



HEALTH AND WELLBEING BOARD

Meeting to be held in REMOTELY on
Wednesday, 30th September, 2020 at 10.15 am
(Pre-meeting for Members of the Board at 9:30 am)

MEMBERSHIP

Councillors

R Charlwood (Chair)

S Golton

G Latty

F Venner

A Smart

Representatives of Clinical Commissioning Group

Dr Jason Broch – Chair of NHS Leeds Clinical Commissioning Group

Tim Ryley – Chief Executive of NHS Leeds Clinical Commissioning Group

Dr Alistair Walling – Chief Clinical Information Officer of Leeds City and NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council

Victoria Eaton – Director of Public Health

Cath Roff – Director of Adults and Health

Sal Tariq – Director of Children and Families

Representative of NHS (England)

Anthony Kealy - NHS England

Third Sector Representative

Alison Lowe – Director, Touchstone

Representative of Local Health Watch Organisation

Dr John Beal - Healthwatch Leeds

Representatives of NHS providers

Sara Munro - Leeds and York Partnership NHS Foundation Trust

Julian Hartley - Leeds Teaching Hospitals NHS Trust

Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Joint Representative

Paul Money – Chief Officer, Safer Leeds

Supt. Jackie Marsh – West Yorkshire Police

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

Agenda compiled by: Harriet Speight

Governance Services 0113 37 89954

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
2			<p>WELCOME AND INTRODUCTIONS</p> <p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded)</p> <p>(*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)</p>	
3			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

4

LATE ITEMS

To identify items which have been admitted to the agenda by the Chair for consideration

(The special circumstances shall be specified in the minutes)

5

DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.

6

APOLOGIES FOR ABSENCE

To receive any apologies for absence

7

QUESTIONS AND PUBLIC DEPUTATIONS

Opportunity for the Board to hear and respond to questions or deputations from members of the public on areas within its remit.

(Please note that as the meeting is taking place virtually, up to three questions / deputations received in advance will be read out at the meeting and others responded to outside of the meeting)

8

MINUTES

9 - 16

To approve the minutes of the previous Health and Wellbeing Board meeting held on 20th February 2020 as a correct record.

9

REFRESHING THE LEEDS MATERNITY STRATEGY

17 - 28

To consider the report of the Leeds Maternity Programme Board that informs the Health and Wellbeing Board of the decision to centralise maternity and neonatal hospital services and of the benefits this will bring; and sets the developments within the local, regional and national context.

10

**GOING FURTHER WITH INTEGRATION -
PROGRESS AS A CITY AND THE
CONTRIBUTION OF THE NHS LEEDS CCG'S
SHAPING OUR FUTURE PROGRAMME**

29 -
44

To consider the report of the Chief Executive, NHS Leeds CCG, that describes the central relationship between establishing greater levels of person-centred integrated care and achieving the city's vision to be a healthy and caring city for all ages where the poorest improve their health the fastest; and the direction of travel as a city towards person-centred integration including the CCG's Shaping Our Future Programme, the Leeds Health and Care Integrated Commissioning Framework and the development of more integrated provider networks.

11

LEEDS CARERS PARTNERSHIP STRATEGY

45 -
86

To consider the report of the Leeds Carers Partnership that presents the new Leeds Carers Partnership Strategy, 'Putting carers at the heart of everything we do'. The strategy sets out 6 priorities that the Leeds Carers Partnership propose are the key areas that we need to focus on in order to promote the health and well-being of carers in Leeds, and to reduce the health and financial inequalities that carers experience due to caring. The report also provides an overview of the engagement processes undertaken in developing the strategy and outlines governance arrangements and the next steps required to deliver this ambitious citywide partnership strategy.

12

**LIVING WITH DEMENTIA IN LEEDS - OUR
STRATEGY 2020-25**

87 -
146

To consider the report of the Leeds Dementia Partnership that provides an overview of progress made since the previous strategy "Living Well With Dementia In Leeds" was produced in 2013; and the development of a refreshed strategy for the period 2020-25 (Appendix 1).

13		<p>LEEDS HEALTH AND CARE CLIMATE COMMITMENT</p> <p>To consider the report of the Leeds Anchors for Sustainability Taskforce that provides an overview of the draft Leeds Health and Care Climate Commitment for approval and the context for its development and the challenges that will be faced in order to reduce emissions across the health and care sector.</p>	147 - 170
14		<p>GOING FURTHER WITH INTEGRATION: WORKING IN PARTNERSHIP TO TACKLE HEALTH INEQUALITIES</p> <p>To note, for information, the report of the Chief Executive, NHS Leeds CCG, that set out, in the context of the Shaping Our Future (see item 10), the process for the NHS Leeds CCG Health Inequalities framework (see Appendix). It also introduces the work of the new Tackling Health Inequalities Group (THIG) and its emerging priorities.</p>	171 - 196
15		<p>LEEDS BCF Q4 2019/2020 MONITORING TEMPLATE</p> <p>To note, for information, the joint report of the Chief Officer for Resources and Strategy and the Head of Strategic Planning that informs the Health and Wellbeing Board of the contents of the Leeds BCF Q4 2019/20 Template.</p>	197 - 222
16		<p>LEEDS HEALTH AND CARE QUARTERLY FINANCIAL REPORTING</p> <p>To note, for information, the report of the Leeds Health and Care Partnership Executive Group (PEG) that provides the Health and Wellbeing Board with a brief overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide quarterly financial report (Appendix 1). This report is for the period ending June 2020.</p>	223 - 232

**CONNECTING THE WIDER PARTNERSHIP
WORK OF THE LEEDS HEALTH AND
WELLBEING BOARD**

To note, for information, the report of the Chief Officer for Health Partnerships that provides a public account of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). It contains an overview of key pieces of work directed by the HWB and led by partners across the Leeds health and care system.

DATE AND TIME OF NEXT MEETING

The next meeting will take place on Thursday, 10th December, 2020 at 10 a.m.

Third Party Recording

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties– code of practice

- a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
- b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

HEALTH AND WELLBEING BOARD

THURSDAY, 20TH FEBRUARY, 2020

PRESENT: Councillor R Charlwood in the Chair

Councillors S Arif, J Barwick, Dr John Beal,
Cameron, S Golton, Kealy, G Latty, Lowe,
Munro, Roff, Ryley, Sinclair and Stein

Representatives of Clinical Commissioning Group

Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group
Tim Ryley – Chief Executive of NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adults and Health
Sal Tariq – Director of Children and Families

Third Sector Representative

Alison Lowe – Director, Touchstone
Lucy Graham – Operations Manager

Representative of Local Health Watch Organisation

Dr John Beal - Healthwatch Leeds
Hannah Davies – Healthwatch Leeds

Representatives of NHS providers

Sara Munro - Leeds and York Partnership NHS Foundation Trust
James Goodyear - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Joint Representative

Simon Hodgson – Head of Community Safety

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

45 Welcome and introductions

The Chair welcomed all present and brief introductions were made.

The Chair welcomed Sal Tariq as a new member of the Board (to be approved by Full Council) in his role as Interim Director of Children and Families.

Members of the Board joined the Chair in thanking and applauding Dr Ian Cameron, for his contributions to the Board and to Leeds as a city, as it was his last meeting as the Director of Public Health.

46 Appeals against refusal of inspection of documents

There were no appeals.

47 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

48 Late Items

There were no formal late items. However there was some supplementary information distributed to Members following agenda publication in relation to the following:

- Item 10. Revised Draft Leeds Mental Health Strategy Delivery Plan 2020-2025 (Minute 54 refers)
- Item 11. Leeds Health and Wellbeing Board: Reviewing the Year 2019 (Minute 56 refers)

49 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

50 Apologies for Absence

Apologies for absence were received from Councillor F Venner, Julian Hartley, Paul Money, Jackie Marsh, Anthony Kealy and Alistair Walling.

Councillor S Arif, James Goodyear and Simon Hodgson were in attendance as substitutes.

51 Open Forum

No matters were raised on this occasion.

52 Minutes

RESOLVED – That the minutes of the meeting held 11 December 2019 be approved as an accurate record.

53 People's Voices Group Update

The Leeds People's Voices Group submitted a report that provided an update on the work of the group, overview of key initiatives and some of our longer -

Draft minutes to be approved at the meeting
to be held on Wednesday, 29th April, 2020

term ambitions about how we collectively and individually want to put people's voices at the centre of health and care decision making.

The following was appended to the report:

- The Big Leeds Chat - Emerging Findings
- 'How does it feel for me?' Joyce / November 2019

The following were in attendance:

- Hannah Davies, Chief Executive of Healthwatch Leeds
- Adrian Winterburn, Health Partnerships Team
- Iona Lyons, Voluntary Action Leeds

The Chief Executive of Healthwatch Leeds introduced the report, noting the ambition for the People's Voices Group (PVG) to put 'People at the centre of health and care decision making'. Members were also provided with an update on the emerging findings of the Big Leeds Chat, which took place in November 2019, an update on the work of the 'How does it feel for me?' Group and establishment of an Inclusion for All Group. Members were also shown a video of the Big Leeds Chat 2019, along with a 'how does it feel for me?' video with Kari from Belle Isle.

Members discussed a number of matters, including:

- *Transport and connectivity.* In recognising the key priority of transport, as identified within the Big Leeds Chat emerging findings, Dr John Beal advised Members that a recent Healthwatch consultation into the NHS Long Term Plan found that reliable, affordable and well routed transport was the top issue identified by respondents. Tony Cooke, Chief Officer for Health Partnerships noted the Board's role in improving skills and social mobility to enable people to be well connected to their communities.
- *Evidence of outcomes.* Members noted the importance of being in a position to present clear and practical changes that have been made as a result of the conversations at the Big Leeds Chat, before the next annual series of events are held. Members also highlighted the importance of analysing the specifics of what people have said and a mechanism to feed this back to the appropriate organisations to address.
- *Beginning meeting's with a patient experience story.* Members noted that the 'how does it feel for me?' video played at the beginning of the item was a powerful way of providing context to health and care service decision making.
- *Involvement and engagement principles.* The Chair suggested that involvement and engagement principles be developed for all Members to sign up to. The Director of Adults and Health agreed to develop a set of principles with the Chief Executive for Healthwatch Leeds for the health and care system. This would use learning from organisations including Children & Families around co-production and how we

support people to engage recognising the additional pressure it places on them..

RESOLVED –

- a) To note the progress of and continue to support the work of the People's Voices Group.
- b) To note the Board's comments in relation to how the People's Voices Group can further evolve strengthening its connection with the HWB;
- c) To note the findings of the Big Leeds Chat 2019 and agree actions to respond to what people have told us;
- d) To continue to support the work of the 'How does it feel for me?' Group and discuss the opportunities;
- e) To support the establishment of the Inclusion for All Action Group.

Alison Lowe arrived at the meeting at 14:45 p.m. during discussion of this item.

54 Priority 10 - Promote mental and physical health equally: The Leeds Mental Health Strategy

The Leeds Mental Health Partnership Board submitted a report that presented the new all-age Leeds Mental Health Strategy (Appendix 1) which sets out what we intend to do as a city to improve the mental health of people in Leeds, better support those with mental ill health, and reduce mental health inequalities across Leeds. It sets out the priorities which identify where we, as a city, particularly need and want to focus on achieving a step change in mental health outcomes.

The following was appended to the report:

- The Leeds Mental Health Strategy 2020 – 2025 (Draft)
- The Leeds Mental Health Strategy 2020 – 2025 Delivery Plan (Draft)

The following were in attendance:

- Caroline Baria, Deputy Director for Integrated Commissioning, Adults and Health, Leeds City Council
- Helen Lewis, Interim Director of Commissioning, Acute, Mental Health and Learning Disability Services, NHS Leeds CCG

The Deputy Director for Integrated Commissioning introduced the report, noting the revised version of the delivery plan that had been distributed to Members in advance of the meeting. Members were advised that a clear governance structure was in the process of development, including identified leads for each priority.

Members noted the need for the delivery plan to clearly show how it will strengthen whole system integration approach for all ages emphasising when this is being delivered by other strategies and plans where appropriate and

reflects the depth and range areas that need investment to make Leeds a mentally health city for everyone.

RESOLVED –

- a) To approve the Mental Health Strategy and the three passions and eight priorities contained within it;
- b) To note the Board's support the vision of a collective and unified system-wide approach to mental health and its fit with the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan;
- c) To note and support the work that will be undertaken to deliver the eight priorities contained within the strategy through the implementation of the Delivery Plan.

55 Leeds Health and Wellbeing Board: Reviewing the Year 2019 and next steps

The Chief Officer (Health Partnerships), the Director of Adults and Health (Leeds City Council) and the Chief Analyst (Leeds City Council and NHS Leeds CCG) submitted a report that introduced the attached draft Leeds Health and Wellbeing Board: Reviewing the Year 2019 document, which serves as a review of the strategic direction provided by the Health and Wellbeing Board (HWB) and provides an understanding of progress made towards delivering the Leeds Health and Wellbeing Strategy 2016-2021 (LHWS) and indicators.

The following were in attendance:

- Tony Cooke, Chief Officer for Health Partnerships
- Peter Storrie, Head of Performance Management and Improvement, Leeds City Council
- Frank Wood, Chief Analyst, Leeds City Council

The Chief Officer for Health Partnerships introduced the report, highlighting some of the achievements of the last 12 months. Members were then provided with a presentation detailing the data analysis of two indicators, intended to be utilised in future reviews – smoking and infant mortality.

Members made a number of comments, including:

- *Data analysis at local level.* Members welcomed the proposed approach to presenting data that forecasts trends and includes areas experiencing higher levels of deprivation so we can better understand progress in improving the health of the poorest the fastest. Members suggested that priority data could also be mapped over Local Care Partnership (LCP) areas and the importance of bringing in the voices of people.
- *Selective Licensing.* Members were advised of opportunities for linking with selective licensing teams in the coming year, following the introduction of selective licensing in Beeston and Harehills.

The Chair noted her thanks to Board Members, staff from all health and care organisations and the people of Leeds for their work throughout 2019.

RESOLVED –

- a) To note the Board’s discussion and endorsement of the content of the Leeds Health and Wellbeing Board: Reviewing the Year 2019 document;
- b) To continue to use the Leeds Health and Wellbeing Strategy as the guiding strategic framework for decision making, commissioning and agreeing actions/initiatives.
- c) To approve the process to update and extend the Leeds Health and Wellbeing Strategy to 2023.
- d) To note the work to review intelligence in the city with an update to be provided at a future HWB on how we are to better analyse and measure progress of our ambitions to be the Best City for Health and Wellbeing, following the extension of the Leeds Health and Wellbeing Strategy.

56 For information: Developing the NHS Leeds CCG Annual Report 2019-20: 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021'

The Board received, for information, the report of the Communications Manager (NHS Leeds Clinical Commissioning Group) that sets out the process of developing the NHS Leeds CCG Annual Report 2019-20 section on 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021' as national timescales do not align with the Leeds Health and Wellbeing Board meetings.

RESOLVED – To note the contents of the report.

57 For information: Connecting the wider partnership work of the Leeds Health and Wellbeing Board

The Board received, for information, the report of the Chief Officer (Health Partnerships) that provides a public account of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). It contains an overview of key pieces of work directed by the HWB and led by partners across the Leeds health and care system.

RESOLVED – To note the contents of the report.

58 Any Other Business

No matters were raised on this occasion.

59 Date and Time of Next Meeting

The next meeting will take place on Wednesday, 29th April 2020 at 1:30 p.m.

Draft minutes to be approved at the meeting
to be held on Wednesday, 29th April, 2020

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Report of: Leeds Maternity Programme Board

Report to: Leeds Health and Wellbeing Board

Date: 30th September 2020

Subject: Refreshing the Leeds Maternity Strategy

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

Summary of main issues

Much has been achieved in the implementation of the first Maternity Strategy (2015-2020). For the last two years Leeds Maternity Service has been recognised as a high-performer in the UK. The national Maternity Patient Survey seeks feedback from service users of all UK maternity units and Leeds has been voted in the top 5 for staff kindness, patient experience and overall quality of care.

As we move forward to refresh our strategy and build on this strong foundation, the long held ambition to reconfigure hospital based maternity and neonatal services has recently been supported. This provides the opportunity to drive even further improvements in safety, quality and best value of public funding.

However, the recent Maternity Health Needs Assessment (Goldsborough, 2020) starkly sets out the health inequalities in the city. Addressing this needs to be at the forefront of our minds as we refresh the strategy.

So often when we write and present strategies we default to a generic (usually white) perspective to cover priorities and their application to the population. In the group work at the Health and Wellbeing Board and resulting discussion, members will listen to representatives and advocates from specific Black and Asian communities; they will hear their experience of maternity services. This will contribute to the discussion to develop an inclusive strategy that recognises the diversity in the city and the focus on how we work together to address health inequalities.

Recommendations

The Health and Wellbeing Board is asked to:

- Actively listen and engage in the exercise within groups before the meeting where they will hear from people from different Black and Asian minority ethnic communities and how they experience the maternity service.
- Review and inform the development of the refreshed Leeds Maternity Strategy, acknowledging the strategy as critical to the delivery of the Leeds Health and Wellbeing Strategy.
- Challenge their colleagues and the strategy authors to ensure the strategy focuses on improving outcomes and reducing health inequalities and identifying actions to make this happen.

1 Purpose of this report

- 1.1 To engage and involve the Health and Wellbeing Board in ensuring the refresh of the maternity strategy drives improvement in outcomes and a reduction in health inequalities.
- 1.2 To inform the Health and Wellbeing Board of the decision to centralise maternity and neonatal hospital services and of the benefits this will bring.
- 1.3 To set the developments within the local, regional and national context.

2 Background information

- 2.1 The current maternity strategy (2015-2020) is in need of a refresh to continue the drive to improve mother and infant outcomes with a particular focus on reducing health inequalities.
- 2.2 In July 2020, NHS Leeds CCG and NHSE Specialist Commissioners approved the reconfiguration of hospital maternity and neonatal services to be centralised to the Leeds General Infirmary (LGI) site, and key to the 'Hospitals for the Future' developments. This transformation of the system will be integral to the refreshed strategy.
- 2.3 The delivery of this strategy is a core component of the Leeds Best Start Plan, a broad preventative programme from conception to age 2 years, which aims to ensure a good start for every baby.
- 2.4 Leeds fully participates in the West Yorkshire and Harrogate Local Maternity System (LMS), a partnership of maternity and neonatal providers, commissioners, local authorities and Maternity Voices Partnerships, working together to transform maternity services in West Yorkshire and Harrogate. The LMS has a maternity transformation plan to meet national requirements, which combines the work done at each place and supports wider system developments.
- 2.5 Maternity continues to have a high profile nationally, shaped by the National Transformation Board, with many key programmes and expectations for local services. All of these priorities, alongside our specific local knowledge of health needs and experience, shape this refresh of our maternity strategy.

3 Main Issues

Maternity Health Needs Assessment and engagement

- 3.1 Public Health colleagues refreshed the Leeds Maternity Health Needs Assessment (HNA) earlier this year (Goldsborough, 2020). This valuable resource underpins the refresh of the maternity strategy. The HNA establishes a clear need to prioritise a focus on reducing health inequalities.

Some of the key findings are listed below; the executive summary of the HNA is provided in Appendix 1:

- There are approximately 10,000 births per year in Leeds - *a third to women residing in deprived Leeds.*
- There has been an increase in the proportion of births to Black, Asian and Minority Ethnic women since 2009, with ethnic minority groups overrepresented in deprived Leeds and an increase in births to non-British born mothers.
- The under-18 conception rate is rising in Leeds and is higher than national and regional rates; with the majority of births being to mothers in deprived Leeds.
- There has been a rise in the infant mortality rate in Leeds since the last HNA, with a persistent gap between deprived Leeds and Leeds overall.
- Smoking in pregnancy rates in Leeds are higher than national rates and are significantly higher amongst women who are under 18 years old at time of delivery – with no improvement since 2014.
- The percentage of mothers with obesity in Leeds has been rising, with a greater percentage residing in deprived Leeds.
- Breastfeeding initiation rates in Leeds are lower than national rates, but have increased since 2014; improvements have been observed in deprived Leeds. The White population in Leeds has the lowest breastfeeding initiation and continuation rates of all ethnicities. Young mothers are also much less likely to initiate breastfeeding.
- The percentage of mothers attending their booking appointment before 10 weeks gestation has increased in Leeds overall since 2012/2013. However, the percentage of mothers from deprived Leeds attending before 10 weeks has slightly dropped and thus the inequalities gap has widened. All minority groups other than Indian show below average attendance rates before 11 weeks.
- The complexities of women and families accessing services in Leeds are increasing; in terms of both physical health and social factors. Staff report a rise in the number of women homeless and sofa surfing.
- Data collection, reporting and sharing needs to be more robust with regards to women with complex needs. This information is crucial to determine gaps in service provision, ascertain whether needs are being met, share best practice and ultimately work to reduce health inequalities.

3.2 During the development of the initial Leeds Maternity Strategy (2015-2020), and throughout its implementation many women and families have been consulted with and engaged in the work. In addition the Maternity Voices Partnership (MVP) is a forum that brings service users, commissioners and providers together to discuss maternity service provision; this forum is integral to the refresh of this strategy. The various consultation mechanisms adopted over this time indicate a high level of satisfaction with maternity care and also provide valuable intelligence for service development and improvement.

3.3 In addition to continuous engagement, formal public consultation to reconfigure maternity and neonatal services took place between 13 January and 5 April 2020. The consultation provided several different ways that people could share their views about the plan to centralise maternity and neonatal services at the LGI and the options for hospital-based antenatal services in Leeds. Particular efforts were made to hear the views of people who might be more affected by discontinuing antenatal appointments at St James's. The independent analysis and report ([link](#)

to be inserted) of the consultation (Brainbox, 2020), alongside the Scrutiny response helped shape the commissioners' decision making in July 2020.

National Policy

3.4 In addition to local data and the voice and experience of our local population, national policy also shapes our local strategy.

3.5 There is a significant national focus on the improvement of maternity services. Better Births (2016) highlighted various priorities and aims, which have been taken forward via the national maternity transformation programme. In summary these require:

- Personalised care centred on the woman her baby and her family based around their needs and their decisions where they have genuine choice informed by unbiased information.
- Continuity of carer, to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions.
- Safer care, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.
- Better postnatal and perinatal mental health care, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.
- Multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.
- Working across boundaries to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.
- A payment system that fairly and adequately compensates providers for delivering high quality care to all women, whilst supporting commissioners to commission for personalisation, safety and choice.

3.6 In addition there are specific programmes providers need to deliver, such as the 'Saving Babies Lives Care Bundle' 2 (2019), which sets out the requirements for reducing stillbirths.

3.7 More recently, Implementing Phase 3 of the NHS Response to Covid-19 (2020) revises the key trajectories expected in line with the current context. Of particular relevance are:

- Develop digitally enabled care pathways in ways which increase inclusion.
- Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including more accessible flu vaccinations
- Increase the continuity of maternity carers to 35% of women by March 2021. As part of this, by March, systems should ensure that the proportion of Black

and Asian women and those from the most deprived neighbourhoods on continuity of carer pathways meets and preferably exceeds the proportion in the population as a whole.

- Plans should set out how insight into different types of risk and wider vulnerability within their communities will be improved.

Refresh of the Leeds Maternity Strategy

3.8 The Maternity Strategy programme board has worked to identify key priorities for the maternity refresh, which have been informed by the HNA, the comprehensive feedback from women and their families, the reconfiguration plans and the wider policy context.

3.9 Five priorities have been identified as set out the table below: preparation for parenthood (led by the public health team), personalised care, perinatal mental health, the maternity reconfiguration, and reducing health inequalities. In addition several key underlying principles are proposed: ensuring co-production, delivering integrated care, driving quality and safety, support and development of staff and embracing innovation and digital technology.

Proposed Priorities

	Personalised Care	Perinatal Mental Health	Reconfiguration	Reducing health inequalities	Preparation for Parenthood (led by public health)
Key Areas of Focus	Continuity of carer Early access Midwifery-led births	Improving access to specialist teams Developing trauma offer Anti-stigma Peer support	Community hubs Building the Leeds Way Co-creating positive environments	Targeted pathways System integration Perinatal mortality Strengths-based localised offer	Better Parent Education More Breastfeeding Stopping Smoking Healthy weight and alcohol intake
Cross-cutting Themes	Co-production (we will work with families throughout development and implementation)				
	Integrated Care (seamless pathways of care; joined up services; shared information)				
	Quality and Safety (clinically-led, we will make evidence-based decisions and won't be afraid to try new ways)				
	Staffing (we will look after the people who work with families)				
	Innovation and Digital Technology (We won't be afraid to try new ways of working, maximising the use of digital technology whilst reducing the impact on digitally excluded people)				

3.9.1 Preparation for parenthood

Led by public health, this priority incorporates the local response to requirements around prevention and public health in maternity services and pre-conceptually, including reducing smoking in pregnancy, maternal healthy weight and improving access to parental education.

3.9.2 Personalised Care

This priority will encompass meeting the national requirement to increase the continuity of carer, with more women receiving maternity care from the same team

of midwives who they know throughout antenatal care, birth, and postnatally. This priority will also deliver an increased amount of midwifery-led births, and earlier access to maternity services, focusing on targeting the most vulnerable groups.

3.9.3 Perinatal mental health

This priority will focus on enabling a significantly expanded number of women to access specialist community perinatal mental health services, reaching 1021 women by 2023/24, as well as delivering an improved pathway of mental health and peer support. This priority will also focus on ensuring fathers/partners are supported in their mental wellbeing.

3.9.4 Maternity Reconfiguration

Leeds Teaching Hospitals NHS Trust is planning to build two new hospitals at the Leeds General Infirmary (LGI) in Leeds city centre. The plans - called Hospitals for the Future - centre on developing modern, responsive health facilities for adults at the LGI, and for children and young people at Leeds Children's Hospital. The maternity and neonatal clinical models and the case for change have been through the NHS England service change assurance process.

Formal public consultation to reconfigure maternity and neonatal services took place between 13 January and 5 April 2020. All options included the centralisation of the maternity (deliveries) and neonatal services on one site, as part of the new hospital buildings. The public consultation focused on the options for where the obstetric outpatient clinics are to be provided from, either only the LGI site, or both LGI and SJUH sites.

A key priority for the CCG and NHS England specialised commissioners is to get the best possible outcomes for the resources we have available. The clinical case is clearly set on how centralising maternity and neonatal services will maximise the expertise in the Leeds workforce and join up critical services. There is strong recognition of this in the public consultation feedback with the majority (58%) preferring option 1 and prioritising safety and quality over choice and parking.

However, we also recognise our commitment to the principles in our Health and Inequalities Framework, where we set out that *'we will focus on deprived Leeds as well as vulnerable and marginalised groups.'* And that *'in using our resource we will apply the principle of 'proportionate universalism' to make greater impact.'*

There are areas identified in the public consultation that reflect concerns in relation to this. Predominantly two issues are flagged; firstly that the access needs of disadvantaged groups are considered, particularly those living near the St James's site and secondly that the needs of Black and Asian ethnic women and families are met in the new unit. Public consultation also identified more general access concerns that need addressing. These were all taken into account

In order for the CCG and NHS England specialised commissioners to be assured that they are achieving best outcomes for their population in the given resource and applying the principles of the health inequalities framework, and in line with national and local policy driving increased antenatal delivery in the community via

community hubs and increased telemedicine, the centralisation to one site was supported with an alongside implementation plan, which will continue to evidence delivery of the government's tests of service change and will comprehensively address the following issues:

- 70% of antenatal contacts are currently delivered in the community and this will increase. Better Births national maternity policy is clear on the need to increase community maternity support via the creation of community hubs. In Leeds a priority will be to develop a community hub near the St James's site.
- Maximizing the use of digital telemedicine to increase access and deliver more appointments in the community and to ensure digital inclusion is addressed within this work stream. Significant acceleration of digital delivery has occurred in response to Covid-19.
- LTHT has an award winning service that supports the BAME population (Haamla); this expertise will be maximized to engage with BAME communities (particularly those near the St James's site) to ensure equity of access, positive experience and culturally sensitive services.
- The clinical and architectural design of the new maternity and neonatal units will work with families to ensure a positive personalised care experience.
- Increased capacity of parking at the LGI site for mums and their partners is planned through a new dedicated MSCP.
- NHS colleagues will work with council colleagues with an aim to influence bus providers to have routes stopping near the LGI site.
- Colleagues across NHS commissioners and providers, LA, will work together to continually review maternity outcomes and infant mortality, to ensure progress is made faster in more deprived and vulnerable communities in line with the ambitions set out in the Left Shift Blueprint.

3.9.5 Reducing health inequalities

As clearly evidenced in the HNA there are significant maternity health inequalities in access, experience and outcomes. These inequalities strongly relate to deprivation and specific communities, particularly those from Black and Asian Minority groups. This is a key area to improve, in collaboration with the communities and wider system partners.

3.10 Governance

The established Maternity Programme Board will oversee the refresh and implementation of the strategy. Membership includes Leeds City Council, Public Health, Leeds Teaching Hospital Trust, Leeds Community Healthcare, Leeds CCGs, Leeds University, Voluntary Sector and service user representation.

A new steering group has been established to focus specifically on the changes required as part of the reconfiguration of maternity and neonatal services.

3.11 Impact

In order to know that we are making a difference and to ensure we are improving women's experience, we will review our local maternity dashboard to ensure that we are tracking appropriate outcome and experience measures for each priority

area. These will be used to establish the baseline and to track and report progress.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 As detailed above there has been significant engagement of both women and families and key clinicians and partners in the city in planning reconfiguration of maternity services and in developing maternity services, which is shaping this strategy. The MVP is a core member of the strategy development group.

4.1.2 The Maternity Strategy Programme Board will continue to ensure this continues throughout the delivery of the strategy.

4.2 Equality and diversity / cohesion and integration

4.2.1 Several key groups of women and families have been identified as being at risk of experiencing poorer outcomes than the rest of the population. Whilst personalised care, perinatal mental health, reconfiguration and preparation for parenthood will take a cross-cutting approach to recognise and address these issues, the identification of reducing health inequalities as a distinct priority area within the strategy will drive the particular focus on this.

4.3 Resources and value for money

4.3.1 Circa £42 million is spent on maternity services in the city for women of Leeds. The majority of this is spent on LTHT.

4.3.2 National funding has been made available to support the development of specialist community perinatal mental health services. In Leeds we have invested this to fund a significant expansion in the services available to support women who are pregnant or post-natal, who have moderate to severe mental health issues. We expect a further increase to this funding in 2021/22 to enable us to continue to expand this service.

4.3.3 In September 2019, the government confirmed the capital funding for Building the Leeds Way; for Leeds Teaching Hospitals NHS Trust to develop two new state-of-the-art hospitals on the site of Leeds General Infirmary. This funding will include the funding necessary to centralise maternity and neonatal services at the LGI.

4.3.4 This reconfiguration will support efficiencies in terms of maximising the expertise of the maternity workforce and join up of critical services.

4.4 Legal Implications, access to information and call in

4.4.1 There is no access to information and call-in implications arising from this report.

4.4.2 Public consultation was required and has been fulfilled on the proposed options for reconfiguration, in order to fulfil the statutory public involvement and consultation duties of commissioners as set out in s.13Q NHS Act 2006 (as amended by the Health and Social Care Act 2012).

4.5 Risk management

- 4.5.1 The Leeds Maternity Programme Board are responsible for owning any risks identified through the programme planning process, and to work collaboratively to develop proposals for mitigation and resolution.

5 Conclusions

- 5.1 The refresh of the maternity strategy is a great opportunity to consolidate ambitions to ensure we maximise our contribution to the Leeds Health and Wellbeing Strategy, particular around Priority 1 – A Child Friendly City and the Best Start in Life. This includes amalgamating the significant reconfiguration of hospital service delivery and the ambition to strengthen the preventative and community offer.
- 5.2 The draft priorities are informed by local data and what our local women and families are telling us is important to them and recognises the need for a particular focus on reducing health inequalities.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Actively listen and engage in the exercise within groups before the meeting where they will hear from people from different Black and Asian minority ethnic communities and how they experience the maternity service.
- Review and inform the development of the refreshed Leeds Maternity Strategy, acknowledging the strategy as critical to the delivery of the Leeds Health and Wellbeing Strategy.
- Challenge their colleagues and the strategy authors to ensure the strategy focuses on improving outcomes and reducing health inequalities and identifying actions to make this happen.

7 Background documents

- 7.1 Leeds Maternity Health Needs Assessment: <https://observatory.leeds.gov.uk/wp-content/uploads/2020/08/Leeds-Maternity-Health-Needs-Assessment-April-2020-FINAL.pdf>
- 7.2 Maternity and Neonatal Public Consultation Report: https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2020/01/2020_05_Maternity_and_Neonatal_Consultation_report.pdf
- 7.3 Leeds Best Start Plan: <https://democracy.leeds.gov.uk/documents/s126845/10%202%20Best%20Start%20Plan%20long%20version%20FINAL%20VERSION%20for%20HWB%20Board%204%202%202015.pdf>
- 7.4 West Yorkshire and Harrogate Local Maternity System Plan: https://www.wyhpartnership.co.uk/download_file/view/2489/843

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How does this help reduce health inequalities in Leeds?

As describes a key priority in this refresh of the maternity strategy is to reduce health inequalities – this is proposed to be a priority in itself as well as integral to each of the other priorities. This will take into account a need for proportional universalism – targeting resource to the communities that need it most.

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

The strategy also includes the recently agreed maternity reconfiguration of hospital maternity services, which has a clear case of benefitting quality and safety.

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

The reconfiguration makes best use of the resource (workforce expertise and equipment) in the city. Also proportional universalism e.g. targeting resource to where it is needed first will improve outcomes and long-term costs.

Future challenges or opportunities

There is a clear opportunity to work together across the partnership, with local communities, particularly those with high need. To build on existing partnerships with health visiting and children centre colleagues, to strengthen Best Start zones and to establish maternity community hubs.

The commitment to develop the first community hub near the St James’s site is likely to highlight estate challenges (in identification and funding).

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	✓
An Age Friendly City where people age well	
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	✓
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	✓
A valued, well trained and supported workforce	✓
The best care, in the right place, at the right time	✓

Leeds Health and Wellbeing Board



Report author: Tim Ryley & Gina Davy
(Head of System Integration, NHS Leeds CCG)

Report of: Tim Ryley (Chief Executive, NHS Leeds CCG)

Report to: Leeds Health and Wellbeing Board

Date: 30th September 2020

Subject: Going further with integration – Progress as a city and the contribution of the NHS Leeds CCG’s Shaping Our Future Programme

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

Summary of main issues

- The Leeds Health and Wellbeing Strategy 2016-21 sets a clear vision that Leeds will be a healthy and caring city for all ages where people who are the poorest improve their health the fastest. Achieving this vision and the strategy’s twelve priority areas are dependent on greater **integration** and **person-centred integrated care** across a number of areas including health and social care, physical and mental health care and between primary and secondary care, at both city and neighbourhood level.
- Leeds has a strong foundation of partnership working and collaboration between health and care partners from the statutory and Third Sector at both locality and citywide level.
- Despite work carried out to date, we recognise that further work is required to achieve our vision in Leeds to reduce health inequalities and deliver better health and wellbeing outcomes for our population through person-centred integrated care.
- Through NHS Leeds CCG’s Health Inequalities Framework, targeted work is being undertaken as a city to progress actions to reduce health inequalities. At the same time, we need to fundamentally transform the way we plan and invest in preventative care and targeted support for people with the greatest needs. This will allow us to

deliver person-centred integrated care that improves health and wellbeing outcomes for our populations and reduces health inequalities.

- NHS Leeds CCG recognises its role in commissioning and facilitating change in a way that promotes person-centred integration. This ambition lies at the heart of the CCG's *Shaping Our Future* programme which has been established by the CCG to align its available resources to improve health and wellbeing outcomes and reduce health inequalities through long term population planning (Strategic Commissioning) and facilitating System Integration.
- The Shaping Our Future programme fully aligns with the development of the West Yorkshire and Harrogate Integrated Care System as well as the city's approach to integrated commissioning as reflected within the Leeds Health and Care Integrated Commissioning Framework.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the direction of travel being progressed across the city towards integration, person-centred integrated care and in particular NHS Leeds CCG's *Shaping Our Future* programme
- Discuss whether the ambition for integration and person-centred integrated care is challenging enough.
- Identify what the Health and Wellbeing Board will do to support the delivery of the ambition for integration and person-centred integrated care.

1 Purpose of this report

1.1 The purpose of this background report is to describe

- the central relationship between establishing greater levels of person-centred integrated care and achieving the city's vision to be a healthy and caring city for all ages where the poorest improve their health the fastest.
- the direction of travel as a city towards person-centred integration including the CCG's Shaping Our Future Programme, the Leeds Health and Care Integrated Commissioning Framework and the development of more integrated provider networks.

1.2 For the purposes of this paper, **integration** is defined as individual components, working together as a single system that functions as one. **Person-centered integrated care** is defined, from the service user perspective as "I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me" (National Voices, 2013¹). This is within the context of the NHS England Universal Personalised care model (para 2.2).

2 Background information

2.1 The Leeds Health and Wellbeing Strategy 2016-21 sets a clear vision that Leeds will be a healthy and caring city for all ages where people who are the poorest improve their health the fastest. Achieving this vision and the strategy's twelve priority areas are dependent on greater **integration** and **person-centred integrated care** across a number of areas including health and social care, physical and mental health care and between primary and secondary care, at both city and neighbourhood level.

2.2 Leeds has a strong foundation of partnership working and collaboration between health and care partners from across the statutory and Third Sector. Some progress has been made towards integration and person-centred integrated care and examples include:

- The city's 18 Local Care Partnerships (LCPs) which bring together statutory and voluntary organisations alongside people and elected members to respond to the health and wellbeing needs of the communities they serve.
- Leeds Community Healthcare, the Third Sector and the Leeds GP Confederation working together to deliver an integrated Mental Wellbeing Service for people in Leeds.
- A Population Health Management (PHM) approach with LCPs, initially focussing on the population living with frailty. The approach supports LCPs to review local health and care data alongside their local knowledge about their

¹ National Voices, a national coalition of health and care charities, has developed a person-centred 'narrative' on integration.

local population to identify the biggest opportunities to improve outcomes through person-centred integrated care.

- Led by the Personalised Care Steering Group, Leeds has been at the forefront of the implementation of the 6 components of the NHS England Universal Personalised care model. This has included collaborative care and support planning being embedded in long term conditions reviews; a social prescribing service and link workers in Primary Care Networks; supportive self-management including structured education, peer support and a digital offer is starting to ensure shared decision making is in reality a core component of evidence based clinical practice.
- Children's service partners (commissioners and providers), have a shared vision, value base and agreed obsessions of focus for children in Leeds. The child's voice is central to both service planning and delivery with many strong examples of co-production of integrated care with partners from education, health, social care and Third Sector.
- Integrated commissioning of some health and care services by NHS Leeds CCG and Leeds City Council Adults & Health directorate through the Integrated Commissioning Executive (ICE).
- Establishing systems that enable greater integration such as the Leeds Care Record.

2.3 The city's response to the Covid-19 pandemic has significantly accelerated further integration of health and care across the city. An example is the pivotal role of the Third Sector in working alongside Social Care, Children's Services, Leeds Community Cares Volunteers, the ward hubs and Communities of Interest to support the most vulnerable individuals and communities through the pandemic. Another example is the development of initiatives between General Practices, the GP Confederation and Leeds Teaching Hospitals in the provision of consultant-led outpatient care.

3 Main issues

Progress towards our vision to be a healthy and caring city for all ages where people who are the poorest improve their health the fastest

3.1 Despite strong collaboration, partnerships in place across the city and progress made towards person-centred integrated care, we have yet to fully achieve our vision to be a healthy and caring city for all ages where people who are the poorest improve their health the fastest.

3.2 Whilst there has been some improvements (smoking reduction, people surviving longer with long term conditions), people living in neighbourhoods with the greatest social economic challenges continue to have poorer health outcomes and in some cases, in line with national trends, progress has slowed and the gaps have widened.

- 3.3 To be the best city for health and wellbeing and to achieve our vision to be a healthy and caring city for all ages where the poorest improve their health the fastest, requires improvement, partnerships and integration in our response to the determinants that support healthy lives – economic, social and environmental.
- 3.4 In considering and planning our approach, it is important to consider our own learning and experience as well as learning from places where person-centred integrated care has been delivered to improve health and wellbeing outcomes and reduce health inequalities. The approaches taken by health and care systems in Canterbury, New Zealand, Valencia (Ribera Salud) and New York (Montefiore) are commonly cited as positive examples.
- 3.5 Appendix 1 provides a summary of an article by the Kings Fund (available [here](#)) which describes the significant impact the Montefiore Health and Care System has had by using a PHM approach to proactively identify and support local populations with the greatest needs and individuals with the most complex needs. Central to Montefiore’s success has been its recognition, from the outset, that improving health and wellbeing outcomes is predicated on forming partnerships with non-healthcare organisations.

NHS Leeds CCG: Shaping Our Future Programme and Health Inequalities Framework

- 3.6 NHS Leeds CCG, with partners, is committed to working with the people in Leeds to improve their health and wellbeing whoever they are or wherever they live. The CCG established the **Shaping Our Future** programme in December 2019 to describe how it will need to operate and organise itself going forward to deliver this contribution to the city.
- 3.7 Alongside the Shaping Our Future programme, the CCG has developed a Health Inequalities Framework (see *Item 14: Going further with integration: Working in Partnership to Tackle Health Inequalities*). This ambitious framework sets out four principles which will guide significant investment to achieve a targeted impact on reducing health inequalities across the city. The framework describes the CCG’s intention to devolve resources to tackle health inequalities through Local Care Partnerships and to further develop mechanisms for joint investment in shared priorities around the prevention agenda.
- 3.8 The NHS Leeds Strategic Plan sets out six strategic ambitions that describe the CCG’s unique contribution to the city’s overall vision to deliver “*a healthy and caring city for all ages, where people who are the poorest improve their health the fastest*”. These are:
- The CCG will focus resources to:
 1. Deliver better outcomes for people’s health and well-being
 2. Reduce health inequalities across our city
 - The CCG will work with our partners and the people of Leeds to:
 3. Support a greater focus on prevention and the wider determinants of health

4. Increase their confidence to manage their own health and well-being
 5. Deliver more integrated care for the population of Leeds
 6. Create the conditions for health and care needs to be addressed around local neighbourhoods
- 3.9 The CCG recognises that at the heart of improving population health and the reduction in health inequalities there needs to be a greater focus on prevention and wider determinants of health as well as a greater confidence in and focus on individuals to understand, have choice and control over their wellbeing; adding value to the lives of each person and to the population as a whole.
- 3.10 To achieve this across a diverse city like Leeds requires much greater integration of services, person-centred integrated care to become the norm and new mechanisms of engagement with communities and individuals. The core building block of this needs to be at the locality level with multi-professionals working together with local people to be able to make decisions in the best way to address the challenges they face. It also requires greater integration between generalists and specialists, between mental and physical health professionals and between Social Care and the NHS at both local and citywide level.
- 3.11 As outlined in section 2, whilst we have made some changes in this direction, the CCG needs to ensure it **consistently commissions and facilitates change in a way that actively promotes the delivery person-centred integrated care**. This ambition is what lies at the heart of the Shaping Our Future programme.
- 3.12 Driven by the importance of implementing the CCG's ambitions (para 3.8) 'Shaping our Future' is primarily the alignment of the CCG's internal resources to these ambitions and this changing operating context. At the heart of this approach is a commitment to Population Health Management (PHM). The programme is designed to strengthen the city's capability in two key strategic areas to aid the development of a strong and vibrant health & social care system: Population Health Planning (Strategic Commissioning) and System Integration.
- 3.13 To achieve our vision and the CCG's ambitions, the CCG must create a health and care system in Leeds where PHM capabilities are used to understand the needs of the population and support the delivery of new integrated person-centred care models to meet those needs, based on a thorough **understanding of value** and clinical risk for different population groups and communities.
- 3.14 **Achieving best value** then is about achieving the best outcomes for populations with our available resources. The aim will be for the CCG to define a set budget for a set population with a specific set of outcomes to be met, with a new, longer-term contractual form that gives providers more freedom on how they deliver those outcomes within the available financial envelope. Focusing on outcomes for people throughout the discussion creates the right incentives across the system.
- 3.15 Through this approach, providers will be incentivised to manage care with personalised interventions that are proactive and preventative in nature. For example, a capitated budget for people with Type 2 diabetes could encourage providers to assess the financial impact of the patient cohort getting worse, and hence investing in behavioural change for these patients to support smoking

cessation and weight loss, which could reduce the incidence of stroke, renal or other cardiovascular events, and also reverse the diagnosis in some of the lower risk in the cohort. This risk management approach over a longer period of time will lead to better care, resulting in better outcomes, which meet the needs of the person, the sustainability of the providers, and deliver the ambitions of the CCG and vision for the city.

- 3.16 This level of integration and understanding will drive a left shift in the way clinical care is delivered, facilitating a movement to more proactive, integrated, personalised, data-driven care, which can deliver better value to individual people. This in turn will improve health inequalities and patient experiences, cut inefficiencies, and achieve better health outcomes. It will require looking at the broader determinants of health and adopting a genuinely partnership based approach across the whole city of Leeds.
- 3.17 The CCG's Strategic Plan and Health Inequalities Framework make clear that we have a philosophical commitment to locality level work building on the long history in Leeds. This is one of the CCG's strategic ambitions (para. 3.8) and the level at which we believe much integration is and will happen through Local Care Partnerships and Primary Care Network (PCN) developments. As demonstrated through the roll-out of the Leeds PHM programme across LCPs (para 2.2), true Population Health Management requires local responses to local challenges and opportunities and the necessity to develop integrated working at this level will be a key feature of our work.

A New Operating Model – Behaviours and Capabilities

- 3.18 Following a lengthy period of engagement and co-production with staff and partners as part of the Shaping Our Future programme, the CCG has described a New Operating Model. The New Operating Model describes how the CCG will change the way it is organised and operates by developing, demonstrating and implementing new **behaviours and capabilities**.
- 3.19 **New behaviours, ways of working and culture** are going to be critical. Creating genuine integration will create the adoption of system-wide ways of working, breaking down the commissioner-provider split and working as one Leeds system with more collective accountability. The desired culture is where transparency and honesty leads to equal relationships across all partners, built on a foundation of trust, creating a culture of collective commitment, with a compelling vision and a track record, frequent communication and clarity on roles, bravery and taking risks and accepting ambiguity, integrity and honesty, and tolerance and empathy.
- 3.20 This will require creating a new commissioning culture that is more values and behaviours-based. The CCG will encourage providers to work together to invest resources in prevention, proactive care and the wider determinants of health so that the system can reduce health inequalities and improve outcomes and people's experience of their care. The CCG recognises the key role and the expert knowledge and capabilities of the Third Sector in Leeds in achieving this and will encourage and enable matrix working across providers in an uncertain and complex environment. The CCG will encourage the building of behaviours, relationships, information sharing and communication between providers. The

CCG will foster a new culture of partnership with a greater emphasis supporting providers rather than contracting with them, bringing organisations from all parts of Leeds together. All partners in the Leeds system will solve problems together.

- 3.21 Some of these behaviours are already firmly present in Leeds. Clinical teams are working together more and more. Senior leaders are on speed dial to each other and talk about Team Leeds with shared partnership principles. Formal (Primary Care Mental Health) and informal provider networks exist. Mind-sets are moving in the right direction, but well established behaviours across the city need a degree of disruption and challenge to further develop. Changing the CCG's operating model to focus on supporting providers and creating genuine integration is aimed to do this.
- 3.22 **The CCG and the system also needs to develop new and different capabilities.** The traditional approaches to contracting, finance and governance have often prevented the ability to ground a PHM approach to understanding value and risk and shifting of recurrent resources accordingly between providers. Indeed financial flows between providers are limited, operational management teams often work in silos, there is limited use of data and long-term population analysis, patient costs across the system are not understood, and there is not a sufficiently enabling infrastructure around digital, estates, and shared information.
- 3.23 It is important to note what we mean by capabilities. A capability is the ability to deliver something drawn from a range of expertise and knowledge. CCG staff and partners have much of the expertise and knowledge already, but these elements need to be blended differently with a set of common goals and in some cases additional skills to deliver the right things for PHM. The route to do this is through working as integrated teams and developing strategic alliances.
- 3.24 The CCG needs to further develop the PHM capabilities that deliver its ambitions. These include recognising that the input and perspective of people is paramount to understanding value and therefore decisions are made as close to people as possible. They also include using modelling and analysis to understanding the long term needs (7-10 years) of our population and then developing and contracting on the basis of the health outcomes we wish to achieve for specific population groups over this time period. There are significant gaps in these capabilities as things stand and therefore there will need to be investment in people and systems to build the capabilities over time.

Next steps for the Shaping Our Future Programme

- 3.25 Through the Shaping Our Future programme, the CCG has now commenced work to change the way it is organised and operates to reflect the New Operating Model. This next phase of the programme will be progressed through a series of supporting workstreams including Organisational Development, Organisational Design, Resourcing and Provider Network Development. However, as befits a complex system environment, the development and implementation of the Shaping Our Future programme and New Operating Model for the CCG will be emergent.

Shaping Our Future and Provider Networks in Leeds

- 3.26 The progression of the Shaping Our Future programme and implementation of New Operating Model will create a citywide System Integration capability which will support and enable the planning and delivery of person-centred integrated care to achieve improved long term population outcomes. This System Integration capability will work with the experts within provider and partner organisations and within the context of emerging provider network arrangements for the city.
- 3.27 Throughout the Shaping Our Future programme the CCG has worked closely with the leaders of partner and provider organisations in Leeds and also the West Yorkshire and Harrogate Integrated Care System (WYH ICS). The New Operating Model has been shaped through these conversations to ensure it aligns with the strategy and ambition of the city and in-particular emerging thinking around the integrated provider networks.

There is strong recognition within the Shaping Our Future programme as well as the Health Inequalities Framework of the key role of the city's Third Sector in the design and delivery of person-centred integrated care. It is also recognised that the diverse and dynamic nature of the Third Sector, and its comparatively different infrastructure to statutory providers, can create challenges in ensuring a strong, representative voice of the Third Sector around the 'table'. Resources have been made available by the CCG to enable the Third Sector in Leeds to scope the priority areas of infrastructure development required to strengthen the voice and influence of the sector in citywide development of person-centred integration to improve health and wellbeing outcomes and reduce health inequalities.

Shaping Our Future and the Integrated Commissioning Framework

- 3.28 In 2019, the Leeds Health and Care Integrated Commissioning Executive (ICE) developed an Integrated Commissioning Framework (ICF) for the city. The focus is to support further investment in prevention and early intervention services and enhance the range, scope and volume of services within local communities, within and close to home. This will be achieved by targeting available budgets and resources at primary and community services in order to support people to live independently in their own homes. Recent examples of integrated commissioning progressed through the ICE include reablement and rehabilitation services including Community Care Beds, equipment and telecare services and Integrated Carers' support services.
- 3.29 The values and commissioning approach set out in the ICF fully align with the direction of travel set out in the Shaping Our Future Programme. These are as follows:

- Develop PHM as the means to identify and deliver population-based outcomes
- Support a strengths-based approach
- Invest in evidence-based prevention and early intervention services
- Invest in services which help reduce health inequalities
- Ensure services are co-produced
- Help develop a sustainable health and care market including Third Sector
- Support the Left Shift by increasing the capability of communities and community provision Promote person-centred, personalised care, enabling choice and control,

3.30 Wherever it makes sense to do so, the CCG and Leeds City Council will look to implement integrated commissioning of health and support services. Where this is not possible the CCG and Leeds City Council will use the principles set out in the ICF to ensure commissioning approaches are consistent with its values and approach (above).

Shaping Our Future & West Yorkshire and Harrogate Integrated Care System (WYH ICS)

3.31 The NHS Long Term Plan sets the context of how the commissioning landscape will change with a move towards more strategic commissioning on the basis of population outcomes alongside the development and delivery of more integrated, personalised care closer to communities. The characteristics of commissioning can increasingly be seen as shifting from organisational focus to system focus, competition to collaboration and from contract enforcer to system enabler. Shaping Our Future and the CCG's New Operating Model fully align with this national direction of travel.

3.32 The WYH ICS is underpinned by distributive leadership and subsidiarity at place, with commissioning being undertaken as a partnership activity at the right footprint for the population. Through the Commissioning Futures programme, WYH ICS have set out a clear vision to reduce health inequalities, improve population health and commission for outcomes. The programme is developing an Operating Model for the West Yorkshire and Harrogate health and care partnership based on a move towards strategic commissioning for improved population outcomes alongside system integration.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 From the outset, the Shaping Our Future programme and design and development of the future Operating Model has been underpinned by a process of engagement and co-production with CCG staff as well as representatives and leaders from across the Leeds health and care system.

4.1.2 Central to the Shaping Our Future programme is the recognition that achieving improved population health outcomes requires much greater integration of services and new mechanisms of engagement with communities and individuals. The core building block of this integration needs to be at the locality level with

multi-professionals working together with local people able to make decisions in the best way to address the challenges they face.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The core building block of the approach to achieving person-centred integration needs to be at the locality level with multi-professionals working together with local people to be able to make decisions in the best way to address the challenges they face and improve outcomes within the context of their community and assets. Using a PHM approach alongside local knowledge will enable a data-driven approach to identifying and directing resources to populations and communities across the city with the greatest needs. The CCG's Health Inequalities Framework provides the mechanism to then direct resources differentially across the city to fund initiatives required to improve outcomes.
- 4.2.2 The Shaping Our Future programme recognises the key role of the Third Sector in understanding, identifying and responding to the needs of people and communities who are at most risk of experiencing health inequalities. A clear voice and 'place around the table' for the Third Sector, (including some of the least heard voices and across the sector and those working with more marginalised communities), is essential in the design and delivery of person-centred integrated care.

4.3 Resources and value for money

- 4.3.1 The Shaping Our Future programme seeks to achieve the best value by achieving the best outcomes for populations and people for the Leeds pound. The aim will be for the CCG to define a set budget for a set population with a specific set of outcomes to be met, with a new, longer-term contractual form that gives providers more freedom on how they deliver those outcomes within the available financial envelope. Focusing on outcomes for individual people throughout the discussion creates the right incentives across the system.

4.4 Legal Implications, access to information and call in

- 4.4.1 There are no legal, access to information or call in implications arising from this report.

4.5 Risk management

- 4.5.1 NHS Leeds CCG has identified a number of risks and mitigations associated with the Shaping Our Future Programme and the associated delivery of the city's vision and CCG ambitions. These include the risk of national regulatory change to the way in which CCG's operate, risks to the ability of the CCG and wider system to adopt the new behaviours and capabilities described within the New Operating Model and the risk to delivery of the programme whilst also responding to the Covid-19 pandemic.
- 4.5.2 All change involves a degree of risks and opportunities. However, it is important that in a complex and evolving environment that equally no-change creates its own risks too. The Shaping Our Future programme has been designed to not only

support delivery of the vision for the city and strategic ambitions of the CCG but to overcome existing weaknesses in the way the CCG and the city work together to design and shape person-centred integrated care for people and populations in Leeds.

5 Conclusions

- 5.1 Leeds has a strong foundation of partnership working and collaboration and has made some progress towards integration of areas of health and care to improve the health and wellbeing of people in Leeds. Despite our best efforts we have yet to achieve our vision that Leeds will be a healthy and caring city for all ages where the poorest improve their health the fastest.
- 5.2 Through the Shaping Our Future programme, the CCG is adapting itself to better deliver the vision for the city, its own ambitions for the health of the people of Leeds and to seize the opportunities that changing national expectations and city partnerships offer.
- 5.3 Working with partners, the CCG will work to ensure it consistently commissions and facilitates change in a way that incentivises this vision of person-centred integration which in turn will enable improved health and wellbeing outcomes for people in Leeds and a reduction in health inequalities in the city. This ambition is what lies at the heart of the Shaping Our Future programme and the New Operating Model for the CCG.

6 Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- Note the direction of travel being progressed across the city towards integration, person-centred integrated care and in particular NHS Leeds CCG's Shaping Our Future programme
 - Discuss whether the ambition for integration and person-centred integrated care is challenging enough.
 - Identify what the Health and Wellbeing Board will do to support the delivery of the ambition for integration and person-centred integrated care.

7 Background documents

None.

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

Alongside the Shaping Our Future programme, the CCG has developed a Health Inequalities Framework. This ambitious framework sets out four principles which will guide significant investment to achieve a targeted impact on reducing health inequalities across the city. The framework describes the CCG's intention to devolve resources to tackle health inequalities through Local Care Partnerships and to further develop mechanisms for joint investment in shared priorities around the prevention agenda.

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

At the heart of this approach is a commitment to Population Health Management (PHM). The programme is designed to strengthen the city's capability in two key strategic areas to aid the development of a strong and vibrant health & social care system: Population Health Planning (Strategic Commissioning) and System Integration.

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

The Shaping Our Future programme seeks to help enable a financially sustainable health and care system by achieving the best outcomes for populations and people for the Leeds pound. The aim will be for the CCG to define a set budget for a set population with a specific set of outcomes to be met, with a new, longer-term contractual form that gives providers more freedom on how they deliver those outcomes within the available financial envelope. Focusing on outcomes for individual people throughout creates the right incentives across the system.

Future challenges or opportunities

NHS Leeds CCG has identified a number of challenges and mitigations associated with the Shaping Our Future Programme and the associated delivery of the city's vision and CCG ambitions. These include the risk of national regulatory change to the way in which CCG's operate, risks to the ability of the CCG and wider system to adopt the new behaviours and capabilities described within the New Operating Model and the risk to delivery of the programme whilst also responding to the Covid-19 pandemic. The Shaping Our Future programme has been designed to not only support delivery of the vision for the city and strategic ambitions of the CCG but to overcome existing weaknesses in the way the CCG and the city work together to design and shape person-centred integrated care for people and populations in Leeds.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21

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	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

Appendix 1

The Montefiore Health System in New York: integrated care and the fight for social justice

This brief article by the [Kings Fund](#) summarises the significant impact the Montefiore Health and Care System has had by using a Population Health Management approach to proactively identify and support local populations with the greatest needs and individuals with the most complex needs.

Central to Montefiore's success has been its recognition, from the outset, that improving health and wellbeing outcomes is predicated on forming partnerships with non-healthcare organisations. The article states:

“To move the dial on population health, let alone make progress towards the higher objectives of greater wellbeing and prosperity, requires action across the panoply of factors that determine whether a society is sick or healthy: support for young children, diet, education, job opportunities, transport, housing, public spaces, care for elders, access to health care among many others. No single organisation has the wingspan to touch more than a handful of these issues on its own. Working in consort within a broad coalition – collective action to achieve collective impact – is both an obligation and an immense challenge”.

The article offers some helpful reflections from Montefiore's experience for other health and care systems wanting to progress greater levels of integration to improve health and wellbeing outcomes and reduce health inequalities

- *“It highlights the benefits of health care organisations adopting a broad perspective on their social purpose: being willing to apply their skills to the most pressing health care or broader problems facing their communities, even when that leads them far outside their own institutional walls*
- *it offers a particularly ambitious objective for consideration: the objective of using the skills and resources of health care to address inequality and achieve social justice. This is what appears to have allowed Montefiore to see past the hospital boundaries, escape the straitjacket of conventional health care and focus on what mattered to its population.*
- *Montefiore's experience (like areas of England such as Wigan or Coventry) says that we need to go out and find [our most deprived populations], connect with them wherever they are, understand the reality of their lives, and offer the services they want, on their terms, where they want them*
- *Montefiore also shows what health care organisations can achieve through sustained strategic partnerships with the other public and voluntary organisations that touch local communities. Health care organisations cannot have a profound impact on wellbeing on their own. They need to work in broad coalitions if the ambition is to tackle intractable social problems*
- *For those with the most complex needs, Montefiore presents a model of care management applied on an industrial scale with precision and determination. It highlights the advantages of bringing doctors, nurses, social workers and others together in a large organisation capable of providing effective support for case managers and investing in rigorous care management processes”*

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Report of: Leeds Carers Partnership
Report to: Leeds Health and Wellbeing Board
Date: 30th September 2020
Subject: Leeds Carers Partnership Strategy

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

Summary of main issues

The Health and Wellbeing Board supported the development of a new strategy to guide how we promote the health and wellbeing of the 75,000 carers in Leeds and reduce the health and financial inequalities that carers experience as a direct consequence of caring.

A new Leeds Carers Partnership Strategy has been developed which identifies six priorities that the Leeds Carers Partnership propose are the areas that we need to focus on to achieve the aims and vision of the strategy

Recommendations

The Health and Wellbeing Board is asked to:

- Agree the Leeds Carers Partnership Strategy and its six priorities which are based on what carers themselves have said is important to them through various local, regional and national surveys and engagement
- Support the strategy framework which will enable all partners to contribute to, and hold each other to account for, commitments, actions and performance
- Note the progress made by the Leeds Anchors Healthy Workplace around working carers (see Appendix 2), the next steps outlined and agree to receive an update on this work in Quarter 3 2021.

1 Purpose of this report

- 1.1 The purpose of this report is to present the new Leeds Carers Partnership Strategy, '**Putting carers at the heart of everything we do**'. The strategy sets out 6 priorities that the Leeds Carers Partnership propose are the key areas that we need to focus on in order to promote the health and well-being of carers in Leeds, and to reduce the health and financial inequalities that carers experience due to caring.
- 1.2 This report also provides an overview of the engagement processes undertaken in developing the strategy and outlines governance arrangements and the next steps required to deliver this ambitious citywide partnership strategy.

2 Background information

- 2.1 Carers are people who look after someone who otherwise couldn't manage without their help. This may be because of illness, frailty, disability, a mental health need or an addiction. Carers come from all walks of life, all cultures and can be of any age. The care they provide is unpaid and as such this definition does not extend to care-workers who are paid professionals who work in a variety of settings, from home care agencies and residential care facilities to nursing homes.
- 2.2 Carers come from all walks of life, all cultures and can be of any age. Each caring situation is different and is influenced by a range of factors relating to both the carer and the person they care-for. Carers play a significant role in preventing, reducing or delaying the point at which the people they care for become dependent on formal care and support, which is why it is important to promote carer wellbeing and prevent carers from developing needs for care and support themselves.
- 2.3 Increasing numbers of carers are taking on responsibility for more intensive levels of care. However, carers often feel isolated, that they are not respected or valued, and that the huge contribution that they make to individuals and the national economy cannot be underestimated but is often taken for granted and overlooked. This combination is known to impact upon their physical, mental and economic health and wellbeing.
- 2.4 The Leeds Carers Partnership is the lead group in Leeds focussed on the development and improvement of services that support carers. Membership of the Leeds Carers Partnership is open and includes carers as well as staff from the public, private and voluntary sector. The Partnership is co-chaired by the Head of Commissioning (Integration), Leeds City Council, Adults and Health Directorate and the Head of Primary Care (Proactive Care), NHS Leeds Clinical Commissioning Group
- 2.5 The Leeds Carers Partnership support the Carers UK call for the coronavirus crisis to be a turning point in how we as a society treat family carers. Carers UK say "It has never been more important that both national and local government, as well as employers and policy makers, take action to support carers and the people they care for".

- 2.6 In September 2019, the Leeds Carers Partnership submitted a report to Leeds Health and Wellbeing Board that presented their draft strategy, along with a proposal to undertake a period of public engagement.
- 2.7 The Leeds Health and Wellbeing Board noted the progress made by the Leeds Carers Partnership in developing the draft strategy, and supported for the interactive format as an accessible form of engagement with communities.
- 2.8 Leeds Health and Wellbeing Board commented on the further development of the strategy, including the public engagement proposal. Comments included:
- The need for the strategy to be aligned to the Young Carers Strategy to ensure that all carers are supported consistently throughout their lives.
 - The importance of putting carers' voices and experiences at the heart of the strategy and in how the strategy measures progress;
 - The opportunity for the strategy to challenge the health and care system to address longstanding issues and holding each other to account for actions, pledges and performance. In particular, working with our wider workforce to create a cultural change in health and care in Leeds around carers;
 - The opportunity for the strategy to be linked to the Inclusive Growth Strategy, recognising the importance of supporting carers in the workplace and economic health and wellbeing;

3 Main issues

- 3.1 The strategic aims of 'Putting carers at the heart of everything we do' are:
- To support the vision of Leeds being a Compassionate City and set out the priorities that, when taken together, will promote the health and well-being of carers and young carers in Leeds, and reduce the health and financial inequalities that they experience due to caring
 - To provide a framework by which all partners to the strategy can contribute and hold each other to account for commitments, actions and performance
- 3.2 Engagement on the draft strategy was undertaken between November 2019 and March 2020. The engagement occurred at two levels: citizen engagement and stakeholder engagement.
- 3.3 Citizen engagement included talking to carer groups, an online survey and gathering views via social media. Carers Leeds were central to citizen engagement acting as both a channel of communication and a voice for the 12,500 carers they support each year.
- 3.4 Stakeholder engagement is critical to ensure that there is system-wide ownership of the strategy and the role that organisations will play in contributing to the delivery of the priorities. A stakeholder event was held at St Chads on 4th March 2020 and was attended by 54 people representing 24 organisations.

- 3.5 Engagement with the Young Carers Strategy Steering Group has also been undertaken to align both strategies to ensure that all carers are supported consistently throughout their lives. A young carers specific priority has been included in 'Putting carers at the heart of everything we do' and the Leeds Carers Partnership support objectives which have been identified by the Young Carers Strategy Steering Group. Representatives from the Young Carers Strategy Steering Group are members of the Leeds Carers Partnership.
- 3.6 'Putting carers at the heart of everything we do' will be made available online as well as in the printable version of the strategy and the summary 'plan-on-a-page' appended to this report (see Appendix 1).
- 3.7 'Putting carers at the heart of everything we do' recognises the importance of the carer voice in the development and evaluation of health and care support. Wherever possible, carers will be actively involved in service reviews, while commissioning activities and service developments will be co-designed with carers. Where this is not realistically feasible, this will be undertaken with relevant third sector organisations.
- 3.8 'Putting carers at the heart of everything we do' will support the Leeds Health and Care Plan system-wide focus on prevention and early intervention through a 'Leeds Left Shift'. This essentially means moving resources (e.g. time, money, activities) towards support that promotes carer health and wellbeing and prevents carers from experiencing ill-health and financial disadvantage.
- 3.9 'Putting carers at the heart of everything we do' recognises that in order to promote carer health and wellbeing and to reduce the health inequalities that carers experience due to their caring role, it is important that we have shared aims and values across all partners, and that we take a strong system-wide approach to partnership working to ensure that carers in Leeds stay mentally and physically healthy for longer.
- 3.10 Each partner organisation will be responsible for identifying and implementing the actions they will take to support progress against the strategy priorities and objectives. This will be collated into an overarching delivery plan.
- 3.11 Each partner organisation will also be responsible for reporting progress to the Leeds Carers Partnership. This will provide opportunities for the partnership to provide constructive peer challenge and to hold each other to account in a supportive way.
- 3.12 In line with the Inclusive Growth Strategy, 'Putting carers at the heart of everything we do' has a focus on ensuring that carers and young carers are supported to access and remain in education and employment in order to promote their economic health and wellbeing and to avoid financial disadvantage.
- 3.13 The Leeds Anchors Healthy Workplace work-stream has conducted a working carers policy review supported by Carers Leeds. The review aims to create consistency between working carer policies and procedures and will create a good practice guide to influence and improve standards of supporting working carers in Leeds. A summary of this work is appended as Appendix 2.

- 3.14 The strategy vision is presented as a series of 11 ‘I-statements’ which together set out what Leeds could look like from a carer’s point of view. The ‘I-statements’ are based on what carers themselves have said is important to them through various local, regional and national surveys and engagement.
- 3.15 The strategy identifies six priorities which the Leeds Carers Partnership propose are the areas that we need to focus on to achieve the aims and vision of the strategy. The priorities are:
- Improving identification of carers
 - Supporting carers to care
 - The right support at the right time for young carers
 - The carer voice and involvement
 - Influencing change and innovation
 - Making Leeds a carer-friendly city
- 3.16 Progress against the priorities will be achieved by action in a number of different organisations and as such successful implementation of the strategy will entail partnership working across a range of work across different organisations
- 3.17 Some of the work is already underway while full implementation of the strategy will also see the development of new activities and areas of work. Given the scope and breadth of the strategy it is recognised that implementation of some of this work may sit outside of the health and social care system, such as access to and support in employment.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 As outlined above, citizen and stakeholder engagement has been undertaken by members of the Leeds Carers Partnership between November 2019 and March 2020. Carers Leeds were central to this engagement acting as both a channel of communication and a voice for the 12,500 carers they support each year
- 4.1.2 There have been numerous engagement exercises in recent years which have provided carers in Leeds with an opportunity to shape local and national policy, commissioning and service delivery. The things that carers tell us has not changed significantly over the last ten years and there tend to be common priorities when we compare the various surveys and consultation exercises.
- 4.1.3 The Leeds Carers Partnership approved ‘Putting carers at the heart of everything we do’ in April 2020.
- 4.1.4 Progress on the strategy will ultimately be reported, on a regular basis, to the Health and Wellbeing Board.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 ‘Putting carers at the heart of everything we do’ will seek to address the diverse needs of carers in Leeds and the health and financial inequalities that they experience due to their caring roles.

4.2.2 An equality and cohesion screening tool has been completed and is appended to this report.

4.3 Resources and value for money

4.3.1 Carers provide the bulk of care in Leeds. It is estimated that over 1.5 million hours of unpaid care are provided across Leeds every week while research published by the University of Leeds and Carers UK estimates the financial contribution of carers in Leeds to be around £1.4billion per year.

4.3.2 'Putting carers at the heart of everything we do' sets out actions that are and will take place through current funding streams. However, it is hoped that agreeing shared priorities across a range of partners will enable new and innovative ways of working which will have both social and wider economic benefits.

4.3.3 The overall approach is consistent with the Leeds Plan shift towards early intervention and prevention, whilst recognising that investment in quality care and support for older and disabled people is required to ensure that carers are not pushed to breaking point by a lack of support.

4.3.4 Where key decisions are required about resource allocation including future investment, these will be progressed through the Integrated Commissioning Executive (ICE) subject to ratification by the Council's and CCG's decision making policies

4.4 Legal Implications, access to information and call In

4.4.1 There are no legal implications, access to information or call in implications to this report.

4.5 Risk management

4.5.1 'Putting carers at the heart of everything we do' sets out the ambition of Leeds to be the best city for carers, whilst being practical about opportunities and challenges. Financial and reputational risks will be managed by the governance of Leeds City Council and NHS Leeds Clinical Commissioning Group in the development of the strategy.

4.5.2 It is important that the Leeds Carers Partnership has a way of knowing that the actions and commitments being undertaken are making a difference for carers. Some of the ways that the partnership will do this will include:

- Asking partner organisations to report progress against their own action plans
- Analysing the results of national surveys e.g. GP Patient Survey & Survey of Adult Carers in England
- Asking Leeds City Council and the NHS to share the information they submit on statutory returns
- Checking whether the number of carers registered with GP practices has increased

- Asking commissioned services to share a summary of their performance reports
- Inviting carers to share their experiences at partnership meetings

5 Conclusions

- 5.1 The Leeds Carers Partnership Strategy recognises both the crucial role that carers play in supporting families and strong communities, and that carers often experience health and financial inequalities as a direct consequence of their caring role.
- 5.2 The strategy also recognises that it is important to have shared aims and values across all partners, and that successful implementation of the strategy is best achieved through a strong partnership approach to ensure that carers in Leeds stay mentally and physically healthy, and economically active, for longer

6 Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- Agree the Leeds Carers Partnership Strategy and its six priorities which are based on what carers themselves have said is important to them through various local, regional and national surveys and engagement
 - Support the strategy framework which will enable all partners to contribute to, and hold each other to account for, commitments, actions and performance
 - Note the progress made by the Leeds Anchors Healthy Workplace around working carers (see Appendix 2), the next steps outlined and agree to receive an update on this work in Quarter 3 2021.

7 Background documents

- 7.1 None

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How does this help reduce health inequalities in Leeds?

Carers experience health inequalities as a direct consequence of their caring role. The strategy aims to raise awareness of carers and caring and to develop a partnership approach, involving public, private and voluntary sector, to improving identification, recognition and support for carers.

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

It is widely recognised that good support for carers benefits not only carers by maintaining and promoting their health and well-being, but also the health and well-being of the person they care for. Carers also play a significant role in preventing, reducing or delaying the needs for care and support for the people they care for, which is why it is important that we consider preventing carers from developing needs for care and support themselves.

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

Promoting carers' wellbeing and supporting carers to continue caring is an argument that in recent years has moved beyond simply one of morality or even duty. It is now widely recognised that supporting carers delivers economic benefits as well as contributing to managing demand. Research undertaken by the University of Leeds estimate the financial contribution of unpaid care in Leeds to be around £1.4billion per year. Supporting carers to continue caring is therefore fundamental to supporting the sustainability of the NHS and Social Care.

Future challenges or opportunities

The Leeds Carers Partnership Strategy provides the opportunity for a partnership approach to tackling and reducing health inequalities. The 6 priorities proposed by the Leeds Carers Partnership are:

- Improving identification of carers
- Supporting carers to care
- The right support at the right time for young carers
- The carer voice and involvement
- Influencing change and innovation
- Making Leeds a carer-friendly city

Priorities of the Leeds Health and Wellbeing Strategy 2016-21

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	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

The Leeds Carers Partnership Strategy: 2020 to 2025

Our Vision

We want Leeds to be a city where carers can say:

I have good quality information and advice which is relevant to me

I am listened to and feel part of the team planning care for the person I care-for

I am satisfied with the support that the person I care for receives

I feel that what I do as a carer is recognised, understood and valued

I feel that I am supported to look after my own health and wellbeing

I have support that means I am protected from inappropriate caring

I get to have a break and some time for myself or with other family and friends

I am able to balance caring with my education and/or paid work

I know where to get help from when I need it including when things go wrong

I am able to keep in touch with friends and family

I feel supported when my caring role ends

Our Approach

All partners to this strategy agree to:

- Acknowledge the contribution that carers and young carers make as well as the impact that caring has on carers health and wellbeing
- Promote good practice in the identification of carers and young carers
- Commit to a range of actions which will contribute to the priorities and objectives in “Putting carers at the heart of everything we do”
- Work in partnership with others to improve support for carers and young carers
- Ensure that carers and young carers are acknowledged as expert partners in care and their skills and knowledge are both valued and utilised
- Work towards being a ‘carer-friendly’ employer



Putting carers at the heart of everything we do



Our Priorities and Objectives

Improving identification of carers

1. Raise public awareness of carers and caring to increase the number of people who identify themselves as carers
2. Increase the number of carers who are identified in primary care and the number of patients who are registered with their GP practice as a carer
3. Increase the number of carers who are identified through social care needs assessments of the people they care for
4. Expand and modernise the Yellow Card Scheme to include community health services, pharmacies and other NHS organisations
5. Increase the number of organisations proactively identifying people in their workforce who balance their paid employment with caring

Supporting carers to care

1. Increase the number of carers who receive information and advice from the NHS and Social Care as well as from specialist carer and young carer services
2. Increase the range of short break options available and the number of carers having a short break which meets their own needs
3. Increase the number of carers and young carers assessments completed and recorded by Leeds City Council
4. Introduce new arrangements which will support more carers to develop contingency and/or emergency plans
5. Increase the number of working carers who are receiving support from their employer, e.g. working carers passport

The carer voice and carer involvement

1. Establish a Leeds Carers Forum, run by carers and for carers, to provide a 'carer voice'
2. Ensure that carers are acknowledged as partners in care, and their skills and knowledge are valued and used when planning care for the person they care-for
3. Provide more opportunities for carers to be involved in strategic planning and commissioning decisions
4. Carry out research to better understand the needs of carers from our diverse communities (including BAME, LGBT+ and migrant communities)
5. Introduce an annual Leeds Carers Survey and progress actions to address areas of concern highlighted in the survey

Influencing change and innovation

1. Increase the number of opportunities for carers to use technology and social media to support them in their caring role
2. Work with Carers UK to enhance the digital offer for carers available through the Digital Resource for Carers
3. Work collaboratively with the West Yorkshire and Harrogate Health and Care Partnership and regional ADASS carers lead officer network
4. Work with Digital Leeds and Leeds Telecare to identify new ways to support carers with technology
5. Increase the educational and training opportunities for carers so they understand their rights and are able to care safely and effectively

Young Carers

1. Ensuring an 'Early-Help' offer is available for all young carers and their families using whole family approaches
2. Ensuring enhanced support is available for young carers where the impact of caring on their lives is significant
3. Ensuring that young carers are supported at key transition points (e.g. to adulthood)
4. Developing a Young Carers in Schools programme
5. Safeguarding the most vulnerable young carers

Making Leeds a carer-friendly city

1. Establish Carer Champion and Young Carers Ambassadors roles
2. Coordinate publicity, events and activities in Carers Week and on Carers Rights Day
3. Provide support for organisations and businesses to develop more carer-aware workplaces in Leeds
4. Promote the Leeds Commitment to Carers to non-health and non-care organisations and businesses
5. Promote and support issues that are raised by carers (e.g. work, banking, public transport, parking, housing, leisure etc)

**“Putting carers at the heart
of everything we do”**

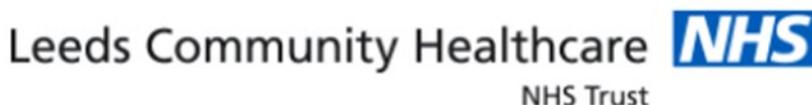


**The Leeds Carers Partnership Strategy
2020 - 2025**

The Leeds Carers Partnership champions the needs of carers and young carers and aims to influence the way that services are planned and delivered in response to their needs and aspirations. Membership of the Leeds Carers Partnership is open and includes carers as well as staff from the public, private and voluntary sector.

The Leeds Carers Partnership support the Carers UK call for the coronavirus crisis to be a turning point in how we as a society treat family carers. Carers UK say *"It has never been more important that both national and local government, as well as employers and policy makers, take action to support carers and the people they care for"*.

This new strategy sets out 6 priorities that the Leeds Carers Partnership agree are the key areas that we need to focus on in order to promote the health and well-being of carers and in Leeds, and to reduce the health and financial inequalities that carers experience due to caring.



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Foreword by

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6. Some things that carers say get in the way
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Section 3: Useful resources and links to other strategies

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Foreword

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Section 1: Information about carers and caring

1. Who are carers?

Carers are people who look after someone who otherwise couldn't manage without their help. This may be because of illness, frailty, disability, a mental health need or an addiction.

Carers come from all walks of life, all cultures and can be of any age. The care they provide is unpaid and as such this definition does not extend to *care-workers* who are paid professionals who work in a variety of settings, from home care agencies and residential care facilities to nursing homes.

- **Young Carers** are carers aged under 18 who may be caring for an adult or a disabled child.
- **Parent Carers** are carers aged 18 or over and who are caring for a disabled child.
- **Adult Carers** are carers aged 18 or over who are caring for another adult aged 18 or over
- **Working Carers** are carers who balance caring with paid employment.

Increasing numbers of carers are taking on responsibility for more intensive levels of care. However, carers often feel isolated, that they are not respected or valued, and that the huge contribution that they make to individuals and the national economy cannot be underestimated but is often taken for granted and overlooked. This combination is known to impact upon the physical, mental and economic health and wellbeing of carers.

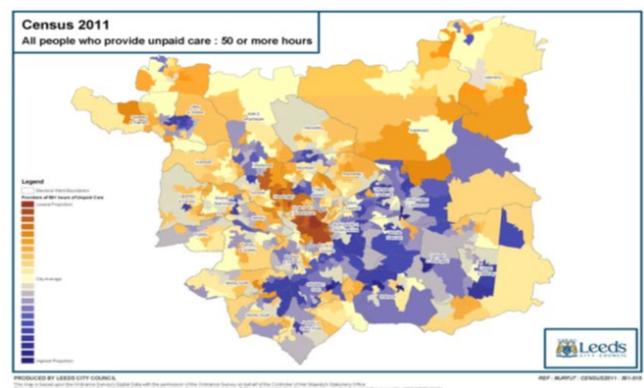
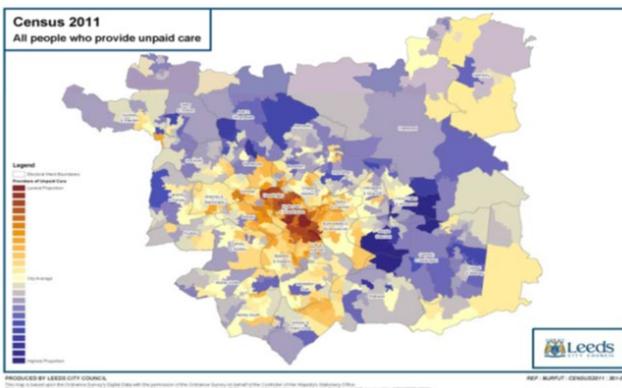
2. What do carers do?

Each caring situation is different and is influenced by factors relating to both the carer and the person they care for, for example carers are likely to:

- Perform personal care and nursing tasks such as giving medication, changing dressings, helping with mobility, dressing and toileting
- Provide emotional support, especially if the person they care for has mental health needs or dementia
- Perform domestic tasks such as shopping, cooking, cleaning, washing, ironing
- Coordinate appointments, manage finances, provide transport
- Deal with emergencies which rarely happen at convenient times
- Keep the person they care for safe
- Care for more than one person
- Have to balance caring with their employment or education

3. Where do carers live?

The map on the left shows the distribution of carers in Leeds while the map on the right shows the distribution of carers who provide more than 50 hours of care per week. The maps suggest that greater numbers of carers tend to live in the outlying areas of Leeds with a distinct pattern to the North of the City. However, the distribution changes with carers providing the greatest number of hours more likely living to the south and south east of the City. Please note that the maps are based on information from the 2011 Census and will be updated after the 2021 Census.



4. Some key facts and figures about carers and caring

<p>75,000 Carers in Leeds That's around 1 in 10 of the population</p> <p>😊 😊 😊 😊 😊 😊 😊 😊 😊 😊</p>		
<p>Carers aged 65 and over are more than TWICE as likely to be caring for more than 50 hours per week than other carers</p>	<p>Carers provide 1.5 million hours of unpaid care per week in Leeds every week. It would cost £1.4 BILLION a YEAR to replace that care</p>	<p>The percentage of carers providing 20 or more hours of care per week increased between 2001 and 2015 from: 31% to 37%</p>
<p>Carers are less likely to be in full time employment (38% compared to 47% of non-carers)</p>	<p>65 people start caring in Leeds EVERY DAY</p>	<p>Carers are more likely to have a long term physical or mental health condition than non-carers</p>
<p>Being a young carer can affect school attendance, educational achievement and future life chances</p>		

5. Some things that carers say would help them

There have been several engagement exercises in recent years which have provided carers in Leeds with an opportunity to shape local and national policy, commissioning and service delivery. The things that carers tell us has not changed significantly over the last few years and there tend to be common issues that carers say would help them:



6. Some things that carers say get in the way

Carers also tell us about the things that don't help or get in the way:



7. Relevant legislation

The Care Act 2014

The Care Act recognises that supporting adult carers is just as important as supporting the people they care for. The Care Act gives adult carers the right to support from their local authority which can include information and advice, preventative services, carers' assessment and support to meet a carers needs based on national eligibility criteria.

The Care Act also places a duty on local authorities to identify young carers and provide support for parent carers and young carers when a young person in transition to adulthood.

The Children and Families Act

The rights of young carers and parent carers are covered in the Children and Families Act. The local authority has to provide information and support to prevent young carers from inappropriate caring, as well as providing an assessment for a young carer or a parent carer if it appears that they have needs or if they request an assessment.

The NHS Long Term Plan

The NHS Long Term Plan says that the NHS need to improve identification and support for carers and young carers. The plan says that the NHS will introduce 'carer quality markers' in primary care, provide better support for carers in emergencies, publish top-tips for supporting young carers, and make sure that carers benefit from wider use of social prescribing.

The Employment Rights Act and the Equality Act 2010

The Employment Rights Act gives carers rights at work that can help them to manage work and caring responsibilities and the Equality Act 2010 protects carers against discrimination or harassment because of their caring responsibilities.

8. Investment in support for carers

'Putting carers at the heart of everything we do' sets out actions that are and will take place through current funding streams. However, it is hoped that agreeing shared priorities across a range of partners will enable new and innovative ways of working which will have both social and wider economic benefits.

The table below shows the annual investment from April 2020 in support for carers from Leeds City Council (Adults & Health & Children & Family directorates) and NHS Leeds Clinical Commissioning Group.

It does not include support that is provided directly to people with health and care needs which may benefit carers (e.g. Respite in a Care Home, Shared Lives, Home Care, Day Care, Continuing Healthcare etc). Nor does it include support for carers and the people they care for provided by the NHS, for example through Primary Care, Community Healthcare and Acute Care.

Description	Investment
Information, advice and support service for adult and parent carers	£1,326,000
Information, advice and support service for young carers	£305,000
Community Based Short Breaks (Adults)	£1,200,000
Targeted Short Breaks for Disabled Children	£560,000
Asset Based Community Development Project: Short Breaks for BAME carers	£30,000
Carers Emergency Scheme	£96,000
Time for Carers grant	£150,000
Employers for Carers & Digital Resource (Carers UK)	£5,000
Total	£3,672,000

Section 2: Putting carers at the heart of everything we do

1. What Leeds will look like from a carers point of view

The vision for this strategy is presented as eleven carer 'I-statements' which together set out what Leeds could look like from a carer's point of view.

The 'I-statements' are based on what carers themselves have said is important to them through various local, regional and national surveys and engagement.

The Eleven Carer 'I' Statements
I have good quality information and advice which is relevant to me
I am listened to and feel part of the team planning care for the person I care-for
I am satisfied with the support that the person I care for receives
I feel that what I do as a carer is recognised, understood and valued
I feel that I am supported to look after my own health and wellbeing
I have support that means I am protected from inappropriate caring
I get to have a break and some time for myself or with other family and friends
I am able to balance caring with my education and/or paid work
I know where to get help from when I need it including when things go wrong
I am able to keep in touch with friends and family
I feel supported when my caring role ends

2. The 6 priorities we agree we need to focus on

The strategy identifies six priorities which the Leeds Carers Partnership agree are the areas that we need to focus on to achieve the aims and vision of the strategy. The priorities are:



Based on feedback from citizen and stakeholder engagement undertaken during the development of this strategy, The Leeds Carers Partnership has agreed 5 objectives which will contribute towards each priority:

Improving identification of carers

The Leeds Carers Partnership has identified the following objectives which will contribute towards this priority:

1. Raise public awareness of carers and caring to increase the number of people who identify themselves as carers
2. Increase the number of carers who are identified in primary care and the number of patients who are registered with their GP practice as a carer
3. Increase the number of carers who are identified through social care needs assessments of the people they care for
4. Expand and modernise the Yellow Card Scheme to include community health services, pharmacies and other NHS organisations
5. Increase the number of organisations proactively identifying people in their workforce who balance their paid employment with caring

Supporting carers to care

The Leeds Carers Partnership has identified the following objectives which will contribute towards this priority:

1. Increase the number of carers who receive information and advice from the NHS and Social Care as well as from specialist carer and young carer services
2. Increase the range of short break options available and the number of carers having a short break which meets their own needs
3. Increase the number of carers and young carers assessments completed and recorded by Leeds City Council
4. Introduce new arrangements which will support more carers to develop contingency and/or emergency plans
5. Increase the number of working carers who are receiving support from their employer, e.g. working carers passport

The right support at the right time for young carers

The Leeds Carers Partnership support the following objectives which have been identified by the Young Carers Steering Group:

1. Ensure an 'Early-Help' offer is available for all young carers and their families using whole family approaches
2. Ensure enhanced support is available for young carers where the impact of caring on their lives is significant
3. Ensure that young carers are supported at key transition points (e.g. to adulthood)
4. Develop a Young Carers in Schools programme
5. Safeguard the most vulnerable young carers

The carer voice and carer involvement

The Leeds Carers Partnership has identified the following objectives which will contribute towards this priority:

1. Establish a Leeds Carers Forum, run by carers and for carers, to provide a 'carer voice'
2. Ensure that carers are acknowledged as partners in care, and their skills and knowledge are valued and used when planning care for the person they care-for
3. Provide more opportunities for carers to be involved in strategic planning and commissioning decisions
4. Carry out research to better understand the needs of carers from our diverse communities (including BAME, LGBT+ and migrant communities)
5. Introduce an annual Leeds Carers Survey and progress actions to address areas of concern highlighted in the survey

Influencing change and innovation

The Leeds Carers Partnership has identified the following objectives which will contribute towards this priority:

1. Increase the number of opportunities for carers to use technology and social media to support them in their caring role
2. Work with Carers UK to enhance the digital offer for carers available through the Digital Resource for Carers
3. Work collaboratively with the West Yorkshire and Harrogate Health and Care Partnership and regional ADASS carers lead officer network
4. Work with Digital Leeds and Leeds Telecare to identify new ways to support carers with technology
5. Increase the educational and training opportunities for carers so they understand their rights and are able to care safely and effectively

Making Leeds a carer-friendly city

The Leeds Carers Partnership has identified the following objectives which will contribute towards this priority:

1. Establish Carer Champions and Young Carers Ambassadors roles
2. Coordinate publicity, events and activities in Carers Week and on Carers Rights Day
3. Provide support for organisations and businesses to develop more carer-aware workplaces in Leeds
4. Promote the Leeds Commitment to Carers to non-health and non-care organisations and businesses
5. Promote and support issues that are raised by carers (e.g. work, banking, public transport, parking, housing, leisure etc)

3. How partners will work together

'Putting carers at the heart of everything we do' recognises that in order to promote carer health and wellbeing and to reduce the health inequalities that carers experience due to their caring role, it is important that we have shared aims and values across all partners, and that we take a strong partnership approach to ensure that carers in Leeds stay mentally and physically healthy for longer. All organisations who are partners to this strategy have agreed to:

- Acknowledge the contribution that carers and young carers make as well as the impact that caring has on carers health and wellbeing
- Promote good practice in the identification of carers and young carers
- Commit to a range of actions which will contribute to the priorities and objectives in "Putting carers at the heart of everything we do"
- Work in partnership with others to improve support for carers and young carers
- Ensure that carers and young carers are acknowledged as expert partners in care and their skills and knowledge are both valued and utilised
- Work towards being a 'carer-friendly' employer

4. How we will know we are making a difference

Each partner organisation will be responsible for identifying and implementing the actions they will take to support progress against the strategy priorities and objectives. This will be collated into an overarching delivery plan.

It is important that the Carers Partnership has a way of knowing that the actions and commitments being undertaken are making a difference for carers. Some of the ways that we will do this include:

Partner organisations will report progress against the actions they are taking

We will look at the results of national surveys e.g. GP Patient Survey & Survey of Adult Carers in England

We will ask Leeds City Council and the NHS to share the information they submit on statutory returns

We will check whether the number of carers registered with GP practices has increased

We will ask commissioned services to share a summary of their performance reports

We will invite carers to share their experiences at partnership meetings

Section 3: Useful resources and links to other strategies

1. A to Z of resources for carers and young carers

ADULT SOCIAL CARE

Adult Social Care can help people who may need extra care and support to live independently and have a fulfilling life. This might include connecting people with support in their own local community as well as personal care, attending activities (e.g. day centres), equipment and home adaptations, extra care housing and residential or nursing care.

Phone: 0113 222 4401

Leeds City Council Adult Social Care website:

<https://www.leeds.gov.uk/residents/health-and-social-care/adult-social-care>

BEREAVEMENT SUPPORT

Bereavement brings a number of extra issues for carers, for example the loss of purpose and identity that caring provided, and the loss of, or disconnection from, some the things carers may have lost or given up to care, such as contact with friends or work.

The West Yorkshire and Harrogate Grief and Loss Support Service offers support and advice 7 days a week between 8.00am and 8.00pm. The service can support anyone experiencing any form of grief and loss, or those worried about losing someone, whether this relates to a family member, friend or member of their community. Where appropriate, people will be signposted to further support from Leeds based specialist bereavement support services.

Free helpline number: 0808 196 3833

Online chat: griefandlosswyh.co.uk

The Bereaved Carer Project at Carers Leeds provides support on a one-to-one and group basis for carers who have been bereaved. In addition the 'Support After Loss' group can offer bereaved carers the opportunity to socialise and build their confidence in getting out and about and enjoying the activities and events in the community.

Carers Leeds Advice Line Phone Number: 0113 380 4300

Email: info@carersleeds.org.uk

CARERS ASSESSMENT

Carers are entitled to an assessment of their own needs, even if the person they care for doesn't want or need services themselves. This is called a Carers Assessment and it is simply the way professional workers from Health or Social Care organisations find out what the caring situation is, and what would help carers to continue caring. It is not a 'test' of how well carers are providing care!

Carers who don't already have a social worker or other Adult Social Care staff member involved with the family, can ask for a Carers Assessment by contacting Carers Leeds via their Advice Line on 0113 380 4300. The assessment will be carried out by Adult Social Care Staff who are based at Carers Leeds Offices.

CARERS LEEDS

Carers Leeds is an independent Leeds based charity that provides specialist and tailored support, advice and information to unpaid carers aged over 16. Established in 1996, the Carers Leeds team of expert support workers are dedicated to improving the lives of thousands of carers in Leeds.

Their service offers confidential one to one and group support that helps carers keep on caring. They are based in the centre of Leeds, and also offer support in local communities, over the phone and online.

Carers Leeds produce a regular newsletter for carers and professionals and work in partnership with community groups, local businesses and third sector organisations to give carers in Leeds a network of support that covers general and specialist carers issues.

Advice Line Phone Number: 0113 380 4300

Email: info@carersleeds.org.uk

Website: <https://www.carersleeds.org.uk/>

CARERS UK

Carers UK are the UK's only national membership charity for carers. They provide a wide range of support for carers as well as campaigning for better recognition and support of carers. The Carers UK website includes help and advice, factsheets and other publications, as well as information about their current campaigns.

Carers UK Helpline: 0808 808 7777 or advice@carersuk.org

Carers UK website: <https://www.carersuk.org/home>

Carers UK online forum: <https://www.carersuk.org/forum>

CARING FOR SOMEONE LIVING WITH DEMENTIA

Most people with dementia live at home and even when dementia becomes "severe", an estimated 50% of people live at home. As well as the physical demands of caring, there is the emotional impact of seeing someone close change as the condition progresses.

The Dementia Hub at Carers Leeds provides specialist carer support throughout the city in order to support carers of people living with dementia, which includes telephone support, one-to-one support and training to better understand dementia, how to access support as a carer, financial and legal affairs and planning for the future. There is also a monthly memory café for carers and the person they care-for. In order to access this service carers can telephone the Carers Leeds advice line on 0113 380 4300.

M4D radio is part of the Music for Dementia campaign to make music available to people living with dementia. It is a group of 5 themed radio stations

available 24 hours a day, 365 days a year playing music that evokes memories. M4D radio is available at <https://m4dradio.com/>

DIGITAL RESOURCES FOR CARERS

Leeds City Council have teamed up with Carers UK to give carers in Leeds free access to a wide range of digital tools and essential resources that may help make their caring situation easier. Carers need to visit www.carersdigital.org and use the unique reference code **DGTL8267**. Once registered carers will have free access to:

- **About Me:** An online course that aims to help carers identify and find resources, technology and sources of support to prevent caring responsibilities from becoming overwhelming.
- **Jointly Care co-ordination app:** a central place to store and share important information about the person carers are caring for, set up appointments, allocate tasks, save files and notes, manage medication and lots more.
- **Carers UK guides:** Essential reading for carers including 'Upfront guide to caring', 'Looking after someone', 'Carers Rights Guide' and 'A self-advocacy guide for carers'

E-LEARNING FROM HEALTH EDUCATION ENGLAND

Health Education England team has worked with Carers UK to develop an e-learning resource to support the vital care that carers provide. All the resources are free for anyone who provides care and support to a family member or friend. The resources are available at: <https://www.e-lfh.org.uk/programmes/supporting-unpaid-carers/>

FAMILY ACTION (SUPPORT FOR YOUNG CARERS)

From 1 April 2020, the Leeds Young Carers Support Service will be delivered by Family Action. The three main elements of the service are:

- Information, advice and guidance for any young carer
- Targeted support services for young carers whose caring role has a profound impact on their lives
- Awareness raising

Phone: 0113 7339126

Website: <https://www.family-action.org.uk/what-we-do/children-families/leeds-young-carers-support-service/>

GP'S AND THE YELLOW CARD SCHEME

It is important that carers tell their GP practice that they are a carer!

Carers can ask their GP practice for a 'Carers Yellow Card' and when they have completed the short form hand it back to the practice. This means that their caring role can be identified when they contact the practice and they can be offered appointment times and services that fit with their caring role, for example carer health checks and access to flu vaccinations. As long as carers

give their permission, the GP practice can also send a referral to Carers Leeds who will then get in touch with the carer to see if they can provide any information, advice or support that can help.

HAVING A SHORT BREAK FROM CARING

A short break is anything that means that a carer is relieved of their caring responsibility for a period of time, and in most cases, this will involve someone else taking over their caring role. This can range from informal relationships where a family member or friend takes over caring for a short time, to local support that is available for particular groups of people (e.g. Neighbourhood Networks, Dementia Cafes) or to more formal care arrangements through a service provided by a care agency or respite in a residential care home.

If there are no family, friends or appropriate local support, Leeds City Council can help carers to get a break from caring.

This could include a Community Based Short Break service where a paid care worker looks after the cared-for person in their own home for a few hours or can accompany the cared-for person on a short trip or outing. This service has to be arranged by Leeds City Council's Adults and Health Directorate who can be contacted on 0113 222 4401.

LEARNING FOR LIVING

Carers UK have developed this interactive e-learning programme to help carers develop greater understanding of the unique skills and knowledge they apply on a day-to-day basis in their caring role, and how they can transfer these skills to the workplace. The aim of the e-learning programme is to boost confidence amongst unpaid carers, who regularly carry out complex tasks, manage finances and communicate in a range of situations, but often underestimate the value of these skills when job searching or looking at changing roles.

The Learning for Living e-learning programme is available at <https://www.learning4living.org/login/index.php>

LEEDS DIRECTORY

Leeds Directory is Leeds City Council's online source of information to help people live well and as independently as possible. Leeds Directory includes a range of services in the home and community, activities and support groups.

There are over 1,700 organisations and services that may assist and support people in a variety of ways, towards living well and more independently. These include for example, home and garden maintenance; equipment to help with daily living tasks such as cooking or getting washed and dressed; home care; and home security.

Website: <https://www.leedsdirectory.org/>

Phone: 0113 378 4610 (weekdays 9am to 5pm)

LEEDS TEACHING HOSPITALS NHS TRUST

It can be a stressful time for carers if the person they care for is taken into hospital. Leeds Teaching Hospitals NHS Trust have made a commitment to ensure that carers are recognised as important partners in the care of patients, and have developed their own Carers Charter which sets out how the Trust will support carers.

Website: <https://www.leadsth.nhs.uk/patients-visitors/patient-and-visitor-information/patient-experience/involving-people/information-for-carers/>

LOOKING AFTER YOURSELF

It is important that carers (as well as the rest of us) do their best to look after their physical and mental health. There are various websites that provide information and advice as well as 'top-tips':

[Information about taking care of your mental wellbeing from the Mindmate website](#)

[NHS Leeds Clinical Commissioning Group advice on health lifestyles](#)

[Carers UK advice about keeping active and well](#)

[Carers UK advice about looking after your mental wellbeing](#)

MAKING A CONTINGENCY PLAN

Writing a Contingency Plan can help carers to think about the different ways and different people that can help if they are unable to look after the person they normally care for due to illness or an emergency. A contingency plan should include the information that someone would need to enable them to take over the caring role on a temporary basis as well as the contact names of at least two people that have agreed that they will step in as needed. A template has been produced and is available from Carers Leeds and Adult Social Care.

From 1st April 2020 to 31st March 2022, the Carers Emergency Scheme will be provided by Comfort Call. The telephone number for enquiries and referrals is 0113 205 2990. The Leeds Carers Emergency Scheme can:

- enable carers to complete a carers contingency plan,
- arrange for those plans to be registered and stored safely,
- co-ordinate a response in the event of an emergency where the carer is unable to provide the care they normally provide.

MONEY AND FINANCE

The Money Advice Service has been set up to provide free and impartial money advice. For more information about the support available for carers, including benefits and tax credits, and how to manage the money of the person being cared-for is available at:

<https://www.moneyadvice.service.org.uk/en/categories/support-for-carers>

Leeds City Council's Welfare Rights Unit can also provide free, confidential, impartial advice and support on a whole range of welfare benefits and can help

people to complete application forms over the phone. The Welfare Rights Unit can be contacted on 0113 376 0452 or by email at: welfare.rights@leeds.gov.uk.

NEIGHBOURHOOD NETWORKS

Neighbourhood Network Schemes are community based organisations that enable older people to live independently and participate within their own communities by providing a range of services, activities and opportunities that promote the health and well-being of older people throughout Leeds.

Each Neighbourhood Network Scheme is managed by a committee of local people and a team of committed staff and volunteers, including many older people. The Schemes are responsive and flexible. They work within communities to meet local needs and provide the services, activities and opportunities that older people want.

A list of all the Neighbourhood Network Scheme can be found at <https://www.opforum.org.uk/wp-content/uploads/2020/02/NNS-Contacts-January-2019.pdf>

SOCIAL PRESCRIBING

Social Prescribing is a way of linking individuals with a range of local community services to improve their social, emotional and mental wellbeing.

Linking Leeds provides Social Prescribing for Leeds citizens aged 16 years and above. Wellbeing Coordinators are based within GP practices providing one-to-one support over the phone and face to face. Community outreach from GP surgeries and other community locations is undertaken as appropriate.

Anyone can make an appointment to see a Wellbeing Coordinator by:

- Asking their GP practice to book them an appointment
- Asking another organisation (eg Carers Leeds) to contact Linking Leeds
- Completing the introduction form and sending it to linking.leeds@nhs.net
- By telephoning the Hub on 0113 336 7612.

SUPPORT FOR PARENT CARERS

The Leeds Special Educational Needs and Disabilities Information Advice and Support Services (SENDIASS) service provides vital support, information and advice for parents/carers, children, and young people with Special Educational Needs.

Phone: 0113 378 5020

Website: <https://sendiass.leeds.gov.uk/>

The Leeds Local Offer has been published to ensure that families can access clear information about services for those aged 0-25 with SEN and disabilities and to explain what support families are entitled to and can expect from services. This includes services and groups which promote inclusion and can provide parent carers with a short break from caring.

Phone: 0113 378 5020

Website: <https://leedslocaloffer.org.uk/#!/directory/suggestions>

SUPPORT GROUPS FOR CARERS

Group support is a good way to share experiences and get emotional support from other people in the same or a similar situation. Carers Leeds facilitate around 30 carer support groups each month. The groups are welcoming and friendly, give carers a break from caring and gives you the opportunity to get advice, information and support tailored towards your caring role. Some groups enjoy activities, well-being sessions and have speakers who may be of particular interest to the group.

Website: <https://www.carersleeds.org.uk/wp-content/uploads/2019/03/support-groups-feb-2019.pdf>

TELECARE SERVICES

Telecare is a service that can support older and vulnerable people to live safely and independently in their own home through the use of simple sensors.

Telecare can provide carers with peace of mind which can mean they are able to go to work, take part in leisure activities or just simply go out, knowing that a Response Centre will be alerted if the sensor detects any problems.

Response centre staff will have information about the person using the service, will be able to identify which sensor has been activated, and how best to respond.

Phone: 0113 222 4401

Website: <https://www.leeds.gov.uk/assistedliving/telecare-services>

TIME FOR CARERS GRANT

The Time for Carers scheme can provide a carer with a payment of up to £250 so that they can have a break from caring. The scheme is funded by Leeds City Council and administered by Carers Leeds. Carers are asked to say exactly how they would spend the grant and how they hope to benefit from the break (e.g. improved health, reduced stress, re-charge batteries). Carers are also asked to provide a short summary of how they have used the grant and the difference it has made to them.

Funding is advertised at particular times of the year on the Carers Leeds website <https://www.carersleeds.org.uk/> and through Carers Leeds Twitter account @carersleeds

VIDEO RESOURCES FROM SCIE

The Social Care Institute for Excellence (SCIE) has developed a video-based resource designed to help people look after someone safely at home. Each section has a set of videos designed to give practical and relevant information to support carers day to day. The videos cover how to help manage certain conditions and may be particularly useful for carers who are supporting someone during the COVID-19 crisis. The videos are available at <https://www.scie.org.uk/carers/informal-carers>

WORKING CARERS AND EMPLOYERS

Carers Leeds 'Working Carers Project' provides support for employers as well as for people who balance their paid employment with caring for someone. Support includes:

- Self-assessment tool for employers
- Training, information and support for managers
- Training, information and support for working carers
- On-site 1-2-1 support for working carers
- Employer toolkit
- General information for carers

Carers Leeds Advice Line Phone Number: 0113 380 4300

Email: info@carersleeds.org.uk

Website: <https://www.carersleeds.org.uk/>

2. Links to other plans and strategies

Leeds Health and Wellbeing Strategy:

<https://www.leeds.gov.uk/docs/Health%20and%20Wellbeing%202016-2021.pdf>

Leeds Inclusive Growth Strategy

<http://www.leedsgrowthstrategy.co.uk/wp-content/uploads/2018/06/Leeds-Inclusive-Growth-Strategy-FINAL.pdf>

Leeds Young Carers Strategy

Not yet published

Leeds Dementia Strategy

Not yet published

Leeds Mental Health Strategy

Not yet published

Leeds Learning Disability Strategy

<https://www.through-the-maze.org.uk/wp-content/uploads/2019/10/Leeds-Learning-Disability-Partnership-Board-Strategy-2018-2021-1.pdf>

Adult Social Care Better Lives Strategy

Problems loading?

NHS Leeds Clinical Commissioning Group Strategic Plan

<https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2018/08/LCCG-strategic-plan-10Jul18-WEB.pdf>

Leeds Teaching Hospitals NHS Trust

Not sure what to use Trust Strategy / Carers Charter ??- check with Krystina

Leeds Community Healthcare NHS Trust Business Plans

<https://www.leedscommunityhealthcare.nhs.uk/about-us1/business-plans1/>

Leeds and York Partnership Foundation NHS Trust Strategy

<https://www.leedsandyorkpft.nhs.uk/about-us/wp-content/uploads/sites/8/2017/04/Trust-strategy-2018-2023.pdf>

West Yorkshire & Harrogate Partnership: Unpaid Carers Strategy

https://www.wyhppartnership.co.uk/application/files/2815/7926/7381/Caring_for_Carers_Strategy_2019.pdf



Appendix 2

Leeds Anchors Healthy Workplace: Working Carers Review

Report of: Shaun Cale (Work & Health Manager, Leeds City Council)

Purpose

The document provides an update on progress around the Working Carers Review following the Leeds Health and Wellbeing Board workshop on 23 October 2019 where the following was agreed:

- Anchors Healthy Workplace work-stream to conduct a carers policy review creating consistency between policies, procedures, and managers interpretation of those policies.
- Anchors Healthy Workplace work-stream to learn from partners and create a good practice guide to influence and improve standards of supporting working carers.

This work is fully aligned and part of the Leeds Carers Partnership Strategy which outlines city wide objectives and implementation plans across the health and social care system.

Background

Carers keep families together, help those they care for have a better quality of life, contribute immeasurably to society, and save the economy a substantial amount of money. While caring can be rewarding, it can also be stressful and isolating if carers don't get the support they need.

Caring responsibilities have intensified during the global pandemic we are currently facing, and the duty of employers to respond to this need is even more significant. According to new figures released for Carers Week (8th-14th June 2020), an estimated 4.5 million people have become unpaid carers as a result of the Covid-19 pandemic in the UK. This is on top of the existing 9.1 million unpaid carers who were already caring before the pandemic, bringing the total to 13.6 million. In addition to this, new research by the Chartered Institute of Personnel and Development (CIPD) and Sheffield University outline the challenges of balancing work and care:

- 44% of working carers in England and Wales (around 1.6 million) are struggling to cope with the pressures of balancing their work and caring responsibilities
- 1 in 4 working carers have considered giving up their job entirely as many struggle to balance their responsibilities
- 30% have reduced their hours of work because of their caring role and 36% have refused a job offer or promotion, or decided against applying for a job, because of their caring responsibilities.
- 28% had not talked to anyone at work about their caring responsibilities. Among them, 39% said this was because they did not believe anything would change.

Methodology

Val Hewison (Chief Executive, Carers Leeds) and Ian Brooke Mawson (Commissioning Programme Leader, Adults & Health) devised a quality improvement self-audit tool which was completed by the following Anchor organisations to baseline the current approach: Leeds City Council, Leeds City College, Leeds Teaching Hospitals Trust, Leeds Community Healthcare, Leeds Trinity University and NHS Digital.

A sub-group comprising Leeds City Council, Leeds City College and Leeds Teaching Hospitals Trust was led by Ian-Brooke Mawson and Val Hewison and supported by Shaun Cale, Work & Health Manager, Employment & Skills.



Anchor responses to the tool were reviewed and challenged in order provide the following findings:

- Covid-19 has resulted in a number of issues and opportunities for carers and employers supporting working carers.
- There has been a significant increase in people working whilst in a caring capacity who require support, noted by Carers Leeds.
- There were a range of areas identified to address:
 - Inconsistency of training for managers whether this be face-to-face or via e-learning
 - The inclusion of information and advice on working carers as part of induction
 - Public and staff awareness and the importance of Staff Networks, events, forums and communications plans in disseminating information and raising awareness
 - Inequality of support for 'offline' employees e.g. SME/low paid jobs and industries such as hospitality and catering where messages cannot get out
 - Organisational policy which is varied in quality and practical application
 - True, measurable impact and practical reach of Age Friendly, Child Friendly and Working Carer friendly status
 - Prevalence of the Working Carers Passport – rolled out by West Yorkshire and Harrogate.

Next Steps for the Anchors Healthy Workplace Sub Group

This review has reinforced that working carers are an integral part of the workplace and that Anchor organisations are at different stages on their journey to provide the appropriate support. There is an appetite to and an acknowledgement that the level and type of support can be improved and built upon.

The next steps summarised below are a collection of relatively simple and straight forward actions that can be developed in partnership going forward with an update to be provided to the Health and Wellbeing Board in Quarter 3 2021.

1. Create a Best Practice Guide for organisations in the city to assist their caring workforce aspects of the guide
2. Devise a Leeds Working Carers Policy and influence organisations within the city, starting with Anchors, to adapt the policy which is visible, understood and applied flexibly
3. Develop a Working Carer Friendly campaign and encourage employers within Leeds to sign up
4. Explore the development of mandatory training packages that could be used within Anchor organisations
5. Increase Carer Forum access, membership and participation

Equality, Diversity, Cohesion and Integration Screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being or has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: Adults and Health	Service area: Integrated Commissioning
Lead person: Ian Brooke-Mawson	Contact number: 0113 3784183

1. Title: Leeds Carers Partnership Strategy

Is this a:

Strategy / Policy

Service / Function

Other

If other, please specify

2. Please provide a brief description of what you are screening

'Putting carers at the heart of everything we do' is the new Leeds Carers Partnership Strategy. The strategy sets out a vision and 6 priorities that the Leeds Carers Partnership propose are the key areas that we need to focus on in order to promote the health and well-being of carers in Leeds, and to reduce the health and financial inequalities that carers experience due to caring.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies and policies, service and functions affect service users, employees or the wider community – city wide or more local. These will also have a greater or lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?	X	
Have there been or likely to be any public concerns about the policy or proposal?	X	
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		X
Could the proposal affect our workforce or employment practices?	X	
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations 	X	

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

How have you considered equality, diversity, cohesion and integration?

Carers are people who look after someone who otherwise couldn't manage without their help. This may be because of illness, frailty, disability, a mental health need or an addiction. Carers come from all walks of life, all cultures and can be of any age. Each caring situation is different and is influenced by a range of factors relating to both the carer and the person they care-for. Carers play a significant role in preventing, reducing or delaying the point at which the people they care for become dependent on formal care and support, which is why it is important to promote carer wellbeing and prevent carers from developing needs for care and support themselves.

Engagement on the draft strategy was undertaken between November 2019 and March 2020. The engagement occurred at two levels: citizen engagement and stakeholder engagement. Citizen engagement included talking to carer groups, an online survey and gathering views via social media. Carers Leeds were central to citizen engagement acting as both a channel of communication and a voice for the 12,500 carers they support each year. Stakeholder engagement is critical to ensure that there is system-wide ownership of the strategy and of the role that organisations will play in contributing to the delivery of the priorities. A stakeholder event was held at St Chads on 4th March 2020 and was attended by 54 people representing 24 organisations

Key findings

Evidence suggest that increasing numbers of carers are taking on responsibility for more intensive levels of care. However, carers often feel isolated, that they are not respected or valued, and that the huge contribution that they make to individuals and the national economy cannot be underestimated but is often taken for granted and overlooked. This combination is known to impact upon their physical, mental and economic health and wellbeing, for example carers are more likely to have a long-term physical or mental health condition, illness or disability, be isolated and not have as much social contact as they would like, be worried about finances, not get enough sleep and time for themselves.

Evidence also tells us that:

- Women are more likely than men to be caring (58% of carers in Leeds are female.
- Carers aged 65 and above are more than twice as likely to be caring for more than 50 hours per week
- Take-up of carers breaks and other carers support from BAME communities is low relative to our population
- Carers are less likely to be in full-time employment than non-carers
- Being a young carer can affect school attendance, educational achievement and future life chances

Actions

The strategy introduces a series of eleven 'I-statements' which together set out the vision of what Leeds could look like from a carer's point of view. The eleven I-statements are based on what carers themselves have said is important to them through various local, regional and national surveys and engagement. The strategy then identifies six priorities which the Leeds Carers Partnership agree are the areas that we need to focus on to achieve the aims and vision of the strategy.

Each partner organisation will be responsible for identifying and implementing the actions they will take to support progress against the strategy priorities and objectives. This will be collated into an overarching delivery plan. Each partner organisation will also be responsible for reporting progress to the Leeds Carers Partnership. This will provide opportunities for the partnership to provide constructive peer challenge and to hold each other to account in a supportive way.

5. If you are not already considering the impact on equality, diversity, cohesion and integration you will need to carry out an impact assessment.

Date to scope and plan your impact assessment:	N/A
Date to complete your impact assessment	N/A
Lead person for your impact assessment	N/A

6. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening

Name	Job title	Date
Caroline Baria	Deputy Director, Integrated Commissioning	27 th July 2020
Date screening completed		27 th July 2020

7. Publishing

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions** or a **Significant Operational Decision**.

A copy of this equality screening should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and

Significant Operational Decisions.

- A copy of all other equality screenings that are not to be published should be sent to equalityteam@leeds.gov.uk for record.

Complete the appropriate section below with the date the report and attached screening was sent:

For Executive Board or Full Council – sent to Governance Services	Date sent: N/A
For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate	N/A
All other decisions – sent to equalityteam@leeds.gov.uk	N/A

Leeds Health and Wellbeing Board



Report author: Tim Sanders (Commissioning Programme Lead – Dementia, NHS Leeds CCG / Leeds City Council)

Report of: Leeds Dementia Partnership

Report to: Leeds Health and Wellbeing Board

Date: 30th September 2020

Subject: Living with Dementia in Leeds – Our strategy 2020-25

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

Summary of main issues

- Leeds has seen improvements in recent years as a dementia-friendly place, with more timely dementia diagnosis, support to live with the condition and support for carers.
- A partnership approach is well-established, with engagement of people living with dementia, carers, and service providers.
- The strategy document describes thirteen 'building blocks' to make Leeds the best city to live with dementia; and six commissioning priorities, where focused work and/or investment is most necessary to improve services.
- The strategy will be implemented via the Leeds Dementia Action Plan. This will be governed by Leeds Dementia Oversight Board.

Recommendations

The Health and Wellbeing Board is asked to:

- Agree the document "Living With Dementia In Leeds - our strategy 2020-25".
- Note the establishment of the Leeds Dementia Oversight Board to ensure the strategy is implemented;
- Support the strategy through its members' leadership roles.

1 Purpose of this report

1.1 To provide an overview of:

- The progress made since the previous strategy “Living Well With Dementia In Leeds” was produced in 2013;
- The development of a refreshed strategy for the period 2020-25 (Appendix 1).

2 Background information

2.1 Dementia is a condition which affects memory and other aspects of brain functioning eg. concentration, ability to plan and make decisions, language and word-finding. It is caused by diseases of the brain, the most prevalent type being Alzheimers Disease, which causes c. 60% of dementia. It is a progressive, long-term condition, for which risk increases with age.

2.2 Living well with dementia is the aim of treatment and support, for people to have opportunities to lead active, purposeful lives; and to carry on doing the things that matter most, for as long as possible.

2.3 There is emerging evidence that health inequalities affect the risk of developing dementia, particularly linked to heart and circulatory disease and Type 2 diabetes. There are opportunities to prevent dementia through improvements in population health and education, which connect the dementia strategy to the Leeds Health and Wellbeing Strategy.

2.4 NHS England sets the national ambition for ‘dementia diagnosis rate’ at 66.7%. Leeds first achieved this ambition in March 2015, and has continued to improve. At end February 2020, the diagnosis rate was 74.7%.

2.5 The Covid-19 crisis has had a significant adverse impact on people living with dementia and carers, because of both the virus itself, and the effects of social distancing measures. Many services have had to ‘pause’, eg: NHS services for memory assessment and diagnosis; face-to-face support, groups and day services. This has decreased the diagnosis rate and reduced access to timely support to live with dementia. Restrictions on care home visiting have left some people unable to understand why they have not seen close family. There has been positive and innovative use of digital technology to offer alternative ways to provide services and for family and friends to keep in touch.

2.6 Since 2013, new investments in services have improved the local offer of support, in particular: the Memory Support Worker service (an Alzheimers Society partnership with Leeds and York Partnership NHS Foundation Trust); Carers Leeds Dementia Hub; BAME Dementia Support (Touchstone Leeds). The number of Memory Cafes and singing groups has increased from approx. 40 to 60; voluntary effort and dementia-friendly local business initiatives accounts for about 50% of these groups.

2.7 Local people and communities in Leeds have risen to the challenge to make Leeds a dementia-friendly place. Over 150 organisations have signed up to the Dementia Action Alliance, and approx. 29,000 Leeds residents have registered as Dementia Friends (c.24,000 attending an awareness session, and 5,000 signing up online).

- 2.8 Leeds Teaching Hospitals NHS Trust includes dementia training in their statutory & mandatory training programmes. The Trust has trained more than 6,000 staff and implemented dementia-friendly changes to care planning, ward environments and menus. “John’s Campaign” has been implemented, to offer flexible visiting hours for carers / families of people with dementia.
- 2.9 Leeds Community Healthcare likewise has dementia training as mandatory. The trust has developed clinical pathways for the prevention, recognition and treatment of delirium, anxiety and depression, recognising the increased risk of these conditions amongst people with dementia.
- 2.10 The above, and other initiatives described in the strategy document, represents significant progress. However, there is more to do if Leeds is to be ‘the best city’ to live with dementia. The strategy document is included as an Appendix to this report.

3 Main issues

- 3.1 The strategy has a shared vision, designed to capture both community and service aspects, and emphasise the importance of joined-up care:
- “For Leeds to be the best city to live with dementia, where people and carers are included in social, community and economic life; and supported by services which work well together”.*
- 3.2 The strategy identifies thirteen ‘building blocks’, which together make up the ambition for Leeds to be the ‘best city’. Each of these has a section which describes and celebrates the progress made in recent years; and seeks to be honest about the challenges ahead.
- 3.3 Six health and care commissioning priorities then describe the areas of work which most need co-ordinated effort, further investment, and where there are opportunities to connect with other work programmes for Leeds. These are as follows:
- 3.4 ‘Reset and recovery’ from Covid-19 is included as a commissioning priority, to resume memory assessment and diagnosis; for face-to-face services to restart safely and/or as digital alternatives; and to promote quality of life for people living in care homes. The NHS Memory Assessment Service in Leeds has restarted post-diagnosis support for people diagnosed just before the Covid crisis, and is making plans to resume diagnosis services.
- 3.5 ‘Demographics, diversity and emerging needs’ covers the ambition to understand and anticipate local population change (including the impact of Covid); and to continue to invest in community capacity to support people to live well.
- 3.6 ‘Annual review and care co-ordination’ seeks to ensure as a minimum that there is a conversation with the GP or a member of the practice team about living with dementia, at least once a year. This gives the opportunity to discuss whether there have been any changes, and offer further support / referral to other services. This work is aligned to local work on frailty, so that people with dementia are included in NHS investment in care co-ordination and social prescribing.

- 3.7 'Carer support and breaks' reflects the ambition to identify more carers, and invest further in carer support and breaks. Caring for a person with dementia can be very tough, emotionally and physically. The work of Leeds Dementia Partnership and the dementia strategy is closely aligned to the Leeds Carers Partnership Strategy.
- 3.8 'Care quality, complex needs and timely transfers' has a focus on social care, and the challenges of providing good quality care for people living with dementia, and avoiding delays for people leaving hospital. There has been some good progress in improving NHS support for care homes, and offering personalised care and joint funding for people with more complex needs. Further work has the ambition to improve support at home as well as in care homes, and develop specialist provision.
- 3.9 'End of life care and planning ahead' reflects the fact that approximately one in six deaths is a person with a diagnosis of dementia, and this can affect the understanding and management of pain and other symptoms. Planning ahead is important for everyone, and for a person with dementia the best opportunity is earlier in the progress of the condition.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 The strategy has been developed by the Leeds Dementia Partnership. This partnership meets quarterly and is a well-attended meeting involving: managers and clinicians from the three Leeds NHS Trusts and NHS Clinical Commissioning Group; Leeds City Council; Alzheimers Society, Carers Leeds, Advonet; Touchstone Leeds; Black Health Initiative; Leeds Irish Health & Homes; Leeds Older People's Forum; Leeds Care Association; Leeds Beckett University. Carer representation has been refreshed and at least four carers have attended each of the last two meetings.
- 4.1.2 The strategy has been discussed at the 'Up and Go' involvement group. Members were particularly concerned about housing options and making sure care would be there in a crisis.
- 4.1.3 People's experiences and views were also voiced at the series of 'Dementia Information Roadshows' held during 2018-19. Although the primary purpose of these events was to share information, they turned out to be a useful source for the strategy.
- 4.1.4 A consultation event was held in October 2019, attended by 80 colleagues from statutory and third sector organisations and carers. There is, in addition, continuing and regular engagement of partners, looking at specific aspects of the strategy through the following active groups:
- Dementia-Friendly Leeds Steering Group
 - Leeds BAME Dementia Forum
 - Leeds End-Of-Life Dementia Group
 - Leeds Teaching Hospitals Dementia Group
 - Complex Dementia Steering Group.

4.1.5 Links have been established with the NHS Leeds Clinical Commissioning Group work programmes for frailty, and for end of life care.

4.2 **Equality and diversity / cohesion and integration**

4.2.1 Equality, diversity, cohesion and inclusion - impact assessment has been completed (see Appendix 2). The strategy addresses diverse needs related to health inequalities, younger-onset dementia and people from BAME origins. It recognises the different experiences of people with dementia and family care-giving related to gender; the needs of people in rural areas; and the needs of LGBT older people.

4.2.2 Achievements to date include:

- Analysis of Leeds dementia diagnosis data by BAME classification reflects an expected, proportionate distribution compared to the Leeds population age 65+.
- the commissioning of a BAME dementia support worker with Touchstone Leeds, and establishment of Memory Cafes by diverse BAME community groups;
- establishment of GP-hosted memory clinics to improve access to services and avoid long travel distances to outpatient locations;
- increased access to support, via Memory Café and carer support service, for people living with younger-onset dementia.

4.2.3 The effects of dementia as a health condition is different for each individual , and similarly the interaction of 'protected characteristics' defined in equalities legislation, requires a well-informed, person-centred approach. For example, the degree to which a person can continue to speak English as a second language will depend on the type of dementia, and on the time of life when the person learned English.

4.2.4 People with dementia are among those at particular risk of having rights and entitlements overlooked, including human rights. This is because the condition impairs abilities such as communication, understanding information, making plans, and acting independently. As the condition progresses, important decisions may depend increasingly on the understanding and care of others.

4.2.5 There are obstacles to accessing services, both psychological and practical, eg. the stigma associated with the condition; difficulties remembering or getting to appointments. These may be added to by social factors and stereotypes, eg. assumptions about women and caring roles; services not meeting language and cultural needs.

4.2.6 The strategy seeks to develop a rights-based perspective, taking practical steps to listen to lived experience and address inequalities, alongside dementia-friendly and person-centred approaches.

4.3 **Resources and value for money**

4.3.1 There are no specific costs described in the strategy; some of the objectives will lead to development of 'commissioning intentions' with costed business cases for the Council and/or NHS Leeds Clinical Commissioning Group. The strategy sets out the priority areas where there is ambition to invest.

4.3.2 People with dementia are supported by all health and care services which support older adults. The Alzheimers Society estimates that people living with dementia are, at any one time, approx. 25% of acute hospital inpatients; and 80% of people living in care homes. Therefore there is potential for investment to delay or reduce uptake of high-cost services, by promoting well-being and, where appropriate, avoiding admissions.

4.4 **Legal Implications, access to information and call in**

4.4.1 There are no legal, access to information or call in implications from this report.

4.5 **Risk management**

4.5.1 The strategy sets out the ambition of Leeds to be the best city to live with dementia, and invest in good quality services; whilst being practical about constraints. These include challenges such as workforce recruitment, training and retention; as well as financial resources.

4.5.2 The governance arrangements are outlined in the strategy document, with the Leeds Dementia Care Oversight Board reporting to the Leeds Health and Wellbeing Board.

5 **Conclusions**

5.1 “*Living with dementia in Leeds - our strategy 2020-25*” celebrates the progress made by partnership working and investment in new services, and is honest about the challenges we face if Leeds is to be the best city to live with dementia.

5.2 This partnership working in Leeds is long-standing and well-supported, and recent work has strengthened the voice of people living with dementia and carers to shape and influence this strategy.

6 **Recommendations**

The Health and Wellbeing Board is asked to:

- Agree the strategy document “Living With Dementia In Leeds - our strategy 2020-25”.
- Note the establishment of the Leeds Dementia Oversight Board, and its role to oversee the Leeds Dementia Action Plan and ensure the strategy is implemented;
- Support the strategy, through its members’ leadership roles.

7 **Background documents**

7.1 None.

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How does this help reduce health inequalities in Leeds?

It shows how health inequalities affect the risk of developing dementia and aligns to the Leeds Health and Care Plan to promote good health and a mentally healthy city. It has a strong focus on the needs of carers to have support and breaks to maintain health and wellbeing.

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

It identifies progress made, is honest about where improvements are needed, and takes a whole-person approach to dementia alongside frailty and long-term conditions.

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

It seeks best value from connecting the dementia strategy to other programmes of work (carers, long-term conditions, frailty, end of life care). It shows how timely diagnosis, support and innovative approaches can support people to stay well for longer. It sustains this preventive focus for people with more complex needs to be supported out of hospital.

Future challenges or opportunities

- recovery from Covid
- the funding of social care and the social care workforce
- NHS investment in frailty, care-co-ordination and social prescribing
- The strengths and energies of Leeds communities and partnership working.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21

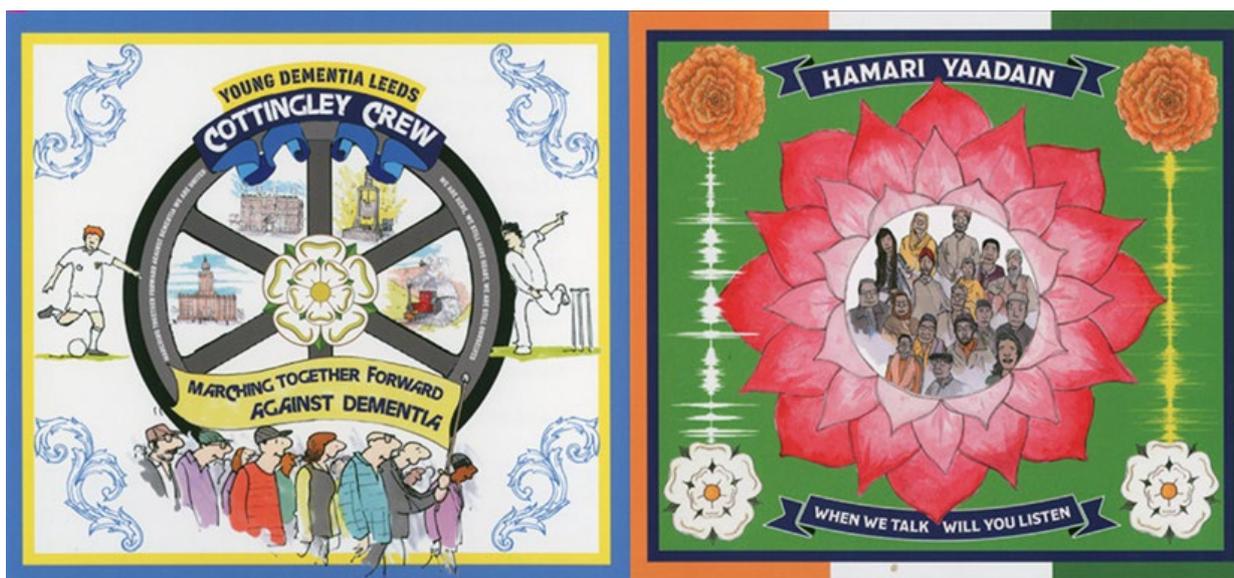
A Child Friendly City and the best start in life	✓ ¹
An Age Friendly City where people age well	✓
Strong, engaged and well-connected communities	✓
Housing and the environment enable all people of Leeds to be healthy	✓
A strong economy with quality, local jobs	✓
Get more people, more physically active, more often	✓
Maximise the benefits of information and technology	✓
A stronger focus on prevention	✓
Support self-care, with more people managing their own conditions	✓
Promote mental and physical health equally	✓
A valued, well trained and supported workforce	✓
The best care, in the right place, at the right time	✓

¹ The strategy describes evidence that education to age 20 reduces risk of dementia in later life.

Living with Dementia in Leeds – our strategy 2020-25

For Leeds to be the best city to live with dementia, where people and carers are included in social, community and economic life; and supported by services which join up and work well together.

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1. Introduction	2
2. The Leeds Health and Care Plan - our principles	4
3. Summary diagram: <ul style="list-style-type: none"> • Thirteen ‘building blocks’ to be the best city; • Six health and care commissioning priorities. 	6
4. Thirteen Building Blocks – the detail	7
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“Banners For Hope And Change”, created as part of the IDEAL project.
 Hamari Yaadain Memory Café, Young Dementia Leeds with Ian Beesley, Tony Husband & Ian McMillan

People don't know what dementia is, and it's a bit scary at first... slowly I found I was becoming more confident and positive, learning coping strategies and picking up things.

Bob, living with dementia, Headingley.

All I can say is, keep loving the person you're caring for - it's still them, cultivate patience - they can't help frustrating you; and seek out help, both practical and social - some of your friends will vanish, not everyone can cope with the change in your loved one. The shining light in my darkness is that we have met some truly wonderful people. The volunteers and staff at the organisations who have helped us are truly amazing..... There really are some wonderful people in the world.

Brian, on caring for his wife, Crossgates

Introduction

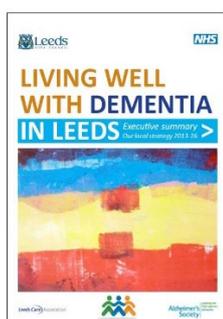
There are an estimated 8,700 people living with dementia in Leeds. To give an idea of what this means in our local neighbourhoods, there are about 9,500 streets in the Leeds City Council area; so the ‘average street’ is much more likely than not to have a person living there with dementia. There were, at the end of February 2020, approximately 6,500 people with a recorded diagnosis, ie. 75% of the total. Of the other 25%, some are in the earliest stages of experiencing symptoms, and some will be going through the diagnosis process. Others might be reluctant to acknowledge the concerns of others, reluctant to seek a diagnosis, or not know what to do next. Each person and family will experience the condition in individual and diverse ways.

The Covid-19 pandemic has affected people and families living with dementia, and so part of this strategy is about ‘reset and recovery’. We don’t know at the time of writing how long the pandemic will be with us, so we have to adapt and change, rather than just sit it out and wait. Memory Assessment Services, which diagnose dementia, were suspended for the Covid crisis, as were day centres and other opportunities for face-to-face contact – memory cafés, day centres, carers groups, and visiting at home. People have missed timely diagnosis and the connection to support and advice.

People in the later stages of dementia might not understand the need for social distancing, and people living in care homes are, at the time of writing, missing out on visits, tea and cake, and hugs with family and friends. There have been positive and creative responses to the restrictions – groups and cafés using the various online video applications, and services going back through their contacts to check in on people.

However, this strategy sets the direction for the next five years, building on what has been achieved since “Living Well With Dementia in Leeds” was published in 2013, and identifying what is still to be done. Most of this document was drafted before the Covid pandemic, and remains valid.

Above all, this strategy aims to offer hope, and to identify opportunities to improve the quality of life and support to live well with dementia. We all have our strengths and abilities, within ourselves and through our families, friends and support networks. A ‘strengths-based’ perspective is important for people with dementia to live as well as possible. At the same time, it is the case that dementia, as a progressive condition affecting the brain, causes loss and impairment of abilities which can, at times, feel overwhelming. Dementia can be extremely tough and challenging, affecting family and social life, finances, plans for retirement and much else besides.



This document looks forward, to describe the challenges and priorities for improving services. It is also an opportunity to show what has been achieved in the seven years since “Living Well With Dementia in Leeds – our strategy” was published in 2013.

During that time there has been excellent progress in Leeds to improve the diagnosis of dementia, and support to help more people and carers

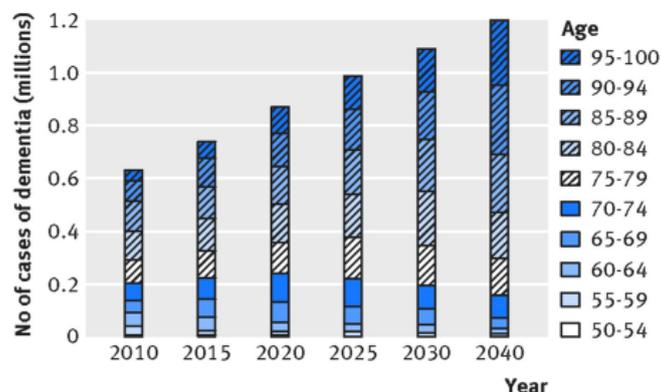
to live with the condition. Our ‘dementia-friendly’ social movement has grown, to make people more aware, reduce the sense of stigma around the condition, and sign up local business and community groups. Thousands of local NHS staff have been trained, and specialist support for community services and care homes has been enhanced.

However, significant challenges remain. The capacity and quality of services, particularly for people with more complex needs, is inconsistent. There are still people and families who miss out on the support available and feel isolated. The population living with dementia will increase, and become more diverse.

The number of people with dementia in the UK population has probably stayed roughly the same over recent decades. The evidence for this is a comparison of population samples twenty years apart, by the Cognitive Function in Ageing Study¹. This is a positive public health story, often overlooked in reporting about dementia. However, as the generation born in the years after 1945 approaches age 75 and beyond, it is likely that there will be demographic growth during the 2020s. Health inequalities are important, with increased risk of dementia linked to higher prevalence of heart disease, type 2 diabetes and high blood pressure. This makes it important to find ways in which we all can reduce the risk of developing dementia - “what’s good for the heart, is good for the brain”.

The prevalence of dementia in England and Wales is expected to increase, according to population modelling². However, the increase is slower than would be expected purely from population ageing – the good news is that the risk of developing dementia at any given age is, in general, gradually decreasing. People are living longer with dementia, alongside other long-term health conditions and frailty. The published research indicates that the largest growth will be in the oldest age-groups; the numbers of people aged under 90 with dementia in England and Wales, according to this forecast, will decrease from 2030.

Fig 3 Age specific estimated number of cases of dementia 2010-40 in men and women. (England and Wales)



Sara Ahmadi-Abhari et al. BMJ 2017;358:bmj.j2856



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¹ Fiona Matthews et al (2013): *A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: results of the Cognitive Function and Ageing Study I and II*. The Lancet 382:9902 [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)61570-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)61570-6/fulltext)

² Ahmadi-Abhari et al (2017): *Temporal trend in dementia incidence since 2002 and projections for prevalence in England and Wales to 2040: modelling study*. BMJ 2017; 358. www.bmj.com/content/358/bmj.j2856

The level of dementia-related disability is likely to increase³, which is to be expected as more people live with dementia to age 90 and above. Hospitals and care services report that there are more people needing help with complex needs.

This document sets the course in Leeds for the next five years. The NHS has set out its [long-term plan](#), including “supporting people to age well”; “fully integrated community-based care”, and “improved support to care homes”. In Leeds we have real strengths in the sense of partnership and commitment, with people with dementia, families and carers, community groups, care providers, and many organisations beyond social care signed up to be ‘dementia friendly’. This strategy describes how that shared commitment will lead to better support people living with dementia in Leeds.

The Leeds Health & Care Plan - our principles

The Leeds Health & Care Plan sets out the ambition to create:

A friendly, healthy, compassionate city with a strong economy where we reduce health inequalities, promote inclusive growth and tackle climate change.

Preventing dementia means reducing the number of people who will develop the condition in later life. Action to address risk factors could delay or prevent 40% of dementia, according to *Dementia prevention, intervention, and care: 2020 report of the Lancet Commission*⁴. The following recommendations will reduce the future prevalence of dementia in Leeds, and to give ourselves the best chance of a healthy later life.

Individually and together, we should:

- Be physically active regularly, stop smoking, drink alcohol in moderation, if at all; be a healthy weight; maintain a healthy blood pressure; and avoid & treat Type 2 diabetes. Promoting good health is a Leeds Health and Care Plan goal which offers positive opportunities for lifestyle change and enables us to age well. These can be difficult to achieve alone, and there are a range of local services and interventions to help us. For example, NHS Health Checks, offered to all aged 40-74, and the National Diabetes Prevention Programme help to identify people at risk of developing type 2 diabetes and provide help and support to enable healthy behaviours.
- Promote social contact, tackle loneliness, and treat depression. *A mentally healthy city for all* is another Leeds Plan goal.
- Look after our hearing. Seek support if you notice hearing loss and use hearing aids when needed to correct it. (This does not apply to Deaf people, who use British Sign Language as a first language; the risk factor is hearing loss in mid- and later life). It is well worth overcoming a reluctance to use hearing aids; when adopted early, they are an extremely effective intervention that reduce the risk and impact of dementia.
- Make Leeds a safer place. Road traffic incidents, assaults and falls are among the causes of brain injury, a serious condition which requires treatment & rehabilitation for the immediate effects. The evidence points also to longer-term risk of dementia.

³ Guzman-Castillo et al (2017): *Forecasted trends in disability and life expectancy in England and Wales up to 2025: a modelling study*. [www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30091-9/fulltext](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30091-9/fulltext)

⁴ www.thelancet.com/commissions/dementia2020

- Educate our children well. The evidence is that education has the strongest protective effect up to 20 years of age; although life-long learning is recommended too.
- Breathe cleaner air. This is a risk factor for which evidence has accumulated in recent years. Brain health is among the benefits of action to improve air quality.

Many of the above factors are linked to preventing cancer and heart disease as well as dementia. All are subject to the wider social and economic determinants of health, and depend on local action to reduce health inequalities. These are things we can change through our collective efforts, and Leeds is seeking to change, through the *Best Council Plan and Health and Wellbeing Strategy*.



The *Leeds Health and Care Plan* has three statements that describe “*Our approach in everything we do*”:

- **We start with people**

For people living with dementia, this could be translated as: “*Don’t see dementia, see me*”: ‘Better Conversations’ inform person-centred care. When verbal ability is impaired, physical pain or emotional distress may be communicated through behaviour. ‘Think Family’ means recognising the expertise and needs of carers.

‘Home First’ means supporting people to stay well-orientated in familiar surroundings. For this to succeed as dementia progresses requires strengths-based values, skilled staff and effective partnership work. Support at home is all the more important to many people and families since the Covid crisis.

- **We deliver**

Dementia is everybody’s business - people living with dementia are to be found in all groups, activities and services which support older people. This strategy seeks to include people with dementia as Leeds invests in primary, community and preventive services; and as work continues with care homes and hospitals to improve quality.

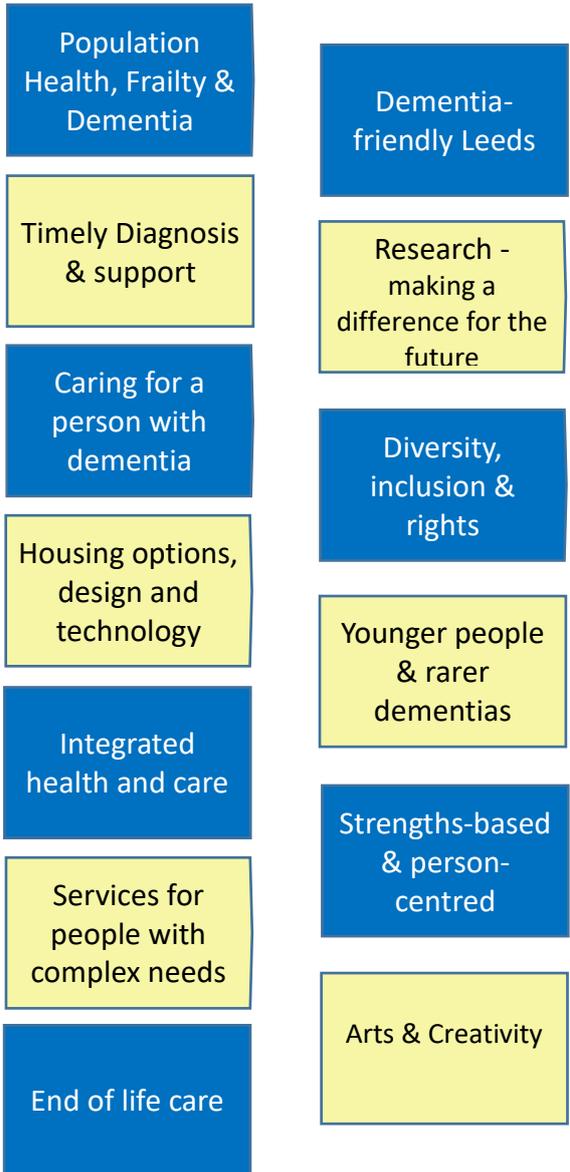
- **We are Team Leeds**

Leeds Dementia Partnership brings local organisations together as a team with the shared goal of improving life with dementia in Leeds. Even a diagnosis of dementia usually involves a person’s GP, a scan at a hospital clinic, and specialist NHS memory service. People with dementia are among those especially vulnerable when moving from one service to another, and rely on good information sharing between professionals. Dementia-friendly Leeds widens this local ‘team-work’ to involve local communities, organisations and businesses. People and families living with dementia are part of our “friendly, healthy, compassionate city”.

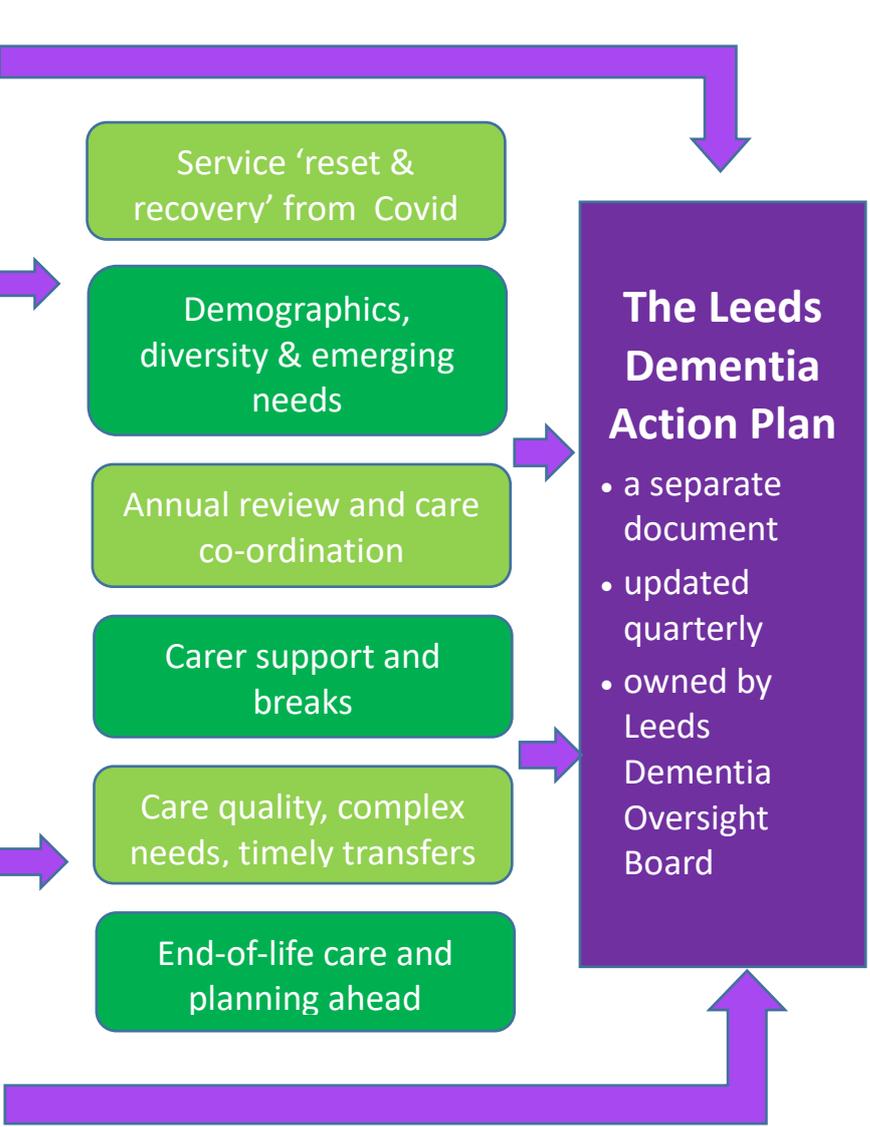
The next section describes:

- *Thirteen ‘building blocks’*: the elements that have to be in place to make Leeds a good place to live with dementia;
- *Six ‘commissioning priorities’*: to give a focus for action and investment plans.

Thirteen Building Blocks to be the best city to live with dementia



Six commissioning priorities for health and social care



What are the building blocks ?
 The building blocks are the things we have to get right for people to live well with dementia. They:

- cover the 'dementia journey', from diagnosis and early support, to end of life care. Dementia is a progressive condition, and needs change over time;
- cover the diversity and individuality of people living with dementia
- show how everyone can make a difference, through community action and creativity.

Why these six priorities ?
 There are six important areas of work where co-ordinated action and investment are required. The choice of priorities is informed by:

- Experiences and views voiced by people and carers living with dementia;
- A shared understanding of unmet needs and challenges for health and care in Leeds;
- Opportunities to make a difference within existing programmes of work;
- Identifying where co-ordinated action and investment are required.
- Balancing preventive support in the early stages with the needs of people with severe dementia and complex needs.
- The impact of Covid-19.

Thirteen 'building blocks' to be the best city to live with dementia

1. Dementia-Friendly Leeds	People and places in Leeds are 'dementia-friendly'; we promote inclusion & understanding, and reduce stigma.
2. Timely diagnosis and support	Timely diagnosis leads to support to live with the condition, and community capacity keeps pace with emerging needs.
3. Healthy ageing, dementia and frailty	People with dementia benefit from initiatives to promote well-being in later life, and care co-ordination for people living with frailty.
4. Caring for a person with dementia	Carers are treated as partners in care, and benefit from information, support, and breaks.
5. Younger people with dementia & rarer types of dementia	People with younger onset of dementia benefit from specialist support, which recognises people's specific social, economic and clinical needs.
6. Diversity, inclusion and rights	People's voices are heard, and rights are upheld when decisions are made. Services recognise and respond well to diverse needs.
7. Strengths, support networks and positive risk management	Health and care professionals work to develop person-centred understanding, promote good conversations and positive choices about needs & risks.
8. At home - housing options, design and technology	People are enabled by dementia-friendly environments, choices about housing and care, and innovative solutions.
9. Opportunities for arts and creativity	People thrive on meaningful activity and occupation, and opportunities for self-expression and communication when life is difficult.
10. Research - making a difference for the future	Opportunities for people living with dementia to take part in research to improve treatment and care.
11. Integrated health and care	All NHS, care and support services are equipped and skilled to meet dementia care needs, and have timely access to specialist clinical support.
12. People with more complex needs & timely transfers of care	People experiencing psychological distress, and people with dementia alongside multiple health conditions, have the right multidisciplinary support out of hospital.
13. Care at the end of life	There is honesty about dementia as a progressive neurological condition, and opportunities to plan ahead to make the most of life.

1. Dementia-Friendly Leeds

People and places in Leeds are 'dementia-friendly'; we promote inclusion & understanding, and reduce stigma.

Leeds was one of six places to commit to the campaign for dementia-friendly communities at its launch in 2012, by the Prime Minister of the day at the Alzheimers Society conference. The campaign seeks to sign up organisations to local 'Dementia Action Alliances', and create individual 'Dementia Friends' via awareness sessions and online. The national total of Dementia Friends passed 3 million during 2019.

Dementia-friendly communities are at the heart of improving lives, letting people know that they're not alone, and still belong. People and organisations who are active in these local initiatives are true strengths and assets, making it easier to talk about dementia, to live life as fully as possible, and reduce the sense of stigma.



Dementia-Friendly Horsforth and Horsforth Town Council present 'The Last Memory' - a play by Talking Stock Theatre, at St Margaret's Church



Tea Cosy Café, Rothwell - the 100th café, March 7th 2020



Otley Town Council staff become 'Dementia Friends'



The 'In Touch' Club
Leeds Rhinos Foundation & Leeds Living with Dementia Peer Support Service



Dementia Information Roadshow, Kippax Community Centre: Wendy Mitchell on living with dementia, and Peter Smith talks about dementia-friendly communities.



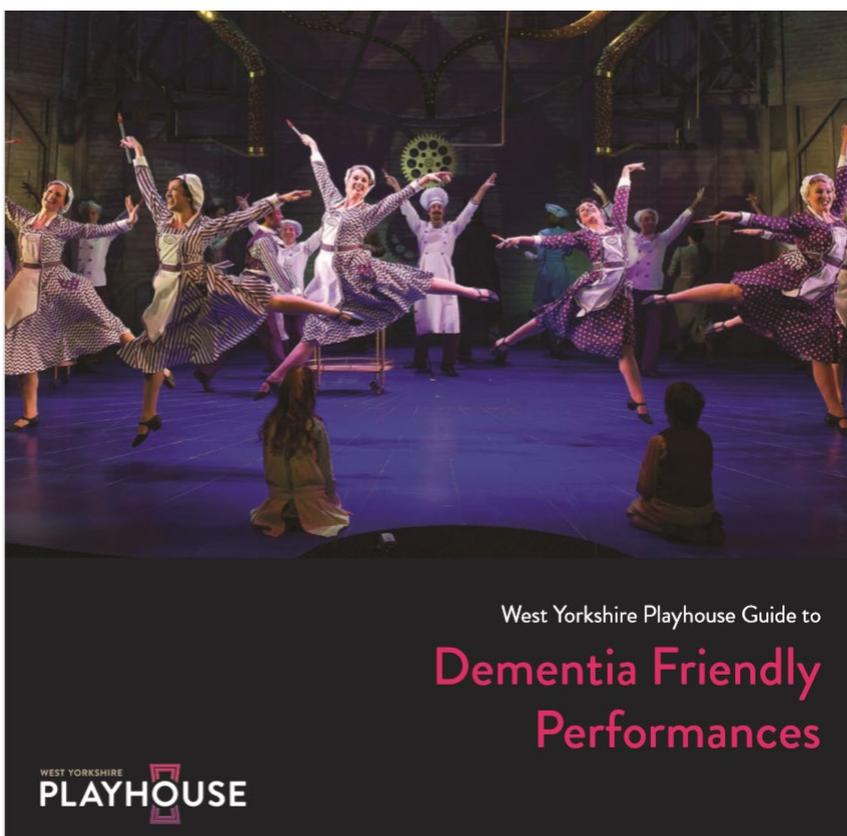
Achievements 2013-20

- ✓ Support and co-ordination of the campaign established with funding from Leeds City Council.
- ✓ 'Up and Go' involvement group established in 2016, for people living with dementia.
- ✓ [Leeds Dementia Action Alliance](#) now has over 200 organisations signed up, including the emergency services, sport, culture, leisure and transport.
- ✓ Leeds has achieved recognition as a dementia-friendly community, from the Alzheimers Society and British Standards Institute. Local initiatives at Horsforth and Morley have achieved recognition.
- ✓ Dementia-Friendly Rothwell has led the way for local communities with the Tea Cosy Café, local shops, pubs, work with schools, and the first dementia-friendly garden in a public park, working with Leeds City Council Parks and Gardens.
- ✓ West Yorkshire Police, building on initial work at Rothwell, have established the 'Herbert Protocol' for when people go missing; introduced dementia awareness for officers; and dedicated staff to act as contacts for concerns around dementia in districts and departments⁵.
- ✓ Further Dementia-Friendly community initiatives at Chapel Allerton, Otley, Roundhay, Wetherby, and the Elmet and Rothwell parliamentary constituency.
- ✓ Over 30,000 [Dementia Friends](#) in Leeds. Over 130 Leeds residents are Dementia Friends Champions and have run almost 2,000 awareness sessions.
- ✓ Leeds Playhouse was awarded "Best Dementia-Friendly Project" at the 2015 Alzheimers Society Awards. The 'Every Third Minute' festival won a National Dementia Care Award in 2018, in the 'Outstanding Arts and Creativity in Dementia Care' category.
- ✓ Sporting reminiscence activities hosted monthly at Leeds United FC, Leeds Rugby, and Yorkshire County Cricket Club.
- ✓ Creative opportunities are embedded in the work of Leeds City Council Museums and Galleries, and Libraries.
- ✓ Opera North presented a dementia-friendly performance of *La Bohème* in October 2019, and worked with local care homes to bring music to residents.
- ✓ Ten successful 'Dementia Information Roadshows' in 2018-19 at community venues in each Community Committee area.
- ✓ Leeds City Council Revenues & Benefits have worked in partnership with a person living with dementia and the Alzheimers Society, to improve access to Council Tax exemption / discount, and use friendlier language.
- ✓ Leeds Libraries and "100% Digital Leeds" supporting people to use devices, be online, and keep in touch, before and during the Covid-19 crisis.

⁵ www.westyorkshire.police.uk/advice/personal-safety-and-possessions/dementia-awareness/dementia-awareness

Our approach to make a difference 2020-25

- People living with dementia have chosen priorities for the dementia-friendly Leeds campaign: transport, shops and businesses, and arts & recreation.
- Maintain a dementia-friendly Leeds action plan, reporting quarterly to the Dementia-Friendly Leeds Steering Group.
- Contact memory café organisers and local groups which haven't met because of Covid-19.
 - offer support to re-establish safe face-to-face and/or digital alternatives;
 - identify people and carers who might have become disconnected from support, and/or deteriorated because of social distancing.
- Explore and focus on opportunities to make a difference eg.
 - influence the development of Leeds station as an age- and dementia-friendly public space.
 - whether social distancing means some places are quieter and more dementia-friendly.
- Grow the Leeds Dementia Action Alliance, reaching a wider range of businesses and partners; recognising that recovery from the Covid pandemic might limit opportunities.
- When engaging with businesses, discuss how to help employees who are working carers.
- Seek more opportunities to work with schools and reach children and young people.
- Gather evidence of how dementia-friendly actions have made a difference.
- More dementia-friendly initiatives in local communities, linked to age-friendly and other campaigns for inclusion.
- Further public information initiatives, working with community partners, including: an event with a BAME focus; and an event for people who are Deaf or hearing impaired.



Leeds Playhouse is a pioneer for dementia-friendly theatre. This 'how to' guide covers everything about putting on a production. People living with dementia are included to co-design the production, and plan the experience and welcome on the day. The guide is published by the Baring Foundation.

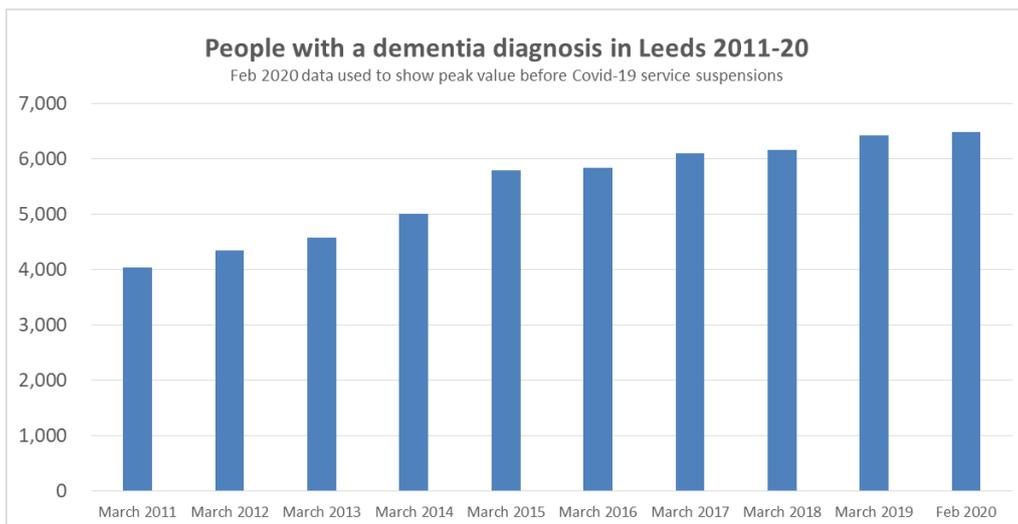
2. Timely diagnosis and support

Timely diagnosis leads to support to live with the condition, and community capacity keeps pace with emerging needs.

Diagnosis

For people living with dementia, it is a difficult decision to explore the possibility that something might be wrong. Dementia-friendly communities and better public awareness will help, but will never entirely take away the fears associated with the condition. Reactions to diagnosis can be a complicated mix of feelings. Sometimes there is relief that there is an explanation for what has been happening; for many it is a very low point.

The diagnosis of dementia in Leeds has improved consistently over recent years, thanks to the efforts by all our NHS providers, and other local organisations, to raise awareness, identify signs and symptoms, make the diagnosis and support people to live with dementia. The chart below shows the progress made; by February 2020 the official estimate from NHS Digital is that Leeds had a diagnosis rate of 74.7% (ie. actual number of people with a diagnosis, as a proportion of estimated prevalence).



Diagnosis rates will never reach 100% of estimated prevalence. This is because people must be supported to seek diagnosis in a timely way, but not ‘ambushed’ with it. For some frail older people approaching the end of life with other health conditions, it could be ‘overdiagnosis’ to explore mild symptoms of possible dementia – ie. there may be no benefit to going through the process.

Support after diagnosis

Most importantly, diagnosis is a gateway to support and an opportunity to offer people, families and carers a way ahead and come to terms with living with dementia. Although ‘diagnosis rate’ is still the thing that NHS England use to measure local services, diagnosis is not by itself an achievement. It must connect to meaningful support to live with dementia.

The approach in Leeds has been to create a support offer to everyone living with dementia. This has been achieved by investment in the Memory Support Worker

service, and continuing to build community capacity. Post-diagnosis support no longer depends upon whether or not a person is prescribed medication. The use of well-trained and skilled support workers has enabled clinical staff to be available in a more timely way, eg. to reduce waiting times for diagnosis.

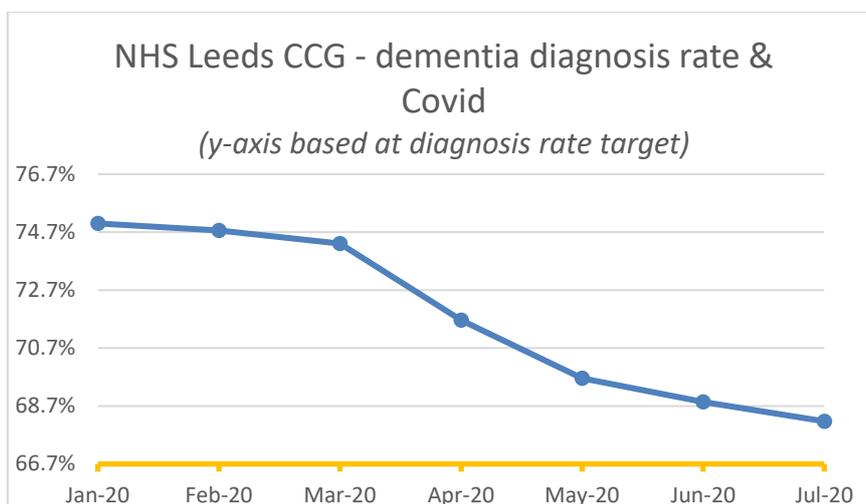
Leeds is fortunate to have many dementia-friendly organisations and volunteers who have set up and run groups such as Memory Cafés. It is our ambition to ensure that support is available to all; to keep pace with emerging needs; and to keep people supported in our communities for as long as possible.

Cognitive Stimulation Therapy (CST) is an approach to offering structured activity which is recommended in NICE guidance⁶. It is offered post-diagnosis by specialist NHS services, and two local Neighbourhood Networks have established groups offering CST or activities informed by the approach. A further innovation is the use of a 'Circles Of Support' approach to keep people connected and active.

Other post-diagnosis support is described throughout this document, such as services for (unpaid, usually family) carers; opportunities for arts and creativity; social care.

The impact of Covid-19

However, the Covid pandemic and suspension of memory assessment and diagnosis services has, not surprisingly, caused diagnosis rates to fall, both nationally and locally. The usual pattern in Leeds is that there are just over 1,000 people newly-diagnosed each year, whilst c. 1,000 people with a dementia diagnosis die each year. This leads to a modest net increase, as shown in the chart above. Most of the decrease shown below has been caused by the pause in diagnosis activity. In addition to this there have been 'excess' deaths related to Covid-19, ie. more people with dementia have died compared to what would normally be expected.



⁶ National Institute for Health and Care Excellence, NG97 'Dementia: assessment, management and support for people living with dementia and their carers'

Achievements 2013-20

- ✓ Leeds achieved the national ambition for a 66.7% diagnosis rate at March 2015, and continued to improve from there to 74.7% at end Feb 2020, with 6,493 people recorded with a dementia diagnosis on Leeds GP registers.
- ✓ Leeds Memory Service sees more than 90% of people within 8 weeks of referral; more than 65% have a diagnosis within 12 weeks of referral.
- ✓ Leeds Memory Service has consistently retained its accreditation by the Royal College of Psychiatrists' Memory Services National Accreditation Programme (MSNAP).
- ✓ The Memory Support Worker service started in October 2015, and supports 1,500 people every year.
- ✓ Information and leaflets about services available at www.leeds.gov.uk/dementia.
- ✓ 47 Memory Cafes and 13 singing groups, supporting all communities in Leeds.

Our approach to make a difference 2020-25

- Reset and recovery of memory assessment and diagnosis, to support people who have missed out during the Covid crisis, and return to pre-Covid level of dementia diagnosis rate.
- Set out an accessible local offer for people with a dementia diagnosis, in leaflet and online form.
- Continue to raise awareness of signs and symptoms, and improve the diagnosis and support pathway, including:
 - further reduction in waiting times
 - develop the post-diagnosis support offer, including the offer of Cognitive Stimulation Therapy.
- As people born in the years after 1945 reach the age of 75 and beyond, ensure capacity and diversity of provision keeps pace with demand, and supports people for as long as possible.
- Innovation and development in community support, to keep people well for longer, and support people further into the progress of dementia, where this is a safe and positive option.



The Memory Support Worker Service in Leeds.

Anyone can refer to the service for help.



3. Dementia, healthy ageing and frailty

People with dementia benefit from initiatives to promote well-being in later life, and care co-ordination for people living with frailty.

Dementia, frailty and mental health

The NHS Long-Term Plan considers dementia as a long-term condition linked to frailty and healthy ageing, often occurring with other long-term conditions more prevalent in later life. Traditionally, dementia has been ‘badged’ as a mental health condition, affecting cognition, mood and behaviour. Specialist services and professional expertise has developed within old-age psychiatry and other specialist clinical roles linked to older people’s mental health.

The Leeds strategy, going back to 2013, has sought to achieve the ‘best of both’: a ‘whole person’ approach to supporting people to live with dementia alongside other health conditions; and with timely access to specialist input when needed. The focus of support is primary care (GP practices) and community services (NHS, social care and community groups). The Memory Support Workers help people to navigate the system and join up services.

Healthy ageing & reducing the risk

A ‘healthy ageing’ approach includes reducing the risk of developing dementia and other conditions. The risk factors and opportunities to prevent dementia are described in the earlier section on the Leeds Health and Care Plan. There are two further points:

- The NHS Healthcheck, offered to everyone aged 40-74, is an opportunity to discuss lifestyle choices, support available to make positive change, and the risks of heart disease, cancer and other conditions as well as dementia.
- People must not be blamed for, or further stigma attached to, dementia. We can do our best to improve our chances, but to develop dementia is to be unlucky.

Frailty and Population Health Management

Leeds City Council and local NHS organisations have adopted the approach of ‘Population Health Management’. This considers ‘cohorts’ of people at different stages of the life-course and different health needs. Local NHS data indicates that there are some 32,000 people who live with moderate to severe frailty, and/or are near to the end of life; of whom more than 4,000 have a diagnosis of dementia.

Frailty refers to a reduction in our resilience and ability to cope with illness and adverse events. It means it might take only a small change to cause a crisis. For example, people with dementia are particularly susceptible to episodes of acute delirium, which may be perceived as ‘dementia getting worse’, and it is important to prevent when possible, and offer opportunities for recovery. The Leeds frailty programme seeks to improve resilience and prevent crisis as far as possible, and for urgent care services to respond in a timely way when necessary.

Annual review and support planning

GP practices are funded to do annual reviews with people living with dementia, and with a range of long-term conditions. This review is an important opportunity to ‘check in’

with people, to see if a person's dementia has progressed, whether carers are struggling, and whether more support is needed. This is especially the case for people who didn't feel the need for support straight away after diagnosis, and might be 'lost' to services without a regular 'check in'. Improving the quality and consistency of reviewing is a high priority for this strategy, and NHS investment in healthy ageing and frailty is a real opportunity to achieve this.

Public Health in Leeds has worked with GP practices to develop 'Collaborative Care and Support Planning' (CCSP) with people with long-term conditions. This approach is based on 'Better Conversations' about living with health conditions. The conversation is focused on goals that people would like to achieve, and agreeing actions to achieve them. The idea is to have one conversation about the person, rather than separate conversations about different diseases. Dementia is included in this approach; we know that 2,800 people with a dementia diagnosis had a CCSP review in the 12 months to September 2019. Work is in progress to understand to what extent the reviews recorded goals related to dementia.

Care co-ordination and teamwork

Finally, the NHS Long-Term Plan envisages that "Expanded neighbourhood teams will comprise a range of staff such as GPs..., pharmacists, district nurses, community geriatricians, dementia workers...". In Leeds, we can claim to have already achieved the integration of Memory Support Workers into neighbourhood teams alongside clinical staff. There will be further opportunities arising from NHS England investment in care co-ordination and social prescribing.

Achievements 2013-20

- ✓ Identifying health inequalities, linked to heart disease and Type 2 diabetes, as risk factors for developing dementia; dementia is included in the "One You" campaign⁷.
- ✓ Memory Support Workers are established as part of Leeds Neighbourhood Teams, older people's mental health services, and linked to GP practices.
- ✓ Leeds Community Healthcare "Dementia, Depression & Delirium" pathway.
- ✓ A holistic approach to living with dementia, other long term conditions and frailty.

Our approach to make a difference 2020-25

- Reduce the risk of dementia: 'One You Leeds', take-up of the NHS Healthcheck, diabetes prevention programme.
- Improve quality and consistency of the annual dementia review.
- Explore innovative approaches eg. using community venues for review; a six-month review after diagnosis.
- Ensure there is access to support in the months / years after diagnosis, for people who don't take up services immediately post-diagnosis.
- More opportunities and support to plan ahead for the later stages of dementia.
- Taking the opportunities offered by the further development of social prescribing, and introduction of care co-ordinator roles.

⁷ <https://oneyouleeds.co.uk/dementia-reduce-your-risk/>

4. Caring for a person with dementia

Carers are treated as partners in care, and benefit from information, support, and breaks.

Carers are “living with dementia” too

A local carer, speaking at a Dementia Information Roadshow event in 2019, used a revealing phrase when telling her and her husband’s story:

*“When we got **our** diagnosis...”*



Eugene Harris and Diana Smith-Harris. Photo from Alzheimers Society “Dementia Together” magazine, April/May 2019.

‘Living with dementia’ applies to families, friends and carers as well as the person experiencing the condition itself. Research⁸ indicates that:

- 85% of people with dementia are supported by an unpaid carer; for Leeds this is an estimated 7,400 carers.
- 34% of carers of people with dementia are ‘economically active’; so Leeds has c. 2,500 carers of people with dementia who combine unpaid caring with paid work.

The impact of caring

Most people with dementia live at home (c. 25-35% live in care homes), and even when dementia becomes “severe”, an estimated 50% of people live at home⁹. Perhaps 1,000 carers in Leeds are supporting people with the effects of the later stages of the condition: eg. psychological distress, disturbed sleep pattern, continence care, support to stay safe. As well as the physical demands of caring, there is the emotional impact of seeing someone close to you change as the condition progresses, and perhaps the gradual sense of loss.

Carers may struggle to put their own needs first, and even to articulate one’s own needs when in the habit of speaking for the person with the condition. Carers want to know that other care arrangements are available, whether in an emergency, or for a planned appointment, for holidays, for a hospital stay and, as carers said in the course of consultation on this strategy, “what if I die first?”. This point is followed up in the “At Home – Housing Options... section).

⁸ Various sources, collated in Lewis *et al* (2014): *The Trajectory of Dementia in the UK – Making a Difference* (Alzheimers Research UK). www.alzheimersresearchuk.org/wp-content/uploads/2015/01/OHE-report-Full.pdf

⁹ Alzheimers Society – *Dementia UK* report: www.alzheimers.org.uk/about-us/policy-and-influencing/dementia-uk-report

Covid-19, families and carers

The Covid-19 pandemic has had a huge impact on carers and support services for carers. Carers have been faced with many different challenges, such as:

- being unable to visit the person they care for, or restricted in visiting, particularly if the person lives in a care home;
- coping without services that offer a break from caring - eg. day centres, community groups.
- having to make tough decisions about what to do for the best - eg. helping with personal care when it was difficult to source gloves, masks and other protective equipment (PPE).
- coping when the person with dementia doesn't understand the need for social distancing.
- coping with bereavement when they were unable to say goodbye in person.

Jackie Powell, who cared for her husband Keith at home, has spoken very movingly and powerfully of the impact of Covid-19. Until "lockdown", he attended the Young Dementia Leeds day centre, run by Community Links, five days a week. The loss of routine and activity caused a rapid decline as if "he fell off a cliff". This led to serious falls, loss of balance and co-ordination, and extremely interrupted nights. Eventually he had to move to a care home where Jackie was unable to see him for many weeks.

www.youtube.com/watch?v=QU4SkuGX9CM (the video was made by Jackie with Carers Leeds)

Carers Leeds and other services have adapted by eg. offering telephone support, and running carers groups on 'Zoom'. As services started to open again, this may cause difficulties readjusting, and making decisions about vulnerability to Covid-19.

What sustains caring and makes it a satisfying role ?

When carers are able to stay positive about life with dementia, it is often because:

- there are opportunities to do things together, and to feel that the original relationship with the person is still there;
- when the carer's expertise and views are respected by professionals;
- when there are opportunities to learn about dementia and share experiences with others;
- when there are opportunities to take a break and have even a couple of hours a week to choose how to spend the time;
- when there is support from services which offer good quality, person-centred care. This can lessen feelings of guilt about sharing the care with others;
- when the carer can develop coping strategies to be more patient, and accept the changes that come with dementia;
- finding ways to get a good night's sleep.

Achievements 2013-20

- ✓ A 'Dementia Carer Hub' at Carers Leeds, with over 1,000 carers supported per year. Services include....
 - ☆ 1:1 support offer for carers
 - ☆ hospital-based support at St James.
 - ☆ information and education sessions for carers
 - ☆ carers' support groups.
- ✓ 'Working carers' initiative with large local employers .
- ✓ Leeds hospitals signed up to "John's Campaign", so carers can support people with dementia beyond usual visiting hours.
- ✓ Recruiting carers to join Leeds Dementia Partnership

Our approach to make a difference 2020-25

- The Leeds Carers Partnership Strategy: *Putting carers at the heart of everything we do*
- Identify carers, especially in primary care (GP practices)
- Strengthening and listening to the voice of carers.
- Reach more carers of people with dementia with a positive offer of support, and reduce the isolation experienced by carers.
- Once carers have been identified and supported by services, keep in touch. Dementia is a progressive condition and carers are likely to need more help as time goes on.
- Improving capacity and choice for carer breaks.
- Offer support and substitute care which enables carers to prioritise their own health and well-being.



Carers Leeds trip to Morecambe
National Dementia Carers Day, September 2019

5. Younger people with dementia & rarer types of dementia

People with younger onset of dementia benefit from specialist support, which recognises people's specific social, economic and clinical needs.

Prevalence and people's needs

There are c. 200 people in Leeds who are aged under 65 with a dementia diagnosis¹⁰. The overall prevalence of younger-onset dementia is hard to estimate, but there may be a further 100-200 people without a diagnosis. Younger people with dementia have specific needs which reflect the medical and social circumstances of developing the condition at this time of life. The provision of specialist services is supported by the National Institute for Health and Clinical Excellence (NICE) guideline on dementia. The need for such services requires a holistic view of family, social and clinical aspects, rather than whether a person has reached the age of 65.

Younger-onset dementias show a higher prevalence of rarer types, eg. frontal-temporal dementia and post-cortical atrophy. There is generally a wider range of symptoms such as behavioural disinhibition and personality changes. The diagnosis of dementia can be more complex at a younger age, with a combination of factors – eg. stigma, medical complexity – leading to longer diagnosis processes and a lower 'diagnosis rate' for this population. Very rare types of dementia may occur when brain cells are affected in the progression of neurological conditions such as Huntington's Disease.

Socially, people may be at a particular stage of family life and career / employment, and there may be particular impact on social networks. Younger-onset dementia is more likely to have financial consequences, sometimes very severe, arising from eg: loss of employment and income (for the carer as well as the person with dementia) and affect long-anticipated plans for retirement. People may have young grandchildren and important family roles with childcare; or their own children may still be financially dependent, eg. in higher education or even younger (Office of National Statistics data shows that the average age of parents is increasing). People with younger-onset dementia often have parents who are ageing, perhaps with care and support needs of their own.

Dementia and people with a learning disability

The onset of dementia tends to be younger for people with a learning disability, particularly Downs Syndrome, in which the risk of developing with dementia at any given age is approximately the same as for a person thirty years older without the syndrome. In Leeds, NHS community learning disability services manage a specialist diagnosis pathway. The culture and practice of person-centred care is of long standing in services for people with learning disability, and may help providers of care and support to adapt to dementia care. However, when a person with a learning disability has lived into adulthood with parents in the caring role, Carers Leeds report that the development of dementia can present new difficulties, and sometimes affect both generations in the family.

¹⁰ NHS Digital, monthly data publication.

Services for younger people with dementia and carers

There have been improvements to services in the past three years (see 'Achievements' below). However, carers of younger people with dementia report that residential care services may involve the person being placed in an environment with people much older; and that people often have to go to care homes outside Leeds. required for both carer breaks and longer-term care, and there is potential for providers to meet demand more locally, with carers reporting that this would be preferable to placements outside Leeds.

Achievements 2013-20

- ✓ 'Young Dementia Leeds' provides day services for younger people with dementia at a day centre and at home.
- ✓ The service has moved to new premises with a new provider (Community Links), and are offering more choices of activity, working with partners to offer eg. creative arts and cookery. A Memory Café has been added to the service offer.
- ✓ Carers Leeds are part of Young Dementia Leeds and offer dedicated support and a group for carers of younger people with dementia. This has extended support to many carers who don't use the day services.
- ✓ Younger people with dementia team (NHS specialists) delivered 'Target' training session to GPs, leading to increase in number of people with a diagnosis in 2019.

Our approach to make a difference 2020-25

- Involve the 'Mindful Employers' network, and other local employers, to increase access to 'reasonable adjustments' for people who develop dementia whilst in paid employment.
- Work with care home and supported housing providers to develop provision in the Leeds area.
- Work with the new carers group who are committed to campaigning and improving services.
- For people with a learning disability who develop dementia, to improve access to diagnosis and understand specific support needs, eg. for older parent carers.



Carers Support Group at Young Dementia Leeds

6. Diversity, inclusion and rights

People's voices are heard, and rights are upheld when decisions are made. Services recognise and respond well to diverse needs.

'Diversity' has many aspects, and for people living with dementia it is important that person-centred care is informed by an understanding of social and cultural factors, alongside personal history.

Most people with dementia are aged 80+, and the condition is more common in affluent areas where people live longer. These tend to be more rural areas, where there can be difficulties accessing services. Some villages have well-established Memory Cafés, whereas people in some places have to travel to access services. However, the age-related risk of developing dementia is higher for people at a disadvantage from health and social inequalities. This means that the geographical spread of people living with dementia is more even - between inner city, suburban and rural areas - than might be expected from the age profile alone.

There are people from the many different and diverse 'Black, Asian and Minority Ethnic' (BAME) communities in Leeds who have experienced old age and increasing risk of dementia for several decades (eg. older people who identify as Irish, Jewish and other European origins); and the past one or two decades (eg. many older people of south Asian and Caribbean origins). South Asian and Caribbean populations in particular have a 4-5 times higher risk of developing Type 2 diabetes, which in turn is linked to increased risk of dementia. Dementia can take away the ability to speak English for people who learned it as a second language. Reported experience is that people from south Asian communities are looking to use eg. residential short stays for carer breaks and the language capability of services is a difficulty. Local organisations have worked with GP practices to support assessment of memory and cognition in the diagnosis process.

More women have dementia than men, because women are more likely to live beyond age 80; men are marginally more likely to have younger-onset dementia. There is evidence that unpaid caring is more likely to affect women, in the caring tasks carried out, and at a younger age¹¹.

Lesbian, gay, bisexual and transgender older people have grown into adulthood and later life at a time of changing social attitudes and inclusiveness, and both developing dementia and coming into contact with care services can lead to difficulties and uncertainties. Alzheimers Disease in particular can take away recent memories and lead to a sense of the past being the current reality, which can be distressing for the person and loved ones to eg. be back in a time when sexuality or gender identity was more often concealed.

People need, and are entitled to expect, mainstream services to work well and be competent with diverse needs – eg. Memory Services, hospital care. However, specific

¹¹ *Will I Care ?* - Carers UK report (2019): www.carersuk.org/images/News_campaigns/CarersRightsDay_Nov19_FINAL.pdf
This considers unpaid caring as a whole, it is not a dementia-specific study.

services are often valued, such as support to overcome barriers to access; memory cafés where mother tongue language is used & understood; groups for older LGBT people.

Dementia is itself a disabling condition and important rights are conferred under equalities legislation and the legal framework for mental capacity. These cover access to services, social inclusion, and decision-making. 'Dementia-friendly' approaches have had considerable success to improve understanding of the condition and acceptance of people living with dementia. A rights-based approach will complement and strengthen inclusion and quality of services.

Achievements 2013-20

- ✓ Memory cafes and groups supporting local Caribbean, Irish, Jewish, south Asian people with dementia and carers.
- ✓ In 2018, Touchstone BAME Dementia Service in Leeds won the Championing Diversity category at the Alzheimer's Society awards. This service is commissioning by the NHS in Leeds.
- ✓ Establishment of BAME Dementia Forum.
- ✓ Dementia awareness promoted via Dementia Friends Champions in community organisations.
- ✓ A BAME dementia event in 2015, leading to a grants process and new service developments.
- ✓ Memory Clinics established in 7 GP practices to reduce travelling distances. People in the Wetherby area can attend Memory Clinic hosted at Crossley Street Surgery, rather than travel to Knaresborough.
- ✓ The number of people from BAME communities in Leeds with a dementia diagnosis, matches the expected number in proportion to the BAME population aged 65+.

Our approach to make a difference 2020-25

- A rights-based approach, to complement dementia-friendly initiatives and person-centred care; ensuring rights are upheld at key decision when decisions are made.
- Obtain funding and commission research into the experience of people with dementia and carers of diverse BAME origins in Leeds.
- Improve access to Memory Cafés and other groups in rural areas.
- Dementia awareness and addressing barriers to seeking support with older LGBT people.
- Develop care and support services with language and cultural competence.



Touchstone Leeds 'Hamari Yaadain' Café



Adapting to Covid: the Café goes online

7. Strengths, support networks and positive risk management

Health and care professionals work to develop person-centred understanding, promote good conversations and positive choices about needs & risks.

A strengths-based approach to social care offers supportive conversations to connect people to a range of resources and groups; respond effectively at times of crisis; and plan for the longer term. It seeks to avoid the often undignified and diminishing experience of the 'gift and entitlement' model, of being assessed to see if eligibility criteria are met. Hand-in-hand with this approach is 'asset-based community development', building on the strengths of communities to offer opportunities for people to live well and to be active and involved.

The ambition for people in Leeds to live well with dementia, and to benefit from person-centred care, fits very well with these approaches. This continues to be the right approach as dementia progresses to its later stages, when it becomes all the more important to: understand what approaches work to communicate with a person and promote emotional well-being; support family carers, who are a huge resource for many people in the later stages of dementia; enable community groups to access the right help to continue meeting people's needs.

'Positive risk management' means taking a person-centred approach to why a person might be behaving in certain ways and presenting risks, and looking at creative ways to reduce and monitor risks; and balance different risks, preferences and rights.

Interventions such as residential care resolve many concerns, but can create other risks related to eg. the loss of a sense of belonging, or understanding why strangers are in one's living space.

The care of older people has traditionally focussed more on personal care, meals and routine daily living, and less so on social activity and access to the community. For people with dementia, involvement and meaningful occupation are beneficial and can be crucial to maximise brain function and individual ability.

Direct Payments and other kinds of personal budget can offer person-centred solutions, acknowledging that people and carers living with dementia nearly always need additional support to co-design and manage the care arrangements.

This is an example of good practice in Leeds, showing how a strengths-based and person-centred approach can improve quality of life and manage risks:

Here is an example of good practice in Leeds, showing how a strengths-based and person-centred approach can improve quality of life and manage risks:

"The final appointment of the day was a lady with dementia who has been going out on the buses and getting lost, and her husband has had to either go and find her or call the police. He wanted to be able to keep her at home with him, but couldn't be with her 24/7. Her son and daughter-in-law came 3 hours from their home also to be at the appointment. The lady lacked a lot of insight in to the risks and was quite adamant in that she didn't want any help, or anyone to stay with her when her husband wasn't there. She said she was going to continue to go out as it is boring to be in the house all day. We discussed some alternative things that she could go and do in the community, such as neighbourhood networks and local groups who could put on transport, or where her husband could drop her off. She was happy to try this out as she said she liked to get out of the house and spend time with people. I also suggested a GPS tracker, although she was initially

reluctant when I explained this could be used in case of an emergency she was willing to try this to help her family not to worry.

.....

“I referred her to [*the local neighbourhood network*] and the Memory Support Worker who will visit to suggest some other groups she could join in with and sort out the Herbert Protocol for the police. I made a referral to Telecare for the GPS tracker, and I emailed the son with what was discussed and what has been done so far. We agreed to meet again in around a month and see if these changes have helped or whether we need to look at some other options.” (Social Worker at a local ‘Talking Point’, 2017).”

Achievements 2013-20

- A team of three “Dementia and Mental Health Liaison Practitioners” has been established, offering specialist support and co-working with NHS colleagues and social workers in Neighbourhood Teams.
- Recovery approaches have been promoted in contracts for Community Care Beds, and introduction of short-term additional funding for people to leave hospital or avoid admission.
- Dementia-friendly approaches have strengthened community networks and assets – eg. increase in Memory Cafes.
- Memory Support Workers and Dementia Carer Support Workers offer conversations which listen to people’s concerns and connect people to community groups and activities.

Our approach to make a difference 2020-25

- Explore and take opportunities to include dementia in work on better conversations, strengths-based social work and asset-based community development.
- Train staff in support planning with people living with dementia.

8. 'At home' - housing options, design and technology

People are enabled by dementia-friendly environments, choices about housing and care, and innovative solutions.

Digital Innovation

Good design can involve small things that make a big difference to the ability of people to live well and independently – for example, signage which reminds a person where the toilet is. Technology has huge potential for everything from peer support, monitoring for personal safety, reminders and prompts, meaningful activity and even care & companionship. It is important that digital technology is used in an enabling way that offers less restrictive options to support living well and personal safety.

Bringing together the expertise of people with dementia and carers, with design and technical expertise will co-produce useful innovation. It is likely that the most useful solutions will be those adaptable for each individual.

A woman in east Leeds attends a group at her local neighbourhood network for people with dementia, each week. Her son lives in the south of England, and has set up a webcam in her house. From his work, he can see if she's up and ready, and calls her on the phone to remind her if need be.

We have set up a new Digital Inclusion Programme through Memory Lane Trust Community Interest Company. This idea was taken from 100% Digital Leeds. So far we have distributed 15 tablets (some with cellular SIM cards) and 16 Alexas to our clients.

We hold daily Zoom meetings online to deliver companionship and meaningful activities. We have twice a week exercise classes and various quiz, bingo and singalong sessions. Up to 30 people are joining the meetings each day and feedback is wonderful that this is helping to improve their day to day wellbeing. We are working to expand the programme to many more over the coming weeks and hope to sustain these activities even after Covid 19.

We have also delivered more than 40 afternoon teas on Saturdays.

from Memory Lane Day Centre, Yeadon
June 2020

Leeds Libraries were awarded a small grant by the 'Widening Digital Participation' programme in 2019, to explore with people and families living with dementia how digital technologies could improve quality of life¹². Little did they know at the time how positive and practical the work would turn out to be as preparation for social distancing, with people and services needing alternative ways to meet and talk.

Housing Options

People living with dementia and carers are ready to consider moving in the earlier stages of dementia; and extra care / supported housing is seen as a positive option. This was the consensus at a conversation about this strategy during 2019, at the Leeds 'Up and Go' group for people living with dementia. Spouses / partners in the caring role do worry about what would happen if they were to need to go into hospital, or were to 'be the first to go'. Extra care housing offers reassurance that alternative care arrangements would be there in a crisis.

¹² The programme was funded by NHS Digital and The Good Things Foundation. The full report from 100% Digital Leeds is available here: <https://digitalinclusionleeds.files.wordpress.com/2020/06/leedsdementia-report2020.pdf>

People value connections with where they live, and this supports the Leeds approach of planning extra-care development to local geography. Concern was expressed that, as dementia progresses, extra-care housing should continue to support people as a 'home for life', and that further moves to care homes are kept to an absolute minimum.

Design for health & care environments

The independent sector tends to use standard designs for care homes, and recent experience suggest that opportunities have been missed to apply best practice to new developments. One option, suggested by developments in Liverpool, is that the local authority can design and build new specialist accommodation, even if it does not directly provide the care.

The specialist inpatient accommodation at The Mount has been improved as far as possible with redecoration and improved lighting, but there are limitations arising from adapting traditional mental health wards for dementia care. Longer-term, Leeds has the ambition to offer purpose-built accommodation using best-practice dementia care design.

Achievements 2013-20

- Dementia-friendly design has been implemented as wards have been redecorated at Leeds Teaching Hospitals.
- Dementia specialist wards at The Mount have had environmental improvements.
- Successful 'Widening Digital Participation' project by Leeds Libraries & 100% Digital Leeds, to improve understanding of how digital developments can support living with dementia.
- 'Smart House' at Assisted Living Leeds includes options to enable people to live at home with dementia.
- Accommodation and care for people with dementia is included in extra-care housing developments.

Our approach to make a difference 2020-25

- Applying best design principles to dementia care environments – housing, care homes and hospitals.
- Improving choices and outcomes for housing with care for people with dementia.
- Co-design: so that physical environments and digital solutions are informed by real-life experiences, and investment is directed by what people need.

9. Arts and creativity

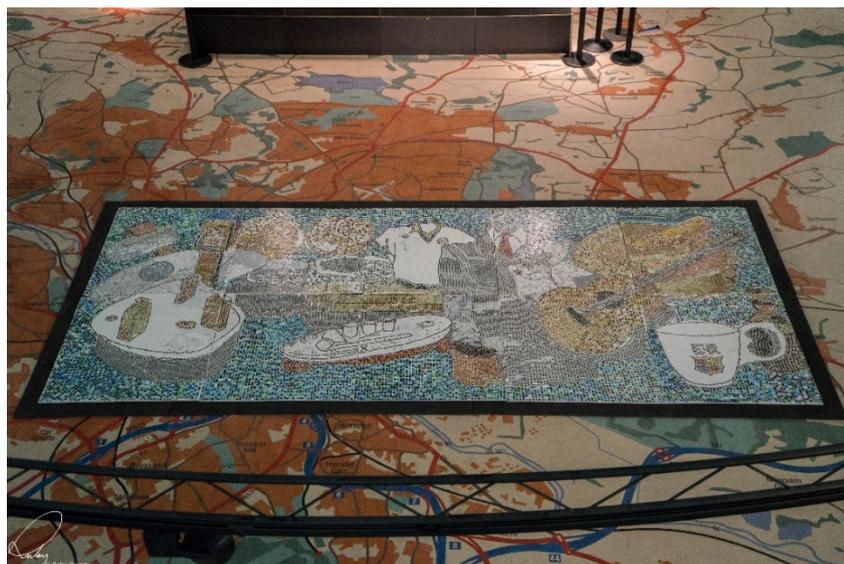
People thrive on meaningful activity and occupation, and opportunities for self-expression and communication when life is difficult.

Good things come from taking part in creative activity – feeling calm, making connections, opportunities to take the lead, self-expression, lifting the mood. Some people with dementia report that they feel less inhibited at trying new and different things than they might have before developing the condition. People living with dementia have chosen “arts and recreation” as one of our top three priorities for dementia-friendly Leeds.

There are excellent local examples of arts organisations, creative artists and community groups working together, and the challenge for Leeds is to extend these opportunities to more people, especially people in the later stages of dementia, and move from successful ‘one-off’ projects to sustained provision, including empowering carers and care staff to learn creative ways of communicating and working with people.



The two Leeds banners¹³



Leeds City Museum - mosaic¹⁴

each group which took part now has its own section of the mosaic.

¹³ <https://phm.org.uk/exhibitions/the-unfurlings-a-banner-display/>

¹⁴ www.leedsinspired.co.uk/projects/mosaic-leeds-paul-digby



Yorkshire Dance have brought music and joy to people in care homes with “In Mature Company”¹⁵. and used ‘dementia care mapping’ as an evaluation technique to show how the sessions improve mood and interactions during and after the sessions.

photo from the Yorkshire Post, 15th January 2019

Achievements 2013-20

- A range of creative opportunities established by the Leeds Living With Dementia Peer Support Service working with Leeds Playhouse, Leeds Museums and Galleries, and other partners.
- Many one-off creative projects carried out by third sector partners with local artists – eg. Mosaic project at Leeds City Museum; Pavilion Arts work with Touchstone and Leeds Irish Health and Homes.
- Fifteen singing groups for people with dementia in Leeds¹⁶.
- People in two local groups have produced banners, working with artist Ian Beesley and poet Ian McMillan, as part of a national project.
- Leeds Playhouse staged the award-winning “Every Third Minute” festival, curated by people living with dementia.
- Dementia-friendly performances pioneered at Leeds Playhouse, and adopted by Opera North.
- Leeds Playhouse has produced a “Guide To Dementia Friendly Performances” to provide best practice advice based on its award-winning performance model¹⁷.
- ‘In Mature Company’, a Yorkshire Dance Project to work in local care homes, 2018-21.

Our approach to make a difference 2020-25

- Creative arts for living well - explore and take opportunities offered by developments in social prescribing.
- To offer music, art and creativity for people experiencing psychological distress in the more advanced stages of dementia, to improve well-being and enable less restrictive care.
- Work with the care sector to offer creative opportunities for people in care homes and day centres; including training for artists to engage with people with dementia. Build on the success of one-off projects to develop a sustained approach.
- Work with the Leeds Arts and Health Network, including our universities, to evaluate creative initiatives and develop evidence for investment.

¹⁵ Funded by ‘Time To Shine’, Leeds Lottery-funded programme to tackle loneliness.

<https://yorkshiredance.com/project/in-mature-company/>

¹⁶ <https://www.leeds.gov.uk/docs/Singing%20Groups%20in%20Leeds.pdf>

¹⁷ https://leedsplayhouse.org.uk/latest_news/west-yorkshire-playhouse-launches-guide-staging-dementia-friendly-performances-dementia-awareness-week/

10. Research - making a difference for the future

Leeds is ambitious to create opportunities for people living with dementia to take part in research to improve treatment and care.

But I am determined to be heard. And so I ask questions, lots of them, this brain that still works so well on good days set on proving to them why I've chosen to take part in this trial, to understand more about this disease, to empower myself.

Wendy Mitchell, from her book "Somebody I Used To Know"

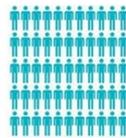
There are three important steps to enable people to take part in dementia research:

- awareness of opportunities and how to get involved. Everyone - with and without dementia - can sign up to 'Join Dementia Research': www.joindementiaresearch.nihr.ac.uk
- obtaining informed consent, which is built into the ethics of research studies;
- the practicalities of taking part - local researchers consult with people living with dementia to design research studies.

Involvement in research not only contributes to progress in treatment and care, it enables people to feel more hopeful and useful. Leeds & York NHS Partnership Foundation Trust have produced a video with people explaining why they're involved in research: <https://youtu.be/ywNhEUHWxV0>

Leeds has real opportunities to increase involvement, with three universities, three NHS Trusts and the Leeds GP Federation.

Join Dementia Research in numbers



46,676
volunteers
registered



36,357
participants have
joined a study



452
studies have
used the service



97
studies are currently
open to recruitment



1,464
researchers have been
trained to use the service



273
research sites have
used the service



These statistics are accurate as of 29th February 2020

Achievements 2013-20

- When diagnosed, people in Leeds are routinely offered information about 'Join Dementia Research'. 1.5% of people with a dementia diagnosis in Leeds have signed up; this is too low, although it compares to a national average of 1% (at October 2019).
- 1,167 people have participated in 46 studies in the field of 'dementia and neurodegeneration' in Leeds NHS Trusts (again, data from October 2019).
- Leeds Beckett University has opened its Centre for Dementia Research, and has a lead role in important research areas. The 'What Works' study for dementia education and training was funded by Health Education England:
www.leedsbeckett.ac.uk/school-of-health-and-community-studies/what-works/
- University of Leeds has developed the 'SIDECAR' tool for measuring well-being of carers of people with dementia.
- Local NHS Trusts and universities are engaged in a range of research collaborations.

Our approach to make a difference 2020-25

- Increase the numbers of people, with and without dementia, in Leeds who are signed up to 'Join Dementia Research'; promote and encourage throughout the care and support sector.
- Ensure staff to signpost people to research opportunities, using the 'LEARN' tool:
<https://learn.joindementiaresearch.nihr.ac.uk/>

11. Integrated health and social care

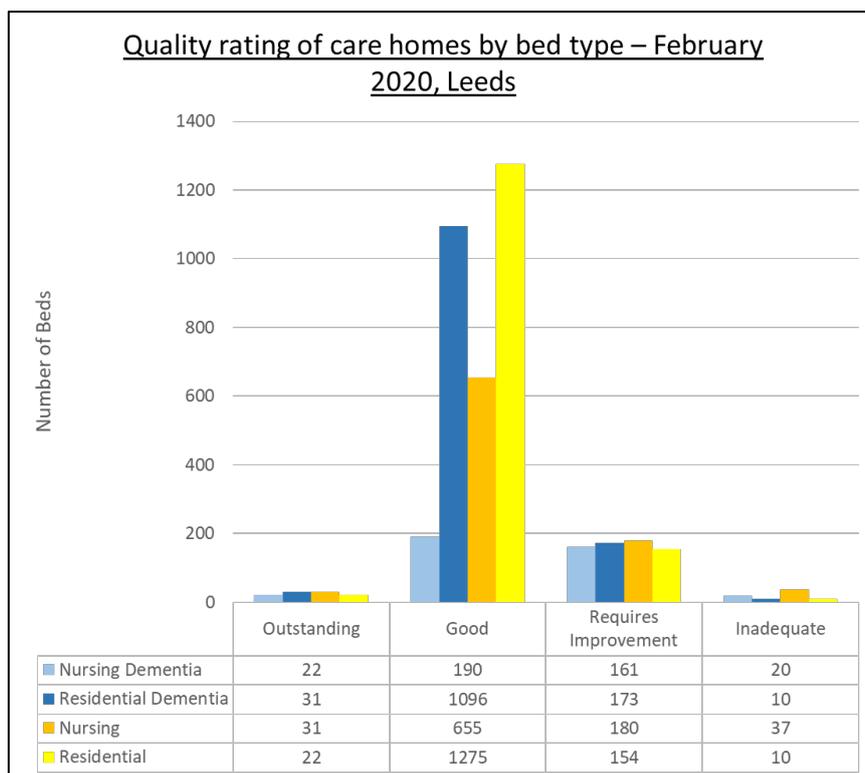
All NHS, care and support services are skilled at meeting dementia care needs, and have timely access to specialist clinical support.

A national concern

The Alzheimers Society’s ‘Fix Dementia Care’ campaign shares examples of poor experiences of care services, and identifies national concerns including the expense to families of self-funding and ‘topping up’ care; shortage of government funding, variable care quality and lack of staff training.

Care home quality in Leeds

There have been significant improvements to the quality of care homes in Leeds in recent years, as judged by the Care Quality Commission (CQC). However, for people and families seeking specialist dementia care, it is more difficult to find a care home rated ‘Good’ or better by the CQC. The chart below shows the lower proportion of ‘Good’ homes when nursing and/or dementia specialist care, especially dementia nursing care, is required. Leeds City Council’s Care Quality Team has been established to work with the local care sector, and has adopted dementia care as a priority.



Workforce, training and investing in quality

Good quality dementia care depends upon recruiting, training and retaining the right staff in sufficient numbers. This is especially a challenge in the social care sector, where pay is low, there are limited opportunities for promotion and career development, and high staff turnover. The relative success of the Leeds economy in retail and other areas means that there are alternatives on offer which can seem more attractive than working in social care.

There is a particular connection to the Leeds ‘Inclusive Growth Strategy’ and its ambition to create better jobs and tackle low pay. The ‘Step Into Care’ programme works to

promote careers in social care, and support both young people, and middle-aged / older workers, into the workforce. Boosting the pay and conditions of a largely private sector workforce is likely to require increased funding via contracts. This is a cost against local authority budgets, whilst also being an investment in the Leeds economy. Good quality care helps unpaid carers and family members to remain in paid work. When low-paid workers are better rewarded, this has a knock-on effect in stimulating the local economy. However, in the context of local government funding, especially with the additional spending and loss of income from the Covid pandemic, this remains a real challenge.

Support at home - developing the Leeds offer

Domiciliary care is a vital service to support people at home, including in the later stages of dementia (50% of people with severe dementia live at home). People require a flexible approach to care delivery, which is able to adapt to how they are on a given day, and what help they need. Staff require the skills to build relationships and trust, and find creative ways to help people who might not be fully aware of, or acknowledge, support needs. Consistency of staff is especially valued, because of the importance of a good relationship and understanding.

The approach of 'do with' rather than 'do to' is best practice for everyone who has care and support needs, and especially so for people living with dementia, who may be able to physically do tasks with a little prompting, and may react defensively (as anyone would) to having personal care carried out without consent and co-operation being achieved.

Support at home is likely to be a more favoured option for families during, and perhaps after, the Covid-19 pandemic. Restrictions on care home visiting, and concerns about outbreaks, seems to be a factor for families to 'go the extra mile' to keep caring for people at home in the more advanced stages of dementia. This is an opportunity to articulate clearly what the Leeds support offer looks like, to promote the good services we have and to understand what improvements people and families need.

Day centres are a positive option for many people living with dementia and carers, offering social experience and meaningful occupation for people attending; and for carers, a break, or even vital support to stay in employment.

NHS services

Access to specialist NHS services is an important aspect of good quality care. People with dementia who receive social care need a multi-disciplinary approach with good working relationships, and timely access to expert colleagues who can advise and co-work when required. The reintroduction of specialist older people's services, from March 2019, by Leeds and York Partnership NHS Foundation Trust (LYPFT) was a significant step forward. People living at home, and in care homes, can benefit from both care co-ordination and intensive interventions.

Leeds Teaching Hospitals Trust (LTHT) has a long-established Dementia Steering Group, which co-ordinates across clinical areas and support services on eg. staff training, improvements to ward environments, food choices and menus, ensuring that glasses,

hearing aids and dentures are properly used. People with dementia are vulnerable to being disoriented in hospital, and upon leaving hospital; and to episodes of delirium linked to acute illness. This is considered further in the next section.

Leeds Community Healthcare and Leeds Teaching Hospitals have both developed dementia training for staff, and made it part of the 'statutory and mandatory' training at the appropriate level for each staff role. Leeds Community Healthcare have developed a "Dementia, Delirium and Depression" pathway, which was launched in 2019, and offers staff guidance and support on best practice in treatment and care.

Achievements 2013-20

- LYPFT service redesign has introduced specialist older people's teams (March 2019), to work more closely with Neighbourhood Teams to support the older population living with dementia, mental health needs and frailty.
- Over 6,000 staff trained in dementia care by Leeds Teaching Hospitals, including ward clerks, housekeepers and porters as well as nursing staff; improvements to ward environments, introduction of 'Know Who I Am' document, dementia-friendly food choices and menus.
- 370 Leeds Community Healthcare clinical staff 'Tier 2' trained; 1,200 staff trained at 'Tier 1' (March 2019 data)
- An improved training offer from Leeds City Council for care providers and social work staff, including leadership in dementia care.
- Leeds City Council has established a Care Quality Team which is prioritising work with care homes to better support people with dementia.

Our approach to make a difference 2020-25

- Be honest and open about the concerns regarding care quality, and make best use of all our procurement, contract management, care quality and training initiatives to achieve service improvement;
- Acknowledge the costs of good dementia care, and seek affordable ways to work with providers to match funding to care costs.

12. People with more complex needs & timely transfers of care

People experiencing psychological distress, and people with dementia alongside multiple health conditions, have the right multidisciplinary support out of hospital.

‘Complex needs’ in dementia refers to:

- people who experience emotional and psychological distress and associated behavioural needs; and/or
- people with multiple health conditions and needs, with dementia having a significant impact on how needs are understood and met.

Sometimes distress and behaviour is a short-term response eg. to how a person is being treated, or finding oneself in an unfamiliar place or confusing environment. Small changes in approach, and thinking creatively, can make a big difference. It is always important to seek to understand from a person-centred perspective. It is usually unhelpful to label a person as having ‘complex needs’ without trying to understand the person and possible reasons for being distressed.



This ‘word map’ shows what staff in Leeds Teaching Hospitals wrote to indicate moods and behaviours for people identified with dementia¹⁸.

The frailty perspective is especially important when considering complex needs. ‘Frailty’ leaves us “vulnerable to dramatic, sudden changes in health triggered by seemingly small events such as a minor infection or a change in medication or environment”. The more severe the dementia, generally the more likely it is that more complex needs will emerge, sometimes suddenly, in response to physical and psychological triggers. Hence an approach based on ‘recovery’ is important, to discover for each person what might settle over time with appropriate treatment and care, and what is more severe and enduring.

People with severe dementia are an estimated 12% of the population with dementia; and people with behavioural needs linked to emotional distress (eg. ‘agitation’, ‘irritability’) are 5-16% more prevalent among people with dementia¹⁹. Combined with the data below on prescription of anti-psychotic medication, it is estimated that there are 500 - 1,000 people in Leeds with more complex needs in dementia.

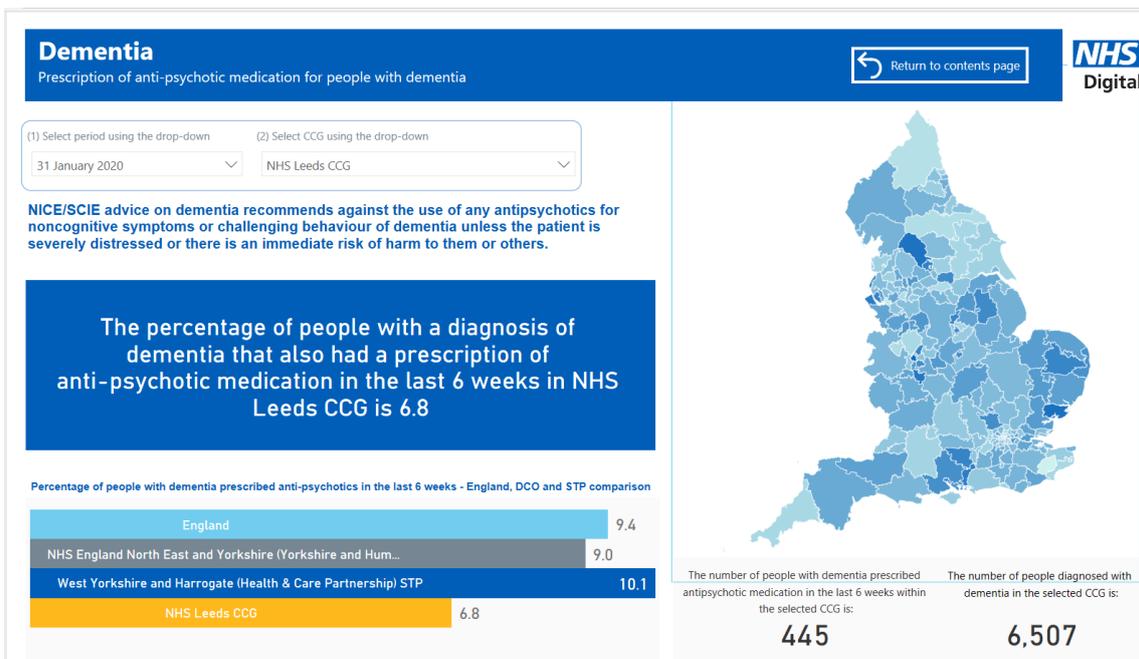
¹⁸ George Crowther (2015): A Summary of the service improvement project, ‘Describing the population with dementia in Leeds Teaching Hospitals Trust’.

¹⁹ Savva et al (2009): *Prevalence, correlates and course of behavioural and psychological symptoms of dementia in the population*. BJPsych 194

Care homes are understandably more reluctant to take people whose needs are more complex, unless they are satisfied that funding of the care will enable sufficient staffing, and that specialist support will be available when necessary. This can lead to people waiting in hospital for a suitable placement to be identified, sometimes being assessed and turned down by many care homes.

Person-centred care, to understand the roots of emotional and psychological distress, must always be the ‘first-line’ approach to presenting behavioural needs and risks. In 2011, an NHS-wide *Call To Action* sought to stop the inappropriate prescribing of low-dose anti-psychotic medication in dementia, and ensure that any prescribing is kept under review. These medications are sometimes used to manage behavioural presentations of distress, but have harmful side effects including risk of falls and stroke.

NHS prescribing audits in Leeds during 2012 showed that c. 10% of people with a dementia diagnosis were given antipsychotics, and action included repeat audits and the production of a local guideline. The chart below shows that local action has had a sustained effect: 6.8% of people with a dementia diagnosis had had a prescription in the six weeks to end January 2020, lower than the England average of 9.4%.



During 2017-18, a range of initiatives started to address concerns about people experiencing long delays leaving hospitals. The LYPFT care homes service was enhanced to create an “Intensive Care Homes Treatment Team”; additional funding was offered to care homes to enable short-term additional support for people making the transition from hospital, or to avoid admission for people experiencing episodes of distress. There have been good examples of people supported to leave hospital and avoid admission, with a multi-agency approach to supporting care homes to look after people. A programme of work has been set up to develop new services for people with the most complex needs, and achieve further, sustained improvement to timely transfers of care.

During the Covid-19 crisis period, LYPFT seconded staff to strengthen the ‘Intensive Home Treatment Team’, to support people in their own homes. This has had some success at working with families to avoid hospital admissions. Support at home may

now be a preferred option for more people, as described above. NHS and domiciliary care providers working in partnership - in a similar way to that described for care home providers - is likely to offer the best way forward to improve support and manage crises at home.

A successful example of a person-centred, recovery approach:

A gentleman who had been on Ward 1 at The Mount for almost a year. He needed 3-4 people for personal and continence care, resisting having help because he saw care staff as strangers who were attempting to undress him. Providing care was stressful, increased his agitation, and so was carried out as infrequently as possible on a 'best interests' basis.

A care plan was developed which involved speaking quietly, approaching from the side and holding his hand and giving him plenty of time. However, he made little progress on the ward. A Leeds nursing home agreed to accept him for discharge from The Mount, with help from the Intensive Care Homes Treatment Team, and funding for additional staff time. Within a week he was accepting personal care on a 1:1 basis and the additional funding ended after expenditure of less than £1K.

Achievements 2013-20

- NHS clinicians in Leeds have sustained a low level of prescribing of antipsychotic medication.
- Leeds City Council has increased fees for dementia specialist care home placements.
- LYPFT Intensive Care Homes Treatment Team piloted from July 2018 and established long-term from April 2019.
- Pilot of the 'Dementia Transition Fund' – a scheme to fund additional care needs to support transition from hospital / prevent readmission.
- Hospital bed-days lost to delayed transfers of care reduced by c. 50% in winter 2018-19 compared to previous winter.

Our approach to make a difference 2020-25

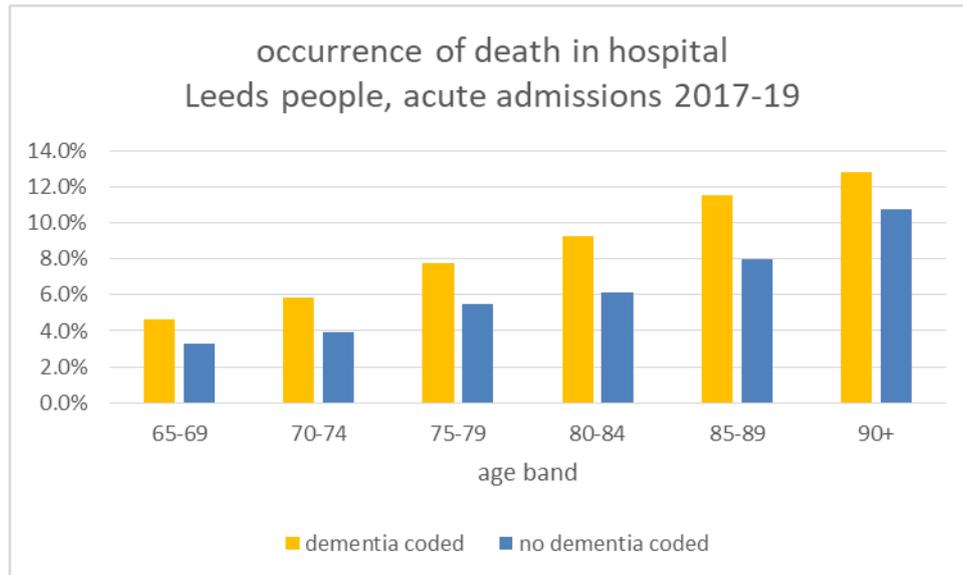
- A new programme of work to develop very specialist bed capacity;
- Focus on timely support to avoid hospital admission where appropriate;
- Identify the best funding and procurement option for care services, to ensure the right supply and quality of care for people with more complex needs.
- Develop medium-to-longer-term care options for people with enduring and complex care needs.
- Consider 1:1 care and overnight options for people and carers living at home with more complex needs - aim to invest in support at home as well as care homes.
- Approaches offering arts and creativity for people to express themselves and cope with emotional distress.

13. Care at the end of life

There is honesty about dementia as a progressive neurological condition, and opportunities to plan ahead & make the most of life.

People with a dementia diagnosis make up approximately 15% of the people who die each year in Leeds; and approximately 15% of people with a dementia diagnosis die each year. These numbers indicate how significant dementia is in developing and improving end of life care.

Dementia is a significant risk factor for being admitted to hospital, having a longer stay in hospital, and for dying in hospital – see chart below:



It is an ambition for this strategy to enable more people with dementia to be where we would wish to be at the end of life, an ambition shared with the Leeds Palliative and End-of-Life Care Strategy. This has developed seven outcome statements, for people to:

1. Be seen and treated as individuals who are encouraged to make and share advance care plans and to be involved in decisions regarding their care.
2. Have their needs and conditions recognised quickly and be given fair access to services regardless of their background or characteristics.
3. Be supported to live well as long as possible, taking account of their expressed wishes and maximising their comfort and wellbeing.
4. Receive care that is well-coordinated.
5. Have their care provided by people who are well trained to do so and who have access to the necessary resources.
6. Be assured that their family, their carers and those close to them are well supported during and after their care, and that they are kept involved and informed throughout
7. Be part of communities that talk about death and dying, and that are ready, willing and able to provide the support needed.

For people with dementia, the opportunity to influence care may come at an earlier stage of the condition, whilst the capacity to think through and decide what we want is relatively intact. This is not easy to do in the face of a progressive condition; people often manage dementia 'one day at a time' rather than looking too far ahead. NHS England colleagues supporting the West Yorkshire and Harrogate Integrated Care

Partnership have supported a training programme to facilitate advance care planning (ACP), and Leeds now has NHS and third sector staff equipped to train colleagues as ACP facilitators. The idea is that anyone who is known and trusted by a person can have the important conversations about wishes and preferences.

End-of-life care and dementia benefits from the perspective of dementia as a life-limiting neurological condition, ultimately affecting a range of physical functioning alongside cognitive abilities; and one which impairs the ability of a person to communicate symptoms such as pain and discomfort. Indeed, the frustrations associated with not being able to explain symptoms may manifest as agitated behaviour, and be misinterpreted.

Achievements 2013-20

- Dementia included alongside other long-term conditions in electronic Palliative Care Co-ordination System (ePaCCs)
- Leeds guidance produced on recognition and management of end-stage symptoms in dementia.
- Dementia training for 142 staff at Leeds hospices.
- A recognised pain assessment tool for people with dementia is available on Leeds Community Healthcare patient record.

Our approach to make a difference 2020-25

- Enhance hospice & palliative care teams with Admiral Nursing posts (specialist dementia nursing roles).
- More & better conversations about advance care planning, to avoid unnecessary A&E attendances, admissions and medical treatments towards the end of life.
- To improve symptom recognition and pain relief, by establishing a consistent approach to assessing pain, discomfort and other symptoms.

1. Service 'reset and recovery' from Covid-19

Why is this a priority ?

- People and carers living with dementia have been particularly affected by the Covid-19 crisis; both the virus itself and the impact of social distancing.
- The Covid crisis has led to important services being 'paused' for diagnosis of dementia and support to live well.;
- Restarting services is subject to social distancing and other health protection measures, which will affect service capacity;
- There are opportunities to implement learning to make positive changes in eg. use of digital technology; support at home.

What will NHS and Council commissioners do ?

- Support NHS service providers to re-establish services, amend pathways and redefine objectives;
- Work with community organisations and social care providers to explore options to resume safe face-to-face activities, consider digital alternatives, and understand the impact of the Covid crisis.

The outcomes will be...

- The Leeds dementia diagnosis rate will be stabilised and recover towards pre-Covid level.
- Support to live with dementia in Leeds will recover and be available in new ways.
- People and families will be able to make informed decisions about what services and activities to access.

2. Demographics, diversity & emerging needs

Why is this a priority ?

- The population with dementia is anticipated to increase in England and Wales by more than 10% in the next five years, affecting demand on services;
- BAME older populations are likely to increase at a higher rate than the 'White British' population;
- Community organisations have demonstrated their ability to support people and carers, and are seeking opportunities to strengthen provision.

What will NHS and Council commissioners do ?

- Work with universities to develop demographic projections for Leeds;
- Meet demand by investing in capacity for diagnosis and community support;
- Evaluate the experiences of people from BAME populations to understand barriers to accessing support;
- Develop effective approaches to reducing dementia risk linked to health inequalities.

The outcomes will be...

- The risk of developing dementia will be reduced.
- Service development anticipates and keeps pace with emerging needs.
- Inclusive access to services.

3. Annual review & care co-ordination

Why is this a priority ?

- The annual review is an important opportunity for people and carers not receiving support to discuss the progress of the condition and be connected to community services;
- There are good examples of care planning and review in primary care, and opportunities for investment in primary care to improve quality and consistency for all.
- People and carers who do not access support are at risk of poor health outcomes and presenting in a crisis;
- NHS England investment in healthy ageing and frailty, including care co-ordination and social prescribing, must include people living with dementia.

What will NHS and Council commissioners do ?

- Include dementia in the Leeds 'Healthy Ageing' programme;
- Ensure new care co-ordinator roles work effectively with Memory Support Workers.
- Evaluate how the Collaborative Care and Support Planning approach to annual review is working for people and carers living with dementia.

The outcomes will be...

- People and carers will be connected to support and not 'slip through the net';
- Presentations in crisis will be reduced as far as possible;
- We will make best use of new investment and include people with dementia in new services.
- More people will have advance care plans, anticipating the later stages of dementia.
- There will be a reduction in serious falls for people with dementia.
- More people will have a care plan and review, including medication review.

4. Carer support and breaks

Why is this a priority ?

- There are opportunities to identify and reach carers in primary care and other health and care settings, aligned to the Leeds Carers Partnership Strategy.
- There are support services proven to be effective which could reach more carers.
- There are specific gaps in local provision reported by carers.
- Caring for a person with dementia can be very demanding, and many families show great determination to keep people at home when dementia becomes severe.

What will NHS and Council commissioners do ?

- Ensure access to care home short-stays bookable in advance;
- Ensure access to support for BAME carers, including short-stays with language and cultural competence;
- Seek to invest further in hospital-based support, education, and follow-up to keep in touch with carers who have had an episode of support.

The outcomes will be...

- More carers connected to support, and less risk of presenting in crisis;
- Improved health, and ability to sustain the caring role.

5. Care quality, complex needs, timely transfers

Why is this a priority ?

- It is more difficult to find a good quality care home when specialist dementia care is required.
- There are delays for people leaving hospital, especially for people with the most complex needs.
- The largest increase in people with dementia in the next five years is projected to be people aged 75-79, who are the most prevalent age group among those admitted to specialist NHS services and be delayed in hospital.

What will NHS and Council commissioners do ?

- A programme of work to develop new specialist beds for people with more complex needs in dementia from June 2020, and longer-term develop purpose-built accommodation.
- Sustain support to care homes to meet more complex needs;
- Seek to invest in support at home for people with more complex needs.
- Promote the dementia training and support offer for care providers
- Local NHS Trusts' action plans to train staff, improve care quality and environments.
- Creative and innovative approaches to offer meaningful activity and self-expression.

The outcomes will be...

- Significant reduction in delayed transfers of care for people with dementia;
- Significant increase in specialist care homes rated 'Good' or better.

6. End of life care & planning ahead

Why is this a priority ?

- People with dementia are more likely to be admitted to hospital, have longer hospital stays, and to die in hospital, compared to people in the same age group without dementia.
- Dementia impairs the ability to communicate symptoms, and make decisions.
- There are opportunities in the earlier stages of the condition to plan ahead for the later stages.

What will NHS and Council commissioners do ?

- Seek to invest in Admiral Nursing roles to work with palliative care teams;
- Include the needs of people with dementia in the End Of Life Care programme.

The outcomes will be...

- More people will be at their preferred place of care at end of life.
- More people who die with dementia will have a record on the Electronic Palliative Care Co-ordination System (EPaCCs)
- More people will receive effective treatment and symptom control in the community (a reduction in the number of unplanned hospital admissions in last 90 days of life).
- More carers will be well supported during the last phase of their loved one's life and services will be put in place to ensure that symptoms and pain are well managed. (% very satisfied with symptom management).

Taking Action, partnership working and governance

- *how we will make progress and co-ordinate action.*

These commissioning priorities form the focus of the “Leeds Dementia Action Plan”, which is ‘owned’ by the Leeds Dementia Oversight Board. This Board in turn is accountable to the Integrated Commissioning Executive and ultimately the Leeds Health and Wellbeing Board. The Action Plan will be reviewed and updated quarterly, as actions are completed and as investment is agreed, to turn ambition into reality. The following diagram outlines these arrangements, established during 2019-20, and which will evolve during the lifetime of this strategy:



Appendix 2

Equality, Diversity, Cohesion and Integration Screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being or has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: Adults & Health	Service area: Commissioning
Lead person: Tim Sanders	Contact number: 0113 378 3853

1. Title: Living with dementia in Leeds – our strategy 2020-25

Is this a:

Strategy / Policy

Service / Function

Other

If other, please specify

2. Please provide a brief description of what you are screening

The impact of developing and setting policy to support living well with dementia in Leeds. This includes:

- Leeds as a dementia-friendly and inclusive place;
- services which offer diagnosis and support;
- partnership with and support for families / carers
- the quality and capability of health and social care services to work well with people living with dementia.

The effect of dementia is different for every individual, and a person-centred approach is the only way to understand how the biological, psychological and social factors interact. All the 'protected characteristics' are relevant for the local population living with dementia, and the condition is itself a disability. This increases the risks for individuals, that needs will not be communicated and understood. People with dementia may rely entirely on others doing the right thing to uphold human rights and other legal entitlements.

1. Relevance to equality, diversity, cohesion and integration

All the council's strategies and policies, service and functions affect service users, employees or the wider community – city wide or more local. These will also have a greater or lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?	✓	
Have there been or likely to be any public concerns about the policy or proposal?		✓
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	✓	
Could the proposal affect our workforce or employment practices?	✓	
Does the proposal involve or will it have an impact on <ul style="list-style-type: none">• Eliminating unlawful discrimination, victimisation and harassment• Advancing equality of opportunity• Fostering good relations	✓	

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

How have you considered equality, diversity, cohesion and integration?

(**think about** the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

- Commissioning Leeds Older People's Forum to support and co-ordinate dementia-friendly Leeds, and support people living with dementia to form a group to give voice to the experience in Leeds – this is the 'Up & Go' group.
- Carers are represented directly on Leeds Dementia Partnership, and contribute lived experience to the discussions.
- A series of ten Dementia Information Roadshows were held during 2018 and 2019. At nine of these, the speakers included a person living with dementia and a carer, and other contributions came from the audience.
- Gaining knowledge and understanding by a range of methods: - studying demographics, gathering information and participating in events over the 5 years since the previous dementia strategy. This includes Leeds BAME dementia forum; a BAME dementia event in 2015 followed up with a report and grant funding programme; experience of LGBT older people; faith and older people.
- The development of the strategy included a consultation event in October 2019, with a workshop on the needs of people in BAME communities; and another on diversity, inclusion and rights. This was followed up with a small group meeting to discuss approach and actions.
- Improvements by Leeds GP practices in the recording of ethnicity has enabled analysis of dementia diagnosis data. This shows that recorded diagnoses for people in the main Census BAME groupings is in the expected proportions compared to people aged 65+ in those population groups.
- There are 50 Memory Cafes in Leeds which cover all geographical areas, and diverse BAME communities (Irish, south Asian, Caribbean, Jewish).
- BAME dementia support is provided by Touchstone Leeds; this was originally funded by a series of grants (from 2011 onwards) and is now a longer-term contract with NHS Leeds Clinical Commissioning Group.
- Supporting Leeds Gypsy and Traveller Exchange have produced a resource for commissioners of dementia services.
- Establishing GP-hosted memory clinics, to reduce travel distances and the sense of stigma, compared to attending outpatient locations.
- Improving day services for younger people with dementia and enabling more people to access support via a new Memory Café and carer support worker.

• **Key findings**

There are a range of considerations which influence eg. strategy, service design, staff training needs, sometimes in quite nuanced ways. For example:

- whilst age is the main risk factor for developing dementia, age-related risk is higher for

people at a disadvantage from health and social inequalities; so needs are present in all local communities.

- Carers of people with dementia are at particular risk of health inequalities, related to eg. lack of sleep, putting one's own needs second, the emotional and psychological effects of loss on the relationship with the person.
- People with dementia are particularly vulnerable at points of transition between services, eg. to and from hospital, or changes of where one lives. Important factors are the changes in environment causing disorientation; and increased reliance on professionals and systems to share information, especially when small details make a big difference.
- dementia is an increasing concern for the diverse Leeds BAME communities. There are some populations which are decreasing in numbers as younger generations might not identify on the Census as eg. 'Irish'; but dementia is still an important concern as the populations grow older. Older people who came to the UK from Caribbean and south Asian origins are developing dementia, and assumptions cannot be made about patterns of family life.
- Dementia can take away the ability to speak English for people who learned it as a second language. Reported experience is that people from south Asian communities are looking to use eg. residential short stays for carer breaks and the language capability of services is a difficulty.
- LGBT older people have grown old at a time of changing social attitudes and inclusiveness, and both developing dementia and coming into contact with care services can lead to difficulties and uncertainties. Alzheimers disease in particular can take away recent memories and lead to a sense of the past being the current reality, which can be distressing for the person and loved ones to eg. be back in a time when sexuality or gender identity was more often concealed.
- Dementia is usually 'co-morbid' with one or more other long-term conditions. An holistic approach to living well with long-term conditions / disabilities is required to support people to live well with dementia; with access to specialist support when required.
- Acquired hearing loss is a risk factor for dementia, and the importance of supporting people to access and use hearing aids is important.
- Younger people with dementia (generally under age 65) have specific needs related to both the prevalence of different types of dementia, and family, social and economic circumstances. Leeds has a specialist NHS younger dementia team, and day services for younger people with dementia. There is an active carers group whose experiences have influenced this strategy.
- People with learning disabilities, particularly Down's Syndrome, are at greater risk of developing dementia, and difficulties in recognising symptoms and diagnosing the condition. Therefore, when adults with a learning disability are supported by older parent carers, there is risk of dementia for both generations.
- Generally, people wish for mainstream services to work well and be competent with diverse needs – eg. Memory Services, hospital care. However, specific services are often valued, such as a memory café where mother tongue language is used and understood; groups for older LGBT people.
- 'Dementia-friendly' approaches have had considerable success to improve understanding of the condition and acceptance of people living with dementia. However, a rights-based approach will complement and strengthen inclusion and

quality of services.

• **Actions**

The strategy includes a range of initiatives arising from engaging with people and organisations:

- A whole-person approach to living with dementia, long-term conditions and frailty.
- Seeking funding to commission an evaluation of the experience of people from BAME communities of dementia diagnosis and support, and develop commissioning intentions from the findings (a proposal from the BAME dementia forum).
- Engagement and listening via events or otherwise, with BAME communities, people who are Deaf or hearing impaired; people in rural areas; LGBT older people. . A BAME dementia roadshow had been scheduled for May.
- Work with the 'Mindful Employers' network for working-age adults with dementia to have reasonable adjustments to stay in paid work for as long as possible.
- Ambition to commission residential short stays with language and cultural competence.
- Develop a 1-2 hour training session on dementia and diversity: "well-informed person-centred care".

5. If you are **not already considering the impact on equality, diversity, cohesion and integration you **will need to carry out an impact assessment.****

Date to scope and plan your impact assessment:

Date to complete your impact assessment

Lead person for your impact assessment
(Include name and job title)

6. Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening

Name	Job title	Date
Caroline Baria	Deputy Director, Commissioning, Adults & Health	1 st July 2019
Date screening completed		1 st July 2019

7. Publishing

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions or a Significant Operational Decision.**

A copy of this equality screening should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and

Significant Operational Decisions.

- A copy of all other equality screenings that are not to be published should be sent to equalityteam@leeds.gov.uk for record.

Complete the appropriate section below with the date the report and attached screening was sent:

For Executive Board or Full Council – sent to Governance Services	Date sent: N/A
For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate	Date sent: N/A
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent: N/A

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Leeds Health and Wellbeing Board



Report author: Alexis Percival
(Environmental & Sustainability Manager,
YAS)

Report of: Leeds Anchors for Sustainability Taskforce

Report to: Leeds Health and Wellbeing Board

Date: 30 September 2020

Subject: Leeds Health and Care Climate Commitment

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

The Leeds Climate Commission was established in 2017 to help Leeds to make positive choices on issues relating to energy, carbon and climate. It brings together key organisations and actors from across the city from the public, private and third sectors. Chaired by the University of Leeds, it is informed by the work of the UK Committee on Climate Change and provides an independent voice in the city.

Leeds City Council declared a climate emergency in March 2019 and set out a commitment to make Leeds carbon neutral by 2030 (informed by evidence produced by the Leeds Climate Commission). This is seen as a great opportunity for Leeds to lead the way in becoming a sustainable, healthy city. Following this, the city's senior health and care leaders commissioned a piece of work to consider "What can Leeds health and care organisations do (individually and collectively) to tackle the effects of climate change and respond to the climate emergency?".

Through listening to what people have said, workshops, a series of 1 to 1 conversations and a task & finish group, a draft Leeds Health and Care Climate Commitment was developed (see Appendix 1); a set of principles and actions to work towards as a system to not only tackle climate change but changes the way health and care services are delivered to be sustainable to make a difference for the people of Leeds. To progress the draft Leeds Health and Care Climate Commitment, the Leeds Anchors for Sustainability Taskforce (LAST) was established reporting to the Leeds Health and Care Partnership Executive Group (PEG) on progress.

Recommendations

The Health and Wellbeing Board is asked to:

- Approve the Leeds Health and Care Climate Commitment

1 Purpose of this report

- 1.1. This paper provides an overview of the draft Leeds Health and Care Climate Commitment for approval and the context for its development and the challenges that will be faced in order to reduce emissions across the health and care sector.

2. Background information

The global perspective

- 2.1. Current evidence states that we are around 10 years away from the point where the damage being done to our global environment will become permanent and irreversible. Global warming of 1.5oC and above will cause sea levels to rise, changing the shape of the world map and displacing millions of people. In October 2018, the Intergovernmental Panel on Climate Change stated that we have to 'act very rapidly to cap the level of global warming and reduce carbon missions to effectively zero over the next few decades'. In the past few years, the European Parliament declared a climate and environmental emergency in Europe and globally, the first continent to do so. This is likely to lead to a renewed commitment to limit global warming to 1.5oC and to reduce carbon emissions by 55% in 2030.

The national perspective

- 2.2. The Climate Change Act (2008) legally obliges the UK to cut its carbon emissions by 80% by 2050 and sets in place a legally binding framework allowing the government to introduce measures to achieve carbon reduction and mitigate and adapt to climate change.
- 2.3. In May 2019, the UK became the first country to declare an 'environment and climate emergency', recognising the need to increase the ambitions of the UK's current carbon emission target and to put in place short term measures to create a zero waste economy. This was laid down in an amendment to the Climate Change Act, with new Net Zero legislation and a target of achieving zero emissions by 2050, eliminating 100% of carbon emissions. This is also applicable to the health system.

Health and care: globally

- 2.4. A report published by Health Care Without Harm and ARUP found that: 'Healthcare's carbon footprint equates to 4.4% of global net emissions (2 gigatons of carbon dioxide equivalent). This is equivalent to the annual greenhouse gas emissions from 514 coal-fired power plants and if the health sector were a country, it would be the fifth-largest emitter on the planet'.

Health and care: nationally

- 2.5. Following the global trend outlined above, the healthcare sector is responsible for 5.4% of the UK's carbon emissions – equivalent to 11 coal-fired power stations – and the NHS is the largest public sector emitter of carbon in the country. Building energy is responsible for 22% of this carbon and 5% of the UK's road transport emissions are attributable to NHS-related journeys. In 2008, the Sustainable Development Unit was launched (funded by Public Health England and NHS

England) in response to the Climate Act. Recognising it must play a significant role in contributing to the UK's overall carbon reduction targets, the Sustainable Development Unit supports the health and care system to mitigate climate change by reducing its emissions and acting more sustainably and monitors progress including the implementation of carbon reduction targets.

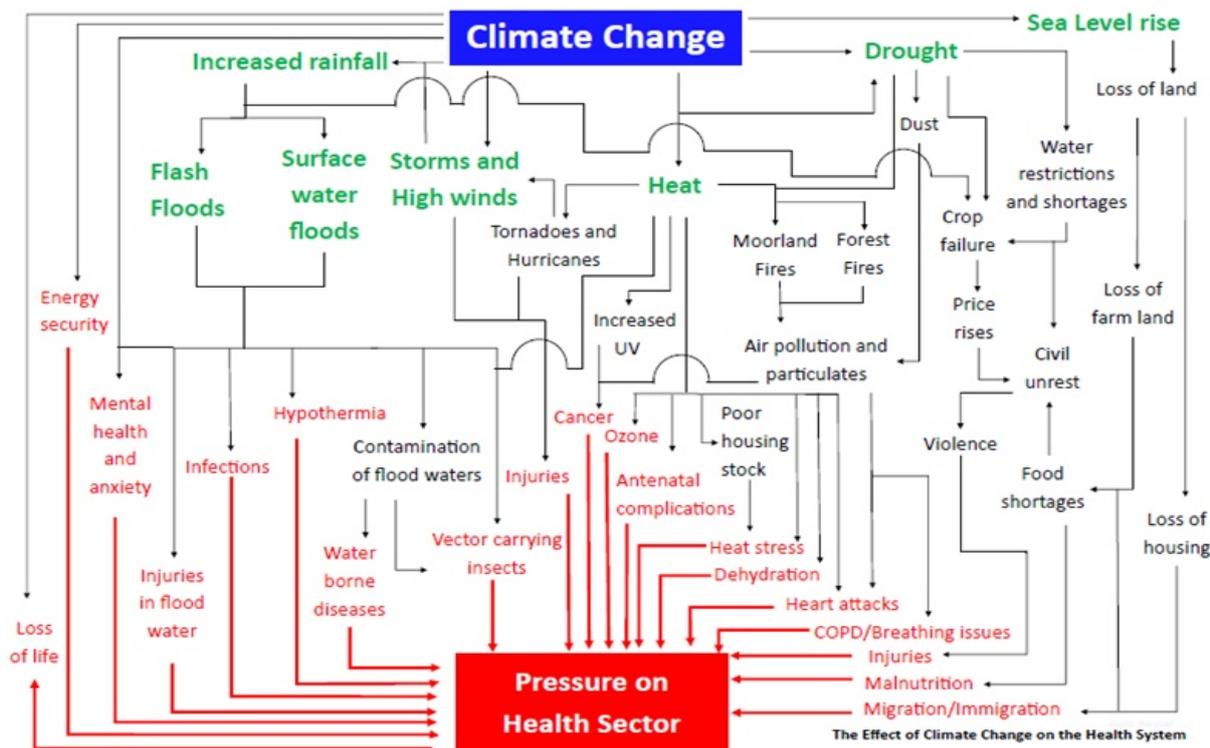
- 2.6. The NHS Long Term Plan seeks to reduce the impact the NHS has on the environment by reducing its carbon footprint, reducing the use of avoidable single-use plastics, and working with partners, including local government, to tackle local air pollution. The NHS Long Term plan and the [NHS operational planning and contracting guidance](#) issued in January 2020 (page 19) has identified the requirement for the NHS to respond to the challenges of climate change. Whilst many already do, in the meantime all systems should have a Green Plan (also known as the Sustainable Development Management Plan (SDMP) or Carbon Management Plan) and a plan to deliver the sustainable development related NHS Long Term Plan commitments. More recently, the Greener NHS programme (<https://www.england.nhs.uk/greenernhs/>) was launched in January 2020 identifying the NHS's urgent need to respond to the climate emergency.

Health and care: city

- 2.7. The city of Leeds has committed to a Climate Emergency, to be achieved by 2030. Following this, the city's senior health and care leaders commissioned a piece of work to consider "What can Leeds health and care organisations do (individually and collectively) to tackle the effects of climate change and respond to the climate emergency?" A draft Leeds Health and Care Climate Commitment was developed (see Appendix); a set of principles and actions to work towards as a system to not only tackle climate change but changes the way health and care services are delivered to be sustainable to make a difference for the people of Leeds. To progress this work the draft Leeds Health and Care Climate Commitment, the Leeds Anchors for Sustainability Taskforce (LAST) was established earlier this year reporting to the Leeds Health and Care Partnership Executive Group (PEG) on progress.

Impact of climate change on Leeds

- 2.8. The impact of climate change is likely to have a high impact on the citizens of Leeds. Many of the impacts will directly and indirectly affect the population through health issues but it is likely that there will be an impact through environmental impacts like wind, rainfall, flooding and heatwaves. Many people within Leeds live in buildings that can be directly affected by climatic changes. The pandemic has highlighted many of the issues that can quickly influence the supply chain, human health and biodiversity of the planet. There is an opportunity to directly influence the emissions from the health and care sector of Leeds through the Leeds Health and Care Climate Commitment.
- 2.9. The diagram below shows the direct and indirect impact climate change can have on people and on the health sector.



3 Main issues

3.1 Developing the Leeds Health and Care Climate Commitment began with the partnership principles; *We start with people, We deliver, We are Team Leeds*. The Leeds health care system is committed to ensuring that people are at the centre of all our health and care plans and decisions. Listening to the ideas, issues and preferences of people is essential to developing and delivering sustainable health and care services in Leeds and achieve our ambition for Leeds to be the best city for health and wellbeing. There have been a number of opportunities to listen to Leeds through:

- *Big Leeds Chat* – In 2018 and 2019, concerns about the environment were raised with many people worried about congestion and air pollution levels in the city, suggesting that fewer cars in the city centre, good, cost effective and reliable public transport and more pedestrian areas would make Leeds a better city for health and wellbeing.
- *Big Leeds Climate Conversation* – Approx. 8,000 residents participated with a report summarising the findings and an action plan presented to the council's Executive Board in December 2019. Conversations indicate that climate change is an important issue for people in Leeds. 90% of residents indicated that they were worried about wildlife loss, biodiversity loss, the effects of climate change on future generations, and the frequency of extreme weather events in the future. Almost all respondents believed that public sector organisations (96.8%) and businesses (96.7%) have responsibility for reducing their own carbon footprint and to make it easier for individuals to make more environmentally-friendly choices.

- *Leeds Climate Commission: Leeds Climate Change Citizens' Jury* – The Citizens' Jury was formed in response to Leeds City Council declaring a climate emergency on 27 March 2019. The jury concluded with 12 recommendations. These included transport, housing and the environment, communication, funding and investment, decision making, green space, housing as well as the role of business and recycling.

3.2 The city of Leeds has committed to a Climate Emergency, to be achieved by 2030. Following this, the city's senior health and care leaders commissioned a piece of work to understand "What can Leeds health and care organisations do (individually and collectively) to tackle the effects of climate change and respond to the climate emergency?" As part of a task & finish group was established and a series of engagements with health and care organisations through:

- *Workshops* – With representatives from local and national health and care organisations based in Leeds, which included sustainability managers, Third Sector advocates and leads for relevant projects or work programmes. The two sessions concluded that positive change was needed and more could be done collectively to mitigate the impact of the sector as a massive emitter of carbon.
- *1:1 conversations* – Further conversations were held with health and care partners across the whole system to get an understanding of what is working well within individual organisations and to get a sense of current progress on this agenda, where there was good practice and opportunities for improvement collectively as large carbon-emitting organisations.

3.3 From the above, it was recognised that as individual health and care organisations in the city, there was already lots of action to limit the system's impact on climate change through programmes of work to reduce our carbon emissions highlighted in the appendix. However, it was recognised more work was needed, which was developed into the draft Leeds Health and Care Climate Commitment with a clearly sets out tackling climate change as a strategic priority for all partners and the following ambition:

To be a climate resilient health and care system. To adapt, evolve, and act to improve the sustainability of the system, mitigate the impacts of climate change – especially within our communities that experience the poorest health outcomes – and better prepare us for future consequences of climate change.

3.4 To achieve this there are a clear set of commitments, steps to reduce impact and create a net-zero carbon health and care system in Leeds by 2030.

3.5 Over 50 senior health and care leaders were engaged on the commitment through the Leeds Health and Wellbeing Board convened Board to Board session on 10 Dec 2019, which included presentations from Extinction Rebellion, where it was supported and endorsed by attendees.

3.6 To progress the draft Leeds Health and Care Climate Commitment, the Leeds Anchors for Sustainability Taskforce (LAST) was established reporting to the

Leeds Health and Care Partnership Executive Group (PEG) on progress. LAST consists of representatives from health and care sustainability leads across the city.

3.7 Despite the impact of COVID-19, progress of the LAST group continues with all partners. While the COVID-19 pandemic has provided some of the most difficult challenges for people, communities, front line staff and much wider, there were some benefits for carbon reductions. Although many of the larger carbon reducing programmes were put on hold in order to support the COVID-19 response, there have been some unseen benefits. Many organisations reacted quickly to:

- Providing staff with the capability of working from home reducing the amount of traffic on the road.
- Reroute telephone requirements to staff so that call centres can be redistributed.
- GP surgeries capitalised in remote triaging and work to talk to patients rather than bringing them into their surgeries.
- Car travel and travel for non-essential work has reduced dramatically.

There are many other benefits that COVID-19 has provided to the city through a more active population that are travelling around in different ways through cycling and walking more. The air was cleaner during the pandemic providing a reduction in air related health problems and there may be many other benefits.

Next Steps

3.8 The Leeds Anchors for Sustainability Taskforce will continue to work together across the wider health and care system to support the delivery of the Leeds Health and Care Climate Commitment with updates to PEG and HWB. Key to this will be addressing the barriers of:

- Understanding the impact of COVID-19 on the health and care system around capacity and maximising the opportunities around stabilisation and reset of health and care services to reduce their carbon footprint as a priority.
- Currently, sustainability in most NHS/healthcare organisations is being led by one or two people. At present in Leeds, there are 6 full time sustainability leads. To achieve the Leeds Health and Care Climate Commitment, action from all of the 57,000 health and care staff in Leeds and wider are needed.
- The Leeds Anchors for Sustainability Taskforce has assessed an outline carbon footprint of the health systems within Leeds to be around 125,000 tonnes per annum, which needs to be eliminated to achieve the Leeds Health and Care Climate Commitment.
- Developing the ability to regularly track and monitor the carbon footprint of health and care organisations to ensure progress.

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 The Leeds health care system is committed to ensuring that people are at the centre of all our health and care plans and decisions. See para. 3.1 as to how this occurred in developing the draft Leeds Health and Care Climate Commitment.

4.2 Equality and diversity / cohesion and integration

4.2.1 This report highlights the challenges that will be faced by all parts of society through climate change and the need for us to take action. We will work to ensure that the continued climate work incorporated equality and diversity and encourages cohesion and integration across the city. Although climate change may not be high on the agenda for some economically deprived parts of the city, these will be the areas that will be hardest hit by climatic changes. It is important that our climate agenda incorporates all layers of society, gender, race, disabilities and age.

4.3 Resources and value for money

4.3.1 The resources that will be employed as part of this project will be funded by the hosting organisations to ensure that these commitments are implemented. This will ensure that there will be value for money. All the sustainability leads across the city are committed to working together to reduce emissions.

4.4 Legal Implications, access to information and call in

4.4.1 There is no legal, access to information or call-in implications from this report.

4.5 Risk management

4.5.1 As a partnership risk will identified and managed through LAST in the first instance with reporting to PEG and HWB as appropriate. Risks relating to each organisations will be part of their risk management procedures.

5 Conclusions

5.1 The changing climate affects us all, but we all have ways of limiting the impact. This makes climate change a system wide issue that can help to bring us together, as Team Leeds, to take action, learn from each other and make a difference. The actions that we take can help to improve health and ensure that we limit the system's contribution to exacerbating conditions caused by the changing climate.

5.2 The Leeds Health and Care Climate Commitment provides the framework to become a climate resilient health and care system tackling climate change as a strategic priority for all partners and mitigate the impacts of climate change – especially within our communities that experience the poorest health outcomes.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Approve the Leeds Health and Care Climate Commitment

7 Background documents

None



How does this help reduce health inequalities in Leeds?

By identifying where we are likely to have health issues in the future, we can work to implement resilience within the system. We can also identify where there will be health inequalities.

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

By understanding what the future holds, we can work with civic partners and other healthcare networks to ensure we have resilience to support our patients.

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

Money invested in sustainability will ensure financial savings going forwards.

Future challenges or opportunities

The largest challenge we face is how we can reduce our carbon emissions across the Leeds healthcare system. Other challenges include engagement with staff across the health and care system for a carbon reduction programme, eliminate air quality contributions from the healthcare estate and fleet as well as the supply chain and we would like to plant trees, one per NHS employee in Leeds. We also need to prepare our healthcare system for the uncertainties of climate change.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
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	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X



The Leeds Health and Care Climate Commitment

1. What is the question?

“What can Leeds health and care organisations do (individually and collectively) to tackle the effects of climate change and respond to the climate emergency?”

2. Who asked it?

The city’s senior health and care leaders commissioned the Health Partnerships Team to do a piece of work to consider this question.

Please
think
before
printing

3. How have we answered it?

Listening to Leeds

Findings from a range of events and conversations with citizens have informed this work.

2 workshops

Colleagues from local and national health and care organisations based in Leeds met on Thursday 25th July 2019 for a planning workshop. A follow up workshop was held on 30th September 2019. Attendees included sustainability managers, Third Sector advocates and leads for relevant projects or work programmes. The two sessions concluded that positive change was needed and more could be done collectively to mitigate the impact of the sector as a massive emitter of carbon.

1:1 conversations

Further conversations were held with health and care partners across the whole system to get an understanding of what is working well within individual organisations and to get a sense of our current progress on this agenda, where we can share learning, and where there are opportunities for improvement collectively as large carbon-emitting organisations.

Task and Finish Group

A small task and finish group, including a Third Sector advocate, helped to refine the commitments and action plan.

Board to Board

Convened on 10th December 2019, Health and Wellbeing Board members were joined by Chairs of Boards, Non-Executive Directors, cross-party Elected Members, Third Sector and regional partners. In this space, more than 60 health and care leaders discussed climate change as a system priority for the first time.

We start with people

4. Why are we asking? Why does the health and care sector need to respond?

"I believe that once we start behaving as if we were in an existential crisis, then we can avoid a climate and ecological breakdown. But the opportunity to do so will not last for long. We have to start today" Greta Thunberg, Time Magazine, May 2019.

The global perspective

Current evidence states that we are around 12 years away from the point where the damage being done to our global environment will become permanent and irreversible. Global warming of 1.5 degrees C will cause sea levels to rise, changing the shape of the world map and displacing millions of people. In October 2018, the Intergovernmental Panel on Climate Change stated that we have to 'act very rapidly to cap the level of global warming and reduce carbon missions to effectively zero over the next few decades'. In the past few weeks, the European Parliament declared a climate and environmental emergency in Europe and globally, the first continent to do so. This is likely to lead to a renewed commitment to limit global warming to 1.5 degrees C and to reduce carbon emissions by 55% in 2030.

Health and care: globally

A report published by Health Care Without Harm and ARUP found that: 'Healthcare's carbon footprint equates to 4.4% of global net emissions (2 gigatons of carbon dioxide equivalent). This is equivalent to the annual greenhouse gas emissions from 514 coal-fired power plants and if the health sector were a country, it would be the fifth-largest emitter on the planet'.

The national perspective

The Climate Change Act (2008) legally obliges the UK to cut its carbon emissions by 80% by 2050 and sets in place a legally binding framework allowing the government to introduce measures to achieve carbon reduction and mitigate and adapt to climate change. In May 2019, the UK became the first country to declare an 'environment and climate emergency', recognising the need to increase the ambitions of the UK's current carbon emission target and to put in place short term measures to create a zero waste economy.

Health and care: nationally

Following the global trend outlined above, the healthcare sector is responsible for 5.4% of the UK's carbon emissions – equivalent to 11 coal-fired power stations – and the NHS is the largest public sector emitter of carbon in the country. Building energy is responsible for 22% of this carbon and 5% of the UK's road transport emissions are attributable to NHS-related journeys. In 2008, the Sustainable Development Unit was launched (funded by Public Health England and NHS England) in response to the Climate Act. Recognising it must play a significant role in contributing to the UK's overall carbon reduction targets, the Sustainable Development Unit supports the health and care system to mitigate climate change by reducing its emissions and acting more sustainably and monitors progress including the implementation of carbon reduction targets.

More recently, the NHS Long Term Plan set out further measures for the NHS to respond to climate change, recognising that whilst the carbon footprint of health and social care has reduced by 19% since 2007 (despite a 27% increase in activity) there is still more to be done:

- Committing to the carbon targets in the UK government Climate Change Act (2008), reducing carbon emissions by 34% by 2020; 51% by 2025 and 80% by 2050.
- Improving air quality by cutting business mileage by 20% by 2023/24; ensuring that at least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emissions) by 2028; and phasing out primary heating from coal and oil fuel on NHS estates.
- Ensuring that all trusts adhere to best practice efficiency standards and adoption of new innovations to reduce waste, water and carbon, in addition to reducing single-use plastics.

It is useful to note that whilst there is a legal obligation for NHS organisations to act with the Sustainable Development Unit in place to support the sector, this is not the case currently for local authorities, GPs or the third sector. However, this has not stopped over half of the country's local authorities declaring climate emergencies and committing to working towards net-zero carbon emissions by 2030. Interestingly, only two major health players have declared a climate emergency to date: the Greater Manchester Health and Care Partnership and Newcastle upon Tyne Hospital Foundation Trust. It is also noteworthy that the West Yorkshire Combined Authority and Local Industrial Strategy have prioritised gradual transition to a climate friendly economy, and there is a paper aligning health, economy and climate being presented to the West Yorkshire Integrated Care System Partnership Board on 3 December 2019.

The local perspective

Leeds City Council declared a climate emergency in March 2019 and set out a commitment to make Leeds carbon neutral by 2030 (informed by evidence produced by the Leeds Climate Commission) .This is seen as a great opportunity for Leeds to lead the way in becoming a sustainable, healthy city.

The Leeds Climate Commission was established in 2017 to help Leeds to make positive choices on issues relating to energy, carbon and climate. It brings together key organisations and actors from across the city from the public, private and third sectors. Chaired by the University of Leeds, it is informed by the work of the UK Committee on Climate Change and provides an independent voice in the city.

Health and care: locally

The Leeds Climate Commission has compiled a list of the top 10 – 15 carbon emitters in the city. Leeds Teaching Hospitals NHS Trust and Leeds City Council are on this list. Both organisations are working closely with the Commission to build on their existing good practice to reduce their carbon emissions.

5. Why is doing something important to Leeds?

a) Because people of Leeds have told us climate and the environment matter to them

Ensuring people are at the centre of all our health and care plans and decisions is how we want to work in Leeds. Listening to the ideas, issues and preferences of people is essential to developing and delivering sustainable health and care services in Leeds and achieve our ambition for Leeds to be the best city for health and wellbeing. There have been a number of opportunities to listen to Leeds; here are just 3 examples.

Big Leeds Chat

The Big Leeds Chat is a way of listening to people in Leeds. It brings together senior decision makers in Third Sector, health, and care organisations to work together as one team, to have a conversation with the people of Leeds about what matters to them. At the Big Leeds Chat 2018 and 2019, concerns about the environment were raised. Many

There are not enough parks and open spaces in inner Leeds, which is having an impact on the levels of air pollution

people are worried about congestion and air pollution levels in the city, suggesting that fewer cars in the city centre and more pedestrian areas would make Leeds a better city for health and wellbeing. The importance of good public transport for people to live a healthy lifestyle came through strongly in the conversations. The cost and reliability of the public transport network was mentioned by many people, who want to know what we are doing to ensure that people who rely on buses the most have access to a reliable and affordable bus network.

More needs to be done to make it easier and safer for people to actively travel around the city

Big Leeds Climate Conversation

Leeds City Council and Leeds Climate Commission launched the Big Leeds Climate Conversation to raise awareness of the need to tackle climate change, find out whether individuals are willing to take action, and explore what residents think about a number of bold ideas to cut emissions. Over the consultation period, conversations took place with residents at more than 60 public events in every corner of the city. At the time of writing, approximately 8,000 residents have participated in questionnaires and even more have shared their views across a multitude of channels. A report summarising the findings of the conversation and an action plan arising from it will be presented to the council's Executive Board in December.

By some margin, the most popular proposals were those that would improve public transport infrastructure and services, or those that would help to 'green' the city

Conversations indicate that climate change is an important issue for people in Leeds. The live data (which may still change) shows that 90% of residents indicated that they were worried about wildlife loss, biodiversity loss, the effects of climate change on future generations, and the frequency of extreme weather events in the future. Notably, residents are significantly more concerned about the effects of climate change on future generations than on them personally. Almost all respondents believe that public sector organisations (96.8%) and

Nine out of ten residents agreed or strongly agreed that tackling climate change should be a priority for Leeds

businesses (96.7%) have responsibility for reducing their own carbon footprint and to make it easier for individuals to make more environmentally-friendly choices.

Leeds Climate Commission: Leeds Climate Change Citizens' Jury

The Leeds Climate Change Citizens' Jury was put together to consider the question: "What should Leeds do about the emergency of climate change?" The Citizens' Jury was formed in response to Leeds City Council declaring a climate emergency on 27 March 2019, along with a commitment to work to make Leeds carbon neutral by 2030. The Jury was financed by Leeds Climate Commission, an independent advisory group with members from key organisations and businesses in Leeds that are working together to help Leeds take action on climate change. The jury's 12 recommendations are detailed below, which will be used to guide the future work of the Commission and a range of organisations across the city.

	Recommendations (highest number of votes first)
1.	Transport - for bus provision to be brought under public control (starting with First Bus) alongside "extensive positive action to make the use of private cars a last resort for transportation" in Leeds. Recommendations to support this are a congestion charge, safe cycle lanes and cycle storage, and increased pedestrianisation.
2.	Housing and the environment - All existing housing must be made energy efficient.
3.	Communication - A large-scale communication drive through every possible means is needed with clear, positive and practical messages which emphasise the necessity for individuals, community and organisational action at all levels to tackle the climate crisis. Education in schools is central to this.
4.	Funding and investment - A variety of funding sources should be explored, from an investment fund and a local government green bond to crowdfunding and investment of pension funds. Jurors stated that funding should have a positive effect on people's behaviour and recommend a "carbon budget" for every individual.
5.	Decision making - More locally devolved power: political groups in the Leeds and Yorkshire region should work together to ensure and enable action on climate change.
6.	Green space - Create more green spaces and reclaim abandoned spaces.
7.	Housing - All new housing must be as future-proofed as possible.
8.	Funding and investment - A Leeds Green New Deal to stimulate the development of low-carbon solutions.
9.	Transport - Leeds Bradford Airport expansion should be stopped; specifically Leeds City Council should not approve new road-building or selling land to develop, and "Residents should block expansion and be educated about the impact on the carbon footprint". The jury also said that flying should be discouraged by measures including a frequent-flyer tax (based on income and number of flights and location) and by advertising holidays in the UK rather than abroad.
10.	Role of business and recycling - Pledge scheme for Leeds companies and organisations to be carbon neutral by 2030, encouraged by a "Leeds First" kitemark or badge.
11.	Role of business and recycling - More extensive recycling facilities, which should be available and accessible to all.
12.	Role of business and recycling - Actively discourage single-use plastics across the city with businesses and food and drink outlets having a strong role to play (e.g. refundable deposit cups).

b) Because it's an interconnected strategic theme that helps us to be the best city

To help achieve our ambition of being the best city, we must address three interconnected themes that have an enormous impact on our lives: our health, our economy, and our environment. Focusing our efforts here gives us the best chance of eradicating inequality, making the economy work for everyone, and protecting our environment in order to improve the quality of life of all people in Leeds.

Prof, Sir Michael Marmot: Fair Society Healthy Lives (2010)

“Economic growth is not the most-important measure of our country's success. The fair distribution of health, wellbeing and sustainability are important social goals. Tackling social inequalities in health and tackling climate change must go together.”



The aims of the three themes are guided by their strategic contexts: the Leeds Health and Wellbeing Strategy, the Leeds Inclusive Growth Strategy and the recently declared Climate Emergency (adopted by some health and care organisations). We know that a resource efficient and climate resilient city will not only be a better place to live, it will also be more competitive and better placed to ride out future economic shocks.

Those that experience the poorest health outcomes are often exposed to circumstances where a lack of access to education, well-paid employment, quality, accessible open spaces, and clean air are negatively impacting.

These challenges not only limit the opportunities for individuals, they hold back the economy. Meanwhile the impacts of a changing climate affect us all, but are felt most keenly by those who already experience the greatest deprivation. Acting now can enable people to break from this interconnected, toxic triangle, both now and for future generations.

**Let's take active travel as an example: ↓ more people move more often – ! cars come off the road
reducing carbon emissions – ↑ people have more opportunities to access good employment. Triple win!**

c) Because it's a driver for integration, prevention of ill health and achieving the 'left shift'

The changing climate affects us all, but we all have ways of limiting the impact. This makes climate change a system wide issue that can help to bring us together, as Team Leeds, to take action, learn from each other and make a difference. The actions that we take can help to improve health and ensure that we limit the system's contribution to exacerbating conditions caused by the changing climate. Crucially, our climate response can also go hand in hand with our 'left shift' ambitions, for example through delivering care closer to where people live and reducing unnecessary outpatient appointments.

We are Team Leeds

6. What are we already doing?

As individual health and care organisations in the city, we are already doing a great deal to limit our impact on climate change through programmes of work to reduce our carbon emissions. It is important to note that everyone is at a different point on their journey to reduce carbon and are not all starting from the same place. The NHS is legally obliged to respond to the targets set in the 2008 Climate Act and, more latterly, the NHS Long Term Plan. Local authorities do not have a legal obligation to reduce their carbon emissions, but as place-shapers and leaders, are well positioned to take action and bring other organisations and citizens along with them. GPs and Third Sector organisations have amazing reach into local communities and are in positions of trust; whilst their opportunities to limit carbon emissions through their own practices may be small, their opportunity to influence the behaviour and choices of local people is great.

Leeds Community Healthcare NHS Trust (LCH)

LCH has recently agreed a Lead Director for Sustainability, and appointed two people to develop the Trust's first Sustainable Development Management Plan (SDMP). This builds on firm foundations laid by climate-conscious members of staff. The Trust has had a Sustainability group for over a year, and in that time there has been a focus on improving recycling facilities and improving the energy efficiency of the lighting in the Trust.

What's next? The Trust hopes to significantly increase the number of sustainability projects, specifically around travel, carbon reduction in buildings, reducing single use plastics, moving towards the elimination of paper and creating a social movement where staff / teams can pledge to help the sustainability / carbon reduction plans.

Leeds and York Partnership NHS Foundation Trust (LYPFT)

LYPFT has had a Sustainability Lead in post for the past 2 years, with their SDMP in place since January 2019, looking at key areas including travel, energy and recycling. A sustainability management group with representatives from across the Trust is responsible for working towards delivering the plan. There is also a Board member with responsibility for sustainable development. LYPFT has seen a number of early successes, including a move to 100% recycled paper, a focus on sustainable travel with MetroCard, cycle to work schemes in place, plans for a more in-depth travel survey to understand how staff move round the city, and a creative approach to recycling.

What's next? LYPFT is exploring options for Electric Vehicles / hybrid pool cars for community staff, working with Procurement to reduce instances of Single Use Plastics, planning to switch to a green energy provider when the current contract runs out next year and embedding sustainability in its business development and service planning processes. LYPFT is also keen to take advantage of digital tech, e.g. digitisation of medical records and to make sure its estate maximises opportunities to reduce carbon emissions through simple measures.

LYPFT uses an innovative approach to recycling: "Warp it" – a resource redistribution network (think eBay!). Staff register and advertise products they no longer need, e.g. office furniture and clinical equipment. This saves money and stops perfectly good resources going to landfill.

NHS Leeds Clinical Commissioning Group (CCG)

The three former Leeds CCGs worked together to develop a shared SDMP as part of the development of the NHS Leeds CCGs Partnership. The CCG is continuing to develop this SDMP which focuses on reducing negative health impacts of travel and transport emissions, while realising cost, carbon and time efficiencies; making buildings more energy efficient; ensuring that social value is embedded into our decision making to create wider community benefits; looking at ways to deliver healthcare services more sustainably and encouraging sustainable behaviour change with staff. Examples of good practice include a cycle to work scheme; using community venues and local caterers who provide plant-based food and drink for meetings and events, and Skype for Business has recently been rolled out to reduce the need to travel for face-to-face meetings.

The CCG encourages home / mobile working: every member of staff has a laptop and there are touchdown points across the city, e.g. at Merrion House. This also encourages greater partnership working.

What's next? The CCG is interested in the environmental impact of the services it commissions and how it can work with and learn from providers to develop more sustainable practices. The CCG is particularly interested in looking at how service models can reduce carbon emissions, e.g. reducing travel through better planning and logistics of visits which would also have the benefit of enabling staff to spend more time with people. The CCG is also exploring the options for electric vehicles and onsite EV charging.

Leeds Teaching Hospitals NHS Trust (LTHT)

LTHT's anaesthetic department has begun a behaviour change initiative to reduce use of Desflurane, a volatile gas used in anaesthesia that has a global warming potential of 6,810. By phasing out use of Desflurane and concurrently increasing use of Sevoflurane (GWP:440), forecasts suggest that the department can reduce their annual carbon emissions by approximately 3,000 tonnes per year.

Central to LTHT's sustainability work is their SDMP which was launched on 2016 with strong Board level support via quarterly reporting. It has six areas of focus: energy / utilities; waste management; procurement; transport; estates modernisation and rationalisation; and environmental management.

LTHT is developing one of the largest and most efficient hospital power stations in the country. The pioneering combined heat and power (CHP) plant located on the Leeds General Infirmary site is being refurbished and upgraded over the next five years. Close working with the energy provider and the University of Leeds will ensure that the latest and most efficient technology is installed, making a saving of 3000 tonnes of carbon per year.

What's next? The SDMP is soon due for review and LTHT will continue to work with other anchor institutions through the Climate Commission programme to look at innovative ways to reduce carbon emissions. Further, building a new LGI is a project which provides a big opportunity to put sustainable development values into practice. There is a commitment to achieving an excellent or outstanding BREEAM rating (a leading sustainability assessment method) through the development of an energy efficient, well-designed, new hospital building.

Leeds City Council (LCC)

Leeds City Council declared a climate emergency in March 2019 and set out a commitment to make Leeds carbon neutral by 2030 (informed by evidence produced by the Leeds Climate Commission). There is a reasonably large team in LCC with predominantly an outward focus, meaning they look at issues such as air quality, sustainable food, citizen engagement and extending influence, e.g. on planning decisions and clean growth. Teams within Public Health also take forward broader environmental and sustainability work.

LCC has used funding from Salix to invest in LED lighting for 43 primary schools. From a total investment of £1.3m, LCC is saving £215k a year and reducing carbon emissions.

There is also work happening within LCC that is closely aligned with the focus of this paper. LCC has rationalised its estate and made many improvements e.g. installing motion sensor lighting. LCC owns over 1000 fleet vehicles, and are gradually moving these over to low carbon versions. Small vehicles are being replaced with electric; larger (e.g. dustbin lorries) with gas on a rolling programme. Some departments have staff forums looking at what can be done, for example staff from the Adults and Health Directorate are meeting to see how they can respond personally and professionally to climate change. At senior decision making level, there is now a requirement to say how a proposed course of action or decision is impacting on the climate emergency. Also when there are some instances of a decision leading to more carbon emissions, this must be recognised and mitigated.

What's next? LCC is now looking to make 'trickier' older buildings, such as the Town Hall and Civic Hall, more efficient and is applying for funding to do some deep energy audits to look at what can be done. There are plans for a staff carbon literacy programme to be rolled out, likely to be an e-learning package, and the Social Value procurement framework is currently under review, with opportunity to strengthen the sustainability section. The LCC climate change team is developing some guidance for Adults and Health, mainly around contracting, commissioning and procurement.

Yorkshire Ambulance Service (YAS)

The PI'YAS'tic free campaign launched in 2018 to reduce plastic use and eliminate plastic from staff canteens. YAS has reduced the amount of plastic waste by approximately 4 tonnes a year and saved over £5000 in a year in procurement costs for plastic.

YAS has had its SDMP in place for 10 years and over that time has installed a lot of successful, creative and award-winning measures to reduce its emissions and rolled out behavioural change programmes and educational activities. Examples of initiatives include LED lighting upgrades across its estate, eco-driver training, the planting of trees and creation of vegetable patches at ambulance stations, the launch of an Electric Vehicle Strategy and signing of the Clean Van Commitment to get all vehicles under 3.5 tonnes to zero emission by 2028.

What's next? YAS has made significant inroads into reducing its carbon emissions but recognises more needs to be done, e.g. through continuing to develop its fleet of Electric Vehicles and further greening of its estate to offset carbon emissions.

The Leeds Health and Care Plan

Several of the Leeds Plan enabling programme groups contribute collectively to the work to tackle climate change as a health and care system:

- The Digital programme is instrumental in working to digitise medical records, developing innovative solutions to needing outpatient appointments, such as Tele-dermatology, and rolling out technology, such as Skype, to reduce the need to travel - if teleconferencing technologies replaced 5% of business mileage, the NHS in England could save £13 million each year!
- Leeds Strategic Estates Group (SEG), comprising resources leads from across partner health and care organisations, has recently added 'climate' to its set of principles guiding its work programme. SEG is carrying out significant estates rationalisation and building efficiency assessments, e.g. lights, water and heating costs both in terms of £ and CO2.

What's next? Using the estates rationalisation and digital infrastructure programmes to help reduce the amount people have to travel for outpatient appointments, potentially working to develop a new, green health centre for Burmantofts and supporting Priority Neighbourhoods work in Lincoln Green to develop cycling and walking routes.

General Practice and the Third Sector

It is not possible to provide a concise picture here. We know there are pockets of good practice, e.g. GPs cycling to carry out home visits and TSL Goes Local Events on Climate Emergency and the Local Community. However, recent work by the BMA found that just by encouraging staff in a standard medical practice to switch off lights and equipment when not in use and print double-sided, they could save up to £1000 and almost 4 tonnes of carbon per practice over a year.

We deliver

7. How do we build on this?

The next 3 pages set out the Leeds Health and Care Climate Commitment. This is a set of principles and actions that we can all agree to, to work towards as a system, to make an impact on this agenda. From our work with Sustainability Leads and other partners, we know there is a real energy and commitment to doing more together, to learn from each other and go further - to not only tackle climate change but change the way we deliver sustainable health and care services to make a difference for the people of Leeds.

Leeds Health and Care Climate Commitment

Our declaration:

As a Leeds health and care system we commit to working together to reduce our collective negative impact on the climate. Tackling climate change is a strategic priority for all partners; we will consider it in every decision we make and every action we take. We are honest when decisions are counter-productive to this commitment and act on opportunities to offset.

Our climate ambition:

To be a climate resilient health and care system. To adapt, evolve, and act to improve the sustainability of the system, mitigate the impacts of climate change – especially within our communities that experience the poorest health outcomes – and better prepare us for future consequences of climate change.

Our commitments:

We will:

1. Work together as leaders, decision makers and trusted community influencers to be a collective voice for change locally, regionally and nationally
2. Develop sustainable models of care that are carbon neutral
3. Use and support our Anchor Institutions to embed social value across our supply chains and through our procurement and contracting processes
4. Improve the way we move goods and people around the city by enabling more effective use of transport and active travel
5. Improve carbon literacy amongst our workforce
6. Invest in the technology and changes within our organisations that tackle climate change



Steps to reduce our impact and create a net-zero carbon health and care system in Leeds

2020					
Commission economic modelling to analyse the cost benefits of changes to tackle climate change					
Develop an organisational plan to improve sustainability, with clear carbon reduction targets (if not already in place)					
Develop a collective carbon literacy campaign to raise awareness and influence behaviour change in both staff and public in our buildings					
Provide information and promote active travel, car sharing to all staff and public		2021 - 2025		2025 - 2030	
Ensure climate change is on the system's risk register		Plant 57,000 trees on our estates, 1 tree for every employee in our workforce			
Consider the impact of climate change within procurement and supply chain processes		Reduce business mileage by 20% by 2023/24		Work towards net-zero target by 2030 with carbon neutral models of care	
Factor climate issues into all strategic decision making, investments and priority setting		Encourage staff to use zero emissions modes of transport		90% of fleets zero emission (including 25% ultra-low emissions) by 2028	
Reduce and eliminate harmful anaesthetic gases with high global warming potential		Investment in and implementation of an electric vehicle infrastructure for all health and care staff to use		Successful lobbying alongside wider partners to agree a mass transport system for Leeds City	
Assess the carbon footprint of your organisation (baseline 2009) and complete the 'quick wins' checklist		Continue to increase carbon literacy within your organisation and for people you work with		Phase out primary heating from coal and oil fuel	

Quick wins checklist	
Carbon	
Turn off lights and equipment when not in use	
Switch to LED or other energy saving lightbulbs	
Use the internet search engine Ecosia which plants trees when people use the site	
Minimise heat loss, e.g. improving insulation, wrapping pipes in foam and taking steps to reduce drafts from windows and doors	
Turn down the thermostat in premises by a few degrees	
Energy	
Buy energy from a renewable source	
Raise capital to incentivise energy saving initiatives – possibly through group funding, e.g. Salix	
Travel	
Encourage staff members to work from home one day a week wherever possible and safe to do so	
Digital solutions to free traffic congestion, e.g. video- or teleconferencing	
Provide information and promote active travel and car sharing to all staff and public	
Paper	
Print only what is necessary and if you do have to print, print double-sided	
Move to digital communications as much as possible	
Use recycled and recyclable paper	
Waste	
Provide recycling facilities	
Reuse office consumables – from files to furniture – where possible	
Food	
The carbon impact is printed on all menus or meal options	
Plant based options on all menus in canteens, plant based catering for events	
Meat and dairy always purchased from sustainable sources	
Water	
Provide drinking water taps for refills and remove water coolers	
Plastics	
Single use plastics eradicated from catering outlets, canteens etc.	

8. How do we deliver on this?

Through the course of undertaking this work, the following recommendations were identified. These were agreed at the Health and Wellbeing Board: Board to Board session on 10th December 2019.

Raising the profile

1. To endorse the Leeds Health and Care Climate Commitment and publicly declare our commitment at a future Health and Wellbeing Board
2. To champion the climate agenda and raise its profile within organisations and across Health and Care partnership boards and groups
3. To identify a senior lead in each organisation (if there is not one already)

Taking action

4. To take steps to reduce our impact and deliver on the quick wins
5. To promote and embed the commitments within our organisations
6. To deliver on the steps set out in the action plan

Working together

7. To establish a climate change group with responsibility for taking forward these actions which would align to the Leeds Plan and report directly into the Partnership Executive Group (PEG) on progress
8. To explore options to work with the Strategic Estates Group

Being accountable

9. To return to a future Health and Wellbeing Board to update on progress

On the day, Board to Board members were also invited to make further suggestions for action. These included:

Collectively

- Listening to voice of people, particularly children and young people.
- Sharing good practice and working together.
- All partners being on the District Heating Scheme.
- A single sustainable fleet of vehicles coupled with subsidised public transport.
 - Charging points in key community locations.
- Re-wilding of land where tree planting is not possible.
- Using our collective purchasing power to make the environment and sustainability a priority and reflected jointly in our commissioning / procurement processes.
- Investing in alternative technologies – Disrupt the market to invent / innovate climate friendly technologies.
 - Business incubator for green businesses.
 - Diversity farming and subsidies to reduce the amount of red meat provided in meals.

- Implement fully and embed where we already have climate friendly alternatives (e.g. virtual consultations, teledermatology)
- As an enabler of recruitment and retention – Focus on climate ambition as a way to attract new staff.

Within organisations

Organisations	Actions
LYPFT	<ul style="list-style-type: none"> • Check sign up to Leeds Health and Care Commitments • Explore electric vehicles for the fleet for outreach workers • Using virtual technologies where appropriate for appointments • To make it sustainability everyone’s responsibility rather than a single person • Service user led change (incl. therapeutic gardens, allotments, etc.).
LCC	<ul style="list-style-type: none"> • No longer delivering printed copies of committee / board papers (e.g. public HWB) • Greener fleet
Third Sector	<ul style="list-style-type: none"> • Reduce, reuse, recycle
LTHT	<ul style="list-style-type: none"> • Review and reduce • Reduce the amount of red meat for meals
CCG	<ul style="list-style-type: none"> • Increase ambition • Executive lead for climate change to be joined by a non-executive lead. • Reviewing / building on sustainability • Explore using commissioning levers
LCH	<ul style="list-style-type: none"> • Review fleet and reduce travel via better utilisation of visits for its mobile workforce • Explore energy suppliers • Unlock passion and skills of workforce to lead the change • Work with Third Sector sustainability partners
Regional / local partners	<ul style="list-style-type: none"> • NHSE: Use operational planning levers and commissioning for sustainability as well as the national framework.

9. Last words...

“The climate crisis has already been solved. We already have the facts and solutions. All we have to do is wake up and change”.

Greta Thunberg, TedX Talk, December 2018



Report of: Tim Ryley (Chief Executive, NHS Leeds CCG)

Report to: Leeds Health and Wellbeing Board

Date: 30th September 2020

Subject: Going further with integration: Working in Partnership to Tackle Health Inequalities

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

Summary of main issues

The Leeds Health and Wellbeing Strategy has a focus on reducing health inequalities and has a bold ambition that people who are the poorest improve their health the fastest. NHS Leeds CCG are committed to playing their part to deliver this ambition.

A key driver behind the Shaping Our Future process is to create the conditions to go further, faster on reducing health inequalities.

The COVID-19 pandemic of 2020 has heightened awareness of existing health inequalities and the most disadvantaged appear to have been disproportionately affected. There is currently considerable focus on addressing health inequalities within the Leeds health and care system. This presents a significant opportunity to take direct action and to work in partnership with others to ensure a greater impact.

The NHS Leeds CCG Health Inequalities Framework for Action was developed during 2019 and approved at the CCG governing body meeting on 20th May 2020.

This ambitious framework sets out four **investment principles** which set the guide for implementation. **Significant investment** will be focussed in **four key areas** in order to make an impact.

Of particular interest to the Leeds Health and Wellbeing Board are the ambitions to devolve resources to tackle health inequalities through Local Care Partnerships and to further develop mechanisms for joint investment in shared priorities around the prevention agenda.

A partnership group called the 'Tackling Health Inequalities Group' (THIG) has also recently been formed to explore where greater impact can be made by working together. Emerging themes are access, proactive personalised care and community-led approaches.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the direction of travel being progressed across the city on reducing health inequalities and in particular the CCG's health inequalities framework and Tackling Health Inequalities Group.

1. Purpose of this report

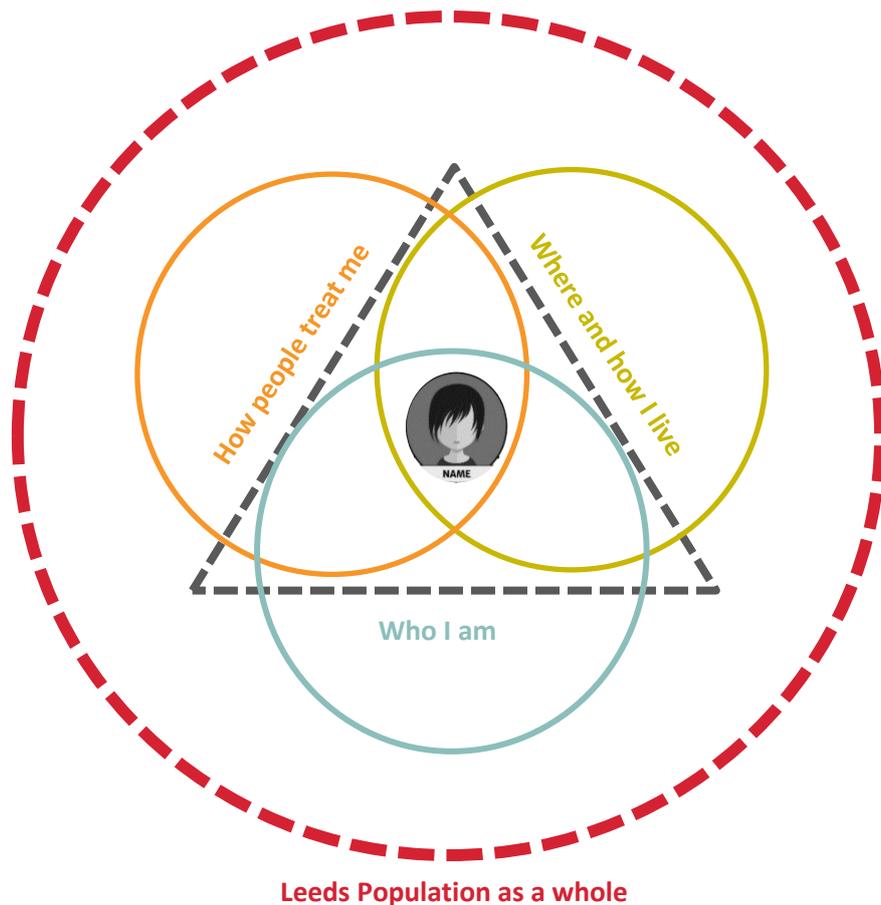
- 1.1 The purpose of this report is to set out, in the context of the Shaping Our Future (see item 10), the process for the NHS Leeds CCG Health Inequalities framework (see Appendix). It also introduces the work of the new Tackling Health Inequalities Group (THIG) and its emerging priorities.

2. Background information

- 2.1 The Leeds Health and Wellbeing Strategy has a focus on reducing health inequalities and has a bold ambition that people who are the poorest improve their health the fastest. NHS Leeds CCG are committed to playing their part to deliver this ambition.
- 2.2 People in Leeds with disadvantage are at greater risk of experiencing health inequalities. The gap between the most and least affluent is widening.
- 2.3 The issues surrounding health inequalities have been exposed and brought into sharp focus during the COVID-19 pandemic, but it is not a set of problems that can be solved in the short term, the real solution will require a long term commitment.
- 2.4 Creating the conditions to go further, faster on health inequalities is a key driver behind the Shaping Our Future programme.
- 2.5 The NHS Leeds CCG Health Inequalities Framework for Action was developed during 2019 and approved at the CCG governing body meeting on 20th May 2020.
- 2.6 During the COVID-19 pandemic, there has been an increased focus on health inequalities as the most disadvantaged appeared to be disproportionately affected.
- 2.7 Partly in response to this, the THIG which includes representatives from all partner organisations was established. This group has a remit to identify and take action on areas where we can make a greater impact on health inequalities by working in partnership.

3. Main issues

- 3.1 People in the Leeds population who live in the least affluent areas, who belong to vulnerable groups, who are marginalised and experience discrimination are at risk of experiencing health inequalities. These are well known issues and the diagram below illustrates how multiple factors of disadvantage can lead to a greater risk of health inequalities.



- 3.2 The way that health inequalities are demonstrated is by measuring the gap in life expectancy between the least and the most disadvantaged. In Leeds this gap is up to nine years and has widened in recent years.
- 3.3 As well as measuring life expectancy itself, healthy life expectancy is also important and is a key part of the city's approach to tackling health inequalities.
- 3.4 NHS Leeds CCG are committed to playing their part in reducing health inequalities and have recently developed and signed off an ambitious health inequalities framework describing our ambition and commitment.
- 3.5 The framework sets out the four following **investment principles**.
- a) Investment will be devolved to Local Care Partnership (LCP) level using the principle of proportionate universalism¹ to tackle health inequalities at a local level with local solutions.
 - b) 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.

¹ Proportionate universalism is the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need. Services are therefore universally available, not only for the most disadvantaged, and are able to respond to the level of presenting need.

- c) Investment for joint commissioning with Leeds City Council around key shared priorities.
- d) Funding for direct and sustainable commissioning of third sector organisations to enable bespoke focussed work with vulnerable and marginalised groups.

3.6 The CCG are seeking to implement the framework as soon as possible and this will be done in several ways:

- Rapid action will be taken during 2020/21, drawing on existing opportunities.
- A process will be developed for more systematic implementation from next year.
- Delivery of the Health Inequalities Framework will be systematised within the operating model of the CCG developed as part of Shaping Our Future.

3.7 Investment in-year has been identified to support schemes that support:

- Ongoing health and wellbeing out-reach for the homeless population
- Mental Health for BAME groups
- Support for carers of people with severe mental illness
- 3 schemes that involve resources being devolved to LCPs to take locally identified action on health inequalities.

3.8 There is a need to begin planning now for a more systematic and strategic approach in coming years with a sustained commitment to investment in the context of Shaping Our Future.

3.9 Work is underway to plan for implementation across the following four years with a budgetary commitment attached. Options being explored include the creation of dedicated budgets to deploy as below and/or require existing service commissioners to identify opportunities for shifting resources, or both.

3.10 Such budgets would be deployed in the following ways:

3.10.1 A budget to be devolved to LCPs with at least a three year commitment. Proportionate Universalism to be applied so that the seven most deprived LCPs receive a greater proportion. Actions would be developed locally against a set of criteria which would also support local leadership development and partnerships to form. They could include:

- Progression on the LCP maturity matrix
- Use of Population Health Management Techniques to identify areas of focus
- Local commissioning with third sector organisations and other partners
- Alignment with Community Committee agendas and local Asset Based Community Development schemes
- Impact on health inequalities in local area

3.10.2 There is a need to develop a more formal mechanism of agreeing joint priorities and investment with Leeds City Council to accelerate the impact and

effectiveness of actions focussed around prevention, which could include; smoking cessation; physical activity; Best Start; mental wellbeing; healthy ageing.

- 3.10.3 To work towards our investment principle to support a more sustainable third sector an element of the budget could be identified for third sector organisations with at least a four year commitment to support the sector to work with marginalised and vulnerable communities to increase inclusion and access to health services.
- 3.11 Health inequalities cannot be addressed by one organisation alone and the CCG recognises that much of the work to reduce health inequalities will be led by others in the city and is committed to working in partnership where it makes sense to do so.
- 3.12 For example, the Leeds Health and Care Partnership Executive Group (PEG) has recently established the Tackling Health Inequalities Group (THIG). This Group is formed of representatives from all major stakeholders for public health, health and care organisations in Leeds. The THIG is a functioning, citywide multi-organisational forum that ensures Leeds has a systematic approach and co-ordinated action to tackling Health Inequality issues in our city.
- 3.13 This group does not replace or replicate existing work, but seeks to make best use of it to drive collective improvement. As such, THIG members feed in from organisations, projects, board and groups, work across health and care, Third Sector and grant giving organisations, drive action in the system and work collaboratively to achieve positive change for Leeds. THIG has identified several areas of focus including access, proactive, personalised care and promoting community-led approaches. The Health and Wellbeing Board (HWB) holds strategic oversight.

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 NHS Leeds CCG recently commissioned Qa Research to carry out a piece of insight work on the principle of proportionate universalism². The outcome of this detailed piece of work will be used to design and develop engagement messages as the principle is applied. In terms of the principle that includes devolving resources to LCPs inclusion of the citizen voice will be a key criteria for release of resources.
- 4.1.2 A communications and engagement plan is being developed taking the Qa work into account and phase one of this plan will be delivered during October 2020 to March 2021 to launch the CCG Framework.

² Proportionate universalism is the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need. Services are therefore universally available, not only for the most disadvantaged, and are able to respond to the level of presenting need.

4.2 **Equality and diversity / cohesion and integration**

4.2.1 Equality groups are integral to this work and people with protected characteristics are at the heart of the model that guides the identification of people who are most at risk of experiencing health inequalities.

4.2.2 Further opportunities exist by building links the Communities of Interest work which has been led by Forum Central, Health Watch, VAL and the council's Communities Team. The Communities of Interest Network was established to understand the compound nature of the social and economic inequality in Leeds directly related to COVID-19 but plans to continue to operate. The network is made up of key partners who provide specialist support to the city's diverse communities. The members of this network have a wide reach into communities of interest some of whom have not traditionally engaged with mainstream service providers and organisations. These specialist organisations have a trusted relationship with the communities of interest.

4.3 **Resources and value for money**

4.3.1 Addressing health inequalities is a key strategic objective that guides use of resources and sits alongside value for money principles. Whether a scheme or project addresses health inequalities is a key factor in decision making on resource utilisation.

4.4 **Legal Implications, access to information and call In**

4.4.1 There are no legal, access to information or call in implications from this report.

4.5 **Risk management**

4.5.1 Risks relating to each piece of work highlighted is managed by relevant organisations and boards/groups as part of their risk management procedures as well as NHS Leeds CCG.

5. **Conclusions**

5.1 The CCG Health Inequalities Framework demonstrates our commitment to taking direct action and working with others to address health inequalities in Leeds. The Shaping Our Future Process will create the conditions for us to be able to deliver on these commitments, to go further, faster and make a real impact.

5.2 In particular, the innovative investment principle which promises that we will devolve resources to LCPs to take direct action on health inequalities aligns strongly with the Health and Wellbeing Strategy's ambition to promote community-led approaches to problem solving and empower citizens to take action.

6. **Recommendations**

The Health and Wellbeing Board is asked to:

- Note the direction of travel being progressed across the city on reducing health inequalities and in particular the CCG's health inequalities framework and Tackling Health Inequalities Group.

7. **Background documents**

7.1 None.

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How does this help reduce health inequalities in Leeds?

The focus of this paper and the CCG health inequalities framework is to demonstrate commitment and action towards reducing health inequalities.

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

The overarching aim of Shaping Our Future and the health inequalities framework is to create the conditions for a high quality health and care system.

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

The focus of this work is not to create a sustainable health and care system however implementation of this framework will need to be done within the context of overall resources.

Future challenges or opportunities

- Work is in progress to identify significant resources to implement this framework.
- COVID-19 has significantly highlighted existing health inequalities and there is a risk that these may have been widened during the pandemic – we will need to monitor the emerging situation as we move forward.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	✓
An Age Friendly City where people age well	✓
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	✓
Support self-care, with more people managing their own conditions	✓
Promote mental and physical health equally	
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	✓

Health Inequalities

Our Framework for Action

March 2020



Health Inequalities

Our Framework for Action

Contents

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1. Introduction

For many years, the NHS has worked with partners to tackle health inequalities. Indeed, CCGs, like PCTs before them, have a legal duty to respond to inequalities in the health of their populations, both in terms of access to services and outcomes on life expectancy. For most of the 20th Century, the life expectancy and health experience between the least healthy people in society and the healthiest has narrowed, largely due to the impact of the economy, public health initiatives and the availability of high quality care for all delivered through the NHS.

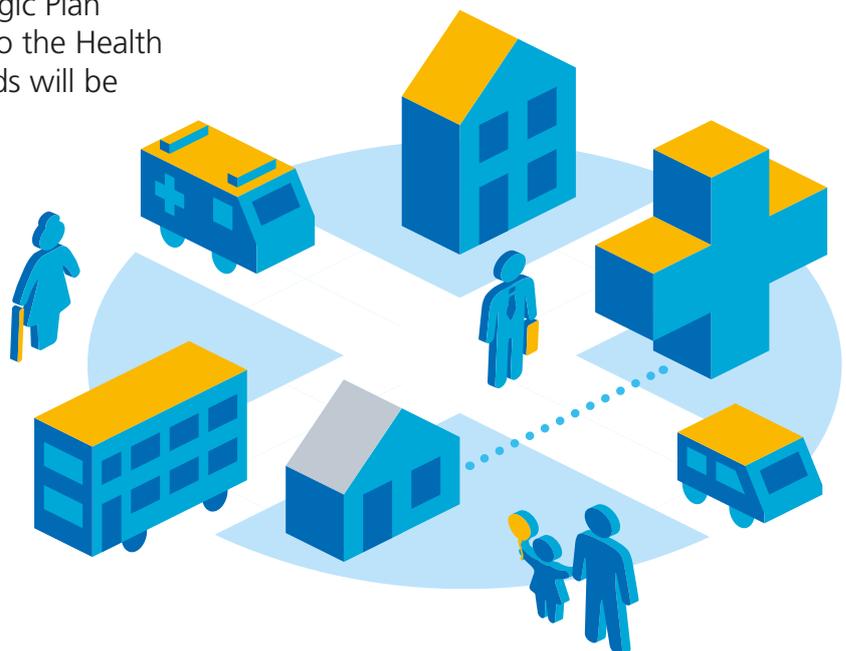
However, in more recent times this gap is widening. There is significant speculation about why this is happening, though there is evidence that the changing nature of communities, immigration, the increasing wealth of the healthiest and, most significantly, the impact of austerity have all contributed¹. So the challenge to respond to health inequalities and meet our legal duty has never been greater.

But in Leeds, it is not just a legal duty that drives us. We set out in our Strategic Plan (July 2018) how we will respond to the Health and Wellbeing ambition that 'Leeds will be

a healthy and caring city for people of all ages where people who are the poorest improve their health the fastest'. This included committing to focusing resources to deliver better outcomes for people's health and well-being and to reduce health inequalities across our city.

This framework for action describes how the CCG will use its £1.3bn resource to drive the changes needed to realise this aim. As a CCG it is our duty to ensure the best possible return for the resources we are entrusted with on behalf of the people of Leeds. We define value as securing a reduction in health inequalities and delivery of the best possible outcomes, alongside procuring the highest quality services at the best possible price.

This framework also sets out how the CCG will use its position as a major statutory body to influence the wider determinants of health and our partners in ways which more positively impact on the inequalities faced by the poorest people in the city.



¹ www.health.org.uk/publications/reports/the-marmot-review-10-years-on

2. National context

There is a growing sense that the NHS (commissioners and providers) needs to work with partners to address the health inequalities faced by local people. The Long Term Plan Implementation Guidance (June 2019) sets out the following -

'Over the next five and ten years the NHS will progressively increase its focus on prevention and ensure that inequalities reduction is at the centre of all our plans.'

... and that -

'The Government's Prevention Green Paper (published in July 2019²) provides further opportunities for the NHS and Government to go further, faster, in prevention and inequality reduction and will feed into future iterations of system plans.'

The Plan also describes how the NHS needs to support wider social goals through employment, work to tackle climate change and to maximise its contribution to social value as 'anchor institutions'.

As more collaborative approaches emerge across providers, with more provider-led service re-design undertaken across organisations, there will be a growing emphasis for providers to not just respond to the people who present, but to ensure that services reach out and meet the needs of all people. CCGs will need to ensure this proactive approach is strengthened, setting outcomes which result in improved health and services for the most disadvantaged communities and groups.

3. Principles for our approach in Leeds

Our shared Health and Wellbeing vision is that -

'Leeds will be a healthy and caring city for all ages where people who are the poorest improve their health the fastest.'

... is underpinned by the following principle which guides how we work -

'We put people first. We work with people, instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds citizens and our workforce.'

This is essential to our approach in addressing health inequalities in the city. We will fail if we do not work with people in full, as we cannot understand their lives, their motivations, their challenges. And we will fail if we don't recognise the incredible strengths of all communities in the city, and work with people to build from these.



² www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

4. What is the local picture of inequalities? Who is affected?

In order to address health inequalities, Leeds has identified the people in the city living in the **10% most deprived areas nationally** as a priority for action. This equates to **224,000 people**, with almost 80% living in the following 7 Local Care Partnerships³:

- Harehills
- Chapeltown
- Middleton
- Burmantofts and Richmond Hill
- Beeston
- Seacroft
- Armley

There is a wealth of information about the differences in health experienced by this group of people, with some interesting points to note:

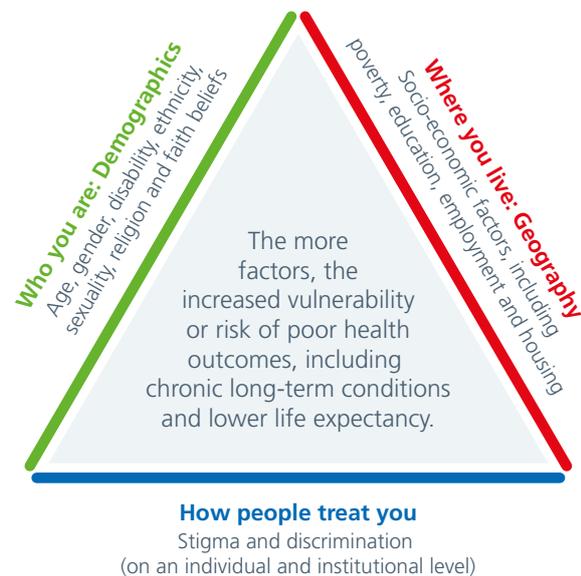
- 25% of people live in 'deprived Leeds'
- 28% of preventable life years lost are for people living in these areas.

Cancer, CVD and respiratory still account for the most deaths for people living in 'deprived Leeds'. In addition there are a number of particular outliers in these areas in terms of causes of avoidable death for example, **infections, maternal infant and neurological illnesses**.

In addition to geographic inequalities, we also need to consider the challenges faced by **marginalised and vulnerable groups of people** as there is significant evidence that vulnerable and marginalised groups have significantly **worse health outcomes** than the general population.

Vulnerable and marginalised populations reside in all geographical areas, deprived and more affluent, however there is increased impact for people who are also living in deprivation.

Figure 1 below describes how vulnerability combines the protected characteristics with the factors relating to where you live and how you are treated within society.



Vulnerable and marginalised populations include **people from black and minority ethnic groups, Gypsies and Travellers, the unemployed, homeless, looked after children, the homeless, people living with learning disabilities and people living with severe mental illness**.

And whilst these two categories (geographic and vulnerable groups) are useful to help to shape our work, they are not exhaustive and we cannot ignore other groups/areas of the city given that the health outcomes in Leeds as a whole are often poorer than those of England.

³ Local Care Partnerships (LCPs) are the long term Leeds vision for integrated community services. Starting with Primary Care Networks, LCPs will build to include all organisations in a local area that can work with people to address health and care, and the wider determinants of health

5. Key Factors that lead to health inequalities

Figure 2 below frames the key factors that lead to health inequalities:
 (Source: *Human ecology model of a settlement*, Barton and Grant, 2006)



It is estimated that only 20% of health outcomes result from clinical interventions with the remaining 80% driven by healthy lifestyle factors; wider determinants of health, such as social networks and environmental factors

How to tackle health inequalities

Given the above, it is clear that we need to address health inequalities at three levels -

A: Wider Determinants:

Actions to improve 'the causes of the causes' such as increasing access to good work, improving skills, housing and the provision and quality of green space and other public spaces and Best Start initiatives.

B: Prevention:

Actions to reduce the causes, such as improving healthy lifestyles - (stopping smoking, a healthy diet and reducing harmful alcohol use and increasing physical activity).

C: Access to effective Treatment, Care and Support:

Actions to improve the provision of and access to healthcare and the types of interventions planned for all - for example ensuring health literacy is supportive; ensuring there are health inequalities impacts for all commissioned services.



6. Our Framework for action

Our overarching approach will be to facilitate key stakeholders to collaborate to improve quality, problem solve together and share collective outcomes with a view to moving care upstream and implementing innovative solutions to addressing health inequalities.

Figure 3 below describes the three elements outlined above and sets out principles for how we use our resources (people, time and money) to take action to address inequalities



For each specific element described in Figure 3 above, we will take the following actions:

Wider Determinants

We will work with partners to ensure that the work of the CCG delivers a wider social impact, including on the **employment** of local people, **housing (e.g fuel poverty)**, **air pollution and transport**, all of which disproportionately affect the poorest in society.

We will ensure that our **estates planning** and investment optimises the health effects of the built environment, and will always look for and take opportunities to **co-ordinate resources** with partners to maximise impact.

Prevention

We will work with Public Health colleagues to ensure that the **NHS maximises its contribution to prevention** through the contracts we have with providers. This will include building preventive approaches into pathways, and ensuring that NHS staff have access to prevention and wellbeing services.

We will support **investment in evidence based prevention** services where we know this will improve health outcomes, and will **focus this investment** in the most deprived areas of the city and with marginalised and vulnerable groups. This should include :

- Smoking cessation
- Schemes to promote increased physical activity
- Best Start programmes
- Other wellbeing schemes which address mental health
- Targeted prevention programmes which promote healthy ageing, and which support people known to be at high risk of developing long term physical and mental health conditions

Treatment - Service

We need to take a stronger approach to service design, access and delivery to tackle health inequalities, in particular for those conditions which people from vulnerable groups or the poorest parts of the city are dying of earlier, including cancer, CVD, respiratory disease, etc.

For new services:

We will start with the question how does this **reduce health inequalities** when commissioning or redesigning services (rather than just thinking about how a new services doesn't increase health inequalities). In all cases we will consider disproportionate funding services targeted in specific areas and at specific groups where appropriate.

We will identify the people who currently have the poorest outcomes and ensure that their **voices are central** to how the new services are commissioned, with a **much stronger emphasis on co-production**.

We will increasingly work through **Local Care Partnerships (with particular emphasis on those supporting people in the most deprived areas)**, supporting a locally driven **population health management** approach to service redesign.

We will build in **performance measures** to all new contracts to ensure that outcomes for people currently experiencing the poorest health are improved.

For existing services:

We will develop **key measures** to assess how well services are performing in the poorest areas of the city and with the most vulnerable groups

We recognise that these functions will increasingly be vested in providers; our role as a CCG will be to ensure that the right skills and approaches are transferred in order to

ensure that provision reaches out and meets the needs of all people in the community, in particular those facing disadvantage.

Treatment - Access

We will ensure that services are delivered in ways which **optimises access for people from disadvantaged groups**. This included considering **geography, transport, buildings; health literacy and digital inclusion**.

In order to understand this, **we will** continuously **review access levels** to services to ensure that current arrangements do not further disadvantage people experiencing the poorest health.

Treatment - Delivery

Proactive Preventative Care

Key to addressing health inequalities will be the early identification of people at risk of or in the early stages of illnesses. We will continue to strengthen our Quality Improvement Scheme in General Practice so that people are identified and supported to manage their condition at the earliest possible stage, but with a greater focus on practices working in the most deprived areas. This will also include far greater focus on ensuring that people with Learning Disabilities and Mental Health issues and carers have health checks with appropriate care and support plans.

Pathway Improvement

We will support an approach to care and disease pathway improvement (e.g. diabetes) that focusses on bringing together key clinicians and professionals across primary, community and secondary care.

There will be an emphasis on problem solving, quality improvement and developing shared objectives with a view to making a greater impact on deprived communities. This will be underpinned by a **population health management approach**.

Local Care Partnerships

Our key vehicle for tackling health inequalities are the Local Care Partnerships, especially those serving the most deprived areas. LCPs bring together health, social care, local community/voluntary organisations and local people to design services responsive to the local community.

There are 18 LCPs in the city, with 7 covering the majority of those communities living in the most deprived areas. And we have supported their development by investing in leadership and empowering them through the development of population health management skills. We see that they will increasingly be the footprint for the delivery of integrated services, and will take on more 'commissioning' responsibilities - that is designing and delivering services to meet improved health outcomes.

Our LCPs will now be underpinned by Primary Care Networks (PCNs), thus strengthening their ability to come together and deliver change. These new arrangements give us a great opportunity to support the redesign of services in a way which meets more local needs and so helps to address health inequalities, and we will ensure this is maximised.

A Stronger Partnership with 3rd Sector Organisations

We will act to ensure that the strong, vibrant and diverse third sector of community and voluntary organisations continues to be at the heart of care and support services being provided in the city. This will include investment and support so that as well as being key providers of services, our third sector organisations are actively contributing to and informing the development of health and care services across the city and in local communities. This will have a particular emphasis on the role of the third sector in supporting people in the most vulnerable groups and living complex lives in areas of deprivation.



7. Using our resources

As part of our duty to secure value described in section 1 we will focus our resources to address health inequalities:

We will have a targeted approach, applying the principle of 'proportionate universalism'⁴:

There is an existing agreed scheme to reinvest Primary Medical Services (PMS) monies in general practice in Leeds. For an agreed set of outcomes relating to health inequalities a formula has been agreed using proportionate universalism to target investment. This has been developed using the 'Car-Hill' formula (widely accepted as not adequately reflecting additional input needed for primary prevention associated with deprivation levels) and adding in ethnicity as a way to reflect deprivation. This scheme could be further developed and built upon to have more of an emphasis on deprivation and vulnerable groups. A core principle would be that actions and interventions would be decided at PCN/ LCP level, but with outcomes set that required a focus on deprivation and vulnerable groups.

We will focus our investment in areas that deliver greater prevention across disease pathways

We will reprofile investment across disease pathways so that we allow the greatest opportunity for prevention. As we implement the approach outlined in this framework and our 'Left-Shift Blueprint' plan this will mean differential investment in services that aim to prevent and proactively manage disease, which will receive a greater proportion of investment in the future, and services designed to treat the consequences of disease.

Not only will this contribute to addressing health inequalities and lead to an improved quality of life for more of our people, it will also represent better use of resources for our health and care system.

We will have a partnership approach to prevention and wider determinants of health:

The lead for most areas of prevention and wider determinants is held by Leeds City Council. Where the CCG and Leeds City Council agree on a set of shared priorities there could be joint investment and actions in a number of areas that directly affect health services e.g. housing, drug and alcohol, employment, poverty etc.

This could be approached using existing forums (e.g. Integrated Commissioning Executive - ICE) to agree priorities.

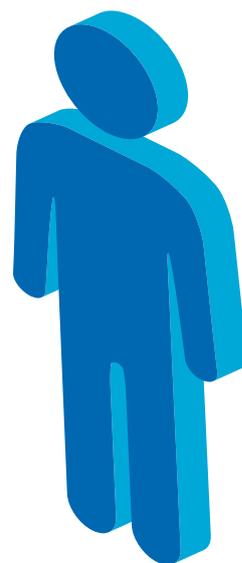
Learning can be drawn from the way that Children's work is organised in Leeds. Using a population approach means that commissioners from health and other parts of the system are able to agree and work towards joint priorities and 'obsessions' through the Children and Young People Board at which all stakeholders are represented. This population approach could be extended to the other population segment agreed as part of the population outcomes work.

⁴ "Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a **scale and intensity** that is **proportionate** to the **level of disadvantage**. We call this **proportionate universalism**." The Marmot Review, 2010

We will invest in third sector sustainably where there is evidence that this is an effective approach:

We know that partnerships with the local third sector are crucial in reaching vulnerable and marginalised groups, who may be very small, hidden and will be hard to reach. We are reliant on a sustainable third sector if we want to reach these groups and address the health inequalities that they experience.

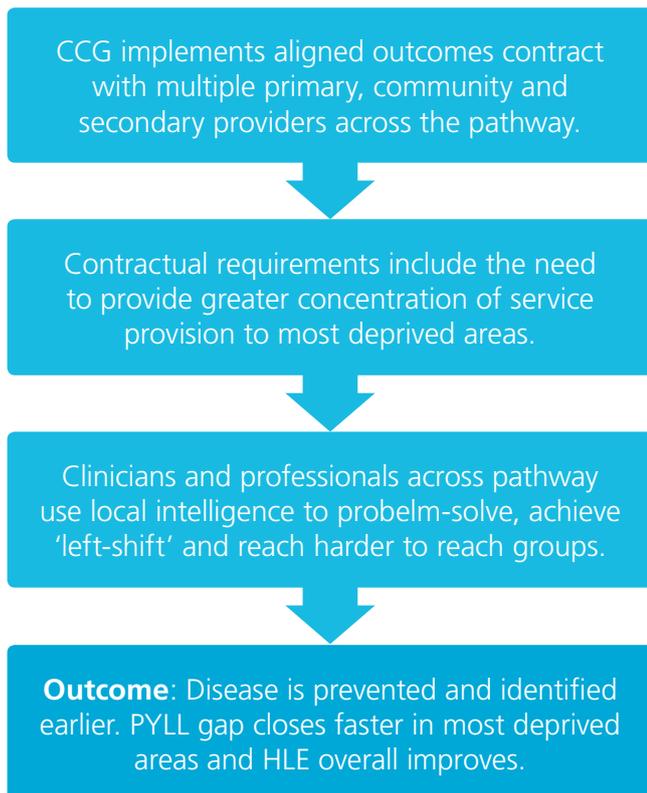
Where there is evidence that partnering with third sector organisations will have an impact on reducing health inequalities, we will strengthen our contracting arrangements ensuring that these organisations are able to sustain their vital, work with specific groups.



8. What could this look like in practice?

There are many ways that these principles could be applied in our work. Here are two examples of how this strategy could work in practice.

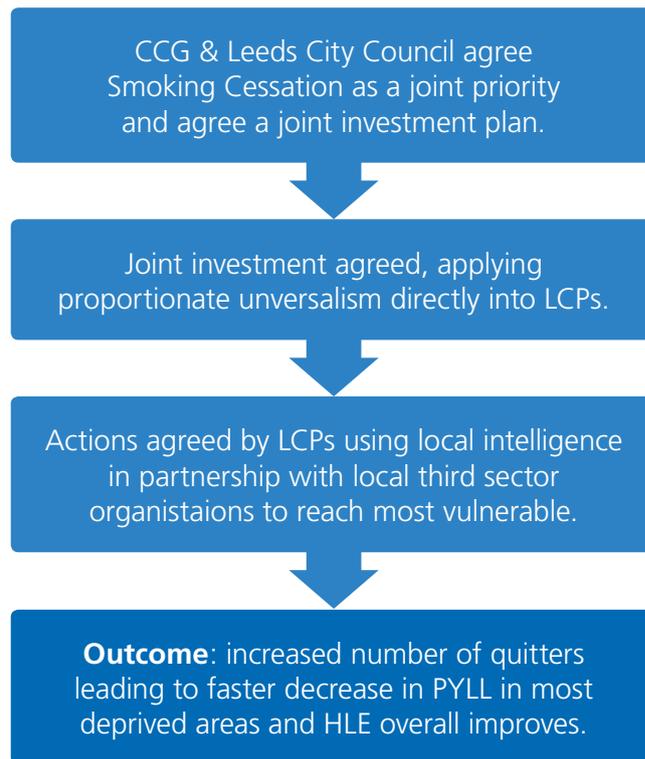
a) Diabetes Pathway



So as a commissioner, we will ensure that our contracts promote provider responsibility for addressing health inequalities, bringing clinicians from across primary and secondary care together to design services which respond effectively to more local needs. We will also ensure that contracts engineer providers to work together across care pathways, and to bring in community/3rd sector organisations in delivery to help with addressing inequalities.

This will be reflected in how we work as a CCG going forward, with a more strategic approach to commissioning and a bigger role in supporting integration of services across providers. This is being described in the 'Shaping Our Future' programme.

b) Smoking Cessation



So as a commissioner, we will work with Public Health colleagues to invest in additional preventive services which enable improved health outcomes for deprived and disadvantaged groups of people.

9. How will we measure the impact?

Our Health Inequalities outcome focus is on reducing Potential Years Life Lost for conditions amenable to healthcare (PYLL) and Healthy Life Expectancy (HLE)

Our aim is to close the PYLL gap of Leeds compared to the national average as well as increasing overall HLE. Additionally we aim to close the PYLL gap within the most deprived communities faster than the non-deprived areas.

In order to understand progress, a small number of measures which capture the impact of our actions have been developed as part of the 'Left-Shift Blueprint', the CCG's 5-year investment plan.

As part of the CCG's Strategic Plan, we committed to lead action against a number of the Health and Wellbeing Strategy indicators:

There is also a growing emphasis on healthy life expectancy - increasing the number of

years people live in good health, particularly for those from deprived communities and vulnerable groups.

However, we need to work with people to develop outcome measures which matter to them. And we would need to compare progress in the 7 LCPs with the highest number of people living in deprivation, as well as by different vulnerable groups where appropriate and possible.

The measures for this framework will align with the Health Outcomes Ambitions described in the CCG's 'Left-Shift Blueprint', our 5 year strategic commissioning and investment plan. We are working to set specific ambitions for these outcomes which will describe the impact we will make for Leeds as a whole (compared to the national average) as well as within Leeds (to narrow the gap between the 10% most deprived communities and the Leeds average).

This is our proposed measurement framework:

Measure	By LCP	By vulnerable group
Improve infant mortality and narrow the gap	Yes	Yes
Reduce weight in 10-11 year olds	Yes	Yes
Reduce suicide rate	Yes	Yes
Reduce PYLL for conditions amenable to healthcare	Yes	Yes
Reduce early rate of early deaths: CVD, cancer, respiratory, liver disease	Yes	Yes
Reduce mortality for those with LD and SMI	Yes	Yes
Increase Healthy Life Expectancy	Data not available at LCP level - citywide aggregate only	Data not available at LCP level - citywide aggregate only

The specific measures will be developed over the coming months and years, recognising that developing outcomes which matter to different groups of people will take time.

The metrics will also be built into provider contracts in order that services are continuously shaped for people who have the greatest inequalities and commissioning teams will be held to account for this as part of internal commissioning processes.

10. Conclusion

NHS Leeds CCG recognises the health inequalities in our city. We also recognise that we can have a significant role to play in addressing these, both in how we work with partners and how we use our commissioning resources.

We know that we are building on great previous work, and we know that it will take time to achieve change. However, we now want to take a more coherent and ambitious approach to tackling health inequalities in order to make a reality of the vision that 'people who are the poorest improve their health the fastest'.





Leeds

Clinical Commissioning Group

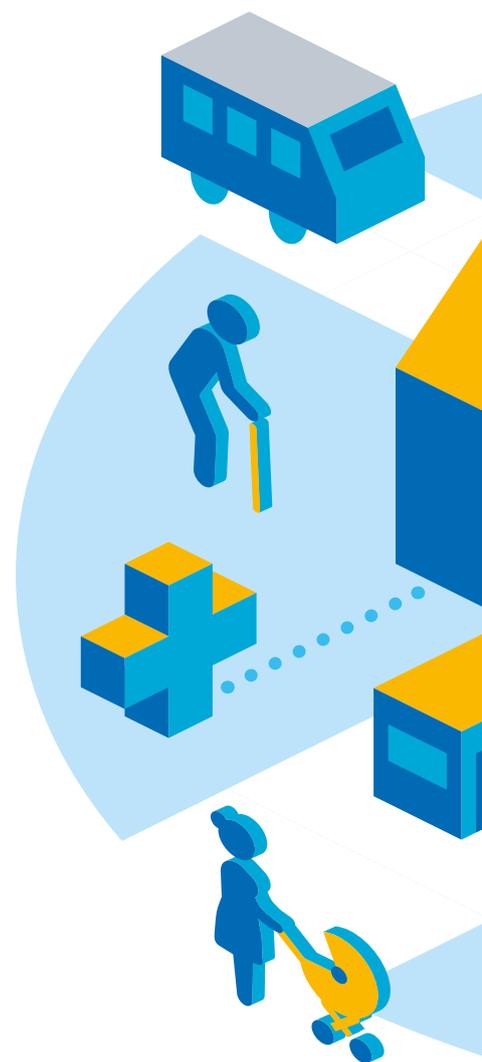
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Leeds Health and Wellbeing Board



Report author: Lesley Newlove, NHS Leeds CCG

Report of: Steve Hume (Chief Officer Resources & Strategy, Adults & Health, Leeds City Council) & Rob Goodyear (Head of Strategic Planning, Leeds Plan, Health Partnerships Team)

Report to: Leeds Health and Wellbeing Board

Date: 30th September 2020

Subject: Leeds BCF Q4 2019/2020 Monitoring Template

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

Summary of main issues

Each quarter, there is a requirement to report to NHS England (NHSE) on the performance of the Better Care Fund (BCF) and to report to the Ministry for Housing, Communities and Local Government (MHCLG) regarding the use of the additional Improved Better Care Fund (iBCF) funding allocated through the Spring Budget 2017.

The BCF quarterly monitoring template is the mechanism for this reporting and in accordance with the 2019-20 Better Care Fund: Policy Framework, the Health & Wellbeing Board is responsible for signing these off.

Unfortunately the national timescales do not always align with Leeds Health and Wellbeing Board meetings therefore the Chair endorsed the following process:-

- Integrated Commissioning Executive (ICE), which acts as the BCF Partnership Board endorsed the draft Leeds BCF Q4 2019/20 Template on 26th May 2020.
- Chair reviewed the draft Leeds BCF Q4 2019/20 Template on 9th July 2020
- The draft Leeds BCF Q4 2019/20 Template was circulated to HWB members to ensure they had the opportunity to provide comments/feedback on the template
- The Leeds BCF Q4 2019/20 Template was finalised and submitted to NHSE/MHCLG by the deadline of 31st July 2020

Recommendations

The Health and Wellbeing Board is asked to:

- Retrospectively note the Leeds BCF Q4 2019/20 return attached as Appendix 1

1 Purpose of this report

- 1.1 To inform the Health and Wellbeing Board of the contents of the Leeds BCF Q4 2019/20 Template.

2 Background information

- 2.1 The Spending Review 2015 announced the improved Better Care Fund (iBCF); the Spring Budget 2017 announced additional funding for adult social care over the following three years.

- 2.2 This additional Spring Budget funding was paid to local authorities specifically to be used for the purposes of:-

- Meeting adult social care needs
- Reducing pressures on the NHS – including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local care provider market is supported

- 2.3 The Grant determination detailed the three purposes for which the iBCF money could be spent. The receiving local authority had to:-

- Pool the grant funding into the local Better Care Fund, unless the authority had written ministerial exemption
- Work with the relevant clinical commissioning group and providers to meet National Condition 4 (Managing Transfers of Care)
- Provide quarterly reports as required by the Secretary of State

- 2.4 In Leeds, this non-recurrent three year funding has been used to fund transformational initiatives that have compelling business cases to support the future management of service demand and system flow and prevent the need for more specialist and expensive forms of care.

- 2.5 This is founded on the principles of the Leeds Plan, which sits under the Leeds Health and Wellbeing Strategy and links to the West Yorkshire and Harrogate Partnership.

- 2.6 Each bid is supported by a robust business case which addresses the challenges faced around health and wellbeing, care quality and finance and efficiency. A robust approach has been established which:-

- Measures the actual impact of each individual initiative
- Monitors actual spend on each initiative and releases funding accordingly
- Ensures that appropriate steps are taken to identify ongoing recurrent funding streams after the iBCF funding period ends in cases where initiatives prove to be successful
- Ensures that exit strategies are in place for initiatives that do not achieve their intended results

3 Main issues

3.1 The main highlights of the template are:-

- All National Conditions have been met.
- Metrics – 3 out of 4 key metrics are on track to meet target. The reablement metric is considered not to be on track to meet target. A service review is looking at a range of actions to improve service productivity with the aim of delivering an additional financial benefit in 2020/21 of £500k.
- High Impact Change Model – All aspects of the High Impact Change Model are either established or mature in Leeds.
- Integration Highlights – this section requires an example of an integration success story observed over the last quarter. The Leeds Care Record has been used as this example as a benefits and evaluation review has recently been concluded clearly showing the impact it is having on patient experience and the Leeds health and care system
- Winter Pressures Grant - there has been significant change to the planned approach for the use of the Winter Pressures grant due to priorities changing through the year as home care volumes continued to rise in excess of projections
- Income and Expenditure - outlines the Health & Wellbeing Board level of actual pooled income and expenditure in 19/20. This includes the mandatory funding sources of the Disabled Facilities Grant, the iBCF Grant and the minimum CCG contribution.
- Year End Feedback – This section provides year end feedback on the delivery of the BCF.
- iBCF– this page relates to the additional iBCF funding announced at the Spring Budget in 2017 only and does not relate to the original iBCF funding announced in the Spending Review of 2015. Section B asks for information relating to additional home care packages funded through the additional iBCF/Spring Budget monies however Leeds agreed to fund care packages through the original recurrent iBCF monies and use the additional non-recurrent iBCF money to fund system change so a nil return is reported in Section B

3.2. Due to the coronavirus pandemic and the subsequent workforce pressures, the deadline for the internal Q4 reporting of for iBCF/Spring Budget schemes has been extended to 25th September 2020.

3.3. BCF Plan 2020/21

The current Leeds BCF Plan 2019/20 ended on 31st March 2020 and the BCF Policy Framework and Planning Requirements for 2020/21 have not yet been published, however we were advised by the national Better Care Fund Team that for the duration of the current outbreak of COVID-19, systems could assume spending from ringfenced BCF funds, particularly on existing schemes from 2019/20 and spending on activity to address demands in community health and social care, was approved and should prioritise continuity of care, maintaining social care services and system resilience.

- 3.4. In preparation for a new Leeds BCF Plan being required, a refresh of the BCF Partnership Agreement is underway. The existing 2018 version was drafted following the merger of the three Leeds CCGs but was not signed off. This version is currently being reviewed and will include an addendum to underpin the financial arrangements in respect of the COVID-19 hospital discharge service requirements. The revised agreement will be submitted for sign off in due course.
- 3.5. COVID-19 presented many challenges to the Leeds health and care system but due to the dedication of the workforce and strong partnership working built on existing solid relationships cultivated through the BCF and other integrated working arrangements; these have been and continue to be addressed. Building on this collaborative approach, Leeds was able to respond quickly to the demands of the pandemic for example freeing up capacity in hospital by supporting hospital discharges.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 Routine monitoring of the delivery of the BCF is undertaken by the BCF Coordination Group. This group reports into ICE which is the BCF Partnership Board with quarterly reporting to the Health and Wellbeing Board.
- 4.1.2 The BCF Plan has been developed based on the findings of consultation and engagement exercises undertaken by partner organisations when developing their own organisational plans.
- 4.1.3 Any specific changes undertaken by any of the schemes will be subject to agreed statutory organisational consultation and engagement processes.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 Through the BCF, it is vital that equity of access to services is maintained and that quality of care is not compromised. The vision that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest' underpins the Leeds Health and Wellbeing Strategy 2016 - 2021. The services funded by the BCF contribute to the delivery of this vision.

4.3 Resources and value for money

- 4.3.1 The iBCF Grant allocated through the Spring Budget 2017 is focussed on initiatives that have the potential to defer or reduce future service demand and/or to ensure that the same or better outcomes can be delivered at a reduced cost to the Leeds £. As such the funding is being used as 'invest to save'.

4.4 Legal Implications, access to information and call in

- 4.4.1 There are no legal, access to information or call in implications from this report

4.5 Risk management

- 4.5.1 There is a risk that some of the individual funded schemes do not achieve their predicted benefits. This risk is being mitigated by ongoing monitoring of the impact of the individual schemes and the requirement to produce exit/mainstreaming plans for the end of the Spring Budget funding period.

5 Conclusions

- 5.1 Quarterly returns in respect of monitoring the performance of the BCF and impact of Spring Budget monies will continue to be completed and submitted to NHS England/the Ministry of Housing, Communities and Local Government as required under the grant conditions. Locally we will continue to provide assurance to HWB by monitoring the impact of the schemes and plan towards the exit from the Spring Budget funding period.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Retrospectively note the content of the Leeds BCF Q4 2019/20 monitoring template

7 Background documents

- 7.1 None.

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How does this help reduce health inequalities in Leeds?

The BCF is a programme, of which the iBCF grant is a part, spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

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

The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with integrated health and social care services, resulting in an improved experience and better quality of life.

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

The iBCF Grant funding has been jointly agreed between LCC and NHS partners in Leeds and is focussed on transformative initiatives that will manage future demand for services.

Future challenges or opportunities

The initiatives funded through the iBCF Grant have the potential to improve services and deliver savings. To sustain services in the longer term, successful initiatives will need to identify mainstream recurrent funding to continue beyond the non-recurrent testing stage.

**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	
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
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	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	X

Appendix

Better Care Fund Template Q4 2019/20

1. Guidance

Overview

The Better Care Fund (BCF) quarterly reporting requirement is set out in the BCF Planning Requirements document for 2019-20 which supports the aims of the Integration and BCF Policy Framework and the BCF programme jointly led and developed by the national partners Department of Health (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of the BCF quarterly reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans
- 3) To foster shared learning from local practice on integration and delivery of BCF plans
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local authorities and service providers) for the purposes noted above.

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB documents.

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the Better Care Support Team (BCST) will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the Better Care Exchange (BCE) prior to publication.

Reporting on additional Improved Better Care Fund (iBCF) funding is now included with BCF quarterly reporting as a combined template. The BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF information and providing it to MHCLG. Although collected together, BCF and iBCF information will be published separately.

The Winter Pressures Grant is pooled within the BCF and is part of the BCF plans. Q4 19/20 quarterly reporting for the BCF include a separate tab to report on the Winter Pressures Grant.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear "Red" and contain the word "No" if the information has not been completed. Clicking on the corresponding "Cell Reference" column will link to the incomplete cell for completion. Once completed the checker column will change to "Green" and contain the word "Yes"
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Integration and Better Care Fund planning requirements for 2019/20 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG Minimum Contribution

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Implementation of the High Impact Change Model for Managing Transfers of Care

4. Metrics

The BCF plan includes the following four metrics: Non-Elective Admissions, Delayed Transfers of Care, Residential Admissions and Reablement. Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and achievements realised.

As a reminder, if the BCF plans should be referenced as below:

- Residential Admissions and Reablement: BCF metric plans were set out and collected via the BCF Planning Template

- Non Elective Admissions (NEA): The BCF metric plan mirrors the CCG (Clinical Commissioning Groups) Operating Plans for Non Elective Admissions at a HWB footprint. These plans were made available to the local areas via the respective Better Care Managers and remain valid. In case a reminder of your BCF NEA plan at HWB level is helpful, please write into your Better Care Manager in the first instance or the inbox below to request them:

england.bettercaresupport@nhs.net

- Delayed Transfers of Care (DToC): The BCF metric ambitions for DToC are nationally set and remain the same as the previous year (2018/19) for 2019/20. The previous year's plans on the link below contain the DToC ambitions for 2018/19 applicable for 2019/20:

<https://www.england.nhs.uk/publication/better-care-fund-2018-19-planning-data/>

This sheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to provide a directional estimate.

- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any associated comments to explain.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

5. HICM

The BCF National Condition 4 requires local areas to implement the High Impact Change Model (HICM) for Managing Transfers of Care. This section of the template captures a self-assessment on the current level of implementation, for the reported quarter, and anticipated trajectory for the future quarter, of each of the eight HICM changes and the red-bag scheme along with the corresponding implementation challenges, achievements and support needs.

The maturity levels utilised on the self-assessment dropdown selections are based on the guidance available on the published High Impact Changes Model (link below). A distilled explanation of the levels for the purposes of this reporting is included in the key below:

Not yet established - The initiative has not been implemented within the HWB area

Planned - There is a viable plan to implement the initiative / has been partially implemented within some areas of the HWB geography

Established - The initiative has been established within the HWB area but has not yet provided proven benefits / outcomes

Mature - The initiative is well embedded within the HWB area and is meeting some of the objectives set for improvement

Exemplary - The initiative is fully functioning, sustainable and providing proven outcomes against the objectives set for improvement

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

For the purposes of the BCF in 2019/20, local areas set out their plans against the model applicable since 2017/18. Please continue to make assessments against this erstwhile HICM model and any refreshed versions of the HICM will be considered in the future as applicable.

In line with the intent of the published HICM model self-assessment, the self-assessment captured via BCF reporting aims to foster local conversations to help identify actions and adjustments to progress implementation, to understand the area's ambition for progress and, to indicate where implementation progress across the eight changes in an area varies too widely which may constrain the extent of benefit derived from the implementation of the model. As this is a self-assessment, the approaches adopted may diverge considerably from area to area and therefore the application of this information as a comparative indicator of progress between areas bears considerable limitations.

In making the self-assessment, please ensure that a representative range of stakeholders are involved to offer an assessment that is as near enough as possible to the operational reality of the area. The recommended stakeholders include but are not limited to Better Care Managers, BCF leads from CCGs and LAs, local Trusts, Care Sector Regional Leads, A&E Delivery Board representatives, CHIAs and regional ADASS representatives.

The HICM maturity assessment (particularly where there are multiple CCGs and A&E Delivery Boards (AEDBs)) may entail making a best judgment across the AEDB and CCG lenses to indicatively reflect an implementation maturity for the HWB. The AEDB lens is a more representative operational lens to reflect both health and social systems and where there are wide variations in implementation levels between them, making a conservative judgment is advised. Where there are clear disparities in the stage of implementation within an area, the narrative section should be used to briefly indicate this, and the rationale for the recorded assessment agreed by local partners.

Where the selected maturity levels for the reported quarter are 'Mature' or 'Exemplary', please provide supporting detail on the features of the initiatives and the actions implemented that have led to this assessment.

For each of the HICM changes please outline the challenges and issues in implementation, the milestone achievements that have been met in the reported quarter with any impact observed, and any support needs identified to facilitate or accelerate the implementation of the respective changes.

To better understand the spread and impact of Trusted Assessor schemes, when providing the narrative for "Milestones met during the quarter / Observed impact" please consider including the proportion of care homes within the locality participating in Trusted Assessor schemes. Also, any evaluated impacts noted from active Trusted Assessor schemes (e.g. reduced hospital discharge delays, reduced hospital Length of Stay for patients awaiting care home placements, reduced care home vacancy rates) would be welcome.

Hospital Transfer Protocol (or the Red Bag Scheme):

- The template also collects updates on areas' implementation of The optional 'Red Bag' scheme. Delivery of this scheme is not a requirement of The Better Care Fund, but it has been agreed to collect information on its implementation locally via The BCF quarterly reporting template as a single point of collection.

- Please report on implementation of a Hospital Transfer Protocol (also known as The 'Red Bag scheme') to enhance communication and information sharing when residents move between Care settings and hospital.

- Where there are no plans to implement such a scheme Please provide a narrative on alternative mitigations in place to support improved communications in Hospital Transfer arrangements for social Care residents.

- Further information on The Red Bag / Hospital Transfer Protocol: The quick guide is available on the link below:

<https://www.england.nhs.uk/publication/redbag/>

Further guidance is also available on the Kahootz system or on request from the NHS England Hospital to Home team through:

england.ohuc@nhs.net

6. Integration Highlights

Please tell us about an integration success story observed over reported quarter highlighting the nature of the service/scheme or approach and the related impact.

Where this success story relates to a particular scheme type (as utilised in BCF planning) please select the scheme type to indicate that or the main scheme type where the narrative relates to multiple services/scheme types or select "Other" to describe the type of service/scheme.

Where the narrative on the integration success story relates to progressing one of the Enablers for Integrated Care, please select the main Enabler from the drop down. SCIE Logic Model for Integrated Care:

<https://www.scie.org.uk/integrated-care/measuring-evaluating/logic-model>

7. WP Grant

Reporting for Winter Pressures Grant is being collected alongside the BCF in a single mechanism. For this quarter, the reporting is primarily seeking narratives and confirmation on progress against the delivery of the plans set out for the Winter Pressures Grant as part of the BCF planning process.

8. Income and Expenditure

The Better Care Fund 2019/20 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, the Winter Pressures Grant and the minimum CCG contribution. A large proportion of areas also planned to pool additional contributions from LA and CCGs.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2019/20 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template. Please enter the actual income from additional CCG and LA contributions in 2019/20 in the yellow boxes provided.

- Please provide any comments that may be useful for local context for the reported actual income in 2019/20.

Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2019/20 in the yellow box provided.

- Please provide any comments that may be useful for local context for the reported actual expenditure in 2019/20.

9. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2019/20 through a set of survey questions which are overall consistent with those from previous years.

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund

There are a total of 7 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2019/20
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

Please highlight:

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2019/20.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2019/20?

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce

- 6. Good quality and sustainable provider market that can meet demand
- 7. Joined-up regulatory approach
- 8. Pooled or aligned resources
- 9. Joint commissioning of health and social care

10. Additional improved Better Care Fund

The additional iBCF sections of this template are on sheet '10. iBCF'. Please fill these sections out if you are responsible for the additional iBCF quarterly monitoring for your organisation, or local area.

Data must be entered on a Health and Wellbeing Board level.

The iBCF section of the monitoring template covers reporting in relation to the additional iBCF funding announced at Spring Budget 2017 only.

Better Care Fund Template Q4 2019/20

2. Cover



Version 1.1

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- As in previous quarters, the BCST along with NHSE hosted information infrastructure will be collecting and aggregating the iBCF Grant information and providing it to MHCLG. Although collected together, BCF and iBCF information will be reported and published separately.
- The Winter Pressures Grant is pooled within the BCF and is part of the BCF plans. Q4 19/20 quarterly reporting for the BCF include a separate tab to report on the Winter Pressures Grant.

Health and Wellbeing Board:	Leeds
Completed by:	Lesley Newlove
E-mail:	lesley.newlove@nhs.net
Contact number:	0113 8431654
Is the template being submitted subject to HWB / delegated sign-off?	No, sign-off has been received
Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?	
Job Title:	Chair of the Health & Wellbeing Board
Name:	Councillor Rebecca Charlwood

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Pending Fields
2. Cover	0
3. National Conditions	0
4. Metrics	0
5. HICM	0
6. Integration Highlights	0
7. WP Grant	0
8. I&E	0
9. Year End Feedback	0
10. iBCF	0

[<< Link to Guidance tab](#)

2. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C19	Yes
Completed by	C21	Yes
E-mail	C23	Yes
Contact number	C25	Yes
Is the template being submitted subject to HWB / delegated sign-off?	C27	Yes
Job Title of the person signing off the report on behalf of the HWB	C29	Yes
Name of the person who signed off the report on behalf of the HWB	C30	Yes
Sheet Complete:		Yes

3. National Conditions

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	Cell Reference	Checker
1) Plans to be jointly agreed?	C9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C10	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C11	Yes
4) Managing transfers of care?	C12	Yes
1) Plans to be jointly agreed? If no please detail	D9	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D10	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D11	Yes
4) Managing transfers of care? If no please detail	D12	Yes

Sheet Complete:	Yes
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4. Metrics

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	Cell Reference	Checker
Non-Elective Admissions performance target assesment	D12	Yes
Residential Admissions performance target assesment	D13	Yes
Reablement performance target assesment	D14	Yes
Delayed Transfers of Care performance target assesment	D15	Yes
Non-Elective Admissions challenges and support needs	E12	Yes
Residential Admissions challenges and support needs	E13	Yes
Reablement challenges and support needs	E14	Yes
Delayed Transfers of Care challenges and support needs	E15	Yes
Non-Elective Admissions achievements	F12	Yes
Residential Admissions achievements	F13	Yes
Reablement achievements	F14	Yes
Delayed Transfers of Care achievements	F15	Yes

Sheet Complete:	Yes
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5. High Impact Change Model

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	Cell Reference	Checker
Chg 1 - Early discharge planning - Q4 19/20	D15	Yes
Chg 2 - Systems to monitor patient flow - Q4 19/20	D16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Q4 19/20	D17	Yes
Chg 4 - Home first/discharge to assess - Q4 19/20	D18	Yes
Chg 5 - Seven-day service - Q4 19/20	D19	Yes
Chg 6 - Trusted assessors - Q4 19/20	D20	Yes
Chg 7 - Focus on choice - Q4 19/20	D21	Yes
Chg 8 - Enhancing health in care homes - Q4 19/20	D22	Yes
Red Bag Scheme - Q4 19/20	D27	Yes
Chg 1 - Early discharge planning - If Q4 19/20 mature or exemplary, Narrative	F15	Yes
Chg 2 - Systems to monitor patient flow - If Q4 19/20 mature or exemplary, Narrative	F16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - If Q4 19/20 mature or exemplary, Narrative	F17	Yes
Chg 4 - Home first/discharge to assess - If Q4 19/20 mature or exemplary, Narrative	F18	Yes
Chg 5 - Seven-day service - If Q4 19/20 mature or exemplary, Narrative	F19	Yes
Chg 6 - Trusted assessors - If Q4 19/20 mature or exemplary, Narrative	F20	Yes
Chg 7 - Focus on choice - If Q4 19/20 mature or exemplary, Narrative	F21	Yes
Chg 8 - Enhancing health in care homes - If Q4 19/20 mature or exemplary, Narrative	F22	Yes
Red Bag Scheme - If Q4 19/20 no plan in place, Narrative	F27	Yes
Chg 1 - Early discharge planning - Challenges and Support needs	G15	Yes
Chg 2 - Systems to monitor patient flow - Challenges and Support needs	G16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Challenges and Support needs	G17	Yes
Chg 4 - Home first/discharge to assess - Challenges and Support needs	G17	Yes
Chg 5 - Seven-day service - Challenges and Support needs	G18	Yes
Chg 6 - Trusted assessors - Challenges and Support needs	G19	Yes
Chg 7 - Focus on choice - Challenges and Support needs	G20	Yes
Chg 8 - Enhancing health in care homes - Challenges and Support needs	G21	Yes
Red Bag Scheme - Challenges and Support needs	G27	Yes
Chg 1 - Early discharge planning - Milestones / impact	H15	Yes
Chg 2 - Systems to monitor patient flow - Milestones / impact	H16	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams - Milestones / impact	H17	Yes
Chg 4 - Home first/discharge to assess - Milestones / impact	H18	Yes
Chg 5 - Seven-day service - Milestones / impact	H19	Yes
Chg 6 - Trusted assessors - Milestones / impact	H20	Yes
Chg 7 - Focus on choice - Milestones / impact	H21	Yes
Chg 8 - Enhancing health in care homes - Milestones / impact	H22	Yes
Red Bag Scheme - Milestones / impact	H27	Yes

Sheet Complete:	Yes
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6. Integration Highlights

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	Cell Reference	Checker
Integration success story highlight over the past quarter	B10	Yes
Main Scheme/Service type for the integration success story highlight	C13	Yes
Integration success story highlight over the past quarter, if "other" scheme	C14	Yes
Main Enabler for Integration (SCIE Integration Logic Model) for the integration success story highlight	C17	Yes
Integration success story highlight over the past quarter, if "other" integration enabler	C18	Yes
Sheet Complete:		Yes

7. Winter Pressures Grant

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	Cell Reference	Checker
Assistive Technologies and Equipment - Expenditure	E12	Yes
Care Act Implementation Related Duties - Expenditure	E13	Yes
Carers Services - Expenditure	E14	Yes
Community Based Schemes - Expenditure	E15	Yes
DFG Related Schemes - Expenditure	E16	Yes
Enablers for Integration - Expenditure	E17	Yes
HICM for Managing Transfer of Care - Expenditure	E18	Yes
Home Care or Domiciliary Care - Expenditure	E19	Yes
Housing Related Schemes - Expenditure	E20	Yes
Integrated Care Planning and Navigation - Expenditure	E21	Yes
Intermediate Care Services - Expenditure	E22	Yes
Personalised Budgeting and Commissioning - Expenditure	E23	Yes
Personalised Care at Home - Expenditure	E24	Yes
Prevention / Early Intervention - Expenditure	E25	Yes
Residential Placements - Expenditure	E26	Yes
Other - Expenditure	E27	Yes
Hours of Care - Actual Outputs	D37	Yes
Packages - Actual Outputs	E37	Yes
Placements - Actual Outputs	F37	Yes
Beds - Actual Outputs	G37	Yes
Description of significant changes to the planned approach for the Winter Pressures Grant	B42	Yes
Sheet Complete:		Yes

8. Income and Expenditure

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	Cell Reference	Checker
Do you wish to change the additional CCG funding?	G16	Yes
Do you wish to change the additional LA funding?	G17	Yes
Actual CCG Additional	H16	Yes
Actual LA Additional	H17	Yes
Income commentary	D23	Yes
Do you wish to change the expenditure?	E30	Yes
Actual Expenditure	C32	Yes
Expenditure commentary	D34	Yes
Sheet Complete:		Yes

9. Year End Feedback

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	Cell Reference	Checker
Statement 1: Delivery of the BCF has improved joint working between health and social care	C11	Yes
Statement 2: Our BCF schemes were implemented as planned in 2018/19	C12	Yes
Statement 3: Delivery of BCF plan had a positive impact on the integration of health and social care	C13	Yes
Statement 4: Delivery of our BCF plan has contributed positively to managing the levels of NEAs	C14	Yes
Statement 5: Delivery of our BCF plan has contributed positively to managing the levels of DToC	C15	Yes
Statement 6: Delivery of our BCF plan has contributed positively to managing reablement	C16	Yes
Statement 7: Delivery of our BCF plan has contributed positively to managing residential admissions	C17	Yes
Statement 1 commentary	D11	Yes
Statement 2 commentary	D12	Yes
Statement 3 commentary	D13	Yes
Statement 4 commentary	D14	Yes
Statement 5 commentary	D15	Yes
Statement 6 commentary	D16	Yes
Statement 7 commentary	D17	Yes
Success 1	C24	Yes
Success 2	C25	Yes
Success 1 commentary	D24	Yes
Success 2 commentary	D25	Yes
Challenge 1	C28	Yes
Challenge 2	C29	Yes

Challenge 1 commentary	D28	Yes
Challenge 2 commentary	D29	Yes

Sheet Complete:	Yes
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10. Additional improved Better Care Fund

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	Cell Reference	Checker
A1) a) Meeting adult social care needs	D13	Yes
A1) b) Reducing pressures on the NHS	E13	Yes
A1) c) Ensuring that the local social care provider market is supported	F13	Yes
A1) d) Percentages sum to 100% exactly	G13	Yes
B1) a) Actual number of home care packages	C19	Yes
B1) b) Actual number of hours of home care	D19	Yes
B1) c) Actual number of care home placements	E19	Yes
B2) Main area additional iBCF spend if not above	C20	Yes
B3) Main area additional iBCF spend if not above - Other commentary	C21	Yes

Sheet Complete:	Yes
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Better Care Fund Template Q4 2019/20

3. National Conditions

Selected Health and Wellbeing Board:

Leeds

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Better Care Fund Template Q4 2019/20

4. Metrics

Selected Health and Wellbeing Board:

Leeds

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	Assessment of progress against the metric plan for the	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	On track to meet target	The changing demographics of our population, including an aging population and higher than average births continues to pose a challenge to the Leeds system in terms of hospital attendances and admissions.	The review in the system governance supporting our A&E Delivery Board and system flow work programme further scoped the work streams. As a result we have further developed a structure that continues to promote delivering integrated services across our system.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	None	Leeds has in place a range of short term and long term services to support people in their own homes. Community short term recovery beds and reablement support have led to a reduction in permanent admissions especially from hospital.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	The Service Review (MTFP) is looking at a range of actions to improve the service productivity with the aim of delivering an additional financial benefit in 2020/21 of 500k. This includes improving the identification of people who will benefit from Reablement and reducing the referral of people who, on first visit, do not need any support at home.	Leeds provides a wide range of support to people leaving hospital, including, streamlined processes to enable earlier and easier access to reablement services and numbers accessing the service have increased. A supported discharge service in the voluntary sector provides essential support in the first days of leaving hospital ensuring people have what they need including access to other services. An increased community beds service is now fully operating and providing more capacity for people who need to recuperate before returning home. Recent trends have shown a decrease in the percentage who are still at home 90 days after discharge. There is a need to ensure that all people with capacity who wish to return home are provided with the opportunity, however, inevitably some will return to hospital, die or require a care home place. Therefore this year we are reducing the target to 85% to reflect an approach which is not too risk adverse.
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	On track to meet target	DTOC remains a challenge with the city's mental health acute provider - particularly around those patients with challenging dementia who remain in inpatient beds in the trust's bed base. There is a recognised issue around capacity for those patients with challenging behaviour. The CCG and Local Authority are currently working through both long and short term options and investments to address this challenge and develop the care home market for this cohort of our population. This includes continued enhanced support to the existing care home provision and commissioning additional capacity across the city. A dementia steering group has been organised to oversee this work, and the CCG has provided additional funding to work with care homes and providers directly.	This quarter has been particularly busy for the Age UK Leeds Hospital to Home service reflecting the seasonal change and the increased pressures experienced by LHHT however the team has still supported older people by providing supported transport home and a medication delivery service thereby reducing unnecessary delays in discharge waiting for medication to be available from Pharmacy.

Better Care Fund Template Q4 2019/20

5. High Impact Change Model

Selected Health and Wellbeing Board:

Challenges and Support Needs

Please describe the key challenges faced by your system in the implementation of this change, and Please indicate any support that may help to facilitate or accelerate the implementation of this change

Milestones met during the quarter / Observed Impact

Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

		Narrative			
		Q4 19/20	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Mature	<p>A further revision of the Transfer of Care Protocol has now been agreed with LTHT.</p> <p>Early discharge planning is part of the new initiative in LTHT to understand delays supporting the implementation of the SAFER bundle.</p>	<p>LTHT are currently rolling out Transfer of Care protocol and the focus in the last quarter has been on internal communications across the system to complement any system or process changes that support culture or behaviour change. This has been implemented in elderly and medicines bed base before further roll-out planned for Q1 2020/21.</p>	<p>LTHT have appointed a dedicated senior leader from January 2020 to focus on discharge and support this ongoing work. Progress this quarter has been to look at metrics and learning from the Achieving Reliable Care programme supporting the delivery of the SAFER bundle</p>
Chg 2	Systems to monitor patient flow	Mature	<p>The System Delivery Board is established which takes forward the outcomes of the Newton Eurpe work with an agreed plan for implementation. A system Discharge Board sitting under this has reviewed their work streams following the re audit of these recommendations. The Discharge Board is overseen by the A&E Delivery Board. Weekly resiiience meetings continue with senior representation to monitor performance</p>	<p>There are a number of outcomes from the further work undertaken by Newton Europe. An example of this is work around attendance and admissions, and the Primary Care Access Line. This has seen progress in streamlined processes both into PCAL and greater access from PCAL into LTHT itself.</p>	<p>Full implementation plan to deliver the outcomes of the Newton Europe work. Work streams are developing scope and interdependencies and key metrics are mapped to the high level metrics of the A&E Delivery Board.</p>

Chg 3	Multi-disciplinary/multi-agency discharge teams	Mature	System has implemented the Leeds Integrated Discharge Service that works alongside A&E ward staff to support admission avoidance and discharge of complex patients.	Understanding impact of shift to transfer to assess models on multiagency discharge service and the required out of hospital capacity	Work continues to be led by a senior appointment at LTHT looking at the decision points for discharge, and the recommendations from the LIDS review. This includes a newly implemented weekly meeting to look at an individual level any patient who is currently delayed and what can be done to progress each patient.
Chg 4	Home first/discharge to assess	Established	The Leeds system has developed and signed off a Home First Policy. The principles of Home First and Discharge to Assess are being implemented through development of a range of out of hospital services including reablement and community beds.	Building capacity to support D2A	A multi-agency workstream led by Adult Social Care has developed key principles and an easy to reference chart which supports the decision making on the wards. Increase in social work attendance at Ward Rounds, increase in Case Officers to support access to reablement. Reduction in delays seen as a result. Feedback from a deliberative event that took place this quarter will inform further development.
Chg 5	Seven-day service	Established		Whilst seven days exists for a number of services there are no current plans to extend for some services although this is under ongoing review	On-going review around re seven day services as part of development of transfer to assess approach. On-going review around the feasibility of changing to 7 day working for services where there is interdependence between health and social care and changes in behaviour required to realise benefits
Chg 6	Trusted assessors	Mature	Trusted assessors in place across the system including access to equipment and same day access to reablement, established across multi-agency pathways. Leeds has developed Trusted Assessors for care homes, once the person has been assessed as requiring a residential/nursing placement.	Embedding the newly appointed Care Home Trusted Assessors to build care home trust in assessment.	Care Home Trusted Assessors have been recruited and are in post.

Chg 7	Focus on choice	Mature	The Transfer of Care Policy continues to be implemented in LTHT. The system continues to work to work with other providers such as LYPFT and in community beds to use this as a "template" for policy consideration.	The wider system is supporting Adult Social Care with care home market development	Implementation of the Transfer Of Care Policy at LTHT continues to address high numbers of patients delayed within the choice category.
Chg 8	Enhancing health in care homes	Established		Need to develop care home sector capability to meet needs of increasingly complex and frail patients.	Full care home action plan in place covering quality improvements, improving medical support and admission avoidance. Primary Care support offer to Care Homes will be standardised from 1st April. Implementation of the Aging well specification.

Hospital Transfer Protocol (or the Red Bag scheme)
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q4 19/20	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	Red Bag scheme	Established		Keeping track of red bags	When used, red bags help support the transfers of care from hospital to care homes

Better Care Fund Template Q4 2019/20

6. Integration Highlight

Selected Health and Wellbeing Board:

Remaining Characters: 13,199

Integration success story highlight over the past quarter:

Please give us an example of an integration success story observed over the past quarter. This could highlight system level collaborative approaches, collaborative services/schemes or any work to progress the enablers for integration (as per the SCIE logic model for integrated care). Please include any observed or anticipated impact in this example.

BCF funding has been used to fund the development of the Leeds Care Record; a key enabler for integration. The Leeds Care Record is a joined-up digital care record which enables clinical and care staff to view real-time health and care information across care providers and between different systems. It is a secure IT system that brings together certain important information about patients who have used services provided by their GP, at a local hospital, community healthcare, social services or mental health teams. The Leeds Care Record has been developed in collaboration with partner organisations such as:-
 Leeds Teaching Hospitals Trust, Leeds Community Healthcare Trust, Leeds and York Partnership Foundation Trust, Yorkshire Ambulance Service, Leeds CCG, Leeds City Council, St Gemma's Hospice and Wheatfields Hospice
 A benefits review and evaluation has recently been concluded. Interviews or workshops were set up with selected stakeholders, including patients, to identify the current benefits associated with the rollout of the Leeds Care Record.
 Benefits include:-
 Primary Care:
 • Improved patient consultation: Better consultation due to rich patient record from other care settings.
 • Improved Patient education: GP can show and explain their x-rays or scans.
 • Safer patient journey: Higher quality diagnosis and treatment plan. Quicker medicines reconciliations.
 • Provides information on care home patients: LCR can provide useful patient history.
 • Outpatient appointment saved: Patients not aware of a hospital appointment until informed by the practice.
 • Effective multi-disciplinary meetings: GPs to be more informed and prepared for multidisciplinary meetings.
 • More accurate decisions, in less time: Allows GP to make more accurate decisions in less time.
 Community Healthcare:
 • Better quality assessment for patients: Staff can make quick decisions during home visits and assessments.
 • Improved Patient Safety: Check current medication against hospital eDAN and changes the GP has made which are recorded in the encounter/observations on the GP tab.
 • Saves hospital appointment: Enables staff to make a quicker decision regarding the referral from a GP or AHP.
 • A&E visit saved – Primary Care Access Line decision can be viewed in LCR

Where this example is relevant to a scheme / service type, please select the main service type alongside or a brief description if this is "Other".

Scheme/service type	Enablers for Integration
Brief outline if "Other (or multiple schemes)"	

Where this example is relevant to progressing a particular Enabler for Integration (from the SCIE Integration Logic Model), please select the main enabler alongside.

SCIE Enablers list	3. Integrated electronic records and sharing across the system with service users
Brief outline if "Other"	

Better Care Fund Template Q4 2019/20

7. Winter Pressures Grant

Selected Health and Wellbeing Board:

Leeds

In 2019/20, the Winter Pressures Grant was planned and pooled in the BCF. Please report on the actual spend and outputs (Hours of Care, Packages, Placements and Beds) funded through the Winter Pressures Grant.

WP Grant Expenditure

Scheme Type	Planned Expenditure	Actual Expenditure (2019/20)
1 Assistive Technologies and Equipment	£ -	
2 Care Act Implementation Related Duties	£ -	
3 Carers Services	£ 40,000	
4 Community Based Schemes	£ 155,000	£ 270,000
5 DFG Related Schemes	£ -	
6 Enablers for Integration	£ 1,000,000	
7 HICM for Managing Transfer of Care	£ 1,522,729	
8 Home Care or Domiciliary Care	£ 292,000	£ 2,657,560
9 Housing Related Schemes	£ -	
10 Integrated Care Planning and Navigation	£ -	
11 Intermediate Care Services	£ 251,000	£ 383,169
12 Personalised Budgeting and Commissioning	£ -	
13 Personalised Care at Home	£ -	
14 Prevention / Early Intervention	£ -	
15 Residential Placements	£ -	
16 Other	£ 50,000	
Winter Pressures Grant Total Spend	£ 3,310,729	£ 3,310,729

WP Grant Outputs

	Hours of Care	Packages	Placements	Beds
Total Planned Outputs	-	50.0	-	-
Total Actual Outputs (based on the total actual WPG spend reported above)	154,195.0	197.0	-	-

Please describe any significant changes to the planned approach for the use of the Winter Pressures Grant, either in terms of spend on specific schemes or on the delivery of outputs.

Please also confirm the agreement by LAs and CCGs to these changes and the involvement of local acute trusts.

Priorities changed through the year as home care volumes continued to rise in excess of projections.

Better Care Fund Template Q4 2019/20

8. Income and Expenditure

Selected Health and Wellbeing Board:

Income

		2019/20	
Disabled Facilities Grant	£ 7,302,720		
Improved Better Care Fund	£ 27,399,640		
CCG Minimum Fund	£ 55,238,834		
Winter Pressures Grant	£ 3,310,729		
Minimum Sub Total		£ 93,251,923	
		Planned	Actual
CCG Additional Fund	£ 523,826		Do you wish to change your additional actual CCG funding? No
LA Additional Fund	£ 2,462,000		Do you wish to change your additional actual LA funding? No
Additional Sub Total		£ 2,985,826	£ 2,985,826
		Planned 19/20	Actual 19/20
Total BCF Pooled Fund		£ 96,237,749	£ 96,237,749

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2019/20	N/A
--------------------------------------------------------------------------------------------------------------------------------------------	-----

Expenditure

	2019/20
Plan	£ 96,237,749

Do you wish to change your actual BCF expenditure? No

Actual

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2019/20	N/A
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Better Care Fund Template Q4 2019/20

9. Year End Feedback

Selected Health and Wellbeing Board:

Leeds

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	There was already a well established, strong relationship between health and social care in Leeds. The realignment of the BCF to the System Resilience Assurance Board has added a greater focus, and a clear plan to release some of the savings within the Leeds BCF Plan.
2. Our BCF schemes were implemented as planned in 2019/20	Agree	Our schemes have been implemented as planned.
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality	Agree	There was already a well established health and wellbeing structure in place before BCF. The Leeds Health and Care system has struggled to ensure a focus on and delivery of the ambitions within the Leeds BCF Plan, but has enjoyed support and backing from the Health and Wellbeing Board to achieve this.
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions	Agree	The BCF process has prompted more focus onto NEAs and the number of NEAs is below plan.
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	The BCF process has prompted more focus onto DToCs and whilst issues remain, significant progress has been made. The Spring Budget monies have also helped Adult Social Care related DToCs keep consistently under target. The Newton Europe and CQC reviews have also provided valuable insight in helping to address a number of issues.
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	The introduction of a 4 hour pick up by Reablement has significantly improved the performance against this metric.
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Admission rates to, and number of people within, Residential Care continue to reduce together with a reduction in our preferred measure of bed weeks consumed. The good recovery offer and clearer understanding and access to these pathways, together with a system wide focus on not discharging direct from hospital to residential care have contributed significantly to this continued improved trajectory.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	3. Integrated electronic records and sharing across the system with service users	The Leeds Care Record. This is a joined-up digital care record which enables clinical and care staff to view real-time health and care information across care providers and between different systems.
Success 2	6. Good quality and sustainable provider market that can meet demand	Community Beds Strategy Leeds implemented a new Community Care Bed strategy during 2017-18. Following a re-procurement exercise, the new Community Care Bed Service became operational on 1st November 2017. Capacity was increased to 227 beds across seven bed bases.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	Other	Reducing delayed transfers of care
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Ongoing lack of nursing staff - particularly in relation to dementia and nursing home placements for complex dementia. Remain up to 50 Nursing beds short for demands within the Leeds system at present.

Footnotes:

Question 8 and 9 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care
- Other

Better Care Fund Template Q4 2019/20

10. Additional Improved Better Care Fund

Selected Health and Wellbeing Board:

Additional improved Better Care Fund Allocation for 2019/20:

Section A

Distribution of 2019-20 additional iBCF funding by purpose:

What proportion of your additional iBCF funding for 2019/20 have you allocated towards each of the three purposes of the funding?

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported	Total: Percentages must sum to 100% exactly
A1) Please enter the amount you have designated for each purpose as a percentage of the total additional iBCF funding you have been allocated for the whole of 2019-20. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. You must ensure that the sum of the percentage figures entered sums to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.	37%	63%	0%	100.0%

Section B

We want to understand how much additional capacity you have been able to purchase or provide in 2019/20 as a direct result of your additional iBCF funding allocation for 2019-20. Where the iBCF has not provided any such additionality, we want to understand why this is the case. Recognising that figures will vary across areas due to wider budget and service planning assumptions, please provide the following:

	a) The number of home care packages provided in 2019-20 as a result of your additional iBCF funding allocation	b) The number of hours of home care provided in 2019-20 as a result of your additional iBCF funding allocation	c) The number of care home placements for the whole of 2019-20 as a result of your additional iBCF funding allocation
B1) Please provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided as a direct result of your additional iBCF funding allocation for 2019-20. The figures you provide should cover the whole of 2019/20. Please use whole numbers with no text. If you have a nil entry please enter 0 in the appropriate box and do not leave a blank cell.	0	0	0
B2) If you have not increased the number of packages or placements (i.e. have answered question B1 with 3 zeros), please indicate the main area that you have spent your additional iBCF funding allocation for 2019-20. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.	Partnership working with other organisations / voluntary sector		
B3) If you have answered question B2 with 'Other', please specify. Please do not use more than 50 characters.			

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Leeds Health and Wellbeing Board



Report author: Judith Williams (Head of Corporate Reporting & Strategic Financial Planning, NHS Leeds CCG) on behalf of the Directors of Finance Group

Report of: Leeds Health and Care Partnership Executive Group (PEG)

Report to: Leeds Health and Wellbeing Board

Date: 30th September 2020

Subject: Leeds Health and Care Quarterly Financial Reporting

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

Summary of main issues

This report provides the Health and Wellbeing Board with an overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide financial report (Appendix 1). Key system headlines:

- NHS organisations are operating under a revised financial regime due to the covid pandemic. These arrangements currently apply until the end of September, and aim to ensure that NHS organisations retain a balanced position during this period. The arrangements that will be in place after 30th September 2020 are not yet finalised.
- Therefore NHS organisations are working on actual spend to date, and are unable to provide a full year forecast at this point. So quarter 1 actuals and year to date at the end of August are provided. All the NHS organisations are anticipating a year to date balanced position, but the August figures are subject to confirmation.
- Leeds City Council's (LCC) Children's Social Care, Adults Social Care and Public Health figures are for quarter 1 and a full year forecast, these figures are also heavily affected by the Covid pandemic. LCC is showing a deficit against plan of £3.3m as at end of June 2020, and forecasting a deficit of £9.4m at the end of the financial year.

Recommendations

The Health and Wellbeing Board is asked to:

Note the 2020-21 April to June partner organisation financial positions and the current uncertainty in the system

1 Purpose of this report

- 1.1 This report provides the Health and Wellbeing Board with a brief overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide quarterly financial report (Appendix 1). This report is for the period ending June 2020.
- 1.2 Together, this financial information and associated narrative aims to provide a greater understanding of the collective and individual financial performance of the health and care organisations in Leeds. This provides the Health and Wellbeing Board with an opportunity to direct action which will support an appropriate and effective response
- 1.3 This paper supports the Board's role in having strategic oversight of both the financial sustainability of the Leeds health and care system and of the executive function carried out by the Partnership Executive Group (PEG).

2 Background information

- 2.1 The financial information contained within this report has been contributed by Directors of Finance from Leeds City Council (LCC), Leeds Community Healthcare Trust (LCH), Leeds Teaching Hospital Trust (LTHT), Leeds and York Partnership Trust (LYPFT) and NHS Leeds Clinical Commissioning Group (CCG).

3 Main issues

- 3.1 NHS organisations are operating under a revised financial regime due to the Covid pandemic. These arrangements currently apply until the end of September, and aim to ensure that NHS organisations retain a balanced position during this period. The arrangements that will be in place after 30th September 2020 are not yet finalised
- 3.2 Therefore NHS organisations are working on actual spend to date, and are unable to provide a full year forecast at this point. So quarter 1 actuals and year to date at the end of August are provided. All the NHS organisations are anticipating a year to date balanced position, but the August figures are subject to confirmation.
- 3.3 Leeds City Council's (LCC) Children's Social Care, Adults Social Care and Public Health figures are for quarter 1 and a full year forecast, these figures are also heavily affected by the Covid pandemic. LCC is showing a deficit against plan of £3.3m as at end of June 2020, and forecasting a deficit of £9.4m at the end of the financial year.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 Development of the Leeds health & care quarterly financial report is overseen by the Directors of Finance and equivalents from Leeds City Council, Leeds Community Healthcare Trust, Leeds Teaching Hospital Trust, Leeds and York Partnership Trust and the Leeds Clinical Commissioning Group.

4.1.2 Individual organisations engage with citizens through their own internal process and spending priorities are aligned to the Leeds Health and Wellbeing Strategy 2016-2021, which was developed through significant engagement activity.

4.2 Equality and diversity / cohesion and integration

4.2.1 Through the Leeds health & care quarterly financial report we are better able to understand a citywide position and identify challenges and opportunities across the health and care system to contribute to the delivery of the vision that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest', which underpins the Leeds Health and Wellbeing Strategy 2016-2021.

4.3 Resources and value for money

4.3.1 The Health and Wellbeing Board has oversight of the financial stability of the Leeds system with PEG committed to using the 'Leeds £', our money and other resources, wisely for the good of the people we serve in a way in which also balances the books for the city. Bringing together financial updates from health and care organisations in a single place has multiple benefits; we are better able to understand a citywide position, identify challenges and opportunities across the health and care system and ensure that people of Leeds are getting good value for the collective Leeds £.

4.4 Legal Implications, access to information and call In

4.4.1 There is no access to information and call-in implications arising from this report.

4.5 Risk management

4.5.1 The Leeds health & care quarterly financial report outlines the extent of the financial challenge facing the Leeds health and care system. These risks are actively monitored and mitigated against, through regular partnership meetings including the Citywide Director of Finance group and reporting to the PEG and other partnership groups as needed. Furthermore, each individual organisation has financial risk management processes and reporting mechanisms in place.

5 Conclusions

5.1 There are significant challenges and risks across the system. There is a lot of uncertainty in the system at the current time due to the Covid pandemic and particularly around the revised financial regime for NHS organisations which will be in place after 30th September 2020. Leeds City Council also faces pressures in relation to the Covid pandemic and is forecasting a deficit position at year end.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the 2020-21 April to June partner organisation financial positions and the current uncertainty in the system

7 Background documents

None

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How does this help reduce health inequalities in Leeds?

An efficient health and care system in financial balance enables us to use resources more effectively and target these in areas of greatest need

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

Driving up quality depends on having the resources to meet the health and care needs of the people of Leeds. Spending every penny wisely on evidence based interventions and ensuring we have an appropriate workforce and can manage our workforce effectively promotes system-wide sustainability

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

It maintains visibility of the financial position of the statutory partners in the city

Future challenges or opportunities

Future updates will be brought to the Health and Wellbeing Board as requested and should be factored into the work plan of the Board.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
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	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

Quarterly Finance Report to Leeds Health and Wellbeing Board

A. Quarter 1 (April to June financial position for 2020-21)

A1 City Summary

NHS organisations are operating under a revised financial regime due to the covid pandemic. These arrangements currently apply until the end of September, and aim to ensure that NHS organisations retain a balanced position during this period. The arrangements that will be in place after 30th September 2020 are not yet finalised

Therefore NHS organisations are working on actual spend to date, and are unable to provide a full year forecast at this point. So quarter 1 actuals and year to date at the end of August are provided. All the NHS organisations are anticipating a year to date balanced position, but the August figures are subject to confirmation.

Leeds City Council's (LCC) Children's Social Care, Adults Social Care and Public Health figures are for quarter 1 and a full year forecast, these figures are also heavily affected by the covid pandemic. LCC is showing a deficit against plan of £3.3m as at end of June 2020, and forecasting a deficit of £9.4m at the end of the financial year

City Summary

3 months ended 30th June 2020	Total Income/Funding			Pay Costs			Other Costs			Total Costs			Net surplus/(deficit)		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Leeds City Council	162.7	165.5	2.8	40.1	39.9	- 0.2	122.6	129.0	6.3	162.7	168.9	- 6.2	-	- 3.3	- 3.3
Leeds Community Healthcare Trust		43.1	43.1		30.3	30.3		12.8	12.8	-	43.1	- 43.1	-	-	-
Leeds Teaching Hospitals NHS Trust		368.7	368.7		211.3	211.3		157.4	157.4	-	368.7	- 368.7	-	-	-
Leeds & York Partnership Foundation Trust		45.8	45.8		32.6	32.6		13.2	13.2	-	45.8	- 45.8	-	-	-
Leeds CCG		327.0	327.0		4.4	4.4		322.6	322.6	-	327.0	- 327.0	-	-	-

	Total Income/Funding			Pay Costs			Other Costs			Total Costs			Net surplus/(deficit)		
	Plan	Forecast	Var	Plan	Forecast	Var	Plan	Forecast	Var	Plan	Forecast	Var	Plan	Forecast	Var
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Leeds City Council FULL YEAR FORECAST	362.4	373.8	11.4	58.4	57.5	- 0.9	304.0	325.7	21.7	362.4	383.2	- 20.8	-	- 9.4	- 9.4
Year to date - 5 months ended August 2020 for NHS organisations:															
Leeds Community Healthcare Trust		71.6	71.6		49.9	49.9		21.7	21.7	-	71.6	- 71.6	-	-	-
Leeds Teaching Hospitals NHS Trust		610.9	610.9		351.9	351.9		258.9	258.9	-	610.9	- 610.9	-	-	-
Leeds & York Partnership Foundation Trust		76.8	76.8		54.5	54.5		22.3	22.3	-	76.8	- 76.8	-	-	-
Leeds CCG		553.1	553.1		7.4	7.4		545.7	545.7	-	553.1	553.1	-	-	-

A2 – Organisational commentary on Quarter 1 position

a. Leeds City Council

The numbers quoted above relate solely to Adult Social Care, Children’s Social Care and Public Health.

The figures are heavily influenced by the covid pandemic. The variances include the receipt and expenditure of government funding i.e. test and trace and infection control as well as early discharge funding. There is a significant uncertainty over costs for the remainder of the year; even if no second wave appears, the usual (and major areas of cost) demand trends have been significantly affected.

b. Leeds Community Healthcare Trust

Costs include £570k of additional Covid-19 related expenditure to the end of Q1. Forecast to the end of August includes £752k of Covid costs. It has been assumed that the current top up regime continues to the end of August. The August position has still to be reviewed therefore the position reported here is M04 actuals plus forecast for M05

c. Leeds Teaching Hospitals Trust

Due to the impact of Covid-19 on NHS services, amended financial arrangements have been put in place by the Department of Health and Social Care (DHSC) for the six month period of 1st April to 30th September 2020. These arrangements are to ensure that trusts retain a balanced financial position during this period. The arrangements that will be in place after 30th September 2020 are not yet finalised.

3 Months Ended 30th June 2020

In June Leeds Teaching Hospitals NHS Trust reported income and expenditure to date of £368.7 million resulting in a break even position in line with NHS England / Improvement (NHSE/I) national guidance. Expenditure (and income) to date includes £32.6 million of costs associated with the Covid-19 pandemic, £18.7 million relating to the Leeds Teaching Hospitals main sites and £13.9 million relating to the construction of the NHS Nightingale Hospital Yorkshire and the Humber facility.

Year to Date - 5 months ended 31st August 2020

In August Leeds Teaching Hospitals NHS Trust reported income and expenditure to date of £610.9 million resulting in a break even position in line with NHS England / Improvement (NHSE/I) national guidance. Expenditure (and income) to date includes £45 million of costs associated with the Covid-19 pandemic, £31.6 million relating to the Leeds Teaching Hospitals main sites and £13.4 million relating to the construction of the NHS Nightingale Hospital Yorkshire and the Humber facility.

The reduction in costs associated with NHS Nightingale is due to estimated construction costs being included in the financial position in the earlier part of the year. Contractor estimates have been replaced with actual costs in the latter months.

Other Comments

At an Extraordinary Board meeting on 29th March 2020, Leeds Teaching Hospitals NHS Trust agreed to a request from NHS England to host the NHS Nightingale Hospital Yorkshire and the Humber, including the building and operation of the facility.

d. Leeds and York Partnership Trust

In line with the COVID interim financial framework LYPFT have reported a balanced I&E position at Q1 and month 5.

e. NHS Leeds CCG

NHS Leeds CCG is reporting a balanced position at end of June (Quarter 1) and at end of August (Month 5), under the current financial regime. August figures are subject to confirmation. Costs include £5.8m of covid related expenditure at end of June, and the position at the end of August includes covid related expenditure of £14.4m

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Leeds Health and Wellbeing Board



Report author: Arfan Hussain (Health Partnerships Team)

Report of: Tony Cooke (Chief Officer, Health Partnerships)

Report to: Leeds Health and Wellbeing Board

Date: 30 September 2020

Subject: Connecting the wider partnership work of the Leeds Health and Wellbeing Board

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

Summary of main issues

This report provides a summary of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). The report gives an overview of key pieces of work across the Leeds health and care system, including:

- Reducing health and care inequalities for some of our most vulnerable populations: Priority Neighbourhoods and for our street based populations
- Shaping a Leeds for future generations
- Coronavirus:
 - Impact of coronavirus on health inequalities in Leeds
 - Learning from responding to the coronavirus
 - Experience of care homes
 - Leeds System Resilience Plan Update

Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the report.

1 Purpose of this report

- 1.1 The purpose of this report is to provide a public account of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). It contains an overview of key pieces of work directed by the HWB and led by partners across the Leeds health and care system.

2 Background information

- 2.1 Leeds Health and Wellbeing Board provides strategic leadership across the priorities of our Leeds Health and Wellbeing Strategy 2016-2021, which is about how we put in place the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. We want Leeds to be the best city for health and wellbeing. A healthy and caring city for all ages, where people who are the poorest improve their health the fastest. This strategy is our blueprint for how we will achieve that.
- 2.2 National guidance states that: to make a real difference for the people they serve, Health and Wellbeing Boards need to be agents of change¹. With good governance, the Leeds Health and Wellbeing Board can be a highly effective ‘hub’ and ‘fulcrum’ around which things happen.
- 2.3 This means that the HWB is rightly driving and influencing change outside of the ‘hub’ of public HWB meetings. In Leeds, there is a wealth and diversity of work that contributes to the delivery of the Strategy.
- 2.4 Given the role of HWBs as a ‘fulcrum’ across the partnership, this report provides an overview of key pieces of work of the Leeds health and care partnership, which has been progressed through HWB workshops and wider system events.

3 Main issues

- 3.1 The Health and Wellbeing Board convened a Board to Board session on 11 March 2020 and 09 July 2020. These sessions bring together a larger number of health and care partners (50+) to discuss key strategic topics, share perspectives and progress collective actions to support the delivery of the Leeds Health and Wellbeing Strategy. This approach is unique to Leeds and ensures that everyone is joined up and working towards the same goals for the city and for our citizens.
- 3.2 In Leeds our health and care system leaders are committed to a city first and organisation second approach at all levels through the following principals of approach:

¹ *Making an impact through good governance – a practical guide for Health and Wellbeing Boards*, Local Government Association (October 2014)

Principles of our approach		In everything we do
<p>We start with people Working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.</p>	<p>We deliver Prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.</p>	<p>We are Team Leeds Working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.</p>

Leeds Health and Wellbeing Board: Board to Board Session (11 Mar 2020)

3.3 At this session the following areas were discussed:

Reducing health and care inequalities for some of our most vulnerable populations: Priority Neighbourhoods

3.4 HWB: Board to Board received an overview of how Priority Neighbourhoods, LCPs and Children's locality arrangements and how they are working closer as one system to improve the health of the poorest the fastest.

3.5 During HWB: Board to Board discussions, the wider health and care system through their organisations and existing partnership/board groups agreed the following:

- Recognition that the investment into locality arrangements provides the opportunity to influence a broader set of resources in terms of workforce and wider budgets of organisations.
- Work to engage with the private sector, particularly, SMEs in communities, to tackle poverty and health inequalities by maximising opportunities through the Inclusive Growth Strategy and Industrial Strategy.
- A continued commitment to ensure that priority neighbourhoods, LCPs and clusters continue to work closer together and with local communities to have a clear shared approach.

Powering our Partnership: Reducing health and care inequalities for and with our street based population

3.6 HWB: Board to Board received an overview of the challenges facing our street based populations and opportunities for the city to work in a more integrated way to improve outcomes and the opportunities to develop this further through a city wide summit.

3.7 During HWB: Board to Board discussions, the wider health and care system through their organisations and existing partnership/board groups agreed to:

- Support for health and care system leaders to work with Safer Leeds in shaping and contributing to the city wide summit on the cross cutting street based population agendas.

- Ensure that the citywide summit brings in the voices of people from street based populations.
- Take into account and explore how mainstream services can support street based populations in the appropriate partnership boards / groups.

Shaping a Leeds for future generations

3.8 At previous HWB: Board to Board sessions, attendees had agreed the need to create the space at future sessions for moving the system beyond the important short term challenges to better understand the longer term strategic challenges faced by the city. HWB Board to Board welcomed back Prof. Paul Stanton who building on his previous presentation in Dec 2019, spoke on the strengths and challenges of Leeds and our opportunities for further progress in challenging times. This covered:

- Leeds having a firm basis for excellence and deepening integration through a strong health and care system that is driven by a proactive Health and Wellbeing Board and outstanding organisations.
- Strengthening and mainstreaming Third Sector involvement as a strategic driver alongside the Leeds Health and Wellbeing Strategy, Inclusive Growth Strategy and Climate Change.
- Strengthening the focus on locality working and Leeds Left Shift.
- Mainstreaming excellence in prevention and integration of health and care.
- Building on and strengthening our approach to Priority Neighbourhoods and improving the health of the poorest the fastest through the Industrial Strategy, Inclusive Growth Strategy and co-developing existing or new forms of health assets (e.g. green/blue spaces, culturally enriching/celebrating local communities).
- Developing a clear 'road map' to integration and seamless journeys of care.

3.9 HWB: Board to Board agreed for these series of presentations to be used to inform future health and care strategy and plans.

Leeds Health and Wellbeing Board: Board to Board Session (09 July 2020)

3.10 HWB: Board to Board had focused discussions around readying the health and care system to respond to the coronavirus on 11 March 2020 with the full session on 09 July 2020 focused on its impact as a city. The session covered the following areas:

How have people of Leeds been impacted by the coronavirus?

3.11 HWB: Board to Board received an overview of the impact of coronavirus on health inequalities in Leeds. This included:

- Hearing the experiences faced by third sector organisations and of BAME communities in Leeds through Shanaz Gul ([Hamara](#)) and Heather Nelson ([Black Health Initiative](#)).
- Overview of key headlines of the impact of coronavirus on health inequalities.

- How Leeds is embracing tackling health inequalities as the primary lens to consider reset; the 'new normal'; and beyond through partnership boards / groups and the newly established Tackling Health Inequalities Group.

3.12 During HWB: Board to Board discussions, the wider health and care system through their organisations and existing partnership boards / groups agreed the following:

- The next iteration of the Leeds Health and Care Integrated Commissioning Framework to explore a different way of commissioning as a system that responds to inequalities, particularly those facing people from BAME communities.
- Leeds Anchors Network to develop how they support, work with, enable and create aspiration and opportunities in communities facing the highest inequalities.
- Leeds Workforce Board and Leeds Health and Care Academy to explore actions to improve representation and support for people from BAME communities at all levels of the health and care system.
- All boards / groups challenging themselves around inclusion, diversity and decision making with people with lived experience.
- Agreement to:
 - Ensure representatives on the Tackling Health Inequalities Group are supported.
 - Ensure future actions and conversations in relation to health inequalities are rooted in community participatory conversations with those most affected.
 - Ensure action on this issue within each organisation, includes engagement with communities; resource realignment; strategic commissioning (where relevant); service provision (where relevant).
 - Jointly commit to collective actions across the system.
 - Use a Health Inequalities Impact tool for all reset work and future planning
 - Ensure that ethnicity data is collected and recorded comprehensively.

What can we learn about how we have responded as a health and care system?

3.13 HWB: Board to Board received an overview of learning to date from responding to the coronavirus as a health and care system. This included key approaches that had a positive impact and case study examples from the Leeds Mental Wellbeing Service and Leeds Teaching Hospitals Trust.

3.14 During HWB: Board to Board discussions, the wider health and care system through their organisations and existing partnership boards / groups agreed the following:

- Work to shape the culture change needed to meet the challenges and maximise the opportunities ahead.
- Identified the following as 'top opportunities' to build on and further embed as a system from learning to date:
 - Keep focused on developing partnerships / maintaining newly formed partnerships with a clear and galvanising purpose.

- Continue to enable staff and citizens to flourish by maintaining more agile, innovative and creative ways of working.
- Bring together work happening across the city to ensure people are digitally included.
- Continue to improve information flow – finding appropriate ways to unblock issues to support integrated working at all levels.

Experience of people in care homes

3.15 HWB: Board to Board received an overview of the experience of the care homes sector, which included:

- An overview of the Healthwatch Leeds report on the impact of the coronavirus on care homes, 'What are relatives of care home residents in Leeds are saying about their family member's emotional wellbeing' (June 2020) highlighting the:
 - Vital role of families in terms of support to residents – practical and emotional
 - Huge impact on emotional wellbeing of not being able to see relatives
 - Challenges for people with dementia or visual/hearing impairments
 - Absolute importance of communication between care homes and relatives
- An overview of the impact of COVID-19 on the care home market, the support provided and the challenges to sustainability going forward.

3.16 HWB: Board to Board emphasised the importance of the health and care system in ensuring a sustainable and well supported care home model for Leeds and enabling this through the appropriate partnership boards / groups.

System resilience

3.17 HWB: Board to Board received an overview and update from West Yorkshire & Harrogate Integrated Care System (WYH ICS) and the Leeds System Resilience Plan on current and future planning in responding the coronavirus. This included:

- A review across WYH ICS is occurring around the impact on people from BAME communities during 2020.
- Overview of the NHSE financial planning implications for Leeds and financial impact on Leeds City Council.
- Overview of the Leeds Multi-Agency Arrangements for COVID-19 with Health and Social Care Gold undertaking the remit of the System Resilience Assurance Board.
- Overview of the Leeds System Resilience Plan and planning for winter 2020/21 around demand, workforce and other areas in the context of coronavirus from health and care partners.

3.18 HWB: Board to Board agreed to continue to support the development and delivery of the Leeds System Resilience Plan using learning to date on how the system responded to the coronavirus.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Health and Wellbeing Board has made it a city-wide expectation to involve people in the design and delivery of strategies and services. A key component of the development and delivery of each of the pieces of work for the HWB: Board to Board session is ensuring that consultation, engagement and hearing citizen voice is occurring.

4.2 Equality and diversity / cohesion and integration

4.2.1 Each of the pieces of work highlighted in this report, through the strategic direction of the Health and Wellbeing Board, is aligned to priorities of our Leeds Health and Wellbeing Strategy 2016-2021 and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

4.2.2 Any future changes in service provision arising from work will be subject to governance processes within organisations to support equality and diversity.

4.3 Resources and value for money

4.3.1 Each of the pieces of work highlighted in this report evidences how the Leeds health and care system are working collectively with the aim of spending the Leeds £ wisely under the strategic leadership of the HWB. The volume of partnership working is testament to the approach taken – sharing or integrating resources, focusing on outcomes and seeking value for money as part of its long term commitment to financial sustainability.

4.4 Legal Implications, access to information and call In

4.4.1 There are no legal, access to information or call in implications arising from this report.

4.5 Risk management

4.5.1 Risks relating to each piece of work highlighted is managed by relevant organisations and boards/groups as part of their risk management procedures.

5 Conclusions

5.1 In Leeds, there is a wealth and diversity of work and initiatives that contribute to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021 which is a challenge to capture through public HWB alone. This report provides an overview of key pieces of work of the Leeds health and care system, which has been progressed through HWB workshops and events with members.

5.2 Each piece of work highlights the progress being made in the system to deliver against some of our priorities and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the report.

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?

Each of the pieces of work highlighted in this report, through the strategic direction of the Health and Wellbeing Board, is aligned to priorities of our Leeds Health and Wellbeing Strategy 2016-2021 and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

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

National guidance states that: to make a real difference for the people they serve, Health and Wellbeing Boards need to be agents of change. The Leeds Health and Wellbeing Board is rightly driving and influencing change outside of the ‘hub’ of public HWB meetings to ensure that the wealth and diversity of work in Leeds contributes to the delivery of the Strategy. The Board is clear in its leadership role in the city and the system, with clear oversight of issues for the health and care system.

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

Each of the pieces of work highlighted in this report evidences how the Leeds health and care system are working collectively with the aim of spending the Leeds £ wisely under the strategic leadership of the HWB. The volume of partnership working is testament to the approach taken – sharing or integrating resources, focusing on outcomes and seeking value for money as part of its long term commitment to financial sustainability.

Future challenges or opportunities

In the wealth and diversity of work there is an ongoing opportunity and challenge to ensure that the Board, through its strategic leadership role, contributes to the delivery of the Strategy in a coordinated and joined up way that hears the voices of our citizens and workforce.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
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	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

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