digital primary care team have been running a number of stakeholder engagement sessions, workshops, meeting with practices, PCNs and place-based commissioning teams to gather feedback on what features and functionality should be in any new solution and how effective current solutions are.

The ICS is now using the DFOCVC Framework to procure a single solution which will deliver the contractual requirements that were introduced and the functionality that was gathered from stakeholders. This procurement is expected to deliver a new provider from end of March 2023. The transition to a new supplier will be supported by a six month phased implementation beginning October 2022.

Leeds Office of Data Analytics (ODA)

The past year has seen great advancements for the health and care business intelligence community in Leeds, converging into the newly formed ODA. The combined service brings together specialist staff from across organisations to provide a unified offering back to health and care services using a ‘single version of the truth,’ deploying advanced platforms and technology to make insight and intelligence more available to those who need it most.

Already the ODA has begun to undertake reporting for all CCG programme boards, public health and elements of Leeds City Council adult social care. Technical specialists have been working hard with colleagues in the wider IDS for Leeds, making great headway in deploying a new cloud-based platform for the ICS. This will improve data sharing and advanced data analytics, providing a greater breadth of information and more timely and effective insights.

The public health intelligence team has been at the forefront of the ODA service’s COVID response. The team has been fundamental in setting up and delivering test and trace reporting for local measures and guiding outbreak test teams in the early days of the pandemic, along with a wide range of internal and external reporting on infections and vaccination provision, especially to those most vulnerable or at risk of inequalities of access. The team have also continued to support business as usual requirements with public health consultants, enabling many to establish reset and restart COVID recovery plans.

Evaluation service and Network Data Lab

The evaluation service has continued to support the Leeds health and care system to assess the impact of the innovative interventions they implement. This has been done through supporting a number of projects including working with Ipsos Mori to carry out a survey of the people in Leeds about the quality of their health and the care they receive; supporting the 100% digital service to develop methods to evaluate the impact they have and to procure evaluations from the private sector including of the Leeds Hearts and Minds programme, and a project recruiting staff into the health and care sectors. In addition to this the service has delivered a number of evaluations including of the development of a spirometry hub in Seacroft, the enhanced frailty scheme and the S12 solutions platform for arranging mental health assessments. We have a number of large pieces of work in development across the city's health services. The service continues to develop and plans to develop its capacity for health economics, to work more closely with the network data lab team and to carry out more complex quantitative analysis.

Alongside this, the Network Data Lab has run a range of projects aimed at identifying how we can use our linked data sets to improve health and care services. Funded through national research funding, the team have delivered advanced analytics that have shed light on patient outcomes not previously measurable. These projects are helping to shape current and future strategic decision making, with reports so far on clinically extremely vulnerable patient outcomes in the pandemic and on children and young people's mental health services, both of which remain critical elements of care delivery across the city.

1.2.10 Our work with partners

West Yorkshire Health and Care Partnership, an integrated care system

The CCG is proud to be a member of the West Yorkshire Health and Care Partnership, one of the country's leading integrated care systems (ICSs). Across West Yorkshire we support 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.

The West Yorkshire Health and Care Partnership is made up of the NHS, councils, hospices, Healthwatch, the voluntary community social enterprise sector. It is an integrated care system (ICS). We have five local place partnerships, which include Leeds.

As one of the country's leading ICSs we are enhancing our work due to recently approved legislative changes on 1 July as part of the Health and Care Act 2022. Our system is made up of two statutory elements:

- West Yorkshire Health and Care Partnership Board, involving all the different organisations which support people's health and care
- West Yorkshire Integrated Care Board, a new organisation, overseen by a board. The Chair of the Board is Cathy Elliott. The CEO is Rob Webster, CBE

The Health and Wellbeing Boards in each of our local places agree a health and wellbeing strategy for their area. These local place-based strategies are based on the things that are most important to local people.

In Leeds, we have an integrated care committee that will agree an annual plan to deliver the health and wellbeing strategy in that place. These committees are made up of local health and care leaders, and they also include independent people who do not work for health and care organisations. Our committee is called the Leeds Committee of the ICB. More details can be found at www.healthandcareleeds.org/about/committee

This way of working is supported by West Yorkshire-wide priority programmes, such as cancer, maternity, mental health, urgent care, tackling health inequalities, children and young people.

It is supported by our Partnership Board which brings partners together and is supported by the West Yorkshire Combined Authority, and Local Resilience Forum. Our approach is supported by strong provider organisations, including West Yorkshire Association of Acute Trusts (WYAAT), the Mental Health, Learning Disabilities and Autism Collaborative (MHLDA) and the Community Provider Collaborative. Our strength provides greater opportunities to deliver our five-year plan ambitions, ensuring that all people are given the best start in life, are able to remain healthy and age well. You can see examples of the positive difference made together here.

This collaborative approach has been central to handling the pandemic in maintaining personal protective equipment supply, coordinating testing, helping over 100,000 people shielding, rolling out the vaccine programme with volunteer support, and investing £12million in our social care sector to retain their valuable skills to deliver care in people's homes.

Another example can be seen in the establishment of the partnership's health inequalities work. This identified a further 53,000 unpaid carers for early vaccine take up, delivering recommendations from our race review, investing £1million in warmer homes, as well as addressing the inequalities for people with learning disabilities.

We are committed to meaningful conversations with people, including colleagues to inform our work. Examples can be seen in the stroke reconfiguration of hyper acute units; assessment treatment units for people with complex learning disabilities; 'Looking out for our neighbours' – an award-winning campaign involving over 400 community organisations; the award winning staff check-in suicide prevention campaign; perinatal mental health work; our anti-racism movement; climate change and improving the uptake of cancer screening and Let's DiaBEAT this. You can read more about these schemes and the positive difference we are making together on the West Yorkshire Health and Care Partnership website: www.wypartnership.co.uk

Scrutiny Board

The Scrutiny Board (Adults, Health and Active Lifestyles) reviews and scrutinises the performance of health services and efforts around prevention of ill health (primarily through public health initiatives). The Scrutiny Board also reviews and scrutinises decisions taken by the Executive Board relating to adult social care.

During the first quarter of 2022-23, we continued to keep the Scrutiny Board informed of our key decisions and plans to assure we meet our duties to consult as outlined in the NHS Act (2006) and Health and Social Care Act (2012), including updates on the development of the new NHS West Yorkshire Integrated Care Board.

Our NHS providers

We are pleased to be able to commission services from three NHS trusts in Leeds (LTHT, LYPFT and LCH) alongside other service providers. Our ambulance services are provided by Yorkshire Ambulance NHS Trust who also provide NHS 111 for our region. In addition to this we fund services from a number of neighbouring providers so that we can uphold the rights of our patients to choose where they go for treatment where it is appropriate to do so.

Leeds City Council

Leeds City Council commissions care and support services and is responsible for public health, which seeks to protect and improve health and wellbeing. The future direction of health and care services set out in the NHS Five Year Forward View is around closer integration of health and social care services. These services would be delivered at a locality or neighbourhood level by care teams working together rather than working to their own organisation's boundaries.

We continue to work closely with Leeds City Council to make progress around prevention of ill health as part of our ambitions under the Health and Wellbeing Strategy and Healthy Leeds Plan. In addition, we've worked together on a number of health awareness campaigns including tailored COVID, vaccination and flu campaigns; a new campaign to help address system pressures; and our nationally recognised 'Seriously' initiative to educate people about the misuse of antibiotics.

As always, we work closely with all our partners as part of our efforts to improve patient flow within the system and subsequently reduce demand and pressures on services. This close partnership working has never been more important, as the health and care system across our city continues to respond to the challenges posed by the pandemic.

Community and voluntary sector organisations

The role of the community and voluntary sector (often referred to as the third sector) is crucial not only for the delivery of services but also to provide us with an opportunity to engage with those who are sometimes referred to as 'seldom heard groups.' Over the past quarter, we have continued to work with local community groups to run engagement activities so that we can continue to develop services that meet local needs – see more in our section on working with patients in section 1.2.4.

We continue to fund third sector organisations to provide our social prescribing schemes and have worked with a range of third sector partners to support our most vulnerable residents during the pandemic, as well as help patients leave hospital sooner, especially when demand is highest.

Healthwatch Leeds

Healthwatch Leeds is represented on the Leeds Health and Wellbeing Board, giving patients and communities a voice in decisions that affect them. We have worked with Healthwatch Leeds to gather patient insight on local health services including the health visiting service. We continue to attend the Healthwatch Leeds People's Voices group and worked closely with them in developing the Big Leeds Chat. There's more information about our partnership in section1.2.4.

Healthwatch Leeds have also undertaken a number of reviews of services and published subsequent reports with recommendations. We'll be looking at how we can use the recommendations from these reports to influence how services are provided in the future. The reports for these and other reviews are on the Healthwatch Leeds website - healthwatchleeds.co.uk

Care Quality Commission

The Care Quality Commission (CQC) is the registration body responsible for monitoring standards of care and undertakes announced and unannounced inspections to providers either as a matter of routine or in response to concerns raised by patients and staff. To support sharing of information and intelligence on quality and standards of care, a quality surveillance group meets to monitor progress and pro-actively identify any areas where improvement may be required.

Leeds member practices continue to provide high quality services, with the majority rated good or outstanding with CQC. Where the CQC has identified concerns with a practice, we have worked closely with them and with the practice to raise standards and improve patient care.

Leeds Academic Health Partnership

The CCG is a founding partner of Leeds Academic Health Partnership (LAHP). The LAHP is one of the biggest partnerships of its kind in the UK. It brings together our universities, local NHS organisations, Leeds City Council, Leeds City College, West Yorkshire Health and Care Partnership, the regional economic enterprise partnership, industry and third sector partners. The CCG helps fund and govern the LAHP to turn innovative ideas into action to help solve some of the city's hardest health and care challenges.

For more information, please visit www.leedacademichealthpartnership.org