NHS Leeds CCG Annual Report 2020-21

1.1.11 Performance summary

Performance in healthcare

Before the COVID-19 pandemic (2019-20), the NHS in Leeds made positive steps to improve upon the speed of access to treatment and to the quality of healthcare delivered to patients. In particular referral to treatment times had improved and treatment waiting lists had been successfully reduced; cancer performance standards were on the whole performing well and screening initiatives were helping to diagnose more people earlier improving their chance of survival; access to psychological therapies was improving following the recent redesign and procurement of local IAPT provision; and the number of people with a learning disability and/or autism reliant upon inpatient care was reducing.

However, following the declaration of a serious, level 4, incident on 30 January 2020 due to the emergence of the COVID-19 pandemic and the consequential response, many areas of performance were adversely, significantly affected at the beginning of 2020-21 due to the requirement to follow national instruction including the suspension of many routine services (unless where clinically appropriate/high risk), either to focus clinical resources in managing patients with COVID-19 or to support patient and staff safety.

At the end of April 2020, the NHS began to restart non-COVID urgent services and from August 2020 further national requirements were outlined in order to accelerate the return to near-normal levels of non-COVID health services and to prepare for winter demand pressures alongside continuing vigilance in the light of further COVID spikes.

Consequently, performance across a range of key measures in Leeds continues to be under expected performance levels, significantly so in particular areas. However, we have observed an improvement in performance against many of these measures, typically from the summer months in 2020-21, as a result of the reinstatement of non-COVID health services.

However, there remain significant challenges and risks which we are continuing to work through in order to mitigate their impact. For example, there were 22 Leeds CCG patients waiting more than 52 weeks for treatment in March 2020 yet in January 2021 this number had increased to 2,778 and we expect this number to increase further; prior to March 2020 less than 1% of Leeds patients would typically wait longer than six weeks for diagnostic tests but now almost one-third of patients do; and the national expectation of at least 93% of patients being seen within 2 weeks of referral for an urgent cancer appointment with a specialist was being achieved in March 2020 yet we're now observing approximately one-third of patients having to wait longer than 2 weeks for their appointment.

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Responding to COVID-19

We have worked with partners throughout the year to respond to the COVID-19 pandemic, in what has been widely recognised as a true #TeamLeeds effort.

Our primary care and medicines commissioning teams have worked closely with their provider-facing counterparts, currently embedded in the Leeds GP Confederation to support practices and primary care networks to respond to the pandemic. At a time when PPE supplies were causing concern, colleagues established a PPE procurement and supply chain to ensure frontline staff were protected. They helped set up hot hubs for COVID positive patients, have supported practices with business continuity and most recently, helped organise hundreds of vaccination clinics at PCN sites, which, with the support of hundreds of volunteers, have seen tens of thousands of Leeds patients vaccinated.

Colleagues from across the CCG have also stepped forward to support the wider system response with mutual aid: continuing care and quality team nurses returned to the wards at the height of the pandemic, staff with clinical backgrounds are vaccinating patients and dozens more are volunteering at the PCN and mass vaccination centres. Currently, 50% of our clinical pharmacy workforce is involved in the vaccination programme. The team also helped with legal aspects of the programme and ensured that the designated sites were ready.

The medicines optimisation team have also been heavily involved in responding to the pandemic. For example, they've developed a new rapid taxi service to ensure stock availability and timely access to end of life medication in light of the rapid deterioration in some patients with COVID-19.To support diabetic patients, the team organised supplies of Ketone meters and strips to be held at hubs across the city. This meant susceptible patients could access these quickly if concerned about their health and avoid going to hospital. The team have worked alongside clinical pharmacy colleagues to support GP practices to introduce electronic Repeat Dispensing (eRD), which reduced the need for patients to attend their GP practice. They have also ensured practices, hospices and other frontline colleagues have been kept up to date with the latest medicines guidance and supported community pharmacy and GP practices to manage expectations around repeat prescriptions.

Throughout the year, colleagues in different teams worked with a range of service providers to ensure patient safety and care weren't compromised by the extreme circumstances brought about by the pandemic. For example, despite widespread reports of oxygen shortages, much work and collaboration behind the scenes ensured that patients experienced little or no disruption to supplies at home. Similarly, such partnership work has also resulted in the successful rollout of the COVID Oximetry@Home programme. Over 1200 oximeters have been issued, and we know the service has saved lives.

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Nationally and locally, we know that the pandemic has had a significant impact on mental health. While delivery models changed, services stayed open throughout the year, and we worked with partner organisations to help ensure that services and resources were clearly signposted and heavily promoted, both on and off-line. For children and young people, additional funding has been invested in eating disorder services, an overnight crisis line, the MindMate wellbeing service and the development of a service to support those who have experienced trauma. A children and young people's mental health system call brings together colleagues from across education, social care, third sector and health to focus on any system or service issues and share lessons learned as a result of the pandemic.

We've worked hard to ensure that people with learning disabilities and / or autism have continued to receive support and care during the pandemic. Care and treatment reviews have continued and resilience calls with providers were introduced to reduce the spread of COVID 19 and manage any breakouts effectively. Accessible information about NHS services, social distancing and vaccinations have been produced and shared widely. In Leeds, we also supported flexibility around JCVI priority groups to ensure that every adult with a learning disability could be vaccinated. Despite the significant pressure on primary care, all PCNs have now surpassed the 67% target for all eligible people with a learning disability to have an annual health check.

During the past year, safeguarding has continued to be of paramount importance. With the increase in phone and video consultations, the safeguarding team have provided training and advice around identifying and responding to concerns. The team have also worked with colleagues to ensure that essential child protection work could continue, despite restrictions.

The quality monitoring of services in providers has also continued and we have maintained close links and improved partnership working to minimise the impact of the pandemic response. Routine quality visits were suspended; however where necessary in person visits took place in collaboration with the provider, care home manager and following risk assessment. The quality and safety teams also supported the citywide infection prevention and control team to provide testing and monitor outbreaks in care homes, developed a process for remote nurse-led verification of death process, and supported commissioning teams to understand the associated risk related to stepping up and down of services during the pandemic, and ensuring a robust and efficient quality and equality impact assessment process for rapid service change and service reset to capture impacts and risks. The teams also continued to respond to patients and the public, through a national pause in the NHS complaints process, to ensure good communication was maintained, expectations managed and to ensure immediate safety concerns were identified and to minimise any backlog of concerns raised.

Behind the scenes, other teams have also played a key role in supporting the health and care system. At the start of the pandemic, our IT team set up nearly 1000 new devices in

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three weeks to enable remote consultations so that practices could continue to care for patients safely. Along with business intelligence and data quality colleagues, the team have continued to support practices, PCNs and the wider system, ensuring they have the tools and the data they need to respond to the pandemic, implement the vaccination programme and respond to local issues. Similarly, the communications and engagement team have led on the city's communication plan for COVID-19 and the subsequent vaccination programme to inform and engage the public, staff and primary care in what has often been a fast-moving and changing situation. As well as supporting national campaigns, the team have also produced a wide range of communications resources in response to local issues, most notably to help ensure no one is left behind in the vaccination programme.

Tackling health inequalities

The partners in the Leeds health and care system have worked together during 2020-21 to address health inequalities. This has been made possible due to the already strong relationships in Leeds. Additionally the structures set up to coordinate the local response to the COVID-19 pandemic has enabled a consistent focus on health inequalities and resulted in considerable progress being made.

The Leeds Outbreak Board has a focus on 'protecting the most vulnerable from COVID-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support'. This reflects one of the eight health inequalities priorities in the NHS England and Improvement phase 3 restart letter of July 2020.

A number of COVID-19 response groups – which all include members from across the Leeds health and care partnership - have coordinated efforts and have all had a focus on health inequalities. The focus of these groups includes the clinically extremely vulnerable, rough sleepers, financially vulnerable people, people experience mental ill health, areas of greatest deprivation, over 60s (including culturally diverse communities; communities who experience more disadvantage; older people with SMI). People from diverse communities are both involved and represented in each group.

Additional services for those at risk of or experiencing homelessness have been commissioned during the pandemic and the occupational therapy outreach team based at York Street Health Practice have continued to work with directly with some of our most vulnerable patients in settings such as hostels, hotels and public spaces. They have been working with people to overcome the impact that both mental and physical conditions has on their daily functioning. Some group work has been delivered such as art sessions at a women's emergency accommodation.

For the vaccination programme, a specific health inequalities partnership group from across health, social care and the third sector and led by Public Health was established to oversee

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the vaccination programme. It reports to the overall Leeds COVID Vaccination Programme Steering group.

In Leeds and nationally, vaccine uptake in the city is significantly higher in less deprived communities and less diverse communities. To help ensure that vaccination coverage is inclusive, data and soft intelligence from all partners is being used to identify and drive actions, and a CCG-led communications strategy has been developed to ensure all key groups are addressed. To support the eight PCNs in the most deprived areas of the city, public health colleagues are working with clinical directors and local care partners to identify and overcome barriers and share best practice. So, for example, pop up and mobile vaccination clinics have been established in community sites at the heart of communities; trusted champions from the NHS, communities of interest and faith groups are helping address concerns and vaccine hesitancy. Our partners at Bevan Healthcare have worked with us, the third sector and housing providers to vaccinate socially excluded populations at high risk of COVID-19. We're also developing an outreach plan for other socially excluded groups, for example sex workers, Gypsies and Travellers.

While the pandemic and the vaccination programme have dominated much of our work during the past year, we have also worked with partners to agree our approach to safely restarting services. A stabilisation and reset group was established in summer 2020 and agreed a set of principles for all reset. A key principle for addressing health inequalities is that "We will ensure that reset services are designed to meet and respond to the needs of local populations, improve physical and mental health outcomes, promote wellbeing and reduce and mitigate health inequalities with particular focus on new emerging needs such as those who are continuing to shield, and the needs of smaller vulnerable groups such as those who are homeless."

The group used a simple health inequalities impact tool and the Leeds model for health inequalities to ensure recommendations were targeted at reducing health inequalities. For example, a key priority was identified around digital inclusion. A time-limited digital inclusion task and finish group was set up to look at a partnership response. This group has representatives from the City Digital Team, 100% Digital, CCG, Public Health, the Health Partnerships Team and Local Care Partnership (LCP) Team. Through the group, a pilot is being led by the local care partnership team in Middleton and Beeston around digital inclusion, linked to an agreed funding of £100k for digital inclusion through the CCG as part of the Health Inequalities Framework. Additionally, the City Digital Team have secured £35k to spend on kit to put into the 100% Digital kit library to support care homes and the CCG has identified £76,000 to expand 100% Digital Leeds capacity to work with people in a number of rehabilitation pathways, for example MSK, stroke and cardio.

The CCG Governing Body signed off an ambitious Health Inequalities Framework in May 2020. The key commitments in the framework are the four investment principles which

describe how the CCG with use its investment in a way that reflects its level of priority within the organisation. These are:

- Investment to be devolved to Local Care Partnership (LCP) level using the principle of proportionate universalism to tackle health inequalities at a local level with local solutions.
- Resources (e.g back-fill, facilitation etc.) to support groups of clinicians and partners to redesign disease pathways across providers and sectors with a view to moving investment upstream.
- Investment for joint commissioning with Leeds City Council around key shared priorities.
- Funding for direct and sustainable commissioning of third sector organisations to enable bespoke focused work with vulnerable and marginalised groups.

To reflect commitment to this set of principles the CCG specifically invested in a set of new schemes in 2020-21. These include homeless outreach, BAME men's mental health, carers of and people with mental illness and / or learning disabilities and vulnerable older people. These are in addition to the range of schemes and services that we already fund through a mixture of grants and joint funding arrangements with the local authority, for example, sex worker support service, frailty service, drug and alcohol services, Gypsy & Traveller advocacy service, ex-prisoner advocacy service, health and wellbeing programme for Syrian Refugees and a citywide social prescribing service.

Engaging people and communities

NHS commissioning organisations have a legal duty under the National Health Service Act 2006 (as amended) to 'make arrangements' to involve the public in the commissioning of services for NHS patients ('the public involvement duty').

As part of our governance arrangements as a CCG, we are ordinarily required to prepare an annual report, which must explain how the public involvement duty in the previous financial year has been fulfilled. Requirements for the contents of annual reports been revised nationally due to coronavirus and this year our reporting duties with regards involvement will be outlined in our annual report on involvement (Involving You).

We are passionate about providing the best services we can, and committed to understanding what matters most to our patients, our local communities, our member practices and our partners. Good communications and engagement 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.

Throughout the pandemic involving people has remained a priority for the CCG. National lockdown and restrictions have created challenges to meaningful involvement and we have

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worked closely with our partners to ensure local people have continued to influence the decisions we make.

During 2020-2021 we have:

- Carried out X engagements and X consultations
- Developed X insight reports to support service development
- Provided X involvement opportunities
- Engaged with X people
- Continued to support X patient representatives as part of our CCG Volunteer Programme

In spring 2020 we worked with NHS Leeds Teaching Hospitals Trust to run a consultation about maternity and neonatal services in Leeds. Despite having to cancel a number of public events due to Covid, over 1500 people shared their views with us through surveys, focus groups and street work. We used a variety of methods to share information including Easyread documents, a video and an animation for people with a learning difficulty.

While many of our involvement activities have moved online, we have continued to provide opportunities for people to feedback without digital technology. Between January and March 2021 we engaged with people in Alwoodley about changes to their GP practice. We provided a range of opportunities for people to share their views including an online survey, public events and telephone calls. We also posted out the survey to people who were not able to complete it online.

In March 2021 we launched our COVID-19 vaccination feedback programme. We are working with Primary Care Trusts and providers to understand people's experience of booking and having the COVID-19 Vaccine. In addition to providing all our vaccination sites with feedback postcards we have attended sites with our volunteers to capture people's experience. Our findings are written into a weekly report and shared with the public, providers and senior leaders so that we can continue to develop and improve the vaccination rollout.

You can read about our involvement activities in our annual report on involvement + Involving You link

Working with partners

Our strong and positive relationships with partner organisations have perhaps never been more important than during the past year, helping ensure a true #TeamLeeds response to the pandemic, the vaccination programme and the safe restart of services. During the year, we have continued to work closely with key partners such as the Leeds GP Confederation, West Yorkshire and Harrogate Health and Care Partnership, Scrutiny Board, NHS providers, Leeds City Council, community and voluntary organisations, Healthwatch Leeds, Care

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Quality Commission, Leeds Academic Health Partnership, Leeds Informatics Board and the City Digital Team.

The Leeds Health and Wellbeing Strategy has set the focus of our partnership that together we will make Leeds the best city in the UK for health and wellbeing, a healthy caring city for all ages, where the poorest improve their health the fastest - the best city for all ages, both now and for future generations.

The Health and Wellbeing Strategy is rooted in connecting people, communities and places and a social model of health. This means that in Leeds we recognise the role of the wider determinants of health alongside the need for excellent health services. The CCG plays 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 support and lead on a number of local programmes that link in with the NHS Long Term Plan – for example the developing 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. In keeping with our role in delivering the strategy, we ensure our work contributes to the Health and Wellbeing Strategy's vision of "improving the health of the poorest the fastest" by ensuring that tackling health inequalities is embodied in our commissioning strategy and supported by the CCG Governing Body, as outlined above.

However, despite some fantastic work to date, good health and prosperity in our city is still not felt by all and there is evidence that some inequalities are widening and will worsen as a result of the COVID pandemic. Making Leeds a more equal city with more people benefiting from the life chances currently enjoyed by the few is at the heart of our vision. This is why we emphasise the importance of good health, the need to boost resilience, and focusing on prevention as a means of enabling higher quality, person-centred service provision.

A social model of health is fundamental to prevention of poor physical and mental health, which takes into account influences on health and wellbeing, including social, cultural, economic, and environmental factors. We believe that people are the catalysts for change in their local communities and within the front-line and should be actively involved in identifying, planning, designing and implementing solutions to health issues and unjust health inequalities. Strategic alliances of individuals, communities, services, professionals and local councillors, will be used and developed further to support this shift.

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.

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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 partners to lead the development of the 'Left-shift Blueprint' as one of the contributions towards delivering our collective partnership ambition. Over the last 12 months, as a partnership, we have developed the 'Left-shift Blueprint' which sets out how health and care services will be delivered in Leeds over the next five years. Whilst this work is essential to ensuring a coherent approach to improving health and wellbeing outcomes across the city, it is even more critical that it is undertaken now given the planned initiatives to rebuild hospital estates and to understand and address the impact of the pandemic on health outcomes and health inequalities. It is essential that through the 'Left-shift Blueprint' we develop an agreed model of care for the city which drives health improvement, meets future demand and can also be delivered within our future estates footprint. The 'Left-shift Blueprint' sets out our system wide ambitions through three types of strategic indicators: health outcomes, system activity metrics and quality experience measures. It is proposed that for each of these strategic indicators, our ambition is to be as good as, if not better than the England average, and, where measurement allows, we will commit to reducing the gap between Leeds and deprived Leeds by 10%.

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. Most recently, the response to the Coronavirus pandemic across the city has once again demonstrated what can be achieved when heath and care staff from different organisations and different roles work together, alongside communities, to achieve shared goals. There is a strong consensus that our response to the pandemic offered an opportunity around integrated clinical working and clinician engagement that coincides with an ambition to develop an integrated care partnership (ICP) and progress health and care integration. Building on this success, we want to proactively create the conditions that enable and support our 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 our population.

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Planning for the future

The CCG's Shaping Our Future (SOF) programme was established in late 2019 in recognition of the fact that despite our best efforts (as a CCG and with our partners), we have made limited progress in reducing inequalities and improving outcomes for people living in Leeds. In early 2020, a huge amount of work was undertaken with staff to design and describe our future new operating model. Endorsed by our Governing Body in July 2020, our new operating model describes how we will behave differently and organise ourselves

differently to delivery two strategic capabilities for the city – strategic planning and system integration – which will improve population outcomes and reduce inequalities in the city.

Our new operating model is based on experts from across the organisation working in matrix teams with partners to create the conditions for more person-centred integrated care and using population health management (PHM) Approaches to identify and respond to the biggest opportunities to improve health outcomes and reduce health inequalities by for people in Leeds.

Organisational development (OD) is a key element of SOF. Throughout 2020-21 we have provided introductory training for all staff in population health management and matrix working and we have also facilitated an OD Accelerator. The Accelerator has received coaching and technical support to develop both the technical capability and leadership behaviours central to establishing strategic planning and system integration capabilities for the city. We are now in the final phase of redesigning our teams and roles across the organisations to enable experts from across the organisation to work in matrix teams to deliver the capabilities required for the city to achieve its ambition to improve outcomes and reduce inequalities.

The thinking and work undertaken by the organisation through SOF fully aligns with the establishment of ICSs and ICPs and will support a smooth transition from the CCG into future arrangement from April 2022. The new arrangements provide an exciting opportunity to develop and enable closer working relationships and practice by establishing more formal integrated care partnership arrangements in Leeds. The proposed legislative changes outlined in the February 2021 Health and Social Care White Paper and the associated development of the West Yorkshire & Harrogate ICS (WYHICS) operating model strengthen the case for formalising integrated care partnership arrangements in Leeds. From April 2022, ICSs will become statutory organisations absorbing commissioning functions currently undertaken by CCGs and NHS England. Strong place based arrangements (Integrated Care Partnerships / ICPs) are the cornerstone of the emerging WYHICS Operating Model.

Central to the proposed WYHICS Operating Model is that 'Place' is the primary unit of planning and collaboration, with place-level partnerships working closely with local Health and Wellbeing Boards. Continuing to have a strong place based approach is essential to delivering high quality person centred care, working with people at a neighbourhood (LCP) level. Within the context of our shared ambition, our track record of collaboration and integration and the opportunities afforded through national reform, a Leeds ICP could be described as "an alliance of health and care partners that work together to improve the health outcomes and reduce inequalities of the population by using our resources collectively to deliver population health driven integrated care".

The formalising of existing partnership arrangement into a Leeds ICP will help us achieve measurable delivery of our shared ambition (as set out in the 'Left Shift Blueprint') by

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enabling us to jointly plan and agree how we use our collective resources to enable clinically-led design and implementation of initiatives and services that improve quality, clinical effectiveness and people's experience. Much work still needs to be done to explore, scope and propose options around the constitution, governance and membership of a Leeds ICP. This work will require a significant contribution from all partners at place level and will also need to develop within the context of the evolving ICS operating model and national legislation. However, we and are partners are committed to the challenge and excited by the new opportunities we have to make Leeds the best city in the UK for health and wellbeing,

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