

Reviewing the local impact of national health related policy changes

Introduction

We are in the early period of a new government, and it is opportune to consider the potential implications of the manifesto and policy statements to date on the NHS and Health & Care System. The direction of travel and the ambition have been set out clearly, but it is still early in terms of policy detail. The ambition aligns to the Leeds Health & Care Partnership and Health & Wellbeing Strategy, in particular in reference to neighbourhood health, a stronger emphasis on preventative approaches, and a focus on health outcomes in particular health inequality.

The paper considers the pertinent Labour *Manifesto Pledges*, the *Lord Darzi Review*, the often stated *three policy shifts*, as well as acknowledging the focus on immediate financial and performance pressures. It should be noted that this paper has been drafted ahead of the Labour Party conference and further policy may emerge prior to the Scrutiny Board's meeting on 8th October 2024.

Neighbourhood and Preventative Health

There are a number of pledges that focus on neighbourhoods and communities with prevention as the focus of a new model of health. There are two policy mantras that are being consistently repeated which align to this. There will be a shift “*from treatment to prevention*”, and “*from acute care to primary care*”.

The most relevant pledges

- *Labour's reforms will shift our NHS away from a model geared towards late diagnosis and treatment, to a model where more services are delivered in local communities (Pg. 94)*
- *The National Health Service needs to move to a Neighbourhood Health Service, with more care delivered in local communities to spot problems earlier. To achieve this, we must over time shift resources to primary care and community services. (Pg. 98)*
- *We will trial Neighbourhood Health Centres, by bringing together existing services such as family doctors, district nurses, care workers, physiotherapists, palliative care, and mental health specialists under one roof (Pg. 98)*



- *Services will be locally delivered, with a principle of ‘home first’ that supports people to live independently for as long as possible. Our new standards will ensure high-quality care and ongoing sustainability, and ensure providers behave responsibly (Pg. 100)*

From a Leeds perspective this certainly fits with our own ambitions. The Health & Wellbeing Strategy priority 2 for example is a commitment to, *Strong, engaged, and well-connected communities*. Priority 8 is, *promote prevention and improving health outcomes through an integrated health & care system*.

Our unifying commitment as a city to ensure that the “health of the poorest improves the fastest” which underpins our Health & Wellbeing Strategy and our Marmot City status is reflected both in emerging policy and in Lord Darzi’s review.

The Healthy Leeds Plan (HLP) focusses on a few key areas which look to reduce unplanned utilisation of acute services and early identification of disease and ill health in communities. The absolute focus of these plans is on addressing health inequality and on preventative approaches that bring social and medical factors together at a community level. Addressing gaps in healthy life expectancy are recognised as critical to both local communities and the sustainability of health & care. Therefore there is a strong commitment to proportional universalism in the way transformation is designed and delivered. This builds on the work we have been doing in the city on neighbourhoods and in local care partnerships (LCP), and the strong Third Sector. Our priorities cover both physical and mental health.

The HomeFirst programme in Leeds is well recognised as an integrated response that looks to increase the independence of individuals and improve the quality of and flow through services. This programme is one of the Healthy Leeds Plan Priorities. Community Mental Health Transformation is another core priority programme in the HLP which is built around integrated neighbourhood delivery models.

However, it must be noted that the Darzi review highlighted the under investment in public health, primary care, and prevention over a number of years. It is unclear to date how and in what timeframe the ambition for a shift in resources will take place, especially against a background of long elective waiting lists and a very tight financial climate.

Much of the work to prevent disease is not led by the NHS but through local authorities and public health. To date there has been limited emphasis on this in public statements. However, in Leeds there is a strong focus on Public Health across all areas of the council



and NHS work. The recent Director of Public Health Report and the Marmot City work shaping priorities and supporting ambitious change. To fully realise the opportunity and move from sickness to prevention it will be important that we inform national policy and secure needed investment in preventative models.

Children's Health

There is also a manifesto commitment to children's health. *The core of Labour's mission will be a bold new ambition to raise the healthiest generation of children in our history (Pg. 95).*

This a very welcome ambition but one that will require a fundamental shift in approach. We have already seen policy announcements looking to address childhood obesity. Family hubs are only currently funded in 75 places nationally but could be key drivers for this work, and Leeds has had a strong history of protecting Children's Centres.

Leeds and West Yorkshire Health and Care Partnership has an ambition to be trauma informed and responsive by 2030. Part of this ambition means recognising the impact that trauma can have on babies, children and young people. Preventing and mitigating the impact of trauma on young people will have a positive impact on their health in the long term.

One of the biggest drivers of health inequalities in smoking. West Yorkshire Tobacco Alliance has ambitions to reduce the impact of smoking on children and young people. This includes reducing the number of mothers who are smoking at the time of delivery which has direct and indirect positive health impacts for babies. Addressing health inequalities drives this focus on tobacco control whilst in no way ignoring the growing issues with vaping where legislation is still expected.

There is close work being undertaken in Leeds between the NHS and Leeds City Council particularly around some of our most vulnerable young people with complex care needs and looked after children.

Healthy Workforce and Inclusive Growth

The recognition that a well-functioning health and care system is critical to the economy in providing the support to help people work is welcome. It is also in line with our Leeds Inclusive Growth Strategy and the overlap with the Health & Wellbeing Strategy. The relevant manifesto statement is set out below.



*Labour will work with local areas to create plans to support more **disabled people and those with health conditions into work**. We will devolve funding so local areas can shape a joined-up work, health, and skills offer for local people. We will tackle the backlog of Access to Work claims and give disabled people the confidence to start working without the fear of an immediate benefit reassessment if it does not work out. We believe the Work Capability Assessment is not working and needs to be reformed or replaced, alongside a proper plan to support disabled people to work. (Pg. 43)*

As well as the broad overhaul of the system there are particular aspects that will have an impact on the NHS. It is clear that addressing waiting times for elective care and therapy in areas such as Musculoskeletal will be critical to success. Whilst there has been limited mention on Mental Health, this is another area where the NHS will be expected to play an important role. It will be interesting to see whether there will be specific policies requiring the NHS to prioritise the working age population in these areas.

The work we are doing both through our Anchor programme and the Leeds One Workforce Board and Academy also have an important emphasis on how Health & Care as a major employer in the city can ensure we create good work opportunities and routes into these jobs for all our communities in Leeds.

Digital

The third policy shift for the NHS is “*from analogue to digital*”. Again, the Darzi review has highlighted the poor state of NHS Digital services (and estates) and the limited investment. Too often the capital budgets have been raided to fund existing service pressures.

In Leeds we have pioneered the use of data with the joint NHS/Leeds City Council Office of Data Analytics (ODA) and through the Leeds Care Record were among the first in the country to look at integrated records. The work in HomeFirst in joining data systems has been a critical aspect of our success. However, if as a city we want to seize the likely opportunities this shift indicates there is going to be considerable further work needed given progress has slowed recently. The Leeds Health & Care Partnership executives have this on our agenda.

We know in Leeds through our excellent Digital Inclusion work that the move further towards digital has the potential to derail our efforts to address health inequality. Our ongoing commitment to digital inclusion feels even more important.



The Backdrop; Immediate Pressures and Gaps

The NHS and Local Authorities are extremely financially constrained across England and in Leeds. The NHS in Leeds is currently forecasting a deficit in year of around £10m despite tough plans to address an opening £180m gap. If we are to move from an acute to primary, and from a treatment to prevention model of care then the financial context in both the NHS and Local Authorities is a potential barrier to success. At the same time a preventative model is ultimately a less costly model of care in the long run.

The three biggest political pressures on the NHS currently are Elective Waiting Times (still people waiting more than 18months not 18 weeks), GP Access (despite record numbers of appointments), and very shortly winter pressures. It is essential these issues are addressed, and it is unclear to date how these will be balanced with the welcomed strategic ambitions set out above.

Lord Darzi gives significant attention to the quality of services. Given the level of changes, the growing demand, and restricted resources (workforce and funding) there are undoubtedly challenges in securing quality across the totality of NHS services. This in turn has knock on consequences, with increasing compensation payments being one that is highlighted. In Leeds the vast majority of NHS services including GP Practices and Maternity Care are rated good or outstanding. It will be important that through our mutual quality assurance arrangements we collectively keep close attention and ensure, as with HomeFirst for example, deliver transformational change that eases pressure.

Whilst there is a commitment to creating a “National Care Service” detail to date feels light and there has been little in terms of Department of Health policy statements. Reform of adult social care remains an incredibly important priority in the sector and for the NHS and needs to be linked to the broader preventative agenda. In Leeds the strong and mature working together between the NHS and City Council can help mitigate some of the issues, but there is still an urgent need for consideration of social care at a national level.

Overall SWOT Analysis

Strengths

- The commitment to a model which has a stronger focus on preventative approaches which aligns to the Health & Wellbeing Strategy and Healthy Leeds Plan.



- A welcome focus on determinants of health and reducing the gap in healthy life expectancy which aligns with the latest Director of Public Health annual report on Healthy Ageing.
- The commitment to a neighbourhood model of health & care which aligns well with our plans in Leeds.
- The focus on improving on the use of digital which is something Leeds has recognised as an important feature of efficient and safe health care delivery.
- The commitment to Children's Health, which aligns to our city ambition.

Weaknesses

- The lack of detail on investment for initiatives and the lack of recognition of local councils' greater role in prevention and communities which will be so critical to delivering the ambition.
- Does not sufficiently speak to the need for cross governmental work to address social determinants of health.
- Does not address digital inclusion.
- Further work on timeframes and policy detail is still to emerge.

Threats

- Centralised performance targets and grip on key financial and performance issues could lead to a disproportionate focus on the here and now concerns.
- Solely focussing on access can widen health inequalities.
- Political time cycles do not align with generational shifts.
- Darzi review highlights saturated workforce (all areas including management) and additional pressures of reform may not be matched by necessary capacity.

Opportunities

- Leeds has been highlighted as areas of good practice and the Leeds Hub relationship (between Leeds and DHSC), needs to be seized.
- The appointment to the DHSC of Tom Riordan provides an opportunity to influence policy at national level.
- The neighbourhood and local care partnership work to date is a strong base from which to build a neighbourhood health model.
- The Marmot City work, the Director of Public Health Report and Healthy Leeds Plan priorities with their focus on neighbourhoods, early intervention and preventative approach alongside a strong Third Sector set us up to capitalise on future policy and investment opportunities.



- The Leeds Office of Data Analytics with the integration of NHS and non-NHS data to drive preventative care aligns to national direction.
- The Leeds recognition of the importance of digital inclusion.

Summary and Conclusion

The governments ambition and policy direction are very much aligned with the Leeds City Ambition and the Leeds Health & Care Partnership. There are significant opportunities likely to emerge in the next couple of years. The political performance imperatives, the tight financial constraints particularly of local authorities, and the saturated NHS workforce which all feature in Leeds are potential obstacles. However, the city of Leeds and the Leeds Health & Care Partnership have significant opportunities to influence the national agenda and seize opportunities as they arise.

