Update to Scrutiny Board (Adults, Health and Active Lifestyles) – March 2023

The Adults Health and Active Lifestyles Scrutiny Board received an update from the ICB in Leeds Accountable Officer in October 2022. It was agreed that the Board would receive a further update reflecting key priority work areas of the ICB in Leeds linked to the Healthy Leeds Plan.

The update below provides detail relating to the following areas:

- Healthy Leeds Plan
- Joint Forward Work Plan
- Health Inequalities Funding 22/23
- Intermediate Care Redesign Programme
- Improving Access to General Practice
- Commissioning Responsibilities for Community Pharmacy, Optometry and Dental (POD) Services

Healthy Leeds Plan

The Healthy Leeds Plan (formerly named Left Shift Blueprint) was signed off in January 2021 as the plan that outlines the Health and Care contribution towards delivering the Health and Wellbeing Strategy, achieving the ambition that *Leeds will be a caring city for people of all ages, where people who are the poorest improve their health the fastest.*

The Healthy Leeds Plan is distinct from the Leeds Health and Wellbeing Strategy as it focuses purely on the health and care elements of the strategy and the health and care contribution to tackling health inequalities. The Health and Wellbeing Strategy itself is much broader, encompassing housing, the environment, the economy, employment, and the use of green space. Whilst the Healthy Leeds Plan acknowledges that everything is connected and working with teams that focus on the wider determinants of health is essential in achieving health outcomes, it sets out what achieving our shared vision looks like from a health and care perspective.

One role of the Healthy Leeds Plan is to set out the strategic ambitions for the city (strategic indicators), setting specific goals for improving outcomes, changes in activity and improvements to people's experience of care.

In the initial plan there were three categories of strategic indicator:

- **Health Outcome Ambitions**: Longer term indicators to be viewed over a 10-year period.
- **System Activity Metrics**: Provide a more immediate view of impact and measured through the Leeds Data Model, our linked data set.
- **Quality Experience Measures**: Provide us with a view not only of a persons' experience of individual services but also of their experience as they move between services in the system.

For each of the strategic indicators the ambition was to (where we could measure it):

- Be as good as, if not better, than the England average
- Where measurement allows, we committed to reducing health inequalities between Leeds and deprived Leeds by 10%

The Leeds Health and Care Partnership (LHCP) has changed significantly since January 2021 including the development of the Integrated Care Board (ICB) and the renewed system wide focus on population health planning. Therefore in 2022 it was agreed that the Healthy Leeds Plan would be refreshed between October 2022 and March 2023, coinciding also with the refresh of the Health and Wellbeing Strategy.

Furthermore, whilst the sign up to the Healthy Leeds Plan was a really important step for the LHCP the plan did not have sufficient specificity to drive genuine decision making and prioritisation.

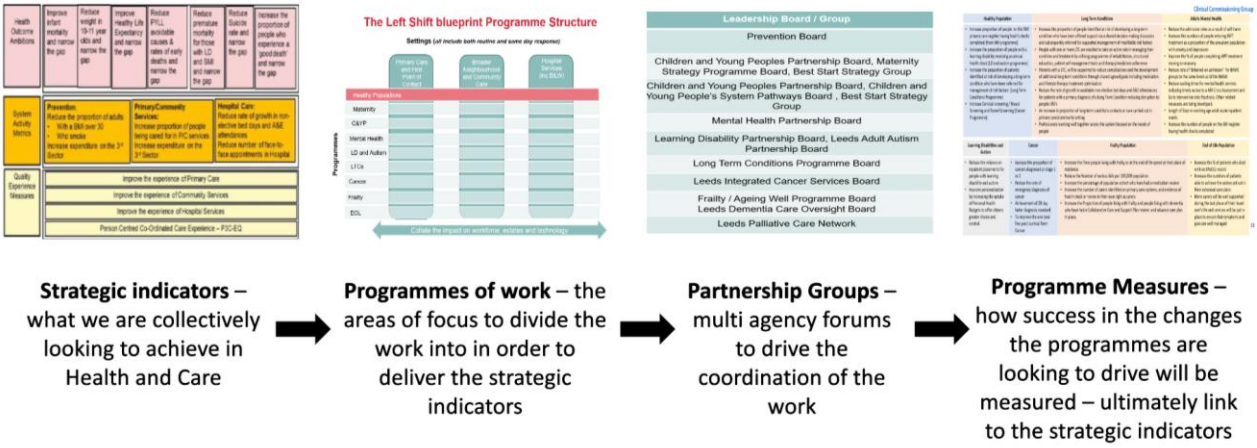
The overall aim of the refresh is to:

- Refresh our ambition for how the Health and Care system in Leeds needs to change over the next five years and how this will be measured through refined strategic indicators
- Create a plan that is specific enough to drive the LHCP's system wide transformation programme over the next five years
- Describe the Leeds Health and Care Partnership approach to population health
- Reflect the work of the Population and Care Delivery Boards, the outcomes they are aiming to achieve and the infrastructure that has been put in place to achieve this
- Meet the requirements of the Joint Forward Plan (outlined in further detail below)

Significant progress has already been made as a system towards refreshing the Healthy Leeds Plan. The challenge is that this has not yet been documented in a single place.

The original construct of the plan is set out in the diagram below:

Fig 1 – Original Healthy Leeds Plan Construct



This has gradually evolved to the below:

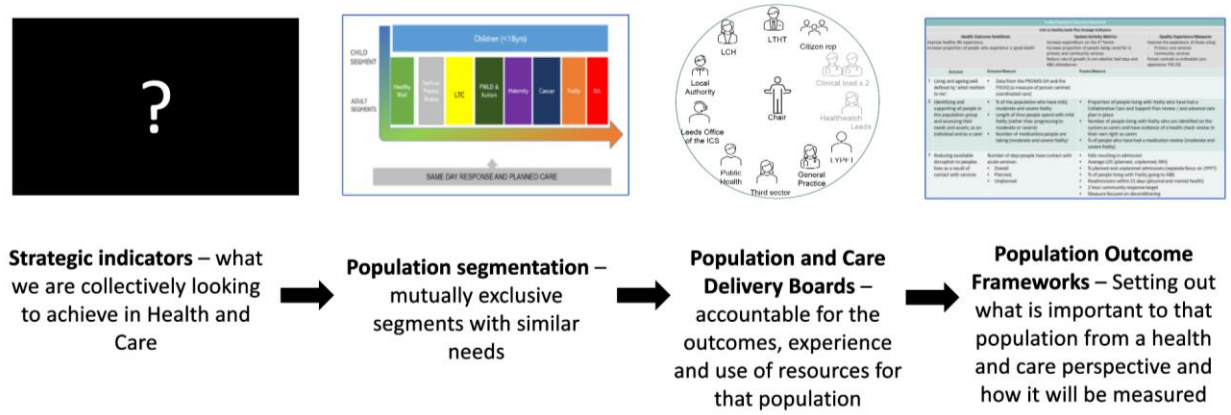


Fig 2 – How the Healthy Leeds Plan Structure has evolved

As you can see above each element of the Healthy Leeds Plan has evolved although there remains a question mark over what the 'strategic indicators' should be – in other words what are our global aims as a system we are aligned to and united in achieving.

Whilst the original set of strategic indicators signalled a positive step in terms of the system working together towards a collective goal it is now felt that they can be improved upon for a number of reasons including:

- Not all of them are solely in the gift of Health and Care to deliver (potentially more suitable at Health and Wellbeing Strategy level)
- There is a significant number of them which adds complexity to a system that already feels to have a competing number of priorities
- Many of the strategic indicators now feel to have a stronger link to individual Population and Care Delivery Boards rather than a collective focus

Ambition	Vision	Priority	System goal	Goal enabler	Priority work programmes
Health and Wellbeing Strategy					
Leeds will be the best city for health and wellbeing	Leeds will be a caring city for people of all ages, where people who are the poorest improve their health the fastest	The best care in the right place at the right time	Reduce avoidable unplanned care utilisation across health settings in Leeds through a focus on keeping well	Increase early identification and intervention so people can be supported as early as possible	*To be identified through data and stakeholder engagement*
With a specific focus on the 26% of people in Leeds who live in the 10% most deprived areas nationally.					

Over the last two months a revised targeted set of goals for the Health and Care Partnership and for inclusion within the Healthy Leeds Plan have been considered by the Leeds Health and Care Partnership:

1. **Reduce avoidable unplanned care utilisation across health settings in Leeds**
2. **Increase early identification (of both risk factors and actual physical and mental illness).**

With a specific focus on the 26% of people in Leeds who live in the 10% most deprived areas nationally. Please note that the specific wording of these goals may change as further feedback is gathered.

The refresh of the Healthy Leeds Plan toward a smaller more targeted set of measures will ensure a continued and more effective focus on addressing health inequalities in Leeds.

Joint Forward plan

Integrated Care Boards across the country are required to develop a five-year Joint Forward Plan (guidance is available here), owned by the Integrated Care Board and setting out delivery of the NHS elements of the Integrated Care Strategy. The Joint Forward Plan needs to meet three principles:

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

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

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

In West Yorkshire the approach to the Joint Forward Plan and Operational Planning process will continue to be built from place and involve the whole system in its development. For Leeds, this will mean building on the work to refresh the Healthy Leeds Plan to ensure we have a single approach to strategy and planning for the Health and Care Partnership in Leeds.

Health Inequalities Funding 22/23

The health inequalities programme in Leeds is made up of 44 individual projects across the system alongside funding to the eight local care partnerships (LCP) with the highest levels of deprivation. The 44 individual projects were selected from a list of over 90 proposed projects in varying states of maturity, from ongoing projects that were coming to the end of their funding to new projects. The selection process was carried out with support from the "Tackling Health Inequalities Group", an expert advisory group in the Leeds Health and Care System, who helped to prioritise the themes and populations that the funding should go to.

The majority of the funded projects were new services that were almost all implemented successfully within the year. These projects sat alongside the continuation projects, and a small number that did not successfully mobilise as a result of various challenges, primarily recruitment. A number of the projects have had great outcomes. In primary care a project to develop a hypertension case finding service in community pharmacy is on track to engage with over 300 people that may be at risk of high blood pressure. They found more people than initially predicted at risk who are now being supported by their GP's, as well as an increase of 35% in the knowledge around blood pressure information due to an engagement event. Within the third sector, the "Space2Sustain" project has delivered 50 community engagement sessions, reducing social isolation, creating opportunities to learn about healthy lifestyles and increasing options available for local families struggling with the cost of living in Gipton. To help reduce health inequalities in hospital waiting lists, an LTHT project recruited an analyst who has developed a PowerBI tool to help plan,

deliver and evaluate core health service provision to ensure it is equitable. Many of the other projects have been successful in delivering their aims, the evaluation team at the Leeds Office of Data Analytics are currently writing up an evaluation that will provide more detail in future.

Intermediate Care Redesign Programme

In April 2022 the Leeds Health and Care Partnership agreed to undertake a review of Intermediate Care Services, with a view to completing a long-term programme to redesign these services. An external partner was secured to work alongside a dedicated Leeds team to lead the design and implementation of the programme.

The programme was constructed over three key phases:

- Phase 1 - diagnostic
- Phase 2 - 'quick wins' and planning
- Phase 3 – implementation of the full transformation programme

The programme is current transitioning from Phase 2 to Phase 3, having delivered a number of important benefits over the last four months. This has included the development of a system visibility tool and process improvements in the Community Care Beds and Trusted Assessor models.

From the diagnostic work it is clear the system has an opportunity to deliver a bold and innovative programme that will have a significant impact on the people of Leeds and be nationally recognised. The vision for what we want to achieve in Leeds is:

A sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence

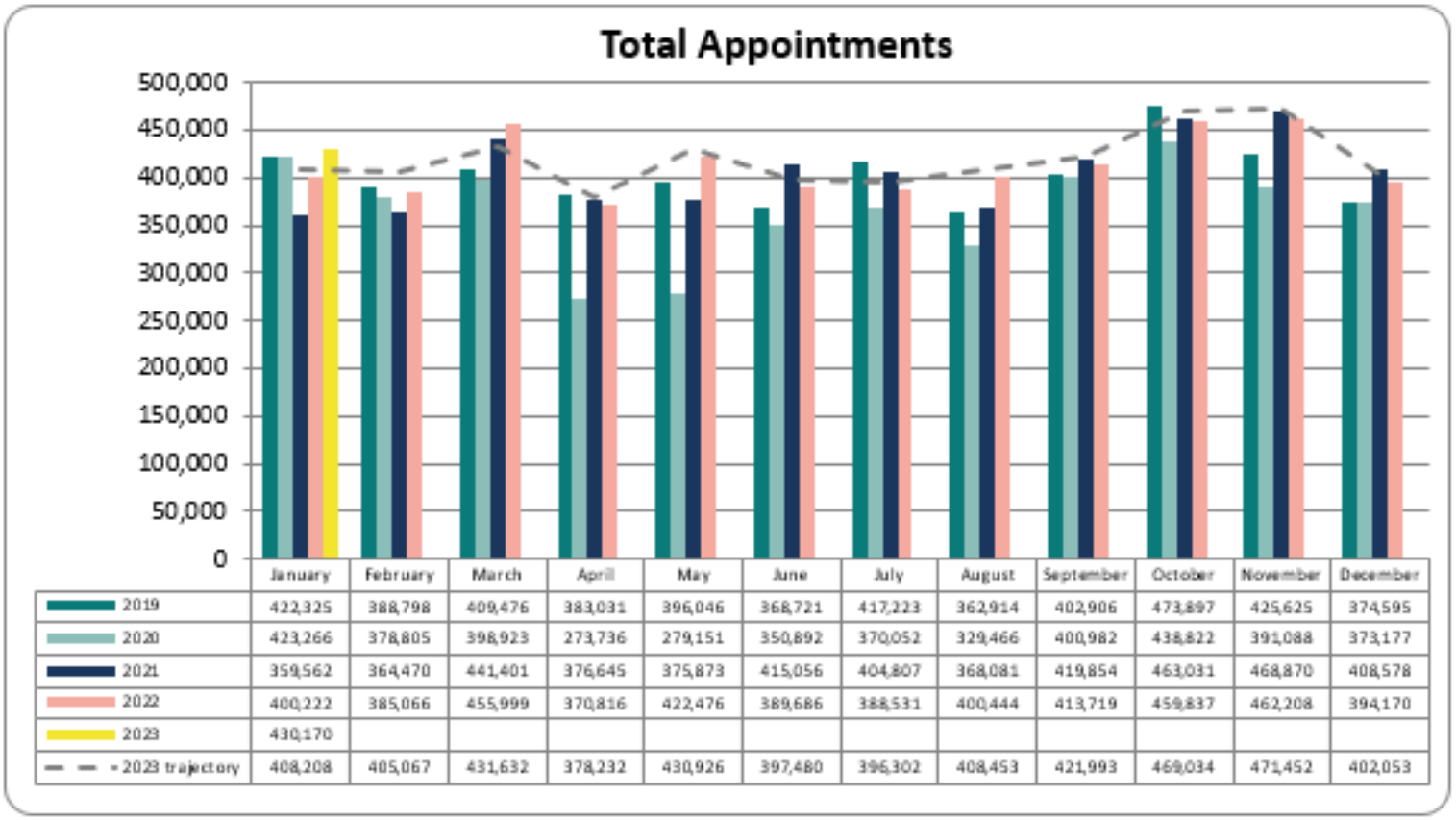
- Where our culture is always to support people at home, avoiding hospital wherever possible, and we have the capacity, skills, and easy access to do so
- Where every part of the system prioritises the person's independence and best outcome, with the person's involvement and their family/informal carers
- Where if someone needs care away from their home, the plan for the person to get back home starts from the moment they leave home, and is coordinated until they are home and stable
- Where people have simple and quick pathways that feels joined up from leaving hospital to an integrated community offer to support their needs
- Where long term needs are not assessed in hospital, but throughout time in intermediate care to enable recovery
- Where intermediate care services maintain and/or enable connections with routine or longer-term services that support people in their communities
- Where all short-term support has the right recovery and rehabilitation input, giving everyone the chance to maximise their independence

As the next phase of the programme progresses it is recommended a further update is brought to the Scrutiny Board in the summer.

Improving Access to General Practice

Primary medical services (general practice), nationally, across West Yorkshire and in Leeds are under significant pressure, resulting from unprecedented demand for services. Over the past four years the registered practice population in Leeds has grown by 30,000 to over 880,000 people.

The total number of appointments offered across the 92 GP practices in Leeds now exceed pre-pandemic levels. Recent data shows delivery of 19 - 20,000 appointments per day during January and February. There is a national NHS commitment to deliver 50 million more appointments per day in general practice by the end of March 2024. Leeds have committed to deliver 4.9 million which follows the trajectory set last year.



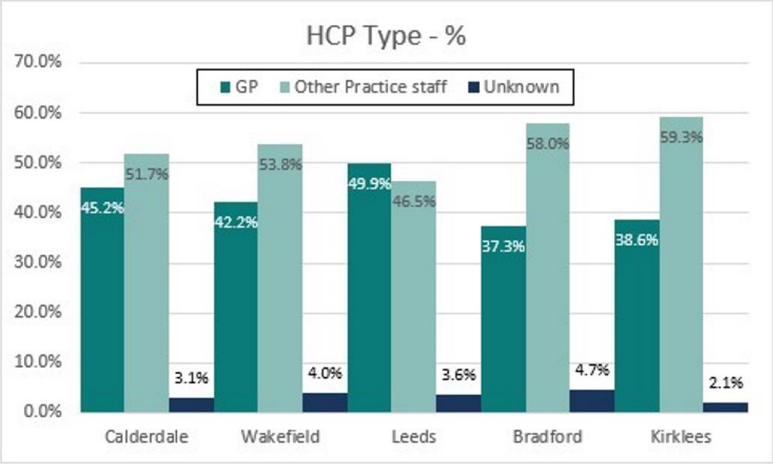
	January	February	March	April	May	June	July	August	September	October	November	December
2019	422,325	388,798	409,476	383,031	396,046	368,721	417,223	362,914	402,906	473,897	425,625	374,595
2020	423,266	378,805	398,923	273,736	279,151	350,892	370,052	329,466	400,982	438,822	391,088	373,177
2021	359,562	364,470	441,401	376,645	375,873	415,056	404,807	368,081	419,854	463,031	468,870	408,578
2022	400,222	385,066	455,999	370,816	422,476	389,686	388,531	400,444	413,719	459,837	462,208	394,170
2023	430,170											
- 2023 trajectory	408,208	405,067	431,632	378,232	430,926	397,480	396,302	408,453	421,993	469,034	471,452	402,053

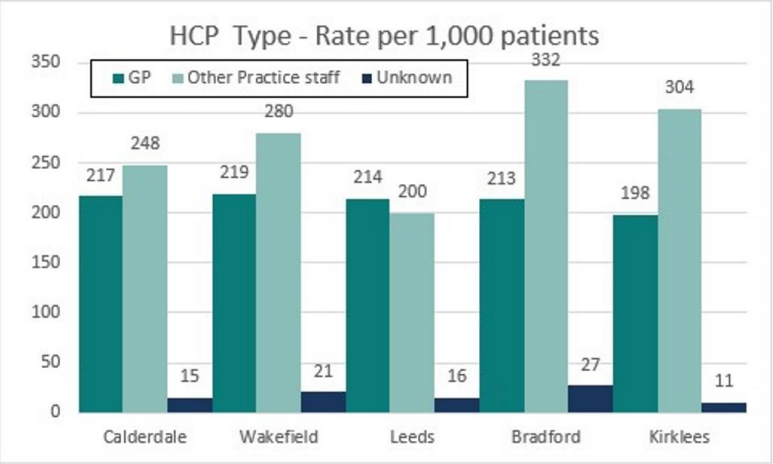
Across our 92 practices currently 43% of all appointments are booked on the same day with a total of 70% being booked within 7 days. Over 71% of all appointments are provided face to face and just under 50% of all appointments are with a GP. In additional to these figures, a further 20,000 appointments per month are delivered through enhanced access services (evenings and weekends in PCN based hubs across the city) and a further 3,300 through the Same Day Response Service (December 2022 data).

National data is now produced on GP access which allows us to compare and benchmark with other places. Leeds is part of the West Yorkshire Integrated Care Board and as such, we do look across at the other 4 places.

Leeds compared to WY (December 2022 data)

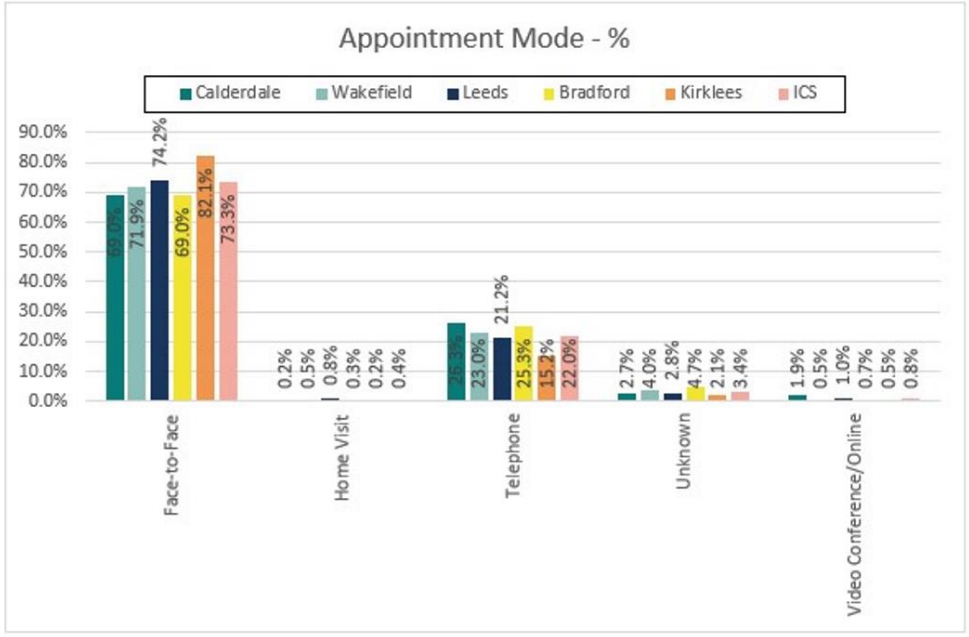
- Higher proportion of GP appointments than other places in WY
- Significantly lower rate per 1,000 patients for 'Other' Practice staff
- Similar rate per 1,000 patients of GP appointments

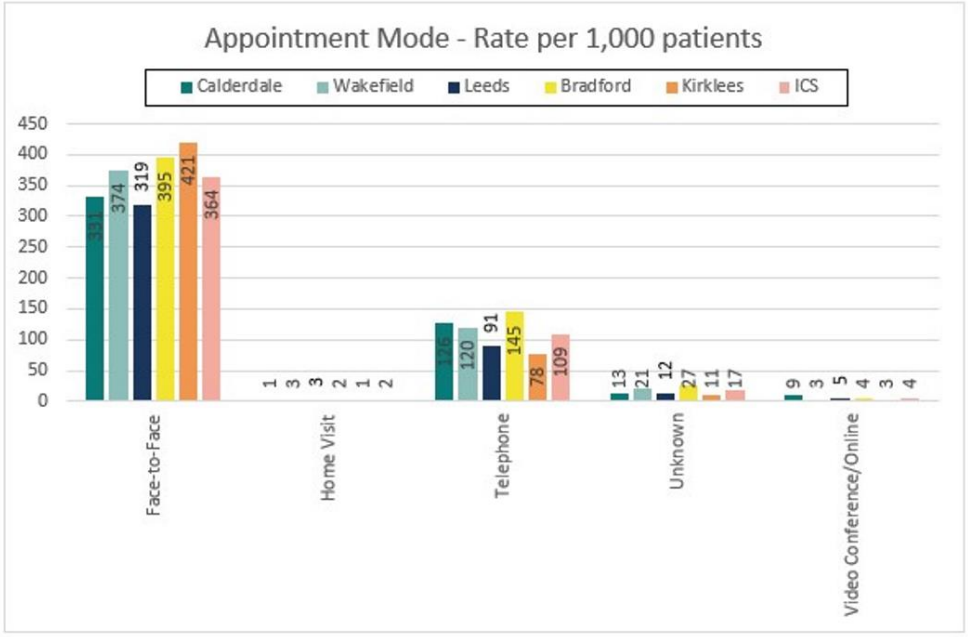




Leeds compared to WY (December 2022 data)

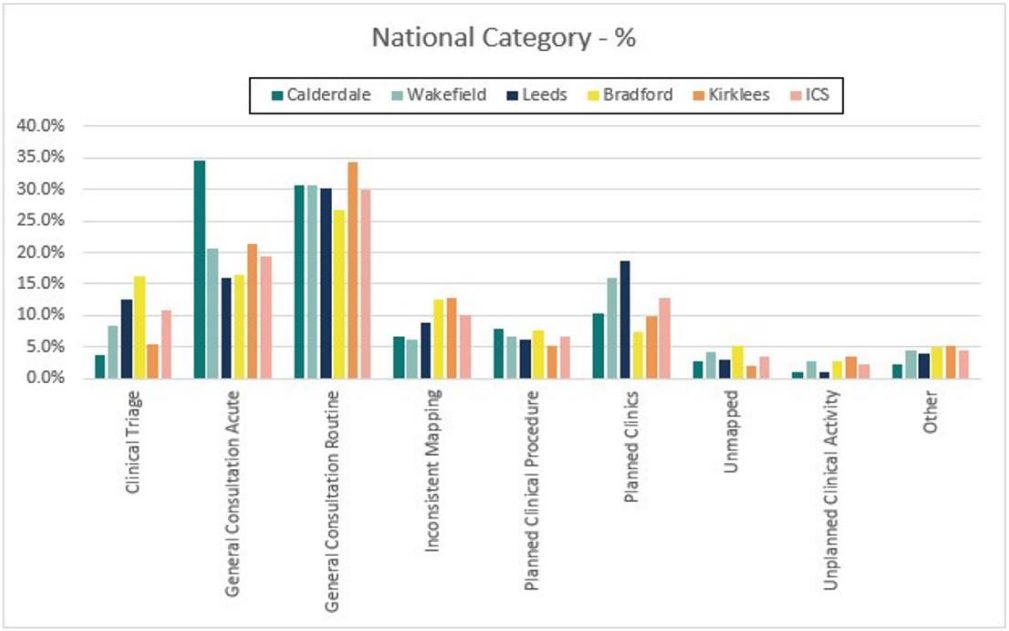
- Second highest proportion (%) of Face-to-face Appointments, highest proportion (%) of Home Visits
- Lowest rate per 1,000 patients of Face-to-face, Telephone and Unknown appointments

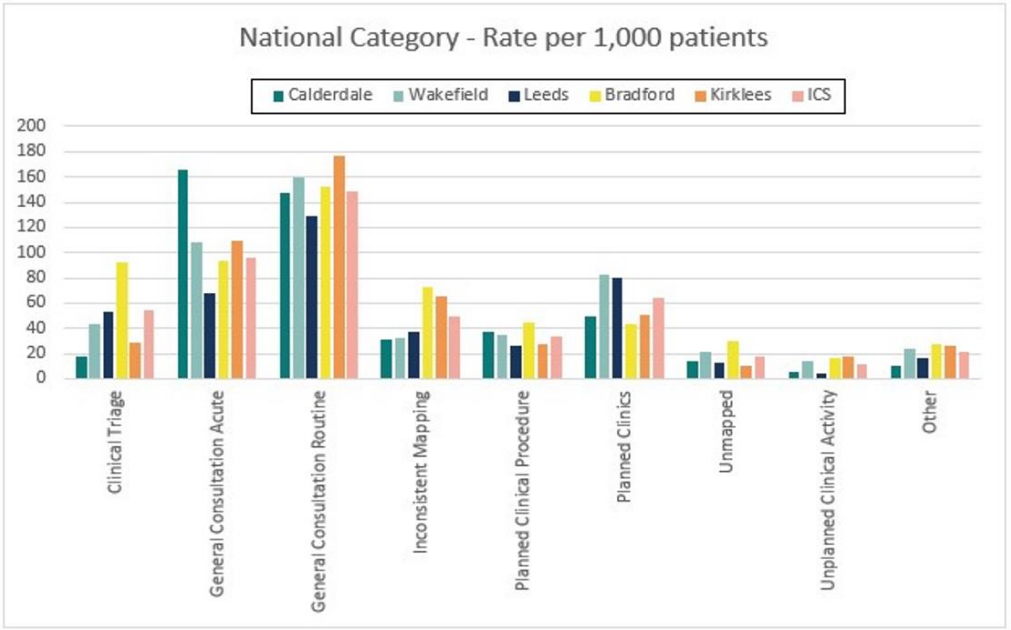




Leeds compared to WY (December 2022 data)

- Highest proportion (%) of Planned Clinics
- Lowest rate per 1,000 patients of GP Acute and GP Routine appointments





Services are generally responding well with most people satisfied with the services they receive, but satisfaction is deteriorating and is variable across our system. This is also borne out by insights from Healthwatch Leeds and other organisations. Key concerns include the length of time people wait for appointments, variation in communications approaches used, leading to confusion around access arrangements and frustrations around processes for booking appointments – including telephony systems.

Having a skilled and supported primary care workforce is key in improving access to services. Nationally the numbers of GPs per population have fallen in recent years to around 4.4 GPs per 10,000 patients, Leeds has held a steady state at round 4.6. To offset the reducing number of GPs nationally, new funding has flowed to Primary Care Networks to allow practices to collectively employ more staff with different skills to complement the existing workforce. These staff include pharmacists, physiotherapists, social prescribers, care coordinators, mental health workers, physicians associate and occupational therapist. Currently we have around 300 whole time equivalent staff hoping to rise to over 500 by the end of 2024. We understand there is more to do to ensure that people understand these roles and benefit from direct access to them rather than feeling they are being ‘fobbed off’ from seeing a GP.

Ensuring we focus on the opportunities to improve patient access to, and experience of, general practice is a key priority shared across the Same Day Response and Primary Care Programme Boards. A 24/7 primary care workstream has been established recognising that poor access to same day primary care results in increased pressure elsewhere in the urgent and emergency care system. As a result of that work, we now have the additional same day response services that practices can book their patients into when they are unable to see someone who needs it on the same day.

We chose to use the flexibility within the national Quality and Outcomes Framework (QOF) to have a module focussed on access. Each practice must review their access data and consider what the experience is like for their patients, consider whether they are meeting the Accessible Information Standards and what improvements they need to put into place. The module has been developed in partnership with Healthwatch and the impact will be presented at an event in Spring to make sure we share learning and good practice.

Every practice is required to have a Patient Participation Group (PPG) with whom they should regularly be discussing access. The former CCG had a proactive approach through the PPG network in ensuring the patient representatives felt supported and listened to. This work was compromised during the pandemic but following a public participation event in February will be refreshed and will report to the Primary Care Board that has overall responsibility for improving access, experience and outcomes.

Commissioning Responsibilities for Community Pharmacy, Optometry and Dental (POD) Services

The Health and Care Act 2022 established Integrated Care Boards, tasked with the commissioning and oversight of NHS services. The future delegated responsibility of commissioning and oversight of all primary care services formed part of the Health and Care Act. ICBs will assume responsibility for POD services on the 1 April 2023. The delegation of community pharmacy services includes responsibility for GP dispensing services and dental services includes primary, secondary, and urgent care dental.

A report will be presented to the West Yorkshire Integrated Care Board meeting held in public on 21 March 2023 to set out the updated position regarding the delegation of commissioning responsibilities for Community Pharmacy, Optometry and Dental (POD) Services from NHS England to the ICB from 1 April 2023. The report will be available to view here once the papers have been published.

The aim of delegating these services to ICBs is to make it easier for organisations to deliver joined up and responsive care by delivering high quality primary care services for our population.

Tim Ryley
ICB Accountable Officer (Leeds Place)
9th March 2023