Leeds
Health & Wellbeing
Board

Report author: *Jenny Cooke, Jo Howard, Helena Kerkham, Catherine Sunter*

Report of: The Healthy Leeds Plan

Report to: Leeds Health and Wellbeing Board

Date: 20 July 2023

Subject: Healthy Leeds Plan refresh: update

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

Summary of main issues

The Healthy Leeds Plan outlines the health and care contribution towards delivering the Leeds Health and Wellbeing Strategy 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 plan has been refreshed. The most significant changes are:

- A shift from a number of overarching strategic indicators to a much smaller number of system goals
- A requirement to be broader than the initial document since it will also act as our place Joint Forward Plan, a national requirement that was set out in the NHS Planning Guidance for 2023/24

Recommendations

The Health and Wellbeing Board is asked to:

- Note the revised and reduced number of system goals which are described in the refreshed Healthy Leeds Plan and will replace the Strategic Indicators as set out in the original Healthy Leeds Plan document.

- Note the approach taken to refreshing the Healthy Leeds Plan document

- Approve the Healthy Leeds Plan for submission as Leeds' element of the WY Joint Forward Plan.

1 Purpose of this report

1.1 The purpose of this report is to inform the Health and Wellbeing Board of progress being made in refreshing the Healthy Leeds Plan which will also serve as the Health and Care contribution to delivery of the Health and Wellbeing Strategy. The Healthy Leeds Plan will also act as our 'Joint Forward Plan' the development of which is a statutory duty for ICBs as set out in the 2023/24 NHS Operational Planning Guidance. To find out more about the role and purpose of joint forward plan please click here.

2 Background information

2.1 Background

2.1.1 The original Healthy Leeds Plan (initially called the Left Shift Blueprint) was approved by PEG 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.

2.1.2 Following the changes within the Leeds Health and Care Partnership, including the development of the ICB and the renewed system wide focus on population health planning, it was agreed that the Healthy Leeds Plan would be refreshed.

2.1.3 The overall aim of the refresh is to:

- Agree 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 Partnership's transformation programme over the next five years;
- Describe the Partnership's 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; and
- Meet the requirements of the Joint Forward Plan (NHS Planning Guidance 2023/24)

3 Main issues

3.1 Progress made to date

3.1.1 Significant progress has been made as a system towards refreshing the Healthy Leeds Plan over the past year and a half.

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

Fig 1 – Original Healthy Leeds Plan Construct

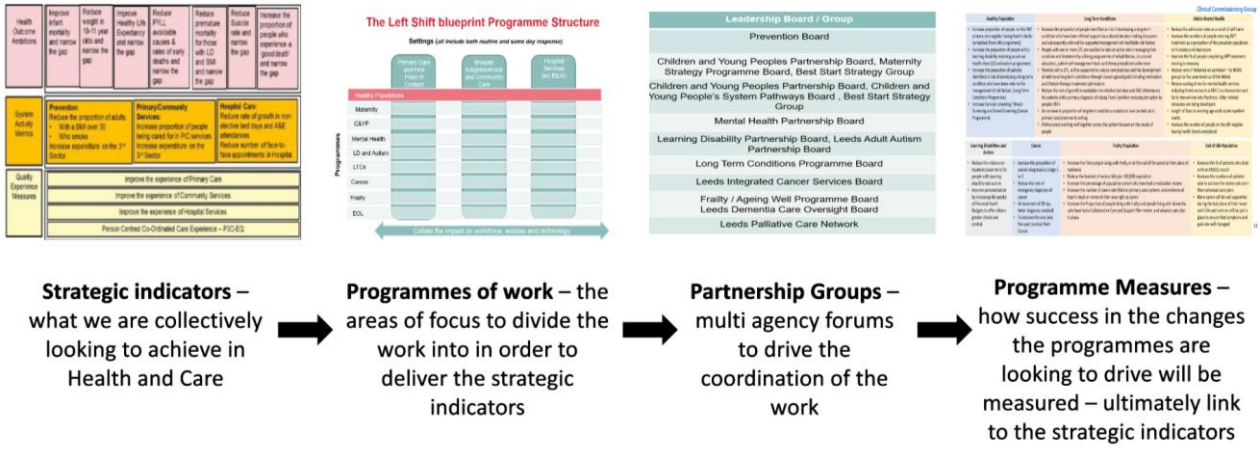
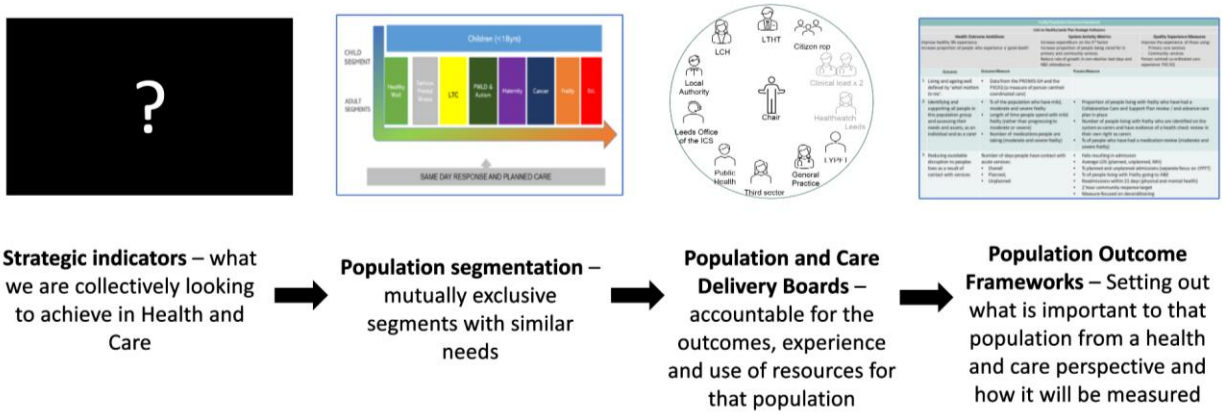


Fig 2 – How the Healthy Leeds Plan Structure has evolved



3.1.3 The refreshed Healthy Leeds Plan document will reflect the structure as outlined in fig2. However, as you can see from the above, each element of the Healthy Leeds Plan had evolved naturally over the past 18 months although there remained a question mark over what the 'strategic indicators' should be – in other words what are our global aims as a system that we are jointly aligned to and united in achieving?

3.1.4 Whilst the original set of strategic indicators signalled a positive step in terms of the system working together towards collective goals it was felt that they could 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 and sit in population outcomes frameworks

4 System Wide Goals

4.1 The emerging work with Staten Island where the system united behind a single goal 'reducing avoidable hospital use by 25% over 5 years' with a focus on improving population outcomes and reducing cost has also influenced the revised system wide goals. Their focus on this goal has to date has resulted in

- 62% reduction in preventable ED visits
- 61% reduction in preventable BH ED visits (Mental Health)
- 51% reduction in preventable readmissions.

4.2 It isn't just the goal but the behaviours that focusing on the goal has led to which has contributed to this success:

- The annual selection of a small number of data-led priorities each year (utilising their linked data set a slightly more sophisticated version of our Leeds Data Model). These priorities are selected by the system and linked to this goal
- For each of these priorities working with people, communities and staff and using the latest evidence to understand the root cause of the problem
- 'Starting somewhere and following it everywhere', accepting that understanding the root cause might lead to a solution linked to the wider determinants of health (in their paediatric asthma case study it led to purchasing mattress covers, vacuum cleaners and taking steps to eliminate mould and pests), a health based solution or both
- Being willing to fail – monitoring the impact of interventions carefully and being willing to change if the interventions are not having the anticipated impact

4.3 This is an example of a starting with a very 'health-based goal' reducing avoidable hospital use by 25% over 5 years' which has led to numerous examples of improving outcomes and quality of life for people. The success of the Paediatric Asthma example meant that Children missed less school and therefore spent more time learning, and family life was less 'disrupted' by them needing to frequently attend hospital in an unplanned way. This approach links well to a number of the Health and Wellbeing Strategy priorities particularly the best care in the right place at the right time.

4.4 The two system goals that have been identified through working with Partnership Executive Group (PEG) members are set out below:

Fig 3 –System Goals

Action driven and impact measured through 2 System Goals	
1 - Reduce avoidable unplanned care utilisation across health settings through a focus on keeping people well	**2 - Increase early identification and intervention (of both risk factors and actual physical and mental illness)**
26% of the population in Leeds who live in the 10% most deprived areas nationally	
Taking a person centred preventative and proactive approach – working with people and staff to co-design solutions	

4.5 In summary the refreshed approach to strategic indicators of the Healthy Leeds plan (now shared system goals) is:

- **Beneficial for people** – encouraging a focus on keeping people well rather than treating them when they get sick and minimising the disruption to people's lives through unplanned visits to hospital. It also links well to people *receiving the best care in the right place at the right time.* Engagement with people on the outcomes frameworks has told us that sometimes people need to access care in an unplanned way but if it could have been avoided through earlier intervention it is the preference.

- **Demonstrate a better use of the Leeds £** - unplanned utilisation consumes a disproportionate use of resource within Leeds. In a resource constrained system that has an aspiration of increasing the amount of resource that is focused on keeping people well rather than treating them when they get sick there needs to be a focus on reducing activity in the high-cost areas if this is to be achieved.

- **Aligns with our commitment to reducing health inequalities** – If you live in IMD1 you are far more likely to access care in an unplanned rather than a planned way. This is an example of the inverse care law, the principle that the availability of good medical or social care tends to vary inversely with the need of the population served.

4.6 This reduced number of clearer goals has also been welcomed by most of Population and Care Delivery boards as it is felt that the goals provide them with a clearer focus and direction in terms of consideration of priorities.

4.7 Work to date has been focused on better understanding our system performance against goal one. Based on the emerging data a small number of priorities focused on specific populations will be selected by PEG to work through in a way that will impact upon this goal.

4.8 Therefore whilst it is anticipated that the system goals will remain the same over the next five years it is likely that the priority areas of focus will change year on year.

4.9 Work on better understanding goal 2 will commence later in the year. It is likely that the evidence collated through developing a clearer understanding of goal 1 will support identification of the areas of focus for goal 2.

5 Meeting the Requirements of the Joint Forward Plan

5.1 Each ICB has been asked to deliver a Joint Forward Plan (JFP). As a minimum this should describe how the ICB and its partner trusts intend to arrange and / or provide NHS services to meet the population's physical and mental health needs. The final version needs to be submitted by the end of June 2023.

5.2 The West Yorkshire ICB plan will be made up of plans from each of the five places and an overarching section describing the West Yorkshire contribution. Given feedback from the system around often having a competing number of priorities and plans the refreshed Healthy Leeds Plan will also serve as the contribution to the Leeds place Joint Forward Plan.

5.3 The JFP is required to:

- Demonstrate delivery of the integrated care strategy and local joint health and wellbeing strategies
- Be fully aligned with the wider system partnership's ambitions
- Support subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments
- Be delivery focused, including having specific objectives, trajectories and milestones as appropriate

5.4 Therefore the intention is that the Healthy Leeds Plan brings together in a single document our 5 year strategic direction along with how as a system we plan to meet local, regional and national priorities over the next 12 – 18 months

6 Alignment with the Health and Wellbeing Strategy

6.1 Direct alignment

6.1.1 Our revised system goals have been influenced by the refreshed Health and Wellbeing Strategy. A number of priorities are outlined within the strategy, but the Health and Care System have a particularly significant role to play in the following areas:

Health and Wellbeing Plan Goal	**Link with Healthy Leeds Plan**
A mentally healthy city for everyone	Goal 1 has a specific focus on all unplanned preventable activity, including the use of mental health crisis and admissions. In this way it aims to identify populations where more focused preventative support is as well as a focus on prevention and early identification (supporting Goal 2) to identify mental health issues earlier and intervene before crisis services are necessary.
The best care in the right place at the right time	Both Healthy Leeds Plan goals directly contribute to this goal. Delivering the best care in the right place at the right time will reduce preventable unplanned utilisation by providing planned care at the right time for the person to get the best possible outcome. This should also create more capacity in unplanned services for those for whom A&E and other unplanned services are the right place to be, allowing better care to be delivered with shorter waiting times. Goal 2 will drive us toward providing better care earlier in a patient's journey, intervening to support patients to manage their conditions or to prevent their development altogether. This would represent care in the right place at the right time: closer to home, and before conditions deteriorate.

Support for carers and enable people to maintain independent lives	Healthy Leeds Plan delivery is supported by a number of Expert Advisory Groups. the Carers Expert Advisory Group, one of these is the Leeds Carers Partnership. The intension is that the Carers Partnership will be involved in the development of priority areas highlighted through the Healthy Leeds Plan so that the needs of the estimated 61,500 unpaid carers in our City can be reflected in this work.
Promoting prevention and improving health outcomes through an integrated health and care system	This goal reflects our goal 2, which commits us to earlier identification and support. Work will be undertaken through our Population and Care Delivery Boards to encourage an integrated approach.
A child friendly and age friendly city where people have the best start in life and age well	Children and people over 65 use unplanned services at a higher rate than working age adults. In addition, people over 65 are more likely to have multiple long term conditions, polypharmacy, and/or frailty. These groups are also more likely to be reliant upon other public services, for example education for children and young people, or social care for older people. Achieving Goal 1 will therefore require a focus on children's and older peoples' health. We will need to understand how these specialist services relate to one another, and how they relate to non-health services such as education and social care.

6.2 The wider determinants of health – our implementation approach

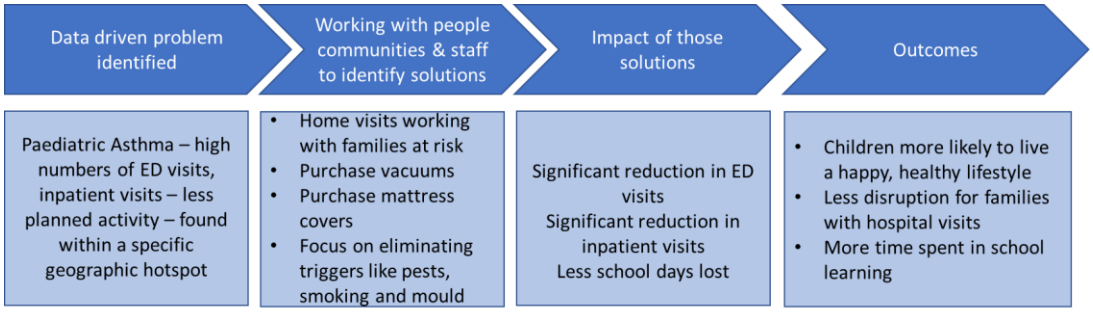
6.2.2 It is also hoped that successful delivery of the Healthy Leeds Plan will have an indirect positive impact on other areas of the Health and Wellbeing strategy. The intention is, as set out in the Staten Island Case Study, that starting with a health based problem will lead us to solutions that include both Health and Care services and the wider determinants of health.

6.2.3 We will do this by:

- Using data to identify pockets of disproportionate, and preventable unplanned care use
- Working with staff and affected communities to understand why this unplanned care use is happening, what is driving the need, and how it can be prevented
- Implementing interventions that target the root cause of this unplanned care need – these may not be directly health and care related interventions, as the root cause may be in those wider determinants of health and healthcare may not be the best solution. We will need to think holistically and creatively, and work in an integrated away across the system, to address what is really causing disease and deterioration in our communities.

- Evaluating and monitoring the intervention to continually improve and iterate the solution

6.2.4 The below example, as also referred to above, is taken from Staten Island, a healthcare system which followed this approach and achieved overall a 62% reduction in preventable ED visits, a 61% reduction in preventable behavioural health ED visits (mental health and/or substance abuse), and a 51% reduction in preventable readmissions:



6.3 Tackling health inequalities

6.3.1 The Health and Wellbeing Strategy's overall ambition to be a 'healthy and caring city for all ages, where people who are the poorest improve their health the fastest' is also the ambition of the Healthy Leeds Plan.

- Delivery of our system goals will be targeted primarily at those who live in IMD1

- Use of unplanned services directly correlates with IMD across the city, with IMD 1 disproportionately using more unplanned and less elective services than the rest of the city. This is a perfect example of the 'inverse care law', which we need to address to improve the overall health of our city. Our system goals seek to address this disparity, to bring the benefits of elective care and reduce the burden of unplanned care in these most deprived areas.

7 Health and Wellbeing Board governance

7.1 Consultation, engagement and hearing citizen voice

7.1.1 We have engaged extensively on the Healthy Leeds Plan across Team Leeds in an iterative way as the plan has been developed.

7.1.2 This has included engagement with the Population and Care Delivery Boards. These Boards are made up of partners from across the system, including Healthwatch, the third sector, and citizens, with responsibility for improving outcomes, experience, and value for their defined population. These boards are informed and guided by their citizen voice mechanisms.

7.1.3 The Healthy Leeds Plan was developed from the work these boards undertook throughout 2022 to develop their outcomes frameworks, defining what good outcomes would look like for their population. These frameworks were developed based on insight from people in Leeds as well as wider stakeholder and people engagement.

7.1.4 We have also been guided and supported extensively on development of the Healthy Leeds Plan by Forum Central, representing the Third Sector, and by Healthwatch Leeds. As previously mentioned, these groups also have seats on the Boards, and so provide constant input, insight, and guidance to every Board discussion.

7.1.5 The Boards have emerging standing citizen voice arrangements. These differ by Board depending on what is right for each population, and are at different stages of development. However, as much as possible these mechanisms were engaged around the development of this plan.

7.2 Equality and diversity / cohesion and integration

7.2.1 The Healthy Leeds Plan has a specific focus on tackling health inequalities, in particular through delivery of the Core20+5 framework mandated by NHS England.

7.2.2 The Healthy Leeds Plan is defined by its focus on improving the health of the poorest the fastest, through a focus on IMD 1 and on communities of interest/plus groups.

7.2.3 As mentioned previously, looking at unplanned utilisation will allow us to better understand and focus on areas of need in the City. We know someone who lives in IMD1 is more likely to have the need to access unplanned services than people who live in other more affluent areas of the City and less likely to access a planned intervention.

8 Resources and value for money

8.2.1 The Health and Care system is currently facing difficult financial challenges. By bringing the whole system together around defined goals and populations of interest – for example IMD 1 – we can be sure that our limited resources are going to those who need them the most.

8.2.2 Bringing the system together around reducing preventable unplanned care utilisation specifically makes sense because unplanned care is significantly more expensive to deliver than planned care. As a system we spend a considerable amount on unplanned care, and reducing this will be fundamental to achieving the ‘left shift’ to putting more resources into prevention.

8.2.3 The ‘left shift’ is not only better value for money because preventative services and planned spells of care are lower cost than the equivalent amount of unplanned care. It is also better for patient outcomes and experience. The evidence is consistent that patients have a better experience of care, that care is less disruptive to peoples’ lives, and that the outcome of treatment is better when that care is planned, and happens as early in disease progression as possible.

8.2.4 Furthermore, unplanned spells of care tend to last longer than planned care. Unplanned hospital admissions on average result in longer stays in hospital and more bed days for the patient than planned care for the same condition. There are a number of reasons for this, but the unavoidable conclusion is that if those patients could be admitted earlier on a planned care pathway, then they would recover better and faster, and be safely discharged home quicker.

8.2.5 As we have limited resources, we will have to move resources out of unplanned services and into preventative and planned services if we intend to deliver more care in a planned way, and more preventative care, closer to peoples’ homes. We cannot safely move

resources out of unplanned services until those services experience reduced demand. Therefore, reducing this demand has to be the first step in achieving our prevention agenda.

8.3 Legal Implications, access to information and call In

8.3.1 Not applicable

8.4 Risk management

8.4.1 Not applicable

9 Next steps

9.1 As referred to above, whilst achievement of this goal will require a broad contribution from all Health and Care system partners the intention is for the system to be continually working and focused on a small number of data led priorities to reduce unplanned utilisation. A key next step is the confirmation of these initial areas. The intention is that these will be identified and agreed with PEG by the end of July.

9.2 Identifying a realistic system-wide 5-year target for goal one, taking into consideration population growth and trends. The intention is that an initial suggestion and rationale will developed and ready for testing with system partners by the end of July.

9.3 Communicating the plan across Team Leeds. Whilst key elements of the plan have been shared with many system-wide boards and groups the intention is to work with communications colleagues to develop a broader communications plan, particularly focused on sharing the system goals.

9.4 Work to date on the shared system goals had been focused on goal one. The intention is to undertake some more focused work on goal 2 ‘increase early identification and intervention’ from September this year. Most Population and Care Delivery Boards raised the fact that they are particularly supportive of having goal 2 in addition to goal 1. They felt that maintaining a focus on early identification and support was important and that they would welcome further work being undertaken on this goal to identify where the particular areas of focus should be.

10 Recommendations

10.1 The Health and Wellbeing Board is asked to:

- Note the revised and reduced number of system goals which are described in the refreshed Healthy Leeds Plan and will replace the Strategic Indicators as set out in the original Healthy Leeds Plan document.
- Note the approach taken to refreshing the Healthy Leeds Plan document
- Approve the Healthy Leeds Plan for submission as the Leeds element of the WY Joint Forward Plan.

11 Background documents

Appendix 1 - Feedback from Population and Care Delivery Board on revised system goals

Appendix 2 – Healthy Leeds Plan document

Appendix 1 – Feedback from Population and Care Delivery Board on revised system goals

Board	Date of meeting	Feedback
Learning Disability and Neurodiversity	4-Apr	• The Board was supportive of the refined goals and have used the approach to consider and refine their outcome framework accordingly
Mental Health (SMI)	26-Apr	• The board were supportive of the goals due to clarity of focus • They wanted to further understand how this approach has worked in mental health • The board would like to further understand further the reasons for attendance at ED by people within the SMI population
Frailty	27-Apr	• Felt both goals provided a positive and clear direction of travel • Consider positive language around the measures – e.g. an increase in admission avoidance rather than a decrease in admissions • Was not yet clear how to deliver on the goals and priority areas within the current financial position as investment may be required
Primary care	4-May	• It was requested that a working group be set up to get to the point of understanding the impact of Primary Care on unplanned utilisation to then potentially reflect in the measure
End of Life	4-May	• Request to amend wording within Goal 1 '….keeping people well' to reflect those with an illness '…keeping people as well as can'. • Suggest consideration of a specific quality or patient experience measure • Wasn't sure they could see the role of the End-of-Life Board in goal 1 but was supportive of goal 2

Planned care	4-May	• Suggested the plan needs to reflect the role of primary care
		• Requested consideration of other methodologies which are better aligned to our system than Staten Island.
		• Further detail on the impacts of the financial situation needed:
		  ○ How do we consider reductions across populations and care delivery boards?
		  ○ Need to ensure efficiencies are not already included within provider plans?
		  ○ Must understand wider impacts of stopping things across the system?
		  ○ Need to understand value.
		  ○ Who makes the decision and is held responsible/accountable for ending contracts?

Maternity Board	17-May	• Supportive of the goals • A reduction in unplanned utilisation with no additional resources to support the 'left shift' could cause challenges
Cancer	18-May	• Felt the goals are very interdependent but were supportive of both • Supported the reduction in goals and a more focussed approach to the plan. • Concern regarding the financial challenges as a system and how we move resource to focus on prevention and the wider determinants (within the remit of health and care).
LTC Board	18-May	• Overall supportive of the goals • How will we understand real impact when demand is rising so quickly? • Would like to know what the overall system target would be • Given the financial challenges we need to consider the role and what is within the remit of the Board to support achievement of the system goals
Children and Young People's Board	6-June	• Overall supportive of the goals • How will this help us to address the immediate QUIPP challenges?
Healthy Adults Board	7-June	• Overall supportive of the goals • Would like more detail about how this relates to Core20+5 • How will this help us to address the immediate QUIPP challenges?

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

The Healthy Leeds Plan has a specific focus on tackling health inequalities, in particular through delivery of the Core20+5 framework mandated by NHS England.

The Healthy Leeds Plan is defined by its focus on improving the health of the poorest the fastest, through a focus on IMD 1 and on communities of interest/plus groups.

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

By focusing our limited resources on preventing people from entering crisis and requiring unplanned services (where these are preventable), we can increase the number of people accessing elective and planned services, which we know are better for patient experience and outcomes.

Our second system goal focus on improving prevention and early identification of disease will keep people well for longer, allowing them to access care in lower-intensity settings such as primary care, to self-manage, and to be more empowered over their own health and care, all of which will improve patient experience and outcomes.

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

We know that the system is currently facing difficult financial challenges. By bringing the whole system together around defined goals and populations of interest – for example IMD 1 – we can be sure that our limited resources are going to those who need them the most.

Going forward, new interventions, service changes etc will be required to demonstrate alignment with the system goals, which will further support our targeting resources where they will have the best effect.

Future challenges or opportunities

We know that the health and care system will continue to face significant financial and resourcing challenges over the next few years, and we know that there are workforce challenges that do not have quick or easy solutions.

We also cannot underestimate the ongoing impact of the COVID-19 pandemic, which continues to impact our most disadvantaged communities the hardest. This is represented not just in new cases and in long COVID, but in the impacts of people not accessing primary care, screening, health checks, or other preventative services over the years of the pandemic, resulting in people presenting now with later stage diseases than they might have had the pandemic not occurred. These pressures show no signs of abating, and so it is important that we recognise that some of this is not amenable to change at this stage.

That being said, the example from Staten Island and elsewhere indicate that there is significant opportunity in moving to a more preventative model of healthcare, and in being targeted, specific, and data and evidence led in our approach to delivering healthcare. There is a real opportunity here to pivot our health and care system to keeping people well, empowering patients to self-manage and live the healthiest lives possible even with long term conditions and disability, and creating healthy and caring communities and lived environments that can maintain health. Where these are achieved, evidence suggests that patients' experience of care and of their own health

improves. These challenges may prove to have sharpened our thinking on these areas, compelling us to be more ambitious, holistic, and targeted in our thinking and to go further to improve our city's health over the long term.

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