



## HEALTH AND WELLBEING BOARD

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Meeting to be held in Room 408, The Rose Bowl, Leeds Beckett University,  
Portland Crescent, Leeds LS1 3HB on  
Monday, 20th February, 2017 at 9.45 am

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### MEMBERSHIP

#### **Councillors**

|                     |          |         |
|---------------------|----------|---------|
| R Charlwood (Chair) | S Golton | G Latty |
| D Coupar            |          |         |
| L Mulherin          |          |         |

#### **Representatives of Clinical Commissioning Groups**

|                    |                              |
|--------------------|------------------------------|
| Dr Jason Broch     | NHS Leeds North CCG          |
| Dr Andrew Harris   | NHS Leeds South and East CCG |
| Dr Gordon Sinclair | NHS Leeds West CCG           |
| Nigel Gray         | NHS Leeds North CCG          |
| Matt Ward          | NHS Leeds South and East CCG |
| Phil Corrigan      | NHS Leeds West CCG           |

#### **Directors of Leeds City Council**

Dr Ian Cameron – Director of Public Health  
Cath Roff – Director of Adult Social Services  
Steve Walker – Director of Children’s Services

#### **Representative of NHS (England)**

Moira Dumma - NHS England

#### **Third Sector Representative**

Kerry Jackson – St Gemma’s Hospice

#### **Representative of Local Health Watch Organisation**

Lesley Sterling-Baxter – Healthwatch Leeds  
Tanya Matilainen – 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

## A G E N D A

| Item No | Ward/Equal Opportunities | Item Not Open |  | Page No |
|---------|--------------------------|---------------|--|---------|
| 1       |                          |               | <p><b>WELCOME AND INTRODUCTIONS</b></p>  |         |
| 2       |                          |               | <p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></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><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></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><b>RESOLVED</b> – 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

## **OPEN FORUM**

At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Health and Wellbeing Board. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.

8

## **MINUTES**

To approve the minutes of the previous Health and Wellbeing Board meetings held on 20<sup>th</sup> October 2016 and 24<sup>th</sup> November 2016 as a correct record.

1 - 14

9

## **INTRODUCING THE LEEDS COMMITMENT TO CARERS**

To consider the report of Leeds Carers Partnership on the Leeds Commitment to Carers which sets out what being the best city for carers could look like. It includes a series of carer and organisational statements as well as recognising the Leeds Carers Partnership as a key strategic influencer and champion.

15 -  
56

**REDUCING HEALTH INEQUALITIES THROUGH INNOVATION AND SYSTEM CHANGE**

To consider the report of the Head of Health Innovation, Leeds Health Partnerships. Innovation and system change provide a key means through which the reduction of health inequalities will be delivered. This paper therefore sets the scene for a short series of presentations to the Health and Wellbeing Board on the key issues and opportunities to be addressed in an effective programme of delivery. It includes an overview of the scale of the health inequality in Leeds and the role of economic growth, the Leeds Digital Strategy and investment through partnership.

**DATE AND TIME OF NEXT MEETING**

To note the date and time of the next meeting as Thursday 20<sup>th</sup> April 2017 at 9:30am (with a pre-meeting for Board members from 9:00am)

**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.

# Public Document Pack Agenda Item 8

## HEALTH AND WELLBEING BOARD

THURSDAY, 20TH OCTOBER, 2016

**PRESENT:** Councillor R Charlwood in the Chair

Councillors D Coupar, S Golton, G Latty  
and L Mulherin

### **Representatives of Clinical Commissioning Groups**

|                    |                              |
|--------------------|------------------------------|
| Dr Jason Broch     | NHS Leeds North CCG          |
| Dr Andrew Harris   | NHS Leeds South and East CCG |
| Dr Gordon Sinclair | NHS Leeds West CCG           |
| Nigel Gray         | NHS Leeds North CCG          |
| Matt Ward          | NHS Leeds South and East CCG |

### **Directors of Leeds City Council**

Dr Ian Cameron – Director of Public Health  
Cath Roff – Director of Adult Social Services  
Sue Rumbold – Chief Officer, Children’s Services

### **Representative of NHS (England)**

Brian Hughes - NHS England

### **Third Sector Representative**

Kerry Jackson – St Gemma’s Hospice

### **Representative of Local Health Watch Organisation**

Lesley Sterling-Baxter – Healthwatch Leeds

### **Representatives of NHS providers**

Dawn Hanwell - Leeds and York Partnership NHS Foundation Trust  
Julian Hartley - Leeds Teaching Hospitals NHS Trust  
Thea Stein - Leeds Community Healthcare NHS Trust

## **15 Welcome and Chair’s Opening Remarks**

The Chair welcomed all present to the meeting and took the opportunity to note the following matters:

**Nigel Richardson** – Councillor Charlwood noted the recent retirement of Nigel Richardson, former member of the Board and LCC Director of Children’s Services. Councillor Charlwood expressed her thanks to Nigel for his service to the City, particularly his success in transforming Children’s Services; and his work as a member of the Board.

### **Inspection Outcomes**

- a) St Gemma’s Hospice – Councillor Charlwood congratulated St Gemma’s Hospice on the outcome of a recent Inspection which rated the Hospice as “Outstanding”. Kerry Jackson responded that the outcome was a reflection of how the city and local community, including staff, commissioners and volunteers worked together and their relentless focus on the individual service user

- b) Leeds Teaching Hospital Trust – Councillor Charlwood congratulated the Trust on the outcome of a recent Inspection which rated the Trust as “Good” which she described as an outstanding achievement for an organisation of its size. Julian Hartley responded the outcome could be attributed to the “Leeds Way” adopted approach where the focus is on the patient right across the service. He expressed thanks for the support offered by staff and from across the Leeds health and social care system.

**16 Appeals against refusal of inspection of documents**

There were no appeals against the refusal of inspection of documents.

**17 Exempt Information - Possible Exclusion of the Press and Public**

The agenda contained no exempt information.

**18 Late Items**

No formal late items of business were added to the agenda.

**19 Declarations of Disclosable Pecuniary Interests**

No declarations of disclosable pecuniary interests were made.

**20 Apologies for Absence**

Apologies were received from Phil Corrigan, Cath Roff, Steve Walker, Moira Dumma, Tanya Matilainen and Sara Munro. The Chair welcomed Sue Rumbold (LCC Children’s Services) Brian Hughes (NHS England) and Dawn Hanwell (Leeds and York Health Partnership Trust) as substitutes.

**21 Open Forum**

No matters were raised by members of the public under the Open Forum.

**22 Minutes**

**RESOLVED** – To approve the minutes of the last meeting held 6<sup>th</sup> September 2016 as a correct record.

**23 Matters Arising**

No matters arising were identified.

**24 The Leeds Approach to Commissioning and Decommissioning**

Chris Dickinson, Head of Commissioning & Market Management, LCC Children’s Services and Rob Goodyear, Director of Commissioning (Partnerships & Performance), NHS Leeds North CCG, presented a report on the approach to commissioning and de-commissioning in Leeds.

The report identified the need to work towards a shared and integrated approach to commissioning in Leeds. This required the support of both the HWB Board and the Leeds Integrated Commissioning Executive (ICE). An overview of those areas where integration and/or similar approaches already existed and those areas where there are differences was provided along with future ambitions or work already in motion to achieve integration.

Rob Goodyear described the approach adopted by the Leeds CCGs, noting that until very recently, CCGs had undertaken annual commissioning and de-commissioning (C/DC) but that the latest NHS Guidance has moved this to two years. This is new guidance, which is not reflected in the paper. The 3 CCGs have developed a shared toolkit for 'commissioning for value' which took consideration of the LCC approach as an example of best practice. The Board received assurance that the Leeds CCG approach to C/DC would continue to learn from other parts of the system more experienced in de-commissioning and re-commissioning, was fit for purpose, and with engagement and consultation built in.

Chris Dickinson outlined the approach adopted by LCC, with differing commissioning cycles often set to budget setting cycles and some contracts set for 3 to 5 years with annual review discussions. LCC had an established approach to governance but sought to align with the Leeds CCGs.

A correction to page 11 was reported to properly reflect that the LCC budget was set by full Council, not Executive Board as stated.

The challenges were highlighted as being the budget reductions and the different commissioning cycles operated. In response to this, a new cross-services post of Deputy Director of Integrated Commissioning had been created to facilitate closer working across the CCGs and LCC Adult Social Services. Recruitment is underway to this post. Additionally, the CCGs had undertaken recent work looking at how they could operate as "one voice".

The Board broadly welcomed the approach outlined and the following key issues were discussed:

- Engagement with LCC community committees and the suggestion that General Practitioners could discuss local health issues with local ward Councillors in the first instance.
- Consideration of how commissioning could challenge and improve the Leeds health targets.
- Commissioning for outcomes is best practice - such as the commissioning of the drug and alcohol treatment service. Need to move to this being the default
- The focus on the Leeds £ whilst acknowledging procurement rules
- Recognition of the role of the Third Sector as both service provider and commissioner
- The balance of tensions between city-wide high-level decisions and local provider led consultation on C/DC
- A cost benefit analysis was required to ensure all partners share the same approach to C/DC
- The need for meaningful consultation with appropriate timeframes, noting a comment on the approach taken to the West Yorkshire STP
- The expectation that commissioners should have a common understanding of what engagement and consultation is and develop a shared engagement framework. The Chair suggested that this should be considered by PEG.

**RESOLVED -**

Draft minutes to be approved at the meeting  
to be held on Monday, 20th February, 2017

- a) The Board agreed that the current approach and future steps adequately supported the vision and role of the Board
- b) The Board identified two matters to refer to PEG to develop:
  - (i) the development of a shared consultation and engagement framework as an opportunity to progress towards a shared approach to commissioning and decommissioning.
  - (ii) opportunities for; and development of; joint procurement. With a report back to HWB on the outcome of those discussions in due course.
- c) The Board agreed to provide strategic direction for future progress towards a shared approach to commissioning and decommissioning.
- d) To take learning from best practice within the system and apply to future decision making.
- e) To support the Integrated Commissioning Executive to set system priorities for shared challenges and testing further integrated commissioning models.

## **25 Staying Focussed on the Wider Determinants of Health**

The Board considered the report of the Director of Public Health presented to prompt discussion and give direction to achieve continued focus on the wider determinants of health.

The report referenced Leeds' Anti-Poverty work programmes which indirectly supported most priorities within the Leeds Health and Wellbeing Strategy, the strongest links being with Priority 5 ( a strong economy with quality local jobs) and Priority 10 (Promote mental health and physical health equally). The report referenced existing work to tackle poverty and improve health. A copy of the report entitled 'Supporting Communities and tackling poverty update' considered by LCC Executive Board on 21st September 2016 was attached as appendix 1.

Dave Roberts, LCC Financial Inclusion Team, and Myrte Elbers, LCC Public Health, presented the report and identified the continuing link between poverty and health - financial worries continued to exacerbate mental health issues and the Public Health Team had a commitment to support the Money Advice Centre and enhance current provision.

Partners commented that the effects of poverty were reflected in the increased demand for their services. Discussions focussed on the following:

### **Key Workers**

- Leeds Community Healthcare staff had reported that, as they visited people at home to deliver services it would be useful to have access to a "4 Numbers you need" or "one portal" approach – in order to pass on information about clients in need to relevant organisations. HWB discussed this initiative, recognising the value of key workers being able to signpost and link into follow-on services

- Where a community health worker identified a client in need, they could pass details to their local ward Councillor who was publically accountable and could assume responsibility for engagement with and support for that individual
- A new portal for Mental Health advice had recently been launched

### **Funding and Resources**

- A comment was noted that certain areas of the city disproportionately required services, particularly primary care. Debt was a common theme impacting on health which could be dealt with through the developing social prescribing approach
- Frank discussions would be needed with communities to understand the funding that is available to ensure the areas of real need are properly resourced. The agreement of all parties is required to divert funding from one area to another
- Recognition that some communities have the capacity and ability to deliver for themselves and others don't

### **Service Links**

- The value of workshop type meetings where service providers can develop a much better awareness of each other's provision – such as a recent LCC Community Committee focussing on vulnerability.
- The links to the previous agenda item on commissioning for better outcomes. The Board noted the new Community Hub way of working was being rolled out across the city with various services based under one roof to allow better access to services and closer working between services. A comment that more health providers based in the Hubs would be welcomed was noted.

### **Economic activity and opportunity:**

- LTHT provision of apprenticeships was highlighted as a means of targeting the most disadvantaged localities in order to provide better quality opportunities.
- The role of the developing "Innovation District" was recognised, seeking to bring economic benefits to the area.
- Additionally, the HWB features some of Leeds' largest employers who could consider the opportunity to take on apprentices and staff from Leeds most deprived communities when recruiting to the health and care workforce Information on the number of staff from Leeds postcodes was requested.

### **The whole family approach**

- One in five Leeds' children live in poverty. The LCC Early Years Team included Leeds Community Health officers and focussed on the child and the whole family's wellbeing.
- Supporting parents back to work would lift families out of poverty.

### **The role of Non-Medical and Social Prescribing Solutions**

- Discussions focused on crisis/preventing crisis before it happened and HWB noted a suggestion for HWB to support work on the theme of 'relationships' – identified as a key issue
- Figures on the impact of social prescribing were requested – have savings been made and can the savings be re-invested into services?
- The over-medicalisation of people presenting with issues when health services may not be appropriate

In conclusion, the Board recognised the links between the work focussing on the wider determinants of health and the Annual Report from the Director of Public Health; and also identified the need for the Leeds and the West Yorkshire STPs to retain the same focus

**RESOLVED -**

- a) To note the contents of Appendix 1 – the supporting communities and tackling poverty update to Executive Board - and information on initiatives being undertaken around poverty to improve health and reduce inequalities.
- b) In response to the questions put to the Board in the reports' recommendations relating to how the Board can support ongoing work and the links between the issues; the Board
  - (i) Noted the comments made during the discussions
  - (ii) Agreed to include the matters raised during today's' discussions, particularly around workforce, into the Work Plan for the 20<sup>th</sup> February 2017 meeting

**26 Making A Breakthrough: Impact of Breakthrough Projects on Health Outcomes and Reducing Health Inequalities**

Mike Eakins presented a report on Leeds City Council's eight Breakthrough Projects, including an outline of the key aims and activity of each Project. The report highlighted the cross-cutting and outcome focused nature of the Projects; and importantly, the links to the most recent Health and Wellbeing Strategy recognising the Boards' role in helping to make a breakthrough in these areas.

The report identified those areas which the LCC Project Leads felt the Boards' support and influence would be of valuable assistance.

The Board noted comments that the 8 Breakthrough Projects did not necessarily align with the JHWS and that the Projects included hard challenges to be addressed.

During discussions, the Board identified work already undertaken by partners which supported four of the Breakthrough Projects; and the issues which the Board could do further work on:

Best Place to Grow Old

- Accessibility/public transport and whether there was a role for HWB to influence provision of a localised public transport network between localities, recognising the link to the carbon/air quality BTP
- Identified the work done at St James's Hospital

### Cutting Carbon & improving Air Quality

- Future work was identified as HWB partners all had a fleet of vehicles
- The Universities and Hospital Trusts had charging points for electric vehicles
- The City offered free parking in the city centre for electric cars and whether advertising placed enough emphasis on this
- LTHT was building a new generator which would cut carbon emissions
- Director of Public Health's Annual Reports for 2014/15 and 2015/16 commented on the impact of overall planning for Leeds – the city had densely filled and over polluted roads and was in danger of getting worse. The planning process should consider public health matters and provide for easier movement of vehicles

### Tackling domestic violence and abuse

- GP's and General Practice commissioners could link into the Domestic Violence project
- Copies of the DV annual report were made available for partners at the meeting. Councillor Mulherin, as lead on this Project, sought a commitment from the CCGs to support the work to address the number of children taken onto care resulting from domestic violence

### Strong communities benefitting from a strong city

- Councillor Coupar as project lead sought partners involvement and influence

Early intervention and reducing health inequalities and More jobs, better jobs – acknowledged the links to previous discussions as outlined in minute 25 above

The Chief Officer, Health Partnerships emphasised the importance of recording where HWB partners already support the Breakthrough Projects through their existing work in order to link the work together. The Board requested a schedule of partners/organisations already working to support the BTPs so that HWB could identify instances of overlap with their own work and other colleagues who could participate.

#### **RESOLVED -**

- a) To note the contents of the report and the aims of the eight Breakthrough Projects.
- b) To note the contents of the discussions on each of the Projects which identified those areas where HWB members might help to make a breakthrough
- c) To request a schedule of partners/organisations already working to support the BTPs be provided to Board members to enable them to identify instances of overlap with their own work and other colleagues who could participate and contribute towards the aims of the Breakthrough Projects.
- d) To note that this work will feed into the Annual refresh of the LCC Breakthrough Projects

## **27 Future in Mind Leeds - A Strategy to Improve the Social, Emotional and Mental Health and Wellbeing of Children and Young People aged 0-25 years**

Jane Mischenko, NHS Leeds CCG's, and Anne Scarborough, LCC Children's Services, presented a report which set out the Board's shared and ambitious strategy to transform, support and improve the emotional and mental health of Leeds' children and young people and therefore, ultimately impact on the wellbeing of all the population.

The report sought the Board's support and approval of 'Future in Mind: Leeds' (attached as Appendix 1 of the report) which set out an overarching strategy and Leeds' response to the recommendations from the Department of Health's publication Future in Mind (2015) and its duties within the Children & Family Act (2014), in terms of the SEND requirements for pupils with Social Emotional and Mental Health needs. This was underpinned by the Future in Mind: Leeds Local Transformation Plan (included as Appendix 2). It was noted that NHS England required the Future in Mind: Leeds strategy to be published on the three NHS Leeds CCGs and LCC websites by the end of October 2016.

It was reported that children and young people had assisted in the development of the plan and had particularly identified the need for a 'single point of access' to services. The Plan focussed on prevention and working together, recognising that early support was critical to making a difference to adult life.

It was noted that the Future in Mind approach was relatively new with national guidance expected shortly; however Leeds had taken this approach for some time. The Executive Member for Children and Families expressed her thanks to the team who had led the service this far. Leeds was the only LA pursuing this approach which included:

- Three new £45m world class special schools developed within Leeds to ensure provision for Leeds children within the city. The reduced travelling times will also benefit their learning
- A review of Targeted Services and how transition occurs as children and young people transfer between services
- Recognition and value of focussing on the workforce; future difficulties can be prevented if front-line staff get it right first time; and they can also pass on their expertise to others

The Board welcomed the strong partnership approach taken and noted the huge demand for services and support. Discussions identified the following key issues:

- Consultation with children and young people revealed that Mental Health and Wellbeing was their No.1 priority and also a priority for school head teachers. Additionally, anxiety and depression was recorded at 25% in girls and young women.
- A national pilot – Children's Outcomes Consortium – would measure the success of this approach. Additionally, a dashboard was being developed having regard to the national standards set by NHS England

Discussion identified the role of the HWB as being to ensure that the work outlined in the report was delivered. The Board also agreed a suggestion for PEG to consider how HWB continues this work

**RESOLVED -**

- a) To support, approve and champion the Future in Mind: Leeds strategy and underpinning Local Transformation Plan (LTP), noting that the refresh of the Leeds LTP has to be published on NHS Leeds CCGs and council websites by the end of October 2016 (NHS England requirement).
- b) To recognise and share the achievements to date (detailed in the plan), progressed in the first years of the Future in Mind LTP funding allocations.
- c) To endorse how the child and young person's voice has been integral in developing the priority work-streams and going forward is embedded in the co-production of their delivery.
- d) To note the contents of the discussions on how the Board will support the delivery of the vision, the strategy and underpinning plan.
- e) To receive regular updates on progress

**28 Director of Public Health Annual Report 2016**

Dr Ian Cameron, Director of Public Health, presented his Annual Report entitled "1866-2016: 150 years of Public Health in Leeds – a story of continuing challenges" which included reviews of the Health and Wellbeing Strategy and the recommendations of Annual Report 2014/15.

Discussions noted the significant reductions in health budgets at a time when more is asked of the services and emphasised the benefits of working collectively with partners and external organisations to make a difference. The Board also welcomed the historical context contained within the report and; in terms of specific issues, briefly discussed the findings of the "feeling anxious " and breastfeeding indicators.

In conclusion, Dr Cameron noted that Public Health England had reviewed all Leeds Public Health outcomes against the prescribed indicators and concluded that Leeds was doing well.

**RESOLVED -**

- a) To note the availability of:
  - (i) This year's digital Annual Report at [www.leeds.gov.uk/dphreport](http://www.leeds.gov.uk/dphreport)
  - (ii) The digital materials on 150 years of Public Health in Leeds
  - (iii) Indicators on the current health status for the Leeds population
- b) To support the inclusion, by Leeds City Council, of 'improving health status' as a specific objective within the new Council approach to locality working, regeneration and the Breakthrough projects as a contribution to the delivery of the Health & Wellbeing Strategy and the Best Council plan.
- c) To recommend that 'improving health status' is a specific objective within the development of New Models of Care being led by the NHS, as a contribution to the delivery of the Health & Well Being Strategy.

- d) To note the progress made on the recommendations of the Director of Public Health Annual Report 2014/15.

**29 For Information - Update on Leeds Transforming Care Three Year Plan**

The Board received a report from the Chief Officer, NHS Leeds North CCG which provided an update on the Transforming Care Programme – developed to address the national programme of work set out in the “Building the Right Support” (2015) national plan.

Nigel Gray presented the update report and highlighted two specific issues:

- The work undertaken in conjunction with LCC Adult Social Services which looked at an holistic approach to care when moving an individual from institutional to community care
- The aim to prevent patients being treated outside of the Leeds locality.

**RESOLVED -**

- a) To note the partnership work which is already happening to meet the requirements of the transforming care programme.
- b) To receive further reports on progress against the Transforming Care programme

**30 For Information - Leeds Let's Get Active Evaluation Findings**

The Board received a report from the Director of Public Health providing an outline of the Year 3 evaluation report of the Leeds Let's Get Active scheme. The key findings of the evaluation report were detailed; emphasising the scheme's potential to engage with individuals with wider lifestyle risk factors and be used as a vehicle for promoting wider lifestyle changes. The HWB noted LCC's thanks to CCG partners who had resourced the final 8 months of the initiative in order for the evaluation to take place

**RESOLVED -** To note the update of LLGA and evaluation findings based on research from Year 3 of project delivery.

**31 Any Other Business**

**RESOLVED –** To note that Board members had received invitations to the Kings Fund Conference scheduled for 12<sup>th</sup> December 2016

**32 Date and Time of the Next Meeting**

**RESOLVED -** To note the date and time of the next formal Board meeting as Monday 20<sup>th</sup> February 2017 at 9.30am (with a pre-meeting for Board members from 9.00 am)

# Public Document Pack

## HEALTH AND WELLBEING BOARD

THURSDAY, 24TH NOVEMBER, 2016

**PRESENT:** Councillor R Charlwood in the Chair

Councillors S Golton, G Latty and  
L Mulherin

### **Representatives of Clinical Commissioning Groups**

|                    |                              |
|--------------------|------------------------------|
| Dr Gordon Sinclair | NHS Leeds West CCG           |
| Nigel Gray         | NHS Leeds North CCG          |
| Matt Ward          | NHS Leeds South and East CCG |
| Phil Corrigan      | NHS Leeds West CCG           |

### **Directors of Leeds City Council**

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Sue Rumbold – Chief Officer, Children’s Services

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### **Third Sector Representative**

Kerry Jackson – St Gemma’s Hospice

### **Representative of Local Health Watch Organisation**

Lesley Sterling-Baxter – Healthwatch Leeds

### **Representatives of NHS providers**

Sara Munro - Leeds and York Partnership NHS Foundation Trust  
Liz Kay - Leeds Teaching Hospitals NHS Trust  
Brian Machin - Leeds Community Healthcare NHS Trust

### **33 Welcome and introductions**

The Chair welcomed all present to this additional formal Board meeting and particularly Sara Munro, Leeds & York Partnership NHS Foundation Trust, to her first meeting as a newly appointed member.

### **34 Appeals against refusal of inspection of documents**

There were no appeals against refusal of inspection of documents.

### **35 Exempt Information - Possible Exclusion of the Press and Public**

The agenda contained no exempt information.

### **36 Late Items**

No formal late items of business were added to the agenda for the meeting.

### **37 Declarations of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interests.

### **38 Apologies for Absence**

Apologies for absence were received from Councillor Coupar, Tanya Matilainen, Thea Stein, Jason Broch, Ian Cameron, Andy Harris, Steve Walker and Julian Hartley.

The Board welcomed Brian Machin (Leeds Community Health Care NHS Trust); Liz Kay (Leeds Teaching Hospitals NHS Trust) and Sue Rumbold (LCC Children's Services) as substitute members for this meeting.

### **39 NHS Leeds Clinical Commissioning Group (CCG) Operational Plans 2017-2019**

The Chief Operating Officer, Leeds South & East Clinical Commissioning Group (CCG) submitted a report which provided a high level overview of the NHS Leeds CCGs Operational Plans for 2017-2019.

This additional Board meeting was necessary to consider the available information on the Plans due to NHS England timescales for completion and signing-off the Plans. The Operational Plans were required to be submitted in draft to NHS England by 24th November 2016 with a final version due on 23rd December 2016. The report also provided a summary of the NHS planning guidance and NHS England submission requirements for CCGs alongside the latest information available for the NHS Leeds CCG Operational Plans 2017-19. The report also sought the Boards' view of whether Plans took proper account of the Leeds Health and Well Being Strategy 2016-2021. Members also considered the proposed approach to the engagement of the Health and Wellbeing Board in the future review of the CCG Operational Plans.

Matt Ward, Leeds South & East CCG presented the report, emphasising the high level nature of the report and the key functions of the Operational Plans. He reported that consultation was currently ongoing along with work to complete contracts with providers. In particular, the Board was advised of work to create a "One Plan" approach across the three CCGs.

The report described the links between the Operational Plans and the Leeds Health and Wellbeing Strategy 2016-21 and the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) and supported the delivery of a sustainable health and social care system. The Operational Plans provided years 1 and 2 of the Leeds Chapter of the West Yorkshire and Harrogate STP.

The Board discussed the overview report and made the following comments:

- Concerns were raised that the report did not make further reference to the Operational Plans' impact on children & young people across more of the priorities of the Leeds Health and Wellbeing Strategy 2016-2021, except what was referred to in relation to 'Priority 1 - A Child Friendly City and the best start in life'. Assurance was sought that the full Operational Plans would reference and emphasise Early Intervention measures
- Concerns were raised around the lack of reference to the demand for services for older people (e.g. end of life outcomes) in the report for

‘Priority 2 - An Age Friendly City where people age well’ of the Leeds Health and Wellbeing Strategy 2016-2021.

- In relation to ‘Priority 3 – Strong, engaged and well-connected communities’ members referenced the opportunity to engage further with elected members through Scrutiny Board or at a local level through LCC Community Committees.
- Concerns were raised around the paper’s lack of direct reference to ‘Priority 4 - Housing and the environment enable all people of Leeds to be healthy’ and lack of detail around ‘Priority 5 - A strong economy with quality, local jobs’ and ‘Priority 6 - Get more people, more physically active, more often ‘ of the Leeds Health and Wellbeing Strategy 2016-2021.
- Concern that the overview referenced the NHS but did not acknowledge the role of the Third Sector and Public Health service providers
- Recalling the workshop prior to the meeting, concern was expressed that the report stated “consultation and engagement is not required” under the paragraph ‘consultation, engagement and hearing citizen voice’

Additionally, reference was made to the findings from a university study of social prescribing. It was agreed that a copy of the report would be shared with Board Members.

It was noted that not all Board Members were content to lend support to the high level report without seeing the detail of the full Operational Plans.

In response, Members received assurance that the high level summary report before the Board presented only a synopsis of the full Plans. The full Plans did reflect the collaborative approach to health, wellbeing and care in Leeds and addressed the comments raised by the Board. The Board also noted the short timeframe for consideration and submission of the full document and the framework the submission had to comply with.

Noting that approval of the Operational Plans was not within the Boards’ remit, Members considered how the view of the HWB could influence the development of the Plans; and not just how the Plans are delivered. Moira Dumma assured the Board that NHS England would note the comments made. She explained that the 23/12/16 deadline related to the contracts for the forthcoming two years and that there was an opportunity for the HWB to influence what was contained within the contracts.

In conclusion, the Chair reiterated that the Plans covered a two year period, and suggested that an annual review could be built in. It was agreed that Board Members would receive a copy of the full Plans for their comment, accompanied by a note addressing the specific concerns raised today, prior to the submission date

**RESOLVED**

- a) To note the contents of the report and the comments made during discussions

- b) That, having considered the available information, the Board determined that it could not provide an opinion on whether the available information for the NHS Leeds CCG Operational Plans 2017-19 did take proper account of the Leeds Health and Wellbeing Strategy 2016-21. As such it was agreed that Board Members would receive a copy of the full Plans accompanied by a addressing the specific concerns raised today as soon as possible to ensure that members could provide their comments and opinions prior to the submission date.
- c) To note the requirements on NHS Leeds CCGs for the development of the NHS Leeds CCG Operational Plans 2017-19 and their complementary relationship to the Leeds Plan and the West Yorkshire and Harrogate Sustainability and Transformation Plans
- d) To note the timescales for completion of plans and the proposed process for sign-off
- e) To agree the proposed approach to engagement of the Health and Wellbeing Board in the review of NHS Leeds CCG Operational Plans 2017-19

#### **40 Comments and Questions**

In response to requests from members of the public who attended the meeting, the Chair agreed to receive questions and comments the public which covered the following issues related to the CCG Operational Plans:

- The perceived status of the Operational Plans as the first step in the process of making cuts through the West Yorkshire STP
- Public consultation
- Impact of cuts on Dementia Care
- Monitoring and evaluation of the Plans

**RESOLVED** – To note the comments made.

#### **41 Date and Time of Next Meeting**

**RESOLVED** – To note the date and time of the next formal Board meeting as Monday 20<sup>th</sup> February 2017 at 9.30am. (with a pre-meeting for Board members at 9.00 am)



**Report of:** Leeds Carers Partnership

**Report to:** Leeds Health and Wellbeing Board

**Date:** 20<sup>th</sup> February 2017

**Subject** Introducing the Leeds Commitment to Carers

|  |   |  |
|--|---|--|
| Are specific geographical areas affected?<br>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?<br>If relevant, access to information procedure rule number:<br>Appendix number: | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

## Summary of main issues

- Unpaid carers are crucial both to our communities and to the sustainability of health and social care in Leeds. 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 by preventing, reducing or delaying needs for care and support for the people they care for.
- Leeds has been recognised for its integrated approach to supporting carers and recently Carers Leeds, with Leeds City Council and NHS Leeds Clinical Commissioning Groups, won the Health Service Journal Award in the Integrated Commissioning for Carers category. We have an opportunity to build on our track record of collaboration and sustainability.
- The Leeds Commitment to Carers has been co-produced by members of the Leeds Carers Partnership and sets what being the best city in the UK for carers would look like.
- The Leeds Commitment to Carers responds to the challenges laid down in Carers Trust and NHS England reports published in 2016.

- The Leeds Commitment to Carers could make a significant contribution to the Leeds Health and Wellbeing Strategy 2016-21 and its bold ambition to make Leeds the best city for health and wellbeing.
- It is proposed that the Leeds Carers Partnership be responsible for promoting the Leeds Commitment to Carers and will review all action plans, recognise commitment and review progress; the work will be coordinated on behalf of the Leeds Carers Partnership by the Joint Carers Strategic Commissioning Manager.

## **Recommendations**

The Health and Wellbeing Board is asked to:

- Endorse the Leeds Commitment to Carers
- Task the Leeds Carers Partnership with promoting the Leeds Commitment to Carers and reviewing all action plans
- Request a progress report from the Leeds Carers Partnership in 2018

## 1 Purpose of this report

- 1.1 The purpose of this report is to introduce the Leeds Commitment to Carers and seek its endorsement by the Leeds Health and Wellbeing Board.

## 2 Background information

- 2.1 The Leeds Carers Partnership exists to champion the needs of carers and to influence the way that services are planned and delivered in response to the needs of carers. Membership of the Leeds Carers Partnership includes carers as well as staff from the public, private and voluntary sector. The organisations represented include:

- Leeds City Council Adult Social Care
- Leeds City Council Children's Services
- NHS Leeds South East Clinical Commissioning Group
- NHS Leeds West Clinical Commissioning Group
- NHS Leeds North Clinical Commissioning Group
- Leeds Teaching Hospitals NHS Trust
- Leeds & York Partnership Foundation NHS Trust
- Leeds Community Healthcare
- Leeds Healthwatch
- Department for Work and Pensions
- Carers Leeds
- Barnardo Young Carers Service
- EPIC Parent Participation
- St Gemma's Hospice

- 2.2 The most recent estimates suggest there may be around 72,000 people in Leeds providing unpaid care for a relative, neighbour or friend who could not manage without their help because of physical or mental ill-health, disability, sensory impairment or substance misuse. Based on national estimates we can expect around 24,000 people in Leeds to take on an unpaid caring role each year with a similar number ceasing their caring role.

- 2.3 As public services face continued financial pressures set against increasing demand, the introduction of new legislation and models of delivery, and changing expectations of citizens, unpaid carers are taking on responsibility for increasing amounts of care. The table below shows that although the most common level of unpaid care is 1-19 hours per week, the number of people providing this level of care fell between 2001 and 2011. The numbers of carers providing higher levels of care however, both increased. In 2011, 36.2% of all carers in Leeds were providing more than 20 hours of unpaid care per week compared to 31.2% in 2001.

| Census | 1-19 hrs | 20-49 hrs | 50+ hrs | Total  |
|--------|----------|-----------|---------|--------|
| 2011   | 45,684   | 9,473     | 16,441  | 71,598 |
| 2001   | 48,446   | 7,631     | 14,369  | 70,446 |

- 2.4 Unpaid carers provide the bulk of care in the community. If people on average provide towards the mid-range of hours per week in the 1-19 and 20-49 category and the minimum 50 hours per week in the remaining category, then this equates to over 1.5 million hours of unpaid care per week across the city.
- 2.5 Two separate reports were published in 2016. The first by Carers Trust set out to understand whether the intended improvements for carers envisaged in the Care Act had been achieved one year on. While joint working and strong relationships between public and voluntary sector in Leeds were highlighted in the report as positive practice, there were a number of relevant key messages including carer identification, carer assessment and joint investment. The second report by NHS England highlighted the duty of cooperation upon the NHS in relation to the Care Act and recommended that Health & Wellbeing boards discuss and agree a memorandum of understanding to support joint working to improve local support for carers
- 2.6 The Leeds Carers Partnership reviewed the two reports in July 2016 and established a working group to develop a Leeds response. As a result of reviewing the two documents, the working group has developed The Leeds Commitment to Carers.

### **3 Main issues**

- 3.1 The Leeds Commitment to Carers sets out what being the best city for carers could look like and includes a series of carer and organisation statements as well as recognising the Carers Partnership as a key strategic influencer and champion.
- 3.2 The Leeds Commitment to Carers is, in effect, a more accessible and public facing version of the memorandum suggested in the NHS England report. It is tailored to Leeds and organisations will have their logo added to the document when the Carers Partnership is satisfied they have demonstrated their commitment. The Carers Partnership will then be able to hold them to account and will ask for evidence that organisations are working to improve support for carers.
- 3.3 The Leeds Commitment for Carers will mean that carers and young carers:
- Are identified at the earliest opportunity
  - Are supported to improve their health and wellbeing
  - Are supported to care
  - Are supported by their employer if they are working carers
  - Have relevant information and advice
  - Are recognised and valued
  - Can plan ahead and are supported in a crisis
  - Have a life alongside caring
- 3.4 The Leeds Carers Partnership approved the Leeds Commitment to Carers at their meeting in November 2016. For further information on the Leeds Commitment to Carers see the appended documents 'Introducing The Leeds Commitment to Carers: "Making Leeds the best city for carers"' (Appendix B) and 'SIGN UP NOW to the Leeds Carers Partnership Commitment to Carers' (Appendix C).

## **4 Health and Wellbeing Board governance**

### **4.1 Consultation, engagement and hearing citizen voice**

- 4.1.1 The membership of the Leeds Carers Partnership represents a variety of perspectives. The working group who developed the Leeds Commitment to Carers included:
- Val Hewison, Chief Executive, Carers Leeds
  - Annie Dransfield, Carer
  - Krystina Kozlowska, Head of Patient Experience, LTHT
  - Sue Wilkinson, Commissioning Manager, Leeds West CCG
  - Jean Ellison, Youth Lead, LCC Children's Services
  - Ian Brooke-Mawson, Commissioning Manager (Carers), ASC & Leeds CCG's
- 4.1.2 A new National Carers Strategy is currently being drafted by the Department of Health and is set for publication in early 2017. The development of the strategy follows a five month 'call for evidence' where views were sought from carers, those who have someone who cares for them, business, social workers, NHS staff and other professionals that support carers. The role of wider community in supporting carers is expected to feature as a priority in the published strategy.
- 4.1.3 The Carers Partnership will promote the Leeds Commitment to Carers through a range of approaches, including social media and the networks of its partner members, to ensure that carers, carer groups and organisations who represent carers are involved in the delivery of the Leeds Commitment to Carers.

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

- 4.2.1 The provision of unpaid care is an important policy issue because it not only makes a vital contribution to the supply of care, but can also affect the health and wellbeing, employment opportunities, finances, and social and leisure activities of those providing it.
- 4.2.2 In simple terms, the more care you provide the more likely you are to experience bad or very bad health and there is strong evidence from various research that many carers pay a heavy price for their caring role in terms of both their health and their wealth, for example:
- 40% of carers experience significant distress and depression
  - 20% of carers report back injury as a result of caring
  - Just 40% of carers in Leeds say they have as much social contact as they would like
  - For 1 in 5 young carers, caring has a negative impact on their education
  - 65% of carers who are struggling to make ends meet cut back on seeing family and friends to cope
  - 73% of carers say that worrying about their finances is affecting their health
  - Providing higher levels of care is associated with a 23% higher risk of stroke
- 4.2.3 The Leeds Commitment to Carers seeks to address inequalities experienced by unpaid carers by raising awareness and encouraging action at both an

organisational and community level to better identify, recognise and support carers.

4.2.4 An equality and cohesion screening tool has been completed and is appended to this report (see Appendix A).

### **4.3 Resources and value for money**

4.3.1 Research undertaken by the University of Leeds<sup>1</sup> estimate the financial contribution of unpaid care in Leeds to be around £1.4billion per year. Since replacing this care (i.e. with paid care) is not an option, supporting carers to continue caring makes economic and demand management sense as well as being morally the right thing to do.

4.3.2 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. Supporting carers to continue caring is therefore equally fundamental to supporting strong families and communities as it is to the sustainability of the NHS and Adult Social Care.

4.3.3 There is no financial cost to any organisation in the health and care partnership or represented on the Health and Wellbeing Board to introduce the Leeds Commitment to Carers.

### **4.4 Legal Implications, access to information and call In**

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

### **4.5 Risk management**

4.5.1 There are a number of factors that give confidence that Leeds has a solid base from which to further improve its support for carers, including:

- Leeds has a positive track record in developing Asset Based Community Development approaches
- The Leeds Carers Partnership is a well-established local partnership with senior representation from key organisations as well as carers and organisations who represent the carer voice
- Carers Leeds are a key and pro-active member of the Leeds Carers Partnership and have an excellent local and national reputation
- Leeds City Council's Adult Social Care Department host a jointly funded Carers Strategic Commissioning Manager post on behalf of Adult Social Care and NHS Leeds Clinical Commissioning Groups. Greater integration of commissioning between Local Authority and CCGs was a key driver for the creation of this post.

4.5.2 This integrated approach to supporting carers was recently recognised when Carers Leeds, with Leeds City Council and NHS Leeds Clinical Commissioning Groups, won the prestigious Health Service Journal Award in the Integrated

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<sup>1</sup> Valuing Carers 2015 – the rising value of carers' support: <http://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

Commissioning for Carers category. The judges praised the clear demonstration of collaboration and sustainability.

4.5.3 The Carers Partnership will be responsible for promoting the Leeds Commitment to Carers and will review all action plans, recognise commitment and review progress. A communications strategy will be developed to support this.

4.5.4 The work will be coordinated on behalf of the Leeds Carers Partnership by the Joint Carers Strategic Commissioning Manager.

## **5 Conclusions**

5.1 Unpaid carers are crucial both to our communities and to the sustainability of health and social care in Leeds. If we are to achieve our bold ambition of being the best city on the UK for health and wellbeing in the UK, we need to be the best city for carers.

5.2 This means being the best at identifying carers, the best at recognising and valuing the contribution that carers make, the best at promoting carers own health and wellbeing and the best at supporting working carers.

5.3 That responsibility stretches beyond traditional health and social care agencies and as such The Leeds Commitment to Carers recognises that we all have a part to play.

5.4 Endorsement of the Leeds Commitment to Carers by the Health & Wellbeing Board will clearly demonstrate that Leeds is committed to making Leeds the best city for carers.

## **6 Recommendations**

6.1 The Health and Wellbeing Board is asked to:

- Endorse the Leeds Commitment to Carers.
- Task the Leeds Carers Partnership with promoting the Leeds Commitment to Carers and reviewing all action plans.
- Request a progress report from the Leeds Carers Partnership in 2018.

## **7 Background documents**

7.1 None.

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**How does this help reduce health inequalities in Leeds?**

The Leeds Commitment to Carers seeks to address inequalities experienced by unpaid carers by raising awareness and encouraging action at both an organisational and community level to better identify, recognise and support 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 equally fundamental to supporting strong families and communities as it is to the sustainability of the NHS and Adult Social Care.

**Future challenges or opportunities**

N/A

| <b>Priorities of the Leeds Health and Wellbeing Strategy 2016-21</b> |   |
|--|---|
| 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                 |   |

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# Appendix 1

## 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/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

|  |   |
|--|---|
| <b>Directorate:</b> Adult Social Care    | <b>Service area:</b> Commissioning      |
| <b>Lead person:</b><br>Ian Brooke-Mawson | <b>Contact number:</b><br>0113 378 1843 |

|   |
|---|
| <p><b>1. Title</b></p> <p>The Leeds Commitment to Carers</p>  |
| <p>Is this a:</p> <p> <input type="checkbox"/> <b>Strategy / Policy</b>                  <input type="checkbox"/> <b>Service / Function</b>                  <input checked="" type="checkbox"/> <b>Other</b> </p> <p><b>If other, please specify</b></p> <p>The Leeds Commitment to Carers sets out what being the best city for carers would look like.</p> |

|   |
|---|
| <p><b>2. Please provide a brief description of what you are screening</b></p>   |
| <p>The introduction of the Leeds Commitment to Carers which sets out what being the best city for carers would look like. It includes a series of carer and organisational statements as well as recognising the Leeds Carers Partnership as a key strategic influencer and champion.</p> |

### 3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/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 and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).

| 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"> <li>• Eliminating unlawful discrimination, victimisation and harassment</li> <li>• Advancing equality of opportunity</li> <li>• Fostering good relations</li> </ul> |     | ✓  |

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

### 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)

The Leeds Carers Partnership exists to champion the needs of carers and to influence the way that services are planned and delivered in response to the needs of carers. Membership of the Leeds Carers Partnership includes carers as well as staff from the public, private and voluntary sector. The provision of unpaid care is an important policy issue because it not only makes a vital contribution to the supply of care, but can also affect the health and wellbeing, employment opportunities, finances and social and leisure activities of those providing it.

## Key findings

*(think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)*

The more care you provide the more likely you are to experience bad or very bad health and there is strong evidence from various research that many carers pay a heavy price for their caring role in terms of both their health and their wealth, for example:

- 40% of carers experience significant distress and depression
- 20% of carers report back injury as a result of caring
- Just 40% of carers in Leeds say they have as much social contact as they would like
- For 1 in 5 young carers, caring has a negative impact on their education
- 65% of carers who are struggling to make ends meet cut back on seeing family and friends to cope
- 73% of carers say that worrying about their finances is affecting their health
- Providing higher levels of care is associated with a 23% higher risk of stroke

The tables below set out the numbers of carers and the level of unpaid care they provide by age, gender and ethnicity:

| Gender       | 1-19 Hrs      | 20-49 Hrs    | 50+ Hrs       | Total         |
|--------------|---------------|--------------|---------------|---------------|
| Male         | 19,322        | 4,036        | 6,695         | 30,053        |
| Female       | 26,063        | 5,398        | 9,716         | 41,177        |
| <b>Total</b> | <b>45,385</b> | <b>9,434</b> | <b>16,411</b> | <b>71,230</b> |

| Age        | Population     | Carers        | 1-19 Hrs      | 20-49 Hrs    | 50+ Hrs       |
|------------|----------------|---------------|---------------|--------------|---------------|
| Age 0-15   | 137,493        | 1,388         | 1,133         | 136          | 119           |
| Age 16-24  | 115,808        | 4,574         | 3,374         | 709          | 491           |
| Age 25-34  | 113,316        | 6,894         | 4,501         | 1,013        | 1,380         |
| Age 35-49  | 152,748        | 19,058        | 12,497        | 2,665        | 3,896         |
| Age 50-64  | 122,522        | 25,080        | 17,254        | 3,171        | 4,655         |
| Age 65+    | 109,598        | 14,604        | 6,925         | 1,779        | 5,900         |
| <b>All</b> | <b>751,485</b> | <b>71,598</b> | <b>45,684</b> | <b>9,473</b> | <b>16,441</b> |

| <b>Ethnicity</b>                              | <b>1-19 Hrs</b> | <b>20-49 Hrs</b> | <b>50+ Hrs</b> | <b>Carers</b> |
|---|-----------------|------------------|----------------|---------------|
| English/Welsh/Scottish/Northern Irish/British | 39,866          | 7,554            | 14,212         | 61,632        |
| Irish   | 487             | 111              | 214            | 812           |
| Other White                                   | 714             | 195              | 255            | 1,164         |
| Mixed/multiple ethnic group                   | 695             | 172              | 195            | 1,062         |
| Asian/Asian British                           | 2,605           | 982              | 1,115          | 4,702         |
| Black/African/Caribbean/Black British         | 1,045           | 372              | 319            | 1,736         |
| Other ethnic group                            | 272             | 87               | 131            | 490           |
| <b>Total</b>                                  | <b>45,684</b>   | <b>9,473</b>     | <b>16,441</b>  | <b>71,598</b> |

**Actions**  
*(think about how you will promote positive impact and remove/ reduce negative impact)*

The Leeds Commitment to Carers seeks to address inequalities experienced by unpaid carers by raising awareness and encouraging action at both an organisational and community level to better identify, recognise and support carers.

Decisions and changes made to implement the aspirations outlined in the Leeds Commitment to Carers will be subject to Leeds City Councils Equality and diversity policy and will under-go Equality Impact Screening to detail any potential impacts and mitigating actions or if a full equality impact is required.

To ensure that the document is accessible to all citizens of Leeds it will be considered by our communications department to ensure it is accessible to all citizens of Leeds including those whose first language is not English

**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<br>(Include name and job title) |  |

**6. Governance, ownership and approval**  
Please state here who has approved the actions and outcomes of the screening

| <b>Name</b>    | <b>Job title</b>                       | <b>Date</b>                   |
|----------------|--|-------------------------------|
| James Woodhead | Head of Commissioning<br>(Integration) | 11 <sup>th</sup> January 2017 |

## 7. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given. If you are not carrying out an independent impact assessment the screening document will need to be published.

If this screening relates to a **Key Delegated Decision, Executive Board, full Council** or a **Significant Operational Decision** a copy should be emailed to Corporate Governance and will be published along with the relevant report.

|  |                               |
|--|-------------------------------|
| <b>Date screening completed</b>  | 11 <sup>th</sup> January 2017 |
| If relates to a Key Decision - <b>date sent to Corporate Governance</b>            |                               |
| Any other decision – <b>date sent to Equality Team (equalityteam@leeds.gov.uk)</b> |                               |

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# The Leeds Carers Partnership



**Introducing the Leeds Commitment to Carers:  
“Making Leeds the best city for carers”  
2017 - 2020**

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[Click here to read a foreword by the Leeds Carers Partnership Joint Chairs](#)

[Click here for some background information about carers and caring](#)

[Click here to see the Leeds Carers Partnership Commitment to Carers](#)

[Click here to see what carers will say if Leeds is the best city for carers](#)

[Click here to see what organisations will be doing if Leeds is the best city for carers](#)

[Click here to see which organisations have 'signed-up' to the Leeds Carers Partnership Commitment to Carers](#)

[Click here to Exit](#)

# Foreword

**Leeds has a bold ambition to be the best city for health and wellbeing in the UK. Unpaid carers are crucial both to our communities and to the sustainability of health and social care in Leeds. If we are to be the best city for health and well-being, we need to be the best city for carers!**

**That means being the best at identifying carers, the best at recognising and valuing the contribution that carers make, the best at promoting carers own health and well-being and the best at supporting working carers.**

**As co-chairs of the Leeds Carers Partnership Group we positively support the Leeds Commitment to Carers and recognise that we all have our part to play. By taking action to demonstrate your own commitment you are taking a positive step in making Leeds the best city for carers.**



**Diane Boyne**  
Community Commissioning Lead  
South East Leeds CCG



**James Woodhead**  
Head of Commissioning  
Adult Social Care

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# Background information



**Click on any of the blue boxes for more information**

**Who is a carer?**

**What do carers do?**

**Carers in Leeds: facts and figures**

**Impact of caring on health and wellbeing**

**Why supporting carers is important**

**The Leeds Carers Partnership**

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# Who is a carer?

A carer is a person of any age who helps to look after a relative, neighbour or friend who could not manage without their help because of physical or mental ill-health, disability, sensory impairment or substance misuse.

There are around 6 million carers in the UK. Around 2 million people move in and out of caring every year

The support that carers provide is unpaid – they should not be confused with paid care workers!

*“Carers provide the bulk of care in our country. Three in five of us will become carers at some point in our lives. Without carers our NHS and social services would be overwhelmed. But many carers pay a heavy price for their caring role in both their health and their wealth.”*

Rt Hon Paul Burstow, Care Act for Carers – One Year On (Carers Trust: July 2016)

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# What do carers do?

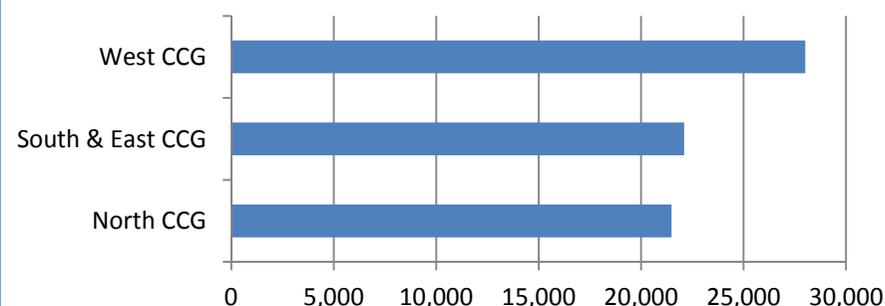
- **Each caring situation is different and is influenced by factors relating to the cared-for person as well as the carer**
- **Carers are likely to perform domestic tasks such as shopping, managing finances, cleaning, washing, ironing etc**
- **Carers are also likely to perform personal care and nursing tasks such as giving medication, changing dressings, helping with mobility, dressing and toileting**
- **Some carers may perform fewer physical tasks but provide a great deal of emotional support, especially if the person they care for has mental health or dementia**
- **Carers often have to deal with emergencies which rarely happen at convenient times!**

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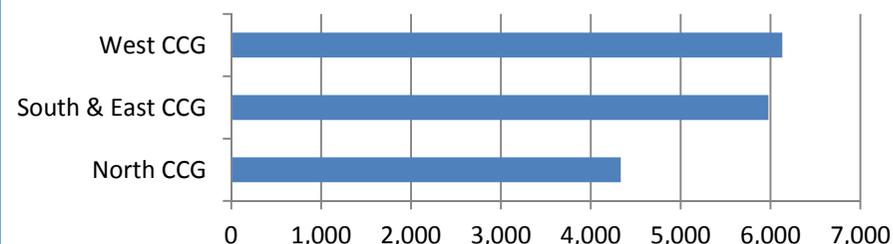
# Carers in Leeds: facts and figures

- There are around 74,000 unpaid carers in Leeds
- The cost of replacing the care that unpaid carers provide in Leeds is estimated to be around £1.4billion
- 23% of carers in Leeds are caring for more than 50 hours per week
- 75% of carers in Leeds are of working age

### Total Number of Carers



### Number of Carers who are Caring for 50+ Hrs per Week



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# Impact of caring on health and wellbeing

There is plenty of evidence to suggest that carers often experience negative health, social and financial consequences as a result of caring, for example:

40% of carers experience significant distress and depression

The more care you provide the more likely you are to report bad or very bad health

A survey suggested that 20% of carers reported back injury as a result of caring

Just 40% of carers in Leeds say they have as much social contact as they would like

Providing higher levels of care is associated with a 23% higher risk of stroke

For 1 in 5 young carers, caring has a negative impact on their education

65% of carers who are struggling to make ends meet cut back on seeing family and friends to cope

73% of carers say that worrying about their finances is affecting their health

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# Why supporting carers is important

| Issue                  | Why its important to support carers ....   |
|------------------------|--|
| Moral                  | “it’s the right thing to do!”  |
| Policy and legislation | “we have a duty to”  |
| Economic               | “we can’t afford not to”   |
| Demand management      | “if we don’t, the system will collapse”  |
| Prevention & wellbeing | “to prevent, reduce or delay the impact of ill-health and disability and to support self-care” |

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# The Leeds Carers Partnership

- **The Leeds Carers Partnership champions the needs of carers and aims to influence the way that services are planned and delivered in response to the needs of carers**
- **Membership of the Leeds Carers Partnership includes carers as well as staff from the public, private and voluntary sector**
- **For more information about the Leeds Carers Partnership, or if you would like to join the Partnership, please contact:**  
[ian.brookemawson@leeds.gov.uk](mailto:ian.brookemawson@leeds.gov.uk)



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# The Leeds Commitment to Carers



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# If Leeds is the best city for carers ....

## Carers will be supported and will say:

|   |  |
|---|--|
| ✓ | I have access to information and advice which is easy to understand and relevant to my caring role |
| ✓ | I have support that helps me as a carer and when I need more support, care services are responsive |
| ✓ | I am listened to and I am involved in planning the care for the person I care for                  |
| ✓ | I am satisfied with the care and support that the person I care for receives                       |
| ✓ | I am satisfied with the amount of social contact I have  |
| ✓ | I am able to balance my working life and caring responsibilities                                   |
| ✓ | I get support and guidance from my school, college or university                                   |
| ✓ | I am able to plan for if I am unable to care and I know who to contact in a crisis                 |
| ✓ | I feel supported when my caring role ends  |

# If Leeds is the best city for carers ....

## Organisations and service providers will be able to show how they:

|   |   |
|---|---|
| ✓ | Work in partnership with others to support carers   |
| ✓ | Promote good practice in the identification and recognition of carers   |
| ✓ | Involve carers in the assessment and planning of services for the person they care for and consider the impact on carers health and wellbeing in healthcare and support plans |
| ✓ | Support carers to be healthy and to make informed choices about their caring role   |
| ✓ | Provide carers with relevant information and signpost/refer carers to specialist information, advice and support  |
| ✓ | Support carers to access local resources  |
| ✓ | Provide meaningful opportunities for carers to be involved in designing services, commissioning decisions and checking the quality of services                                |
| ✓ | Measure what matters to carers  |
| ✓ | Are a carer-friendly employer   |
| ✓ | Train and support their workforce to be 'carer aware'   |

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# Organisations who have 'signed-up'

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[Exit](#)

# The Leeds Carers Partnership



**SIGN UP NOW!**  
**to the Leeds Carers  
Partnership Commitment to  
Carers and be part of making  
Leeds the best city for carers!**

# The Leeds Commitment to Carers



# A word from Annie ...

*I am delighted to have had the opportunity to bring a carers perspective to the development of the Leeds Carers Partnership Commitment to Carers and for making Leeds the best city for carers.*

*The Leeds Carers Partnership champions the needs of unpaid carers and aims to influence the way that services are planned and delivered in response to the needs of carers.*

*By signing up to the Leeds Carers Partnership Commitment to Carers you are taking a positive step in making Leeds the best city in the UK for health and well-being.*

*You will be playing your part in making sure that carers are identified, recognised and supported and truly valued for all they contribute to life in our city.*



**Annie Dransfield**

*Carer and member of the  
Leeds Carers Partnership*

# Organisation Contact Details

|   |  |
|---|--|
| <b>Organisation</b>   |  |
| <b>Contact Name</b>   |  |
| <b>Job Title</b>  |  |
| <b>E-Mail</b>   |  |
| <b>Website</b>  |  |
| <b>Please provide a short summary of your organisation in the space below</b> |  |
|   |  |

# What's working & what can you do better?

We want you to think about the things you do well for carers and the things you could do better. The following prompts are suggestions to help you complete the next slide – not all the prompt questions will be relevant to your organisation .....

In what ways do you gather feedback from carers and what does that feedback tell you?

How do you identify carers who come into contact with your organisation?

How do you make sure that carers are involved in the planning of care for the people they care for?

In what ways do you support carers to look after themselves?

What information do you provide for carers, how do you provide it and how do you make sure that carers know where to go to get good information and advice?

How do you know if someone in your workforce is a carer and how do you support them to balance work and caring?

How do you know if someone is a young carer and what do you do about it?

What activities or opportunities do you promote or provide which help carers to have a break from caring or pursue hobbies and interests?

What do you do to make sure staff in your organisation are 'carer-aware'?

How do you make sure that carers are involved in planning and commissioning services and in quality assurance?

# What's working & what can you do better?

**Please tell us what things your organisation does well to support carers  
and how you know you do these things well**

- Please type here

**Please tell us about the things you think your organisation could do better to support carers**

- Please type here

# Completing your action plan

**This is where you tell us what you are actually going to do.  
Please follow these simple steps:**

1. Identify the actions that your organisation is going to take (we suggest two or three actions)
2. Give each action a title
3. Select the relevant outcome area for each action from the list on the next slide
4. Then say what you are actually going to do and if possible by when. There is no need to go into too much detail – just provide enough detail so people can have a good grasp of what you are doing.

# Outcome areas

**If Leeds is the best city for carers, organisations and service providers will be able to show how they:**

|     |   |
|-----|---|
| 1.  | Work in partnership with others to support carers   |
| 2.  | Promote good practice in the identification and recognition of carers   |
| 3.  | Involve carers in the assessment and planning of services for the person they care for and consider the impact on carers health and wellbeing in healthcare and support plans |
| 4.  | Support carers to be healthy and to make informed choices about their caring role   |
| 5.  | Provide carers with relevant information and signpost/refer carers to specialist information, advice and support  |
| 6.  | Support carers to access local resources  |
| 7.  | Provide meaningful opportunities for carers to be involved in designing services, commissioning decisions and checking the quality of services                                |
| 8.  | Measure what matters to carers  |
| 9.  | Are a carer-friendly employer   |
| 10. | Train and support their workforce to be 'carer aware'   |

# Action 1

|   |  |
|---|--|
| <b>Action title</b>   |  |
| <b>Outcome area</b>   |  |
| <b>Details – please tell us what you are actually going to do and by when</b> |  |
| <ul style="list-style-type: none"><li>Type here</li></ul>                     |  |

# Action 2

|   |  |
|---|--|
| <b>Action title</b>   |  |
| <b>Outcome area</b>   |  |
| <b>Details – please tell us what you are actually going to do and by when</b> |  |
| <ul style="list-style-type: none"><li>Type here</li></ul>                     |  |

# Action 3

|   |  |
|---|--|
| <b>Action title</b>   |  |
| <b>Outcome area</b>   |  |
| <b>Details – please tell us what you are actually going to do and by when</b> |  |
| <ul style="list-style-type: none"><li>Type here</li></ul>                     |  |

# Submitting your action plan

- You have now completed your action plan
- Please save your completed action plan and send it to:  
[ian.brookemawson@leeds.gov.uk](mailto:ian.brookemawson@leeds.gov.uk)
- Your action plan will be shared at the Leeds Carers Partnership who will either approve your action plan or ask you for more information
- When your action plan has been approved you will receive a certificate of recognition
- You will be asked to tell us how you are doing six months and twelve months after you submit your action plan – if the Carers Partnership believe you have made good progress you will receive a certificate of achievement



**Report of:** Colin Mawhinney (Head of Health Innovation, Leeds Health Partnerships)

**Report to:** Leeds Health and Wellbeing Board

**Date:** Monday 20 February 2017

**Subject:** Reducing Health Inequalities through Innovation and System Change

|  |   |  |
|--|---|--|
| Are specific geographical areas affected?<br>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?<br>If relevant, access to information procedure rule number:<br>Appendix number: | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

## Summary of main issues

1. The Leeds Health and Wellbeing Strategy 2016-2021, in its core vision, commits partners to the reduction of health inequalities and specifically identifies a strong economy with quality, local jobs as a key contributor to its delivery. The strategy also recognises the need to 'maximise the benefits from information and technology with the potential to make a much larger impact'. Whilst much has been achieved to realise this potential since the launch of the strategy much remains to be done before the City can fully claim to have realised its vision.
2. The key means to ensure delivery of these priorities is to ensure they are integrated and inform investment across all sectors and services in Leeds. Generally, through the Leeds Economic Growth Strategy, Leeds Digital Strategy and specifically through joined up partnership approaches such as Leeds Academic Health Partnership (LAHP) or the MHabitat Project to ensure targeting and stratification of population needs secure significant reductions in health inequalities.
3. 'Joining up' around the patient must extend beyond practitioners within existing service providers to include a much wider range of stakeholders including citizens, their neighbourhoods, local innovators and the wider investor community. New conversations and new means of engagement are needed. Digital capabilities and a culture embracing radical system change with the citizen at its heart will be critical to the successful delivery of the Leeds Health and Wellbeing Strategy 2016-2021 core vision.

## **Recommendations**

The Health and Wellbeing Board is asked to:

- Identify any further opportunities to progress and provide strategic direction.
- Discuss how they can further support the work.
- Advise how they would like to receive future reports of progress and on the frequency of these reports.

### **1 Purpose of this report**

- 1.1 Innovation and system change provide a key means through which the reduction of health inequalities will be delivered.
- 1.2 This paper therefore sets the scene for a short series of presentations to the Health and Wellbeing Board on the key issues and opportunities to be addressed.
- 1.3 The paper provides an overview of the scale of the health inequality in Leeds and the role of economic growth, procurement and investment. A selection of key initiatives are described in the appendices following which illustrate how growth is being fostered and innovation tapped to reduce health inequalities in Leeds on a sustainable basis.

### **2 Background information**

- 2.1 The Vision for Leeds 2011 to 2030 sets an ambition for the city to become the best city in the UK and more specifically the best city to live in with its communities enjoying the best in health and wellbeing. The success of our city depends on our partners and communities working together in a context of interdependence recognising the deep connections between economic performance and the health of our population and the resulting need for 'good' growth by combining the aim of delivering a strong prosperous city with an equal need to ensure that it is also compassionate for all its people.

The Leeds Health and Wellbeing Strategy 2016-2021, in its core vision, commits partners to the reduction of health inequalities and specifically identifies a strong economy with quality, local jobs as a key contributor to its delivery. The strategy also recognises the need to 'maximise the benefits from information and technology with the potential to make a much larger impact'. Whilst much has been achieved to realise this potential since the launch of the strategy much remains to be done before Leeds can fully claim to have realised its ambition. The key means to ensure delivery of these priorities is to ensure they are integrated and inform investment across all sectors and services in Leeds, generally, through the Leeds Economic Growth Strategy and specifically through the Leeds Digital Strategy.

### **3 Main issues**

This paper sets the scene for a short series of presentations to the Leeds Health and Wellbeing Board on the key issues and opportunities to be addressed.

3.1 **The Challenge of Health Inequalities:** Paul Bollom (Chief Officer, Leeds Health Partnerships) will provide an overview of the context of health inequality in Leeds within which the local health and care system is operating. While the city is significantly better than the national (England) average in terms of statutory homelessness and violent crime, it is significantly worse in terms of deprivation, child poverty and long term unemployment, all major determinants of good health, and in levels of GCSE attainment, in incidence of diseases such as chronic obstructive pulmonary disease (COPD) and cardiovascular disease (CVD) and in differences in life expectancy between best and worst areas of Leeds. Further background information is provided in Appendix A.

3.2 **The Opportunity for Good Growth:** Colin Mawhinney (Head of Health Innovation, Leeds Health Partnerships) will provide a short overview of the issues and prospects for a 'refreshed' growth strategy for the city and the scope for this to forge closer links between jobs, training, innovation and investment in reducing health inequalities. This will be followed by a short pre-recorded DVD with both local and international innovators in health and care sharing their views on the role innovation and investment in reducing health inequalities. A focus on the need for clarity of priorities and commitment to improved infrastructure emerge as common themes. Further background information is provided in Appendix A and D.

3.3 **The Leeds Digital Strategy:** Dylan Roberts (Chief Digital Officer, Leeds City Council) and Alastair Cartwright (Director of Informatics, NHS Leeds CCGs) will provide an overview for the strategy's focus on 'joining up' our digital community with a one city platform approach to sharing digital capabilities. This approach will open access to digital services and support beyond partner organisations to include citizens, communities and businesses based on adoption of 'open standards'. This will provide a major catalyst to innovation. Their plans prioritise the importance of widening participation and access to digital services. Further background information is provided in Appendix B.

**A Case Study - Widening Participation through the Mhabitat Project:** Victoria Betton (MHabitat) will provide an overview of their work in partnership to widening participation in digitally provided wellbeing services and empowerment of citizens and communities. Their work focuses on the principle that 'people drive digital' and that sustained investment in time is needed to facilitate and build active networks of engaged citizens to reduce health inequalities.

3.4 **The Leeds Academic Health Partnership:** Paul Bollom (Interim Chief Officer, Leeds Health Partnerships) will provide a brief introduction to the background and emerging priorities of the Leeds Academic Health Partnership giving examples of how Leeds' universities can bring analytics based insight and targeted research directed to the reduction of health inequalities. Further background information is provided in Appendix C.

**Case Study; The Centre for Personalised Medicine and Health (CPMH):** Mike Messenger will share the increasing importance of 'personalised medicine' as a strategic priority for advanced health and care systems and the positioning of Leeds in becoming a UK leader in its development. Personalised Medicine and Health is based on the availability of the best possible information, technology and

evidence and has the potential to support the reduction of health inequalities by providing for better diagnostics, monitoring and targeting of health solutions to the areas of greatest need. Further background information is provided in Appendix C.

## **4 Health and Wellbeing Board governance**

### **4.1 Consultation, engagement and hearing citizen voice**

4.1.1 Each of the strategies and case studies covered in this report have either included consultation and engagement in their development or plan to over the next year.

4.1.2 The intention to announce the refresh of the Economic Growth Strategy was announced in October 2016 and included a wide ranging call for submissions and comments from the public for consideration as part of the priority formulation process.

4.1.3 Consultation and citizen engagement for the Leeds Digital Strategy has been undertaken through those strands of direct relevance to the public. For example, a consultation initiative, Joined Up Leeds, was developed as a two-week period of conversations taking place across the city in 2015 in which citizens discussed how their health and wellbeing data could and should be shared, the benefits of sharing, the concerns they have, and how information could be used for the benefit of people in Leeds.

4.1.4 The LAHP, in its annual review indicates that it began to formalise the ways in which patient and public are both involved and engaged in its work. This has involved use of partner networks to gain feedback and input from patient groups. Over the coming months, there'll be an expansion of the opportunities for the people of Leeds to share their thoughts and experiences with the LAHP.

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

4.2.1 This report addresses the importance of equality as a core issue and it recognises that the reduction of health inequality is not only an effect of more fairly distributed growth and prosperity but is, in turn, a driver in its own right of 'good' growth. Much depends on the better targeting of support and stratification of our population's health to ensure resources are directed to where they are needed most

### **4.3 Resources and value for money**

4.3.1 The focus on a 'joined up' approach based on partnership working and a 'city first' approach is essential to reducing duplication, elimination of waste and ensuring our commitment to make best use of the Leeds £. Each of the strategies presented have been developed upon partnership and a pooling of resources to deliver shared outcomes with a priority focus on the reduction of health inequalities

### **4.4 Legal Implications, access to information and call In**

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

## **4.5 Risk management**

4.5.1 Taken together good progress has been made to establish the Leeds as a national leader in digital inclusion but much remains to be done to increase the scale and pace of take up of digital capabilities amongst our more vulnerable and deprived communities. It's therefore critical that the city continues to build its success in bidding for and attracting the further investment that will be key to meeting the scale of the challenge. Any loss of bidding capacity threatens to undermine the progress and momentum developed in delivering the strategies and supporting initiatives included in this report

## **5 Conclusions**

5.1 The causes and drivers of health inequalities in Leeds are complex and often develop over long periods of time. Similarly many of the solutions to reduce those causes or remove the barriers to inequality require sustained investment in partnerships and will take several years to deliver the promised benefits of a prosperous but compassionate city. The approach taken to establish the placed based partnership driven approach recognises the size of the challenge and the importance of building on interdependency between both sectors and partner organisations. This includes the need to build trust and robust delivery arrangements which can be either targeted or more widely distributed where this is required.

## **6 Recommendations**

6.1 The Health and Wellbeing Board is asked to:

- Identify any further opportunities to progress and provide strategic direction.
- Discuss how they can further support the work.
- Advise how they would like to receive future reports of progress and on the frequency of these reports.

## **7 Background documents**

7.1 None.

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**How does this help reduce health inequalities in Leeds?**

This report addresses the importance of equality as a core issue and recognises that the reduction of health inequality is not only an effect of more fairly distributed growth and prosperity but is, in turn, a driver in its own right of ‘good’ growth. Much depends on the better targeting of support and stratification of our population’s health to ensure resources are directed to where they are needed most.

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

The report describes shared strategies and activities supporting a joining up in a partnership approach that embraces both citizens and communities and the research and bidding expertise available to persuade funding providers that Leeds provides the best place to pilot, test and scale solutions that effectively meet need and support wellbeing and reduce inequalities in this digital age.

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

‘Joining up’ saves money by reducing duplication and targeting combined resources towards shared priorities including the reduction of health inequalities. It also provides a common front and message to funders and investors that Leeds is the best place in the UK to initiate innovation in health and care. This translates in to more effective bidding and lobbying for new resources and investment in our system.

**Future challenges or opportunities**

The Health and Wellbeing Board will be considering workforce aspects of the Health and Wellbeing Strategy 2016-2021. They may wish to consider in this respect the work of the LAHP to develop a Health and Care Academy and the Leeds Digital Strategy’s Developing digital practitioners; Discovery report and model April 2016. Both of these initiatives support the reduction of health inequalities through workforce training and education.

**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                 | ✓ |

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## **The Scale of the Challenge and the role of the Economy, Innovation and Investment in Reducing Health Inequalities**

Appendix A provides background information to presentations on Health Inequalities from Paul Bollom, Interim Chief Officer Leeds Health Partnerships and the Economy from Colin Mawhinney, Head of Innovation Leeds Health Partnerships.

### **The Scale of the Challenge**

1. The Health and Wellbeing Strategy provides an overview of the extent and impact of health inequalities in Leeds. Similarly, analysis of the Public Health England (PHE) health profiles for 2016 illustrate the areas where the city is facing significant health challenges
2. While the city is significantly better than the national (England) average in terms of statutory homelessness and violent crime, it is significantly worse in terms of deprivation, child poverty and long term unemployment, all major determinants of good health, and in levels of GCSE attainment, although the latter does show recent improvements.
3. Children's health is significantly worse than the national position in respect of smoking status at time of delivery, breastfeeding initiation and under 18 conceptions.
4. In terms of specific diseases, the city is significantly worse than the national average in relation to hospital stays for alcohol related harm, drug misuse and sexually transmitted infections. While the percentage of recorded diabetes is significantly better than the national average, it does show a slight worsening trend.
5. Life expectancy at birth of both males and females is also significantly worse than the national average, as are smoking related deaths, and the under 75 mortality rate for cardiovascular disease and cancer. Similarly differences in life expectancy between different areas are ranked amongst the highest in the UK with. For example, a 10 year difference between Harewood and Hunslet.

### **The Leeds Health and Wellbeing Strategy 2016-2021**

6. The Health and Wellbeing Strategy, in its core vision, commits partners to the reduction of health inequalities and specifically identifies a strong economy with quality, local jobs as a key contributor to its delivery. The strategy also recognises the need to 'maximise the benefits from information and technology with the potential to make a much larger impact'. Whilst much has been achieved to realise this potential since the launch of the strategy much remains to be done before the City can fully claim to have realised its ambition. The keys means to ensure delivery of these priorities is to ensure they are integrated and inform investment across all sectors and services in Leeds, generally, through the Leeds Economic Growth Strategy and specifically through the Leeds Digital Strategy.

### **The Leeds Economic Growth Strategy**

7. The current growth strategy (2011-16) identifies health as a major contributor to the city's economy with the potential to make a much larger impact. It includes a statement of intent to pursue opportunities and priorities to deliver growth and get Leeds working to its fullest capacity including the Health Economy based on its 'assets'. The strategy informed the development of partnership activity which helped to drive investment and create jobs and these are summarised in Appendix D.
8. A new Leeds Growth Strategy, to be launched 2017, will run from 2017 - 2020 and will set out the City's ambitions and framework to support economic growth. It will identify main sectors including health and care and locations for growth, alongside regeneration, housing, skills, transport and infrastructure opportunities. Growing the economy and increasing productivity have many benefits by providing prosperity for people, more money for public services, reducing unemployment and increasing wages. This will be dependent upon the ability of the city to attract both innovation and the investment needed to support it.

9. The attraction and nurturing of both innovators and investment in health and care takes place in an environment which is often competitive and requires a proactive, place based and partnership driven approach to bringing funding to where it is most needed.
10. The skills and ability to seek and secure funding typically requires specialist knowledge and skills specific to a sector. In health and care in Leeds these skills have been dispersed across partner organisations enabling the city to compete for smaller opportunities but, until recently, hampering the delivery of larger cross cutting funds from both public and private sector sources. This is changing, particularly, with the establishment of the Leeds Academic Health Partnership (LAHP, Appendix C) and also with increasing interest from private sector innovators and investors in Leeds as a place to do business. Investment from the private sector has much to bring, directly, to benefit health and care and to tackle health inequalities in the city. A selection of pre-recorded video interviews with innovators and investors describing their work to grow their business in Leeds and their contribution to the reduction of health inequalities in the City will be included as part of the presentation.
11. Local companies such as Brandon Medical, a manufacturer of surgical theatres have through expansion, in Morley, brought jobs and apprenticeships. RSL Steeper, a manufacturer of a range of technologies from prosthetic limbs and eye gaze technology, in Hunslet have developed products and services supporting independent living for some of the most vulnerable members of our community. Similarly Depuy Synthes having recently invested £24m in a new product development facility in Beeston has secured jobs, created apprenticeships and worked with the local community and schools on a range of issues in addition to working with the University of Leeds to research the next generation of solutions for hip and knee replacement.
12. Work also continues to attract investors from outside the city to base their operations in the city. Many of these are attracted by the strength of existing capabilities such as informatics and analytics developed through home grown talented companies such as TPP and EMIS, also major providers of jobs and services supporting communities. Engagement with new investors therefore includes broader conversations about how they can support work with the wider community and third sector such as Leeds Community Foundation. It also includes support through local bottom up initiatives to incubate and grow start-ups and smaller SME's (small and medium-sized enterprises) in and around our communities through the Digital Strategy and engagement through local platforms such as the Open Data Institute and Future Labs.
13. The combined purchasing power of partners and other anchor institutions based in around Leeds can provide, where appropriately applied, powerful leverage for these conversations with both innovators and investors. A recent report by Joseph Roundtree Foundation, 'Maximising the local impact of anchor institutions case study; Leeds City Region'<sup>1</sup> found that ten anchor (public sector) institutions in the Leeds City Region (LCR) spend £1.4 billion a year on procuring goods and services; just four anchors in the study – Leeds City Council, Leeds Teaching Hospital NHS Trust, University of Leeds and Leeds Beckett University – collectively employ 56,500 workers, the vast majority of whom live and work in the Leeds City Region (LCR). The disposable income that this generates makes a major contribution to the demand for goods and services in the LCR economy. The report adds that with a collaborative, systematic approach, there is the potential to achieve so much more. This is true for health where collaborative approaches to the procurement of IT and digital capabilities are leading to broader engagement to address jobs, training and better connections for citizens and their communities.
14. Having set the scene, in terms of the challenges of health inequality in Leeds and the broader context of growth, innovation and investment required to tackle it, the discussion can turn now to specific initiatives focused on innovation and supporting system change in Appendix B.

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<sup>1</sup> Maximising the local impact of anchor institutions: a case study of Leeds City Region; David Devins, Jeff Gold, George Boak, Robert Garvey and Paul Willis (JRF16th Jan 2017): <https://www.jrf.org.uk/file/49854/download?token=hsuNtCDC&filetype=full-report>

## The Leeds Digital Strategy and its approach to reducing health inequalities

1. The Leeds Digital Strategy takes a system wide approach to investment in infrastructure supporting the economy and services within it. The strategy starts with health and wellbeing as the foundation from which other things can build. Digital technology and information is a critical enabler for both growth and its distribution to secure outcomes supporting a reduction in health inequalities. A key strand of the strategy, the 'One City' approach, seeks to integrate technology provision to the delivery of Health and Care services and has at its core a commitment to digital inclusion in the context of neighbourhoods and communities.
2. The architecture of infrastructure supporting the delivery this strategy has participation by citizens and service users embedded in delivery of digital services. The success of the strategy will depend on continued progress to broaden and deepen digital access provided to both citizens and practitioners, through the Leeds Care Record. The strategy has in turn helped to shape Leeds Digital Road map, which describes a 5-year digital vision, a 3-year journey towards becoming paper-free-at-the-point-of-care and 2-year plans for progressing a number of predefined 'universal' capabilities. The key programmes emerging from the strategy and road map reflect this emphasis on digital inclusion and its importance in reducing health inequalities and will be included in the presentation to Health and Wellbeing Board.
3. The strategy fully recognises the extent of digital exclusion in the city and the risk this poses to both the wellbeing and economic prospects for those affected. Research findings provided by the city's '100% Digital Leeds' initiative indicates that 13% of adults in Leeds have never been online, and 23% of the adult population of Leeds lack basic digital skills equating to approximately 90,000 people. This has important implications for vulnerable communities. Increasingly transactions for services provided by both private and public sector are provided online and the impact of digital exclusion threatens to reduce timely access to services at a level and to a quality compared to those enjoyed by service users with digital access.
4. These people are also more likely to be disabled, unemployed, on a low income or have low literacy and numeracy levels. These are the very people who would most benefit from being digitally included. The main factors given by digitally excluded people as to why they are not online are:
  - Lack of online skills/confidence
  - Cost of equipment and broadband access
  - Lack of interest/motivation
5. Leeds' libraries offer free wifi at 35 locations, many of which are co-located within community hubs, plus there are almost 90 other public buildings, including town halls and community centres that are wifi enabled, allowing users of mobile devices to get online without charge, and for those without the skills or confidence there is access to free training and support. However, the research indicates that more needs to be done to raise awareness of these free services, with only 3% of Council tenants recognising that this is available to them, despite it being freely available to all. The 100% Digital Initiative is addressing these issues.
6. A key vehicle for reaching out to and engaging with communities in Leeds is the MHabitat Project. The Mhabitat Project is hosted by and is part of the NHS and supports digital innovation in the NHS and wider public sector from early stage discovery through to strategic planning. It is committed to widening participation in digitally provided wellbeing services and empowerment and has been at the forefront of work to increase digital literacy for both health and care practitioners and communities. An overview of their work to promote people driven innovation and digital inclusion will be presented to Health and Wellbeing Board and includes;

- Digital inclusion for citizens
  - Digital practitioner – developing the confidence and skills of health and care practitioners
  - Co-designing digital technologies with citizens and practitioners
  - Digital innovation pathway – from early stage discovery to deployment and adoption
  - Research and evidence.
7. Taken together good progress has been made to establish the city as a national leader in digital inclusion, but much remains to be done to increase the scale and pace of take up of digital capabilities amongst our more vulnerable and deprived communities. It is therefore critical that the city continues to build its success in bidding for and attracting the further investment that will be key to meeting the scale of the challenge. This requires a joining up in a partnership approach that embraces both citizens and communities and the research and bidding expertise available to persuade funding providers that Leeds provides the best place to pilot, test and scale solutions that effectively meet need, support wellbeing and reduce inequalities in this digital age.

## The Leeds Academic Health Partnership

1. This paper provides an outline description of how research, innovation and higher education assets in Leeds can help in tackling health inequalities, primarily, through the recent establishment of the Leeds Academic Health Partnership (LAHP). This is intended to support a presentation summarising the purpose and emerging projects of the LAHP to the Health and Wellbeing Board. It includes a case study on the Centre for Personalised Medicine and Health which will be launched later in 2017.
2. The LAHP was formally established in November 2015 and represents a crucial new development in delivering the city's commitment to 'good' growth. The LAHP will support positioning of the city to ensure alignment with both regional and national priorities of government and ensure the benefits are available for our local population. The focus of the opportunity will be to accelerate the translation of leading edge research and education to improve health outcomes, reduce health inequalities and drive the growth of our health economy. By drawing the City's academic, health and science assets into a new partnership, the LAHP, will bring the City's universities into the 'Leeds Plan' for partnership driven, citizen centred transformation to deliver funding, investment, education, skills and technology needed to drive economic growth and deliver its ambition to be the best for health in the UK.
3. The LAHP plans to utilise academic assets to support the health and care system to reduce inequalities in health. The LAHP can, for example;
  - Support the health and care system to develop an analytics-based insight and an understanding of the drivers and determinants which create and perpetuate health inequalities, and then – through the research and subsequent application of that research – identify the actions that can be taken to reduce levels of inequality whether at a personal level – such as the disparity in life expectancy across the city – or in the wellbeing of communities.
  - Play a key role, in identifying opportunities and providing a welcoming environment to encourage development of new businesses which will have a positive impact on improving health and creating jobs.
  - Offer the opportunity to apply additional skills, knowledge and talent hosted in our universities to extend the benefits which can be realised through the implementation of the Leeds Care Record, not only locally for Leeds, but more widely across the region and the UK by;
    - building a framework upon which to develop a seamless and sustainable workforce, one which is organised around the public and patients. The basis of this is the Leeds Health and Care Academy. The Academy, the first of its kind in the UK, will stimulate a more efficient health and care system and ensure that a more streamlined experience for service users flourishes.
    - supporting the development of an evaluation and modelling service for health and care to enable quicker scaling and application of benefits from innovation.
    - formalising ways to ensure that patients and the public are both involved and engaged with the work of the partnership by using our partner networks to gain feedback and input from patient groups. Over the coming months, the opportunities for the people of Leeds to share their thoughts and experiences with us will be expanded. This will shape the projects and programmes the LAHP supports across the city.

**Case Study; The Leeds Centre for Personalised Medicine and Health:** Building on the recent success of the city in being selected as an Innovation UK Catapult Centre of Excellence for Precision Medicine in 2015 the LAHP is developing a robust, multidisciplinary, cross sector, collaborative, place based approach to promote personalised medicine and health.

The CPMH's working definition of personalised medicine and health is:

“a process by which the decisions made about health and care by patients and the public, supported by clinicians, are enriched and improved by the availability of the best possible information, technology and evidence.”

For example, this might be information available to the clinician about the genetic predisposition of individuals, which allows for more accurate stratification of patients – such as, the introduction of a newly developed diagnostic test which allows us to identify the best treatment regime for a patient first time, thereby avoiding wasteful treatment and unnecessary side-effects.

Or it may be involve giving the public and patients more access to tools and control of information themselves – e.g. through allowing them to monitor and manage their own conditions at home/in community settings, thereby reducing the need for in-patient and out-patient hospital episodes.

The new centre will support the city to rapidly develop the new personalised innovative technologies including In Vitro Diagnostics, Imaging modalities, Decision Support Systems, Wearable devices, Digital solutions and will engage innovators and investors to enable the delivery of the next generation of patient centred care.

The programme of work for the new centre is being developed in the context of LAHP aims including the reduction of health inequalities. It should be noted that the most significant gaps in population health including cancer, CVD and COPD disproportionately affect communities residing in deprived neighbourhoods of the city. The new centre offers the potential to matching our population's health and care needs with excellent science and innovation. The official launch will occur later in 2017.

## **Concluding Remarks**

The causes and drivers of health inequalities in Leeds are complex and these often develop over long periods of time. Similarly many of the solutions to address cause or reduce or remove the barriers to inequality require sustained investment in partnerships and will take several years to deliver the promised benefits of a prosperous but compassionate city. The approach taken to establish the LAHP recognises the size of the challenge and the importance of building on interdependency between both sectors and partner organisations. This includes the need to build trust and robust delivery arrangements which can be either targeted or more widely distributed where this is required.

The LAHP has therefore prioritised in its first full year of operation the need for new governance and management systems in support of accountability, effective decision making and delivery in addition to initiating and incubating its first phase of projects. The essential ingredient of internal progress this year has been the strengthening of core capacity and capability across our priority work areas, ensuring we have the right skills in place to lead and deliver our ambition going forward. As a result, the pace and momentum needed to deliver these projects at a scale necessary to impact health inequalities can be expected to build throughout 2017 and 2018 to deliver positive outcomes of lasting significance in the reduction of health and care inequality in Leeds.

## Review of progress since the launch of Leeds Economic Growth Strategy 2011

1. The Economic Growth Strategy 2011 included a statement of intent to pursue opportunities and priorities to deliver growth and get Leeds working to its fullest capacity including the Health Economy based on its 'assets'. An overview of significant investment in Health and Social Care investment from both public and private sector is provided below;
2. **Private Sector**
  - **Avacta** - (Former University of Leeds) expansion on site (Thorp Arch)
  - **BJSS** successfully deliver SPINE 2 and expand in Leeds
  - **Brandon Medical** expansion and relocation to Morley in Leeds
  - **Depuy Synthes** major consolidation and expansion of the Beeston site with the development of a new product development and research hub
  - **EMIS** - major expansion including acquisition and development of a new HQ at Rawdon
  - **Escubed** - relocation and expansion in Thorp Arch
  - **Rosemont Pharmaceuticals** - expansion in Holbeck, following acquisition by Perrigo
  - **TPP** - major expansion and development of a new HQ in Horsforth
  - **Tissue Regenix** expansion and development of new site in Swillington, Leeds
  - **RSL Steeper** expansion and development of new R&D /Demonstrator Lab
  - **Elida Gibbs** - plans for expansion on existing Leeds Site
3. **Universities**
  - MRC and ESRC grant awards enable establishment of Leeds Institute of Data Analytics.
  - EPSRC Awards fund the establishment a Centre in Innovative Manufacturing in Medical Devices.
  - Leeds Beckett University open the new Clinical Simulation Training Suite.
4. **Public Sector**
  - NHS Leadership Academy established and expands at its new base in Leeds City Centre.
  - Creation of the Leeds Care Record places the City in a leading position in the development of Electronic Care Records in the UK.
  - NHS Digital expands its workforce based in Leeds City Centre.
  - Leeds City Council relocates and expands Assisted Living Leeds.

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