



## HEALTH AND WELLBEING BOARD

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Meeting to be held at Leeds Mencap, in The Vinery Centre,  
20 Vinery Terrace, Leeds LS9 9LU  
on  
Thursday, 20th April, 2017 at 9.30 am

*(There will be a pre-meeting at 9.00 am for Board Members)*

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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
	NHS Leeds South and East CCG
Dr Gordon Sinclair	NHS Leeds West CCG
Nigel Gray	NHS Leeds North CCG
	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 Adults & Health  
Steve Walker – Director of Children & Families

#### **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
2			<p><b>WELCOME AND INTRODUCTIONS</b></p> <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.

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## **MINUTES**

To approve the minutes of the previous Health and Wellbeing Board meeting held 20<sup>th</sup> February 2017 as a correct record.

1 - 6

9

## **DRAFT NHS LEEDS CLINICAL COMMISSIONING GROUPS (CCGS) ANNUAL REPORTS 2016-2017**

To consider a report which presents excerpts from the draft 2016-17 Annual Reports of each of the three NHS Leeds Clinical Commissioning Groups (CCGs) in relation to partnership working with the Health and Wellbeing Board and wider partners to help deliver the Leeds Health and Wellbeing Strategy 2016-2021.

7 - 44

10

## **DATE AND TIME OF NEXT MEETING**

To note the proposed date and time of the next Board meeting as 20<sup>th</sup> June 2017 at 2.00pm (with a pre-meeting for Board members at 1.30 pm)

### **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

MONDAY, 20TH FEBRUARY, 2017

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

Councillors D Coupar, B Flynn, S Golton  
and L Mulherin.

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

Dr Jason Broch	NHS Leeds North CCG
Dr Gordon Sinclair	NHS Leeds West CCG
Nigel Gray	NHS Leeds North CCG

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

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

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

Moira Dumba - 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**

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

#### **42 Welcome and introductions**

The Chair welcomed all present and brief introductions were made.

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

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

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

The agenda contained no exempt information.

#### **45 Late Items**

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

#### **46 Declarations of Disclosable Pecuniary Interests**

There were no declarations of disclosable pecuniary interest.

#### **47 Apologies for Absence**

Apologies for absence were received from Councillor G Latty, Steve Walker and Julian Hartley. Councillor B Flynn, Sue Rumbold and Liz Kay were welcomed as substitute members.

Draft minutes to be approved at the meeting  
to be held on Thursday, 20th April, 2017

**48 Open Forum**

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

**49 Minutes**

**RESOLVED** – The minutes of the previous meetings held 20<sup>th</sup> October and 24<sup>th</sup> November 2016 were approved as a correct record.

**50 Matters Arising**

**20/10/16**

Minute 15a) St Gemma’s Hospice – Councillor Charlwood briefly reported on a visit to St Gemma’s Hospice undertaken by Board members and expressed her support for the Hospice as an example of best practice for the City.

Minute 27 Future in Mind, Leeds – Councillor Mulherin reported on the recent launch of the strategy and a copy of the summary document was made available for Board members.

**51 Introducing the Leeds Commitment to Carers**

The Board received a report from Leeds Carers Partnership on the “Leeds Commitment to Carers” which included a series of carer and organisational statements; recognising the Leeds Carers Partnership as a key strategic influencer and champion.

The report was presented by Mick Ward, (Integrated Commissioning, Adult Social Care & NHS Leeds North CCG) and Val Hewison (Chief Executive, Carers Leeds).

Ms Hewison reported that in her discussions with carers, repeated themes were love (for family carers); carers feeling invisible (all the focus is on the person being cared for); and fear (of what may happen in the future if they were not there to care). She reported that most care in Leeds was provided by a family carer, and most carers do not access services for themselves, they attend only to access care with/or for the recipient of care. It is important to ask “are you a Carer?” at that point

She highlighted that the Carers Commitment should:

- Ensure that recognition, partnership and support for carers is our ‘usual business’.
- Ensure that carers are able to continue to work and act as a carer. Just giving 10 hours of family care has detrimental impact on a carer’s own career or education
- Tie together the strands of the previous 5 Year forward view (emphasised prevention and carers wellbeing) and the Sustainability & Transformation Plan (focus on relationships)

Finally, the Board congratulated the Carers Leeds Partnership Board as it had been awarded the Health Service Journal Award for Integrated Commissioning for Carers in recognition of its integrated approach to carers support.

Discussions included consideration of:

- The scale of the task of offering support to carers, noting that 1:10 of the population were carers
- Carers' identification, acknowledgement and support could be achieved through partnership working. It was reported that partnership with 3<sup>rd</sup> sector organisations had already been secured; respite care was available to support carers; and partners could influence other commissioners/provider to ensure that carer support is built into all parts of business and work plans.
- The role of the Steering Group to record and monitor progress against an organisation's own action plan.
- The ongoing work to secure agreement from each LCC Directorate to sign up to the action plan
- The change in the carer workforce - from older persons caring for their spouse/partner to carers tend to be of working age – and concern over the difficulty in identifying young carers and older people with learning difficulties who now cared for their elderly parents/family member. The comments regarding identification of young carers were noted for further consideration by all present

In conclusion the Chair expressed the support of the Board and commended the work of the partnership

#### **RESOLVED**

- a) To endorse the Leeds Commitment to Carers.
- b) That the Leeds Carers Partnership be tasked with promoting the Leeds Commitment to Carers and reviewing all action plans
- c) That the Leeds Carers Partnership be requested to present a progress report in 2018

## **52 Reducing Health Inequalities through Innovation and System Change**

The Board considered the report of the Head of Health Innovation, Leeds Health Partnerships on how innovation and system change provide the means by which the reduction of health inequalities will be delivered. The report set the scene for a series of presentations on the key issues and opportunities to be addressed in an effective programme of delivery. Additionally the report included an overview of the scale of health inequality in Leeds and the role of economic growth, the Leeds Digital Strategy and investment through partnership.

The Leeds Growth Strategy - Colin Mawhinney provided an overview of the Strategy 2011/16 which was currently under review. The Strategy had taken account of the diversity of the city, quality of life as well as measurable outputs and had recognised the role of partnership working. The review would focus on implementation; and consider the impact of Brexit, employment and the predicted economic growth for Leeds, particularly in the digital and education sectors. Key to being able to address health inequality was a strong; growing economy. Future productivity was influenced by health, skills and support. Small and Medium Enterprises (SME's) were a large part of the healthcare sector in Leeds providing a number of jobs and requiring support as they expanded.

Draft minutes to be approved at the meeting  
to be held on Thursday, 20th April, 2017

The Board received a short video presentation. Representatives from 4 SMEs highlighted the advantages of being based in Leeds – the collaborative approach between the business and education sectors; the local talent pool; skills, support and transport infrastructure which encouraged easy access to the city and allowed SMEs a greater regional reach to provide services and encourage staff.

Challenges ahead included ensuring the continued development of a local talent pool with relevant skills; and encouraging local commissioners/business to buy local products and services.

The Board welcomed the context and framework for inward investment provided by the presentation and noted comments on issues including:

- Securing new jobs for Leeds residents
- The existing skilled workforce in the digital and education economy. Further consideration to be given to create opportunities for different skills/workforce to support other parts of the general economy which in turn will raise the standard of the health and wellbeing of Leeds citizens
- The challenge of encouraging uptake of health and care jobs when pay, conditions and hours may not be seen as favourable as other sectors
- Recognition of the link between economic deprivation and health inequality and the need to target economic growth, education and new skills to areas of deprivation.

The Leeds Digital Strategy – Dylan Roberts emphasised the role of Digital Economy in supporting health and wellbeing of the population and identified the link between Leeds' Digital Roadmap and the Leeds Health & Care Plan – a place based approach will support the appropriate platform on which to create and share design principles. Arrangements were being put in place to deliver a city digital team supported by NHS Digital. The Board was urged to consider the positive impact of digital/technology on self-care and prevention and the opportunity for SMEs to establish new products – such as a smartphone app. It was noted that European funding had been secured to support Leeds companies to fund innovative products

(Moira Dumma, Gordon Sinclair and Councillor D Coupar withdrew from the meeting for a short while)

The Board heard from Victoria Betton of mHabitat, a company supporting digital innovation in the NHS and wider public sector. The company had received funding to consider the challenge around digital practising and she highlighted the need to update the technology in use in the health care sector to better support practitioners in the field – such as appropriate smart phones for home visits.

Discussion recognised that the use of digital technology can be transformative and is crucial in many health and care service workplaces; although it was acknowledged that the initial roll-out of technology to staff was not without



challenges. It was suggested that sharing digital design principles should ensure SME's capabilities and ensure the future of information sharing.

Leadership in Innovation and System Change – Mike Messenger, Leeds Centre for Personalised Medicine & Health, joined the meeting via Skype from San Francisco. The 2016 Precision Medicine Catapult had encouraged Leeds developers/practitioners to consider personalised medicine and health in all three health settings – hospital, general practice and community health. Leeds developed a whole system approach which was now being mooted as a best practice example. The challenge now was to develop and use new products and ways of working much sooner. Precision medicine aimed to improve and enrich decisions taken by individuals about their own health, wellbeing and care through the use of technology. The technology could also be used to identify when/or if a patient may become ill, or assist with identifying appropriate medicine

(Maira Dumma left the meeting at this point)

Leeds was seen as being a good place to trial precision medicine due the diverse population and medical needs, the large healthcare system and because of the relevant expertise and skills already in the city within the universities and hospitals.

Mr Messenger explained that the founding principle of the co-operative was to utilise the data already available in care packages and care paths, and to identify where added value was gained, or lost, on the patients' care path. He identified current challenges as being:

- gaining access to real time data from care services which prevents the co-operative undertaking service modelling
- gaining access to patients and consent to use their data.

Board members noted the comments made during the video presentation seeking to encourage commissioners to review their procurement mechanisms and expressing concern that Leeds CCGs did not procure Leeds made products. The Board also noted the response that discussions were being held with CCGs on this matter.

The Board felt it was important to identify which organisations will lead and progress the roll-out of the various initiatives and to ensure that localities with historical health challenges are included.

In conclusion the Board commented that technology was not just about productivity, but was a facilitator to interact with patients and hold citizens' information. Increasingly, technology in the health and care sector should empower individuals to help them get what they want out of health and care services.

Having considered the report and presentations, the Board

**RESOLVED –**

- a) Noted the further opportunities for the Board to progress and provide strategic direction identified during discussions

- b) Noted the discussions on how members of the Board can further support the work
- c) To receive future progress reports as and when appropriate

**53 Any Other Business**

**West Yorkshire & Harrogate Sustainability & Transformation Plan**

Freedom of Information request – Councillor Flynn sought assurance that no information had been withheld from the published WYH STP. He reported on a recent FOI request made to secure the publication of the appendices to the STP, which had been refused by NHS Wakefield CCG under the provisions of Section 36(2) (ii) of the FOI Act. Relevant representatives assured the Board that they were not aware that any information had been withheld from the public domain, and had attended STP meetings where a transparent approach had been agreed.

Next Steps – Confirmation of the date for publication, recorded as December 2017 in the WYHSTP, was requested. It was agreed that this information would be provided directly to the Board member.

**54 Date and Time of Next Meeting**

**RESOLVED** – To agree that the next meeting on 20<sup>th</sup> April 2017 would be re-scheduled as an informal workshop for Board members.



**Report of:** Anne Akers, Interim Head of Communications, Engagement, Equality and Diversity, NHS Leeds South and East CCG on behalf of the three Leeds CCGs

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

**Date:** 20 April 2017

**Subject:** Draft NHS Leeds Clinical Commissioning Groups (CCGs) Annual Reports 2016-2017

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

## Summary of main issues

NHS England requires all NHS Clinical Commissioning Groups (CCGs) to produce annual reports in a prescribed format to a specific timescale.

One of the statutory requirements is for CCGs to review to what extent they have contributed to the local joint health and wellbeing strategy, to include this review in our annual reports and to consult with the Health and Wellbeing Board in preparing them.

However the timescales on submission, with a deadline for the first drafts of our annual reports due on 21 April, gives us very little time to engage with the Health and Wellbeing Board to the extent that we would all expect. In bringing the relevant draft content to this meeting, we hope to obtain some feedback which we can include in the report.

With our One Voice approach next year, working together as the three CCGs, we will be better equipped to begin an earlier joint discussion with members to help shape the content and consider the wider context of alignment with the Leeds Health and Wellbeing Strategy 2016-2021.

This report highlights the relevant sections from the draft annual reports of the three NHS Leeds CCGs (Appendices 1, 2 & 3) and asks members to comment on the extent of their input into the Leeds Health and Wellbeing Strategy 2016-2021.

The Health and Wellbeing Board is asked to:

- Review and comment on the information submitted and the extent of the NHS Leeds CCGs' input into the Leeds Health and Wellbeing Strategy 2016-2021.
- Acknowledge the extent to which the NHS Leeds CCGs have contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- Agree to the formal recording of this acknowledgement in the NHS Leeds CCGs' annual reports according to statutory requirement.

## **1 Purpose of this report**

This report presents excerpts from the draft annual reports of NHS Leeds North CCG, NHS Leeds South and East CCG and NHS Leeds West CCG in relation to our partnership working with the Leeds Health and Wellbeing Board and wider partners to help deliver the Leeds Health and Wellbeing Strategy 2016-2021.

## **2 Background information**

NHS England requires all NHS Clinical Commissioning Groups (CCGs) to produce annual reports in a prescribed format to a specific timescale. The annual reports are in three sections:

- Performance Report, including an overview and performance analysis
- Accountability Report, including a corporate governance report, CCG members' report, statement of the Accountable Officer's responsibilities, governance statement and remuneration and staff report
- Annual Accounts

One of the statutory requirements is for CCGs to review to what extent they have contributed to the local joint health and wellbeing strategy, to include this review in our annual reports and to consult with the Health and Wellbeing Board in preparing them.

However the timescales on submission, with a deadline for the first drafts of our annual reports due on 21 April, gives us very little time to engage with the Health and Wellbeing Board to the extent that we would all expect. In bringing the relevant draft content to this meeting, we hope to obtain some feedback which we can include.

## **3 Main issues**

We consider effective partnership working to be fundamental to the way we do our business as CCGs and reflect this throughout our annual reports.

Each of the NHS Leeds CCGs is represented on the Leeds Health and Wellbeing Board. We actively supported the Joint Strategic Needs Assessment (JSNA) to identify the current health and wellbeing needs of local communities and highlight health inequalities that can lead to some people dying prematurely in some parts of Leeds compared to other people in the city.

We consider ourselves to be full partners in commissioning health and care services for the benefit of local people, actively supporting the 12 priority areas:

- 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 local jobs;
- Get more people, more physically active, more often;
- Maximise the benefits from information and technology;
- A stronger focus on prevention;
- Support self-care, with more people managing their condition;
- Promote mental and physical health equally;
- A valued, well trained and supported workforce; and
- The best care, in the right place, at the right time.

The excerpts in the appendices give examples of how the NHS Leeds CCGs have worked together with the Leeds Health and Wellbeing Board and other partners and outline some of the achievements. They also present a narrative on tackling health inequalities.

They are presented in three separate appendices as each CCG has slightly different approach, however the core message on commitment to partnership working is the same.

They key common points include:

- A commitment to partnership working across health and social care and the third sector including membership of the Health and Wellbeing Board and its executive arm, the Leeds Integrated Commissioning Executive (ICE)
- Contribution to the West Yorkshire and Harrogate Sustainability and Transformation Plan and Leeds Plan
- Specific city-wide initiatives for example MindWell, MindMate, the Maternity Strategy plus promoting and supporting services to support people to self care and adopt healthy lifestyles
- Agreement on the Better Care Fund
- Tackling health inequalities
- Signatories to the Commitment to Carers

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

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

The plans outlined in the annual report have been subject to consultation and engagement with citizens, patients and stakeholders in their development. Engagement on the developing plans is ongoing.

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

The annual reports outline actions that have been taken with the intention of reducing inequality and through greater engagement with communities.

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

The annual report does not require any resource allocation.

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

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

#### **4.5 Risk management**

NHS Leeds CCGs hold a combined risk register, monitored through their Governing Bodies and amended as required.

#### **5 Conclusions**

While the timescales which are outside our control have made it difficult for us to engage with members of the Health and Wellbeing Board to the extent that we would like, we have presented examples of how we have contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021, which will be included in the annual report.

With our One Voice approach next year, working together as the three CCGs, we will be better equipped to begin an earlier joint discussion with members to help shape the content of the annual reports and consider the wider context of alignment with the Leeds Health and Wellbeing Strategy 2016-2021.

#### **6 Recommendations**

The Health and Wellbeing Board is asked to:

- Review and comment on the information submitted and the extent of the NHS Leeds CCGs' input into the Leeds Health and Wellbeing Strategy 2016-2021.
- Acknowledge the extent to which the NHS Leeds CCGs have contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- Agree to the formal recording of this acknowledgement in the NHS Leeds CCGs' annual reports according to statutory requirement.

#### **7 Background documents**

None.



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

The annual reports of the NHS Leeds CCGs highlight partnership working to reduce health inequalities, outlining plans, targets and achievements.

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

The annual reports provide a narrative on how the NHS Leeds CCGs have worked in partnership to help create and sustain a high-quality health and care system.

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

The annual reports outlines how the NHS Leeds CCGs are working in partnership across the Leeds health and social care economy as part of the wider Sustainability and Transformation Plan process.

**Future challenges or opportunities**

As part of the One Voice process the NHS Leeds CCGs will be working together much more closely over the coming year.

**Priorities of the Leeds Health and Wellbeing Strategy 2016-21  
(please tick all that apply to this report)**

A Child Friendly City and the best start in life	✓
An Age Friendly City where people age well	✓
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	✓



## Appendix 1:

### Excerpt from NHS Leeds South and East CCG Draft Annual Report 2016-2017

## Reducing health inequalities

We are committed to addressing the health inequalities that exist within our population via through our Strategic Aim 1: *to improve the health of the whole population and reduce inequalities in local communities.*

Health inequalities can be defined as differences in the distribution of health determinants or health outcomes between different population groups. One measure of health inequalities is the difference in life expectancy between different population groups.

There is a life expectancy difference of 6.6 years between the outer and inner Leeds areas that make up this CCG's footprint. In our male population there is a life expectancy difference of 7.2 years between areas and in our female population there is a life expectancy difference of 5.4 years between areas.

A co-ordinated work programme has been carried in the last year which aims to reduce health inequalities and improve the health of the whole population. A few examples are:

### Healthy lifestyle choices

Funding from the CCG has provided an enhanced health trainer service for patients and the **Today's the Day** to encourage local people to access stop smoking services. Primary care staff have supported patients to make positive health behaviour choices such as health checks and taking the bowel cancer screening test.

### Improving overall health and wellbeing

We have continued to fund initiatives to improve overall health and wellbeing. We have continued to support Forward Leeds to provide an enhanced local service to people experiencing issues with their alcohol consumption.

Funding has delivered enhanced services locally addressing the wider determinants of health, including the warmth through health activity and additional Leeds Citizens Advice Bureau financial advice sessions.

We have continued to invest in **Connect for Health**, the local social prescribing service which aims to support local people to improve their overall health and wellbeing by linking them to local community activity, groups and support.

A **Best Start** work programme to encourage more local people to be more physical active has been developed.

As well as focusing on preventable deaths, we have also put in place strategies to improve the health and wellbeing of those living longer, for example earlier diagnosis of long term conditions, such as coronary heart disease, diabetes, hypertension and dementia. Over the last year we have continued to implement best practice in the management of long-term conditions, including the ongoing implementation of a **Year of Care** Approach in GP Practices.

We have worked in partnership with key stakeholders including the South East Health and Wellbeing Core Group to tackle the wider determinants of health.

### Measuring outcomes – Potential Years of Life Lost (PYLL)

We are keen to measure the outcomes that our work programmes are having on patient and population health and wellbeing. Potential Years of Life Lost (PYLL) amenable to healthcare is one indicator used to measure our progress against our ambition to reduce mortality rates.

Our two-year operational plan sets an ambitious target to reduce PYLL from conditions considered amenable to healthcare by 26.6% over 5 years (from 2013 – 2018). Data for 2014 showed an increase in the PYLL, this has followed a 3 year period of reduction in the PYLL. The increase in rate compared to the previous year can be seen more in males than females. However the 3 year rolling average continues to see a decrease of 2.3%. Our target to reduce the PYLL from causes considered amenable to healthcare is more ambitious than most CCGs and we have continued to carry out work to achieve the target set for 2016 / 17 through a range of focused activity.

## Working with partners

### Clinical commissioning groups

There are three CCGs in Leeds; NHS Leeds West CCG, NHS Leeds South and East CCG and NHS Leeds North CCG. As well as focusing on areas of local need, the CCGs in Leeds also work collaboratively to ensure equitable access to key NHS services such as those provided in an acute setting, community-based services and mental health and learning disability services. To do this the CCGs have representatives on a number of citywide provider management groups.

Provider Management Groups oversee the delivery of internal provider cost improvement plans on behalf of the Leeds Health and Wellbeing Board and the Leeds Health and Social Care Partnership Group, reviewing quality impact assessments as part of this process for:

- Leeds Teaching Hospitals NHS Trust;
- Leeds and York Partnership Foundation NHS Trust; and
- Leeds Community Healthcare NHS Trust.

As well as ensuring high-quality, safe and effective delivery of care the provider management groups are also tasked with increasing quality and innovation and productivity (QIPP). The QIPP programme is designed to ensure that public resources are managed effectively and innovative approaches are adopted to maximise the health and care budget.

As the NHS faced up to one of its most challenging periods in recent times, the provider management groups had to ensure appropriate levels of system resilience was in place. This allowed for safe and effective care to be provided to those with the greatest need while also managing demand for other services.

Due to the intense pressures there were times when difficult decisions were agreed such as delaying planned care (elective procedures) allowing for urgent and emergency care units to be appropriately resourced. In addition to this delayed transfers of care continued to be an issue and, working with providers and community organisations, the CCGs looked to implement solutions that reduced pressure on hospitals.

Discussions have been taking place about how the three CCGs can work together more collaboratively. To support this a project called One Voice has been established. As part of this a joint leadership structure is being set up with one Chief Executive Officer overseeing the work of the three CCGs. Another important role that has been established is that of a Chief Officer for System Integration.

Work is underway to establish citywide committees to cover governance, quality, finance and patient assurance which will be established to replace the current separate structures. The three CCG boards and governing bodies will still have statutory accountability and be governed by each CCG's respective constitutions. These constitutions are in the process of being updated so that the transitional arrangements can be implemented.

On an operational level the Leeds CCGs have been looking at key citywide healthcare services. Our plans are set in the context of national guidance as well as the West Yorkshire and Harrogate Sustainability Transformation Plan (STP) and the Leeds Plan.

The Leeds CCGs have taken on joint responsibility with NHS England to co-commission primary care (GP) services. This means we're working with our respective member GP practices to look at how we can improve access and quality in primary care GP services.

To support this the Leeds CCGs have put together a five year plan in direct response to the NHS GP Five Year Forward View. We have six ambitions that will help us to deliver the GP Five Year Forward View. These are: supporting and growing the workforce; improving access; transforming estates and technology use; better workload management; redesigning care delivery and resourcing primary care. You can find out more by reading [our plan](#).

Ensuring that children enjoy the best possible start to life is a citywide priority as outlined in the Joint Health and Wellbeing Strategy. As part of our efforts to support this, the Leeds CCGs are reviewing maternity services. This is an ongoing long-term review that has to date involved a number of key partners as patients and their families. This links in with the [Leeds Maternity Strategy](#) 2015-2020.

Our city's Joint Health and Wellbeing Strategy prioritises the mental health of citizens in Leeds. We've been continuing to invest in services that improve the mental health and wellbeing of people.

For children and young people we've continued to invest in child and adolescent mental health services (CAMHS) in direct response to feedback from service users and their families. We acknowledge that waiting times for services are high however our investment is beginning to make a difference. We've also continued to work with children and young people to further develop Mindmate. Mindmate is a website offering advice and support as well as signposting information for children and young people, parents/carers and frontline professionals.

Issues affecting access to mental health services are not restricted to children and young people. Therefore we've increased our efforts to ensuring adults can get the support they need at times of mental ill-health. We've increased investment leading to improved capacity to deliver IAPT (improving access to psychological services).

Similarly to our work with children and young people, we've involved citizens to help us develop a new single point of access website for adult mental health. Mindwell MindWell is the single 'go to' place for information about mental health in Leeds. It provides a portal for anyone living or working in Leeds, including GPs and other professionals, to get quick and easy access to up-to-date mental health information.

Antimicrobial resistance is one of the biggest threats to the health and wellbeing of people with scientists warning that if more isn't done then there's a risk that antibiotics will no longer work. We've been working with our partners to improve understanding of antimicrobial resistance among healthcare professionals and the wider public. This includes working with prescribers reducing the prescribing of antibiotics where they're not needed and developing awareness campaigns so that the public are aware of the risks of the overuse of antibiotics. We're also promoting linked messages to reduce the spread of infections such as effective hand washing and spotting the signs of sepsis.

### Leeds Health and Wellbeing Board

We have a seat on the Leeds Health and Wellbeing Board which has been established as a statutory committee of Leeds City Council. We actively supported the Joint Strategic Needs Assessment (JSNA) using a range of information and local and national statistics to identify the current health and wellbeing needs of our communities and highlighting health inequalities that can lead to some people dying prematurely in some parts of Leeds compared to other people in the city. The findings from the JSNA fed into the [Joint Health and Wellbeing Strategy for Leeds 2016-2021](#).

The Joint Health and Wellbeing Strategy has 12 priority areas:

- 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 local jobs;
- Get more people, more physically active, more often;
- Maximise the benefits from information and technology;
- A stronger focus on prevention;

- Support self-care, with more people managing their condition;
- Promote mental and physical health equally;
- A valued, well trained and supported workforce; and
- The best care, in the right place, at the right time.

Here are some examples of the progress we have made this year.

- We've kept members of the Health and Wellbeing Board informed of our work around the West Yorkshire and Harrogate Sustainability Transformation Plan and the linked Leeds Plan. This included highlighting current and anticipated pressures on the health and care system, efforts to address these and wider system resilience.
- Agreement on the Better Care Fund for 2016-2017. Plans included how partners will work to meet national conditions for social care, a joint approach to assessment and care planning including integrated care and a local plan to reduce delayed transfers of care.
- Tackling health inequalities and wider issues (determinants) that can lead to ill health. This included looking at issues such as poverty, air quality and taking action to reduce incidences of domestic abuse. However the Health and Wellbeing Board noted the continued funding cuts for public health and the impact this has on prevention initiatives leading to concerns to the impact this will have on health inequalities.
- There are over 250,000 people in Leeds under the age of 25. 10% of these young people are likely to have a mental health issue or need support with their emotional wellbeing. The Health and Wellbeing Board approved the Future in Mind Report to transform how support is offered and improvements can be made to the emotional and mental health of children and young people in Leeds. This included outlining plans on improving the support provided to children with Special Educational Needs and Disabilities (SEND). [Here](#) is a copy of the strategy.
- Carers play a valuable role in helping health and social care services often at great personal cost – both financially and emotionally. As a result the Health and Wellbeing Board signed up to the Leeds Commitment to Carers. The commitment has been supported by insight from carers gathered by Carers Leeds.

### Scrutiny Board (Adult Social Services, Public Health, NHS)

The Scrutiny Board (Adult Social Services, Public Health, NHS) reviews and scrutinises the performance of Adult Social Services, Public Health and the local NHS. The Scrutiny Board also reviews and scrutinises decisions taken by the Executive Board relating to Adult Social Care. Throughout 2016-2017 we have continued to keep the Scrutiny Board informed of our key decisions and plans to assure we meet our duties to consult as outlined in the NHS Act (2006).

In 2016-2017 we also updated the Scrutiny Board on the following areas.

- Work on developing the West Yorkshire and Harrogate Sustainability Transformation Plan and associated Leeds Plan
- Concern was raised around cancer waiting times in some specialities however the Board was informed of the progress made in this area and how Leeds has some of the quickest access to diagnostic services.

- Updates were provided throughout the year on how the NHS is responding to local pressures including A&E targets, waiting times for routine procedures and delayed transfers of care.
- Leeds' response to the NHS GP Five Year Forward View.
- One voice collaborative approach being adopted by the Leeds CCGs
- The closure of the Whinmoor surgery
- The community beds strategy

### Our NHS providers

We are pleased to be able to commission services from three NHS trusts in Leeds alongside other service providers.

We lead on commissioning services from Leeds Community Healthcare NHS Trust. Leeds West CCG leads on Leeds Teaching Hospitals NHS Trust with NHS Leeds North CCG leading on commissioning services from NHS Leeds and York Partnership NHS Foundation Trust. Our ambulance services are provided by Yorkshire Ambulance NHS Trust who also are the provider of NHS 111 for our region. In addition to this we fund services from a number of neighbouring providers so that we can uphold the rights of our patients to choose where they go for treatment where it is appropriate to do so.

You can find out how well our NHS providers are doing in the performance section of the annual report. Further details can also be found in our [Governing Body meeting papers](#).

### Leeds City Council

Leeds City Council commissions care and support services and is responsible for public health, which is a body of work that seeks to protect and improve health and wellbeing.

The future direction of health and care services set out in the NHS Five Year Forward View is around closer integration of health and social care services. These services would be delivered at a locality or neighbourhood level by care teams working together rather than working to their own organisation's boundaries. We've already started making progress in setting up [Live Well Leeds](#), one of the 'New Models of Care'. Our first pilot site is in Cross Gates and Beeston.

We welcomed the publication of the Director of Public Health's Annual Report and acknowledged the key areas that need to be addressed to improve the health of the population. This includes encouraging people to adopt healthier lifestyles and to take part in initiatives to protect their health such as the NHS Health Check, the flu jab or cancer screening.

We worked with Leeds City Council and community organisations to launch a strategy to reduce the number of suicides in the city. The Leeds Suicide Prevention Strategy is based on an audit of detailed findings of suicides to identify interventions that could help prevent people from taking their own lives. The Leeds Suicide Audit is considered to be the 'gold standard' of best practice and is recommended by Public Health England as a model for other areas to learn from.

## Community and voluntary sector organisations

The role of the community and voluntary sector (often referred to as the third sector) is crucial not only for the delivery of services but also to provide us with an opportunity to engage with some community groups who are sometimes referred to as 'seldom heard groups.'

Over the past 12 months we have been working with local community groups to run a number of engagement events and activities so that we can continue to develop services that meet local needs.

A decision was undertaken to cease funding for non-medical circumcision services. To help inform members of the public we worked with families who had used the service, local religious leaders, local GP practices and other services who work with families.

We've worked with our community and voluntary sector partners to develop a new approach to the NHS Equality Delivery System engagement and assessment of grades. This is a uniform approach adopted by all Leeds NHS organisations and has been developed by taking in the views of key partners including Healthwatch Leeds, Voluntary Action Leeds, Leeds Involving People and Forum Central.

The new Mindwell mental health website for Leeds was developed in conjunction with a range of community groups co-ordinated by Volition, allowing us to work with people to co-produce the site. Volition is a network of third sector, not-for-profit organisations that support people's mental health and wellbeing in Leeds.

We were delighted that our partners Carers Leeds won a prestigious Health Service Journal Award for the work they do to advocate on behalf of the city's carers. Carers Leeds won an Integrated Commissioning for Carers award in recognition of its integrated approach to carers support. Carers Leeds have also helped the city to develop a Leeds Commitment to Carers.

## Healthwatch Leeds

Healthwatch Leeds is represented on the Leeds Health and Wellbeing Board, giving patients and communities a voice in decisions that affect them. We have worked with Healthwatch Leeds to gather patient insight on local health services including an extensive survey and interview to capture the experiences of patients as part of our extended access to primary GP services scheme.

Healthwatch Leeds have also undertaken a number of reviews of services and published subsequent reports with recommendations. We'll be looking at how we can use the recommendations from these reports to influence how services are provided in the future.

## Care Quality Commission

The Care Quality Commission (CQC) is the registration body responsible for monitoring standards of care, and undertakes announced and unannounced inspections to providers either as a matter of routine or in response to concerns raised by patients and staff. To support sharing of information and intelligence on quality and standards of care the Leeds Quality Surveillance Group, represented by all three CCGs, also includes a representative from the CQC.



In 2016-2017 the CQC inspected 18 member GP practices and received reports for all of them. We were pleased that 17 were rated as good. Unfortunately one of our practices was rated as inadequate.

The CQC also undertook inspections of three NHS provider trusts in the city. At the time of writing we received reports for two of the three. We're pleased that Leeds Teaching Hospitals NHS Trust has moved to a good rating from its previous position of requires improvement. However Leeds and York Partnership NHS Foundation Trust was rated as requires improvement.

### Leeds Academic Health Partnership

The Leeds Academic Health Partnership is made up of the city's three universities, NHS organisations and Leeds City Council. The partnership has been set up to use innovations, education and research to improve health and care outcomes.. One of the areas the partnership has worked on is personalised medicines. This is looking at how health and care professionals can work with patients to provide tailored treatment that is most likely to have the desired health benefits.

### Leeds Informatics Board

The Leeds Informatics Board (LIB) is responsible for the governance framework for informatics developments in Leeds. LIB is supported by a number of sub-committees, including a cross-city Information Governance Steering Group and City Informatics Clinical Group.

Using technology is central to transforming services and is helping to deliver the ambitions of the city. During the year a wide range of achievements have been developed under the leadership of LIB outlined below.

- Leeds Local Digital Roadmap was produced in conjunction with the West Yorkshire and Harrogate STP and in collaboration with other Local Digital Roadmaps across West Yorkshire. It provides a consolidated view of the plans describing a five-year digital vision, a three-year journey towards becoming 'paper free at the point of care' and two-year plans for progressing a number of predefined 'universal capabilities'.
- Another major achievement has been the inclusion of adult social care and community information to the Leeds Care Record. Leeds Care Record now covers five major care settings viewing and contributing information across the city including GPs, hospital, mental health, adult social care and community. We have also significantly increased to 4,000 active users, a huge leap from April 2016 when there was 2,500 users.
- Leeds Intelligence Hub continues to drive change in commissioning by providing a system wide data analysis and insight.
- Excellent progress has been made on some national targets including electronic prescribing between GPs and pharmacists. GPs in Leeds are quick adopters of the national electronic prescription service (EPS) making prescribing and dispensing medicines more efficient and convenient for patients and NHS staff. 100 GP practices in Leeds (over 95% of 104) can digitally send prescriptions directly to the patient's preferred pharmacy through their own IT system, removing the need to write paper prescriptions. Patients are now able to collect



their repeat prescriptions from the pharmacy without the need to visit the GP practice. It also means that patients don't have to worry about losing their paper prescription, making the process safer and more secure.

- Patients and healthcare professionals visiting nearly all of the GP surgeries in Leeds can now connect to the internet using free WiFi.
- Six care homes in Leeds are involved in a pilot scheme which allows health and care staff to remotely monitor the health of residents and reduce the need to admit residents to hospital as an emergency'.
- Leeds is now transferring patients' electronic health records directly, securely and quickly between their old and new practices when they change GPs. The system called GP2GP helps improve patient care by making full and detailed medical records available to practices, for a new patient's first and later consultations.
- Leeds Health Pathways has standardised clinical pathways, medication and guidance to all care professionals in the City. It is managed and supported by Leeds Teaching Hospital NHS Trust and replaces the Map of Medicine which was used by primary care. It's a great example of how collaborative working across organisations can create impressive results that help to ensure that consistent care and pathways are available across the city.

## City-wide Governance arrangements

We operate within the wider Leeds health and social care system. We play an active part in ensuring these city wide relationships and governance arrangements are robust and effective. Below are the main governance arrangements for city wide collaborative working.

### Leeds Health and Wellbeing Board

The primary purpose of the Leeds Health and Wellbeing Board is to provide overall strategic leadership to improve the health and wellbeing of residents in the city. Local authorities are required to establish Health and Wellbeing Boards under the Health and Social Care Act 2012. This Board has responsibility for driving health improvements for residents and a much stronger role in shaping local services. Membership of the board includes representation from Leeds City Council (including Council Members and Executive Directors) and the three CCGs in Leeds (we are represented by the Clinical Chief Officer and Chief Operating Officer), Healthwatch and the third sector are also represented.

### Aligning our plans to the Joint Leeds Health and Wellbeing Strategy

The Leeds Joint Health and Wellbeing Strategy (JHWBS)'s vision is that Leeds will be:

- A healthy and caring city for all ages;
- Where people who are the poorest will improve their health the fastest.

To do this, the strategy identified a range of priorities to be addressed by all health and care partners in the city, and during 2016/17 we continued working with some of these partners which included the Local Authority through the Health and Wellbeing Board (HWB), and the Leeds Transformation Board. Our joint plans aimed to address, contribute and deliver those priority

areas of the JHWBS, in delivering accessible, integrated health and wellbeing services that are safe and effective for the population of Leeds, where plans included:

- Promoting the NHS Health Check, helping people to reduce and manage their risk of heart disease, stroke, kidney disease and diabetes;
- Providing a range of services that support people to adopt healthy lifestyles;
- Continuing to move towards increased integration of health and social care services;
- Increasing access to a range of community mental health services e.g. Improving Access to Psychological Therapies (IAPT);
- Developing screening services and working with primary care to encourage greater uptake to support early detection of cancer;
- Developing a range of partnerships with the Third Sector that support communities to improve their wellbeing e.g. services that reduce social isolation; provide opportunities for volunteering; act as a “gateway” to advice, information, and services; and promote health and wellbeing; and
- Securing capacity across a range of acute and community services that ensures that the South and East Leeds population receive timely diagnosis and treatment, ensuring that if people do get ill, that they have the best chance of recovery.

There is a new JHWBS being developed for 2016/17-2020/21, which will set out a new five-year vision for the city and population of Leeds. Building on many of the priorities of the last Strategy, our plans for 2016/17 onwards have been developed with the Health and Wellbeing Board (HWB), with this in mind, and we will continue to support both the existing and emerging priorities outlined in the new Strategy.

We consult regularly on a formal and informal basis with the HWB, its membership and its Chair. In particular, we consult with the HWB on our strategies and plans, and how these contribute to the delivery of the health and wellbeing strategy for Leeds. For example, in preparation for the submission of plans for 16/17 we have provided a full analysis of how our plans and priorities meet the refreshed health and wellbeing strategy for 2016-21. While there is no formal requirement to consult on the production of the annual report, we can demonstrate that the content of our annual report has the support of the HWB.

### **Leeds Integrated Commissioning Executive (ICE)**

Leeds ICE is the Executive arm of the Leeds Health and Wellbeing Board. This is a Committee in Common with Leeds City Council and NHS England (in relation to its direct commissioning responsibilities). Leeds ICE has oversight of the joint health and social care commissioning agenda in the city and has responsibility for negotiating opportunities for integrated commissioning of Health and social care services in Leeds. LSE CCG are represented by the Clinical Chief Officer and the Chief Operating Officer, with the Chief Finance Officer in attendance

### **Leeds CCG Network**

We have entered into joint arrangements with NHS Leeds North Clinical Commissioning Group and NHS Leeds West Clinical Commissioning Group via the Leeds CCG Network. This is not a sub-

committee of the CCG but a cross-city working group. A documented Memorandum of Understanding is in place describing the joint commissioning arrangements within the Leeds health economy including the sharing of local commissioning strategies, the identification of commonalities and the delegation of contracting responsibilities. We are represented by the Clinical Chief Officer, Chief Finance Officer, Chief Operating Officer and Medical Director.

## Appendix 2:

### Excerpt from NHS Leeds West CCG Draft Annual Report 2016-2017

#### Helping to deliver the Leeds Health and Wellbeing Strategy

We've been working on a number of projects that closely link with some of the key objectives set out in the Leeds Health and Wellbeing Strategy. These look to address some of issues that affect people's quality of life and impact on their overall health and wellbeing.

#### Key citywide statistics from the Leeds Health and Wellbeing Strategy

- Over the next 25 years the number of people who live in Leeds is predicted to grow by over 15 per cent. The number of people aged over 65 is estimated to rise by almost a third to over 150,000 by 2030
- 164,000 people in Leeds live in areas ranked amongst the most deprived 10 per cent nationally. One in five children in Leeds live in poverty
- 34% of children aged 11 in Leeds have an unhealthy weight
- It is estimated around 37,000 older people experience social isolation or loneliness
- Physical inactivity is our fourth largest cause of disease and disability. Figures show that around one in five adults in Leeds is inactive
- Cancer deaths account for over 30% of the life expectancy gap between Leeds and the rest of England
- People with severe mental illness die on average 15-20 years earlier than the rest of the population
- 105,000 people in the city suffer from anxiety and depression

#### Avoidable years of life lost – cancer

We've worked alongside Leeds City Council and Cancer Research UK to improve the **early diagnosis** of lung cancer. Working with pharmacies in areas of west Leeds with high smoking prevalence to increase awareness of symptoms of lung cancer, and encourage self-referral for chest x-ray in appropriate patients. GPs incentivised to improve bowel cancer screening uptake as part of quality premium improvement scheme.

Leeds is one of six pilot sites nationally involved in the **ACE (accelerate, co-ordinate, evaluate) project**. This is funded nationally by Cancer Research UK. The aim of the pilot is to develop and implement a referral pathway for patients with non specific but concerning symptoms where there is a suspicion of cancer. In developing this new pathway it is anticipated that patients that don't usually meet the criteria on to a two week wait referral pathway, will be able to be referred earlier for diagnostic tests.

The patient's GP will be able to refer the patient for a range of blood tests and then makes an onward referral into Leeds Teaching Hospitals NHS Trust using an ACE referral form. Patients are then booked for a nurse-led assessment, following which results are discussed at a multi-disciplinary centre and an onward referral decision is made. This could be further investigations/tests, onward referral within the hospital, or discharge back to GP. This new pathway is being piloted nationally and actual referral activity and intelligence will inform the future model development and resource requirements. The following outcomes are expected:

- Better informed and supported GPs in decision making and earlier referral

- Improved integration of primary and secondary care systems for patients with non specific but concerning symptoms
- Improved patient safety
- Focus on continuity and quality of care for patients
- Improved cost effectiveness use of diagnostic resources

Leeds is one of five pilot sites involved in the **28 days to faster diagnosis project**, funded by NHS England. This is a key National Cancer Taskforce recommendation that all patients should be receive a 'definitive' diagnosis of cancer or have cancer 'definitely' ruled out within 28 days of an initial referral (and 50% within 14 days). This project will achieve the following outcomes:

- Improved patient safety with improved access to earlier appropriate diagnostics
- Improved patient experience with faster communication of diagnosis for patients
- Improved links and integrated working between primary and secondary care

We're pleased to see Leeds being above the national average for diagnosing cancer at stage 1 or 2. Our performance of 56% against the national average of 50% is for the following cancer sites:

- invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary and uterus; and
- non Hodgkin lymphoma and invasive melanoma of skin.

### **Avoidable years of life lost – cardiovascular disease (CVD)**

The Atrial Fibrillation (AF) programme has been focusing on identifying the numbers of people across the CCG area with AF in order to reduce the number of people affected by stroke. Programme findings suggest:

- At the start of the programme, there was a 37% treatment gap in identifying patients with AF. This is now 23%.
- Training provided to manage AF has increased knowledge, skills and confidence among GPs
- Shared decision making tools are available to support the conversation with patients around decision making
- There's been a 50% reduction on patients who previously have been taking aspirin
- Novel oral anticoagulants (NOACs) are a new class of anticoagulant drug. There has been a substantial increase for patients on NOACS with approximately 600 patients now receiving NOACS

### **Supporting people into employment**

In 2016-17 we match-funded the development of a community-led local development (CLLD) strategy for west Leeds. This looks at how people furthest away from the labour market in the most deprived communities can be supported into employment. The strategy was submitted to the European Social Fund and the European Regional Development Fund and was successful in going forward to full application. The result will be €1.5million funding into the area to fund such schemes. We're members of the local action group who will make decisions on how the funding is used.

### **Unnecessary time spent in hospital**

All partners in Leeds are committed to ensuring that patients only spend as much time as they need in hospital. In October 2016, health and social care partners in Leeds established an Integrated Discharge Service within Leeds Teaching Hospitals NHS Trust. The service brings together expertise from across health, social care and the third sector (Age UK) to identify patients that need support from health and social care commissioned services in the community to facilitate their discharge. The service operates seven days a week from 8 till 8 to coordinate the assessment on patients' needs and arrange ongoing care. Our analysis to date is that the services is helping patients to avoid unnecessary stays and, when they're admitted, reducing the time that they need to stay.

### **Preventable hospital admissions – childhood asthma**

Over the last two years, the CCG has funded the delivery of a community-based children's asthma service, which aimed to raise awareness, improve care and reduce hospital admissions. Key components of the project included providing asthma education in schools and early years' settings, developing a risk-stratification tool to identify children most at risk of exacerbation, and developing and implementing protocols and a clinical recording template in primary care to standardise care and reduce variation in care. Local children co-produced a number of resources aimed at raising awareness of the importance of carrying their inhalers at all times.

### **Preventable hospital admissions – clinical care co-ordinators**

In 2016-17 we've continued to fund GP practice based clinical care co-ordinators. The care co-ordinators are hosted by GP practices but link out into the community, working closely with neighbourhood teams and primary and community healthcare services.

The clinical care co-ordinator role:

- is responsible for the initial assessment of patients and the formulation and review of a personalised care plan;
- collects data relating to specific patient outcomes - these will be dependent on the patients requirements;
- is a key contact along with the named accountable GP for the patient;
- is a key person for building and managing the relationship between practices and neighbourhood teams;
- attend case management meetings;
- identify when patients have been admitted/attended A&E and review care plan accordingly; and
- support discharge planning for patients who are admitted to hospital.

## **WORKING WITH PARTNERS**

### **Clinical commissioning groups**

There are three CCGs in Leeds; NHS Leeds West CCG, NHS Leeds South and East CCG and NHS Leeds North CCG. As well as focusing on areas of local need, the CCGs in Leeds also work collaboratively to ensure equitable access to key NHS services such as those provided in an acute setting, community-based services and mental health and learning disability services. To do this the CCGs have representatives on a number of citywide provider management groups.

Provider Management Groups oversee the delivery of internal provider cost improvement plans on behalf of the Leeds Health and Wellbeing Board and the Leeds Health and Social Care Partnership Group, reviewing quality impact assessments as part of this process for:

- Leeds Teaching Hospitals NHS Trust;
- Leeds and York Partnership Foundation NHS Trust; and
- Leeds Community Healthcare NHS Trust.

As well as ensuring high-quality, safe and effective delivery of care the provider management groups are also tasked with increasing quality and innovation and productivity (QIPP). The QIPP programme is designed to ensure that public resources are managed effectively and innovative approaches are adopted to maximise the health and care budget.

As the NHS faced up to one of its most challenging periods in recent times, the provider management groups had to ensure appropriate levels of system resilience was in place. This allowed for safe and effective care to be provided to those with the greatest need while also managing demand for other services.

Due to the intense pressures there were times when difficulty decisions were agreed such as delaying planned care (elective procedures) allowing for urgent and emergency care units to be appropriately resourced. In addition to this delayed transfers of care continued to be an issue and, working with providers and community organisations, the CCGs looked to implement solutions that reduced pressure on hospitals.

Discussions have been taking place about how the three CCGs can work together more collaboratively. To support this a project called One Voice has been established. As part of this a joint leadership structure is being set up with one Chief Executive Officer overseeing the work of the three CCGs. Another important role that has been established is that of a Chief Officer for System Integration.

Work is underway to establish citywide committees to cover governance, quality, finance and patient assurance which will be established to replace the current separate structures. The three CCG boards and governing bodies will still have statutory accountability and be governed by each CCG's respective constitutions. These constitutions are in the process of being updated so that the transitional arrangements can be implemented.

On an operational level the Leeds CCGs have been looking at key citywide healthcare services. Our plans are set in the context of national guidance as well as the West Yorkshire and Harrogate Sustainability Transformation Plan (STP) and the Leeds Plan.

The Leeds CCGs have taken on joint responsibility with NHS England to co-commission primary care (GP) services. This means we're working with our respective member GP practices to look at how we can improve access and quality in primary care GP services.

To support this the Leeds CCGs have put together a five year plan in direct response to the NHS GP Five Year Forward View. We have six ambitions that will help us to deliver the GP Five Year Forward View. These are: supporting and growing the workforce; improving access; transforming estates and technology use; better workload management; redesigning care delivery and resourcing primary care. You can find out more by reading

tour plan: <https://www.leedswestccg.nhs.uk/content/uploads/2016/06/Leeds-GPFV-Plan-Final-Version.pdf>

Ensuring that children enjoy the best possible start to life is a citywide priority as outlined in the Joint Health and Wellbeing Strategy. As part of our efforts to support this the Leeds CCGs are reviewing maternity services. This is an ongoing long-term review that has to date involved a number of key partners as patients and their families. This links in with the Leeds Maternity Strategy 2015-2020:

[www.leedswestccg.nhs.uk/about/publications/maternity-strategy-for-leeds-2015-2020/](http://www.leedswestccg.nhs.uk/about/publications/maternity-strategy-for-leeds-2015-2020/)

Our city's Joint Health and Wellbeing Strategy prioritises the mental health of citizens in Leeds. We've been continuing to invest in services that improve the mental health and wellbeing of people.

For children and young people we've continued to invest in child and adolescent mental health services (CAMHS) in direct response to feedback from service users and their families. We acknowledge that waiting times for services are high however our investment is beginning to make a difference. We've also continued to work with children and young people to further develop Mindmate. Mindmate is a website offering advice and support as well as signposting information for children and young people, parents/carers and frontline professionals.

Issues affecting access to mental health services are not restricted to children and young people. Therefore we've increased our efforts to ensuring adults can get the support they need at times of mental ill-health. We've increased investment leading to improved capacity to deliver IAPT (improving access to psychological services).

Similarly to our work with children and young people, we've involved citizens to help us develop a new single point of access website for adult mental health. Mindwell MindWell is the single 'go to' place for information about mental health in Leeds. It provides a portal for anyone living or working in Leeds, including GPs and other professionals, to get quick and easy access to up-to-date mental health information.

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### **West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)**

The West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) published during the year, aims to address the health and wellbeing gap with a focus on supporting people to live longer, healthier lives and ensuring a good and equitable service for all, no matter where people live. It also stresses the importance of improving people's health, through better co-ordination of services, while improving the quality of care received.



It has identified nine priorities for the West Yorkshire and Harrogate area:

- Prevention
- Primary and community services
- Mental health
- Stroke
- Cancer
- Urgent and emergency care
- Specialised services
- Hospitals working together
- Standardisation of commissioning policies

More information about the STP: [www.southwestyorkshire.nhs.uk/west-yorkshire-harrogate-sustainability-transformation-plan/](http://www.southwestyorkshire.nhs.uk/west-yorkshire-harrogate-sustainability-transformation-plan/)

### **Leeds Health and Wellbeing Board**

We have a seat on the Leeds Health and Wellbeing Board which has been established as a statutory committee of Leeds City Council. We actively supported the Joint Strategic Needs Assessment (JSNA) using a range of information and local and national statistics to identify the current health and wellbeing needs of our communities and highlighting health inequalities that can lead to some people dying prematurely in some parts of Leeds compared to other people in the city. The findings from the JSNA fed into the Joint Health and Wellbeing Strategy for Leeds 2016-2021:

[www.leeds.gov.uk/docs/Health%20and%20Wellbeing%202016-2021.pdf](http://www.leeds.gov.uk/docs/Health%20and%20Wellbeing%202016-2021.pdf)

We consult regularly on a formal and informal basis with the HWB, its membership and its Chair. In particular, we consult with the HWB on our strategies and plans, and how these contribute to the delivery of the health and wellbeing strategy for Leeds. For example, in preparation for the submission of plans for 2017-2018 we have provided a full analysis of how our plans and priorities meet the HWB's vision for health and care in the city. Prior to submitting our annual report to NHS England we consulted with our Health and Wellbeing Board as part of our formal requirements to do so.

The Joint Health and Wellbeing Strategy has 12 priority areas:

- 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 local jobs;
- Get more people, more physically active, more often;
- Maximise the benefits from information and technology;
- A stronger focus on prevention;
- Support self-care, with more people managing their condition;
- Promote mental and physical health equally;
- A valued, well trained and supported workforce; and
- The best care, in the right place, at the right time.

Listed below are some examples of the progress we have made this year.

- We've kept members of the Health and Wellbeing Board informed of our work around the West Yorkshire and Harrogate Sustainability Transformation Plan and the linked Leeds Plan. This included highlighting current and anticipated pressures on the health and care system, efforts to address these and wider system resilience.
- Agreement on the Better Care Fund for 2016-2017. Plans included how partners will work to meet national conditions for social care, a joint approach to assessment and care planning including integrated care and a local plan to reduce delayed transfers of care.
- Tackling health inequalities and wider issues (determinants) that can lead to ill health. This included looking at issues such as poverty, air quality and taking action to reduce incidences of domestic abuse. However the Health and Wellbeing Board noted the continued funding cuts for public health and the impact this has on prevention initiatives leading to concerns to the impact this will have on health inequalities.
- There are over 250,000 people in Leeds under the age of 25. 10% of these young people are likely to have a mental health issue or need support with their emotional wellbeing. The Health and Wellbeing Board approved the Future in Mind Report to transform how support is offered and improvements can be made to the emotional and mental health of children and young people in Leeds. This included outlining plans on improving the support provided to children with Special Educational Needs and Disabilities (SEND). A copy of the strategy can be downloaded: [www.leedswestccg.nhs.uk/about/publications/future-mind-leeds-local-transformational-plan-2016-2020/](http://www.leedswestccg.nhs.uk/about/publications/future-mind-leeds-local-transformational-plan-2016-2020/)
- Carers play a valuable role in helping health and social care services often at great personal cost – both financially and emotionally. As a result the Health and Wellbeing Board signed up to the Leeds Commitment to Carers. The commitment has been supported by insight from carers gathered by Carers Leeds.

### **Scrutiny Board (Adult Social Services, Public Health, NHS)**

The Scrutiny Board (Adult Social Services, Public Health, NHS) reviews and scrutinises the performance of Adult Social Services, Public Health and the local NHS. The Scrutiny Board also reviews and scrutinises decisions taken by the Executive Board relating to Adult Social Care. Throughout 2016-2017 we have continued to keep the Scrutiny Board informed of our key decisions and plans to assure we meet our duties to consult as outlined in the NHS Act (2006).

As co-commissioners we received our first proposal from a GP practice looking to close a branch surgery. Abbey Grange Medical Practice submitted an application to close their branch practice at Holt Park. We advised the practice on how they would need to engage with their registered patients. In addition we informed the Scrutiny Board and kept them updated on the latest position. This included confirmation that the CCG's primary care commissioning committee had accepted the application to close the branch surgery.

In 2016-2017 we also updated the Scrutiny Board on the following areas.

- Work on developing the West Yorkshire and Harrogate Sustainability Transformation Plan and associated Leeds Plan
- Concern was raised around cancer waiting times in some specialities however the Board was informed of the progress made in this area and how Leeds has some of the quickest access to diagnostic services.

- Updates were provided throughout the year on how the NHS is responding to local pressures including A&E targets, waiting times for routine procedures and delayed transfers of care.
- Leeds' response to the NHS GP Five Year Forward View.
- One voice collaborative approach being adopted by the Leeds CCGs.

### **Our NHS providers**

We are pleased to be able to commission services from three NHS trusts in Leeds alongside other service providers. We lead on commissioning services from Leeds Teaching Hospitals NHS Trust with NHS Leeds North CCG leading on commissioning services from NHS Leeds and York Partnership NHS Foundation Trust and NHS Leeds South and East CCG taking the lead on Leeds Community Healthcare NHS Trust. Our ambulance services are provided by Yorkshire Ambulance NHS Trust who also are the provider of NHS 111 for our region. In addition to this we fund services from a number of neighbouring providers so that we can uphold the rights of our patients to choose where they go for treatment where it is appropriate to do so.

Some of the highlights from the year include:

- Working with Leeds Teaching Hospitals NHS Trust, as well as community partners and academics, to look at how cancer pathways can be improved. This covers all parts of the pathway from diagnosis, treatment and ongoing care. The work we've done has helped set up the Leeds Cancer Strategy 2016-2021.
- Working with a range of partners including Leeds Community Healthcare NHS Trust and Leeds and York Partnership NHS Foundation Trust to set up a community wellbeing leadership team in Armley. This will help establish integrated care that is delivered within the community as well as encouraging people to self-care.

You can find out how well our NHS providers are doing in the performance section of the annual report. Further details can also be found on our website as we publish an integrated quality and performance report for each Governing Body meeting:

[www.leedswestccg.nhs.uk/about/governing-body/meetings/](http://www.leedswestccg.nhs.uk/about/governing-body/meetings/)

### **Leeds City Council**

Leeds City Council commissions care and support services and is responsible for public health, which is a body of work that seeks to protect and improve health and wellbeing.

The future direction of health and care services set out in the NHS Five Year Forward View is around closer integration of health and social care services. These services would be delivered at a locality or neighbourhood level by care teams working together rather than working to their own organisation's boundaries. We've already started making progress in setting up one of the 'New Models of Care' and in 2017-2018 we've made significant progress in setting up our first pilot site in Armley. As a result we now have a community leadership team that will help us deliver our plans to bring co-ordinated care closer to home, reducing the need for hospital-based care. To do this we've been working with a range of partners including Leeds City Council.

We welcomed the publication of the Director of Public Health's Annual Report and acknowledged the key areas that need to be addressed to improve the health of the population. This includes encouraging people to adopt healthier lifestyles and to take part

in initiatives to protect their health such as the NHS Health Check, the flu jab or cancer screening.

We worked with Leeds City Council and community organisations to launch a strategy to reduce the number of suicides in the city. The Leeds Suicide Prevention Strategy is based on an audit of detailed findings of suicides to identify interventions that could help prevent people from taking their own lives. The Leeds Suicide Audit is considered to be the 'gold standard' of best practice and is recommended by Public Health England as a model for other areas to learn from.

We have also been working closely with Leeds City Council to deliver key public health campaigns. In the last year we have been promoting a campaign encouraging patients to dispose of medicine waste, such as syringes, safely to reduce the risk of injury to environmental waste officers and members of the public. We've also worked with the council to run a winter wellbeing campaign encouraging people to make the best use of NHS resources as well as accessing support from services such as meals on wheels.

### **Community and voluntary sector organisations**

The role of the community and voluntary sector (often referred to as the third sector) is crucial not only for the delivery of services but also to provide us with an opportunity to engage with some community groups who are sometimes referred to as 'seldom heard groups.'

Over the past 12 months we have been working with local community groups to run a number of engagement events and activities so that we can continue to develop services that meet local needs.

Our patient empowerment project (PEP) provides social prescribing options for GPs so that they can refer people to PEP who in turn put patients in touch with community groups and services that can help them. Social prescribing looks at wider issues that can affect a person's health that are not medical reasons such as debt or grievance. A social prescription then links a patient in with services that can help tackle the root cause of their ill health. Our PEP project is delivered by a consortia of community and voluntary sector organisations including BARCA-Leeds, Leeds Mind and Better Leeds Communities.

A decision was undertaken to cease funding for non-medical circumcision services. To help inform members of the public we worked with families who had used the service, local religious leaders, local GP practices and other services who work with families.

We've worked with our community and voluntary sector partners to develop a new approach to the NHS Equality Delivery System engagement and assessment of grades. This is a uniform approach adopted by all Leeds NHS organisations and has been developed by taking in the views of key partners including Healthwatch Leeds, Voluntary Action Leeds, Leeds Involving People and Forum Central.

The new Mindwell mental health website for Leeds was developed in conjunction with a range of community groups co-ordinated by Volition, allowing us to work with people to co-produce the site. Volition is a network of third sector, not-for-profit organisations that support people's mental health and wellbeing in Leeds.

We were delighted that our partners Carers Leeds won a prestigious Health Service Journal Award for the work they do to advocate on behalf of the city's carers. Carers Leeds won an Integrated Commissioning for Carers award in recognition of its integrated approach to carers support. Carers Leeds have also helped the city to develop a Leeds Commitment to Carers.

### **Healthwatch Leeds**

Healthwatch Leeds is represented on the Leeds Health and Wellbeing Board, giving patients and communities a voice in decisions that affect them. We have worked with Healthwatch Leeds to gather patient insight on local health services including an extensive survey and interview to capture the experiences of patients as part of our extended access to primary GP services scheme.

Healthwatch Leeds have also undertaken a number of reviews of services and published subsequent reports with recommendations. We'll be looking at how we can use the recommendations from these reports to influence how services are provided in the future. The reports are for the following:

- review of sexual health clinics in Leeds;
- service users' experience of aspire, providing care and support services for adults with learning disabilities; and
- home care services for people receiving support in their own home.

### **Care Quality Commission**

The Care Quality Commission (CQC) is the registration body responsible for monitoring standards of care, and undertakes announced and unannounced inspections to providers either as a matter of routine or in response to concerns raised by patients and staff. To support sharing of information and intelligence on quality and standards of care the Leeds Quality Surveillance Group, represented by all three CCGs, also includes a representative from the CQC.

In 2016-2017 the CQC inspected all our 37 member GP practices and reports for 36 of them had been received at the time of writing. We were pleased that five of our practices received an outstanding rating and 30 were rated as good. Unfortunately one of our practices was rated as requires improvement.

The CQC also undertook inspections of three NHS provider trusts in the city. At the time of writing we received reports for two of the three. We're pleased that Leeds Teaching Hospitals NHS Trust has moved to a good rating from its previous position of requires improvement. However Leeds and York Partnership NHS Foundation Trust was rated as requires improvement.

### **Leeds Academic Health Partnership**

The Leeds Academic Health Partnership is made up of the city's three universities, NHS organisations and Leeds City Council. The partnership has been set up to use innovations, education and research to improve health and care outcomes.. One of the areas the partnership has worked on is personalised medicines. This is looking at how health and care professionals can work with patients to provide tailored treatment that is most likely to have the desired health benefits.

## **Leeds Informatics Board**

The Leeds Informatics Board (LIB) is responsible for the governance framework for informatics developments in Leeds. LIB is supported by a number of sub-committees, including a cross-city Information Governance Steering Group and City Informatics Clinical Group.

Using technology is central to transforming services and is helping to deliver the ambitions of the city. During the year a wide range of achievements have been developed under the leadership of LIB outlined below.

- Leeds Local Digital Roadmap was produced in conjunction with the West Yorkshire and Harrogate Sustainability Transformational Plan and in collaboration with other Local Digital Roadmaps across West Yorkshire. It provides a consolidated view of the plans describing a five-year digital vision, a three-year journey towards becoming 'paper free at the point of care' and two-year plans for progressing a number of predefined 'universal capabilities'.
- Another major achievement has been the inclusion of adult social care and community information to the Leeds Care Record. Leeds Care Record now covers five major care settings viewing and contributing information across the city including GPs, hospital, mental health, adult social care and community. We have also significantly increased to 4,000 active users, a huge leap from April 2016 when there was 2,500 users.
- Leeds Intelligence Hub continues to drive change in commissioning by providing a system wide data analysis and insight.
- Excellent progress has been made on some national targets including electronic prescribing between GPs and pharmacists. GPs in Leeds are quick adopters of the national electronic prescription service (EPS) making prescribing and dispensing medicines more efficient and convenient for patients and NHS staff. 100 GP practices in Leeds (over 95% of 104) can digitally send prescriptions directly to the patient's preferred pharmacy through their own IT system, removing the need to write paper prescriptions. Patients are now able to collect their repeat prescriptions from the pharmacy without the need to visit the GP practice. It also means that patients don't have to worry about losing their paper prescription, making the process safer and more secure.
- Patients and healthcare professionals visiting nearly all of the GP surgeries in Leeds can now connect to the internet using free WiFi.
- Six care homes in Leeds are involved in a pilot scheme which allows health and care staff to remotely monitor the health of residents and reduce the need to admit residents to hospital as an emergency'.
- Leeds is now transferring patients' electronic health records directly, securely and quickly between their old and new practices when they change GPs. The system called GP2GP helps improve patient care by making full and detailed medical records available to practices, for a new patient's first and later consultations.
- Leeds Health Pathways has standardised clinical pathways, medication and guidance to all care professionals in the City. It is managed and supported by Leeds Teaching Hospital NHS Trust and replaces the Map of Medicine which was used by primary care. It's a great example of how collaborative working across organisations can create impressive results that help to ensure that consistent care and pathways are available across the city.

## **Governance**

### **Sub-committees and joint committees established by the clinical commissioning group constitution**

#### Leeds Integrated Commissioning Executive

NHS Leeds West Clinical Commissioning Group has a joint meeting with Leeds City Council and NHS England (in relation to its direct commissioning responsibilities); the Leeds Integrated Commissioning Executive (ICE). Leeds ICE has oversight of the joint health and social care commissioning agenda in the city and has responsibility for negotiating opportunities for integrated commissioning of health and social care services in Leeds. Leeds ICE is the executive arm of the Leeds Health and Wellbeing Board.

#### Leeds CCG Network

Additionally NHS Leeds West Clinical Commissioning Group has entered into joint arrangements with NHS Leeds North Clinical Commissioning Group and NHS Leeds South and East Clinical Commissioning Group via the Leeds CCG Network. This is not a committee of the Clinical Commissioning Group but a cross-city working group. A documented Memorandum of Understanding is in place describing the joint commissioning arrangements within the Leeds health economy including the sharing of local commissioning strategies, the identification of commonalities and the delegation of contracting responsibilities.

## Appendix 3:

### Excerpt from NHS Leeds North CCG Draft Annual Report 2016-2017

#### Leeds Health and Wellbeing Strategy

We are committed to investing in services and projects which support improvements in health, wellbeing and quality of life, in line with the aims of the Leeds Joint Health and Wellbeing Strategy. This strategy sets out a vision for Leeds to be a healthy and caring city for all ages, where “people who are the poorest improve their health the fastest”.

We know that within Leeds North there are almost 50,000 people living within the most deprived areas nationally and that people living in those areas experience significantly poorer health outcomes. NHS Leeds North CCG is committed to addressing these health inequalities and delivering improvements for local people through successful and effective partnerships with our communities, patients and partners.

#### Third Sector Grants Scheme

The CCG has invested just under £1million to deliver its Third Sector Health Grant programme, in partnership with the Leeds Community Foundation. This innovative grants scheme aims to improve health and wellbeing, prevent ill health and ultimately enable local people to lead healthier lives.

In 2015 nineteen locally based charities and community organisations were awarded grants by an independent panel to deliver interventions throughout 2016/17. The panel included representatives of patients, clinicians and commissioners.

Grants ranged from smaller grants of £5,000 to larger grants of up to £70,000, all of which were focussed on addressing health and wellbeing in local communities within north Leeds. Projects cover a range of interventions, across a wide range of beneficiaries. These included: carers, adults with long term conditions, disabilities and/or mental health problems, parents (including teenage parents and parents-to-be), children, older people, refugees/asylum seekers and the BAME (Black, Asian and Minority Ethnic) community – therefore meeting many of the identified priorities within the Leeds Health and Wellbeing Strategy.

Many of these projects we funded piloted innovative ways of addressing local need. Examples of the nineteen projects include:

**Dial (Leeds) Limited** – Weekly advice sessions at the Moortown foodbank for disabled people and those living with long term conditions. Volunteer advisers and support workers provide advice, advocacy, negotiations and representations on welfare reform, access to health services, energy advice and budgeting help in order to help alleviate poverty, in particular food and fuel poverty.

**Solace Surviving Exile & Persecution** – Family Therapy based approach to working with asylum seekers and refugees and improving their mental health outcomes.

**Carers Leeds** - One-to-one health advice and support, group work and training for unpaid carers around healthy lifestyles (food, exercise, reduction in smoking and alcohol) and mental wellbeing.



**TCV Hollybush** - Developing and evaluating the potential of outdoor practical activity sessions to improve the physical and mental wellbeing of priority groups. This involves conservation volunteers doing outreach work and running sessions at two satellite sites in Leeds North.

**Otley Action for Older People** – Working with local GPs surgeries, community healthcare teams and our new social prescribing scheme, Connect Well, to create a support network and source of advice for older people with long term health conditions. This includes holistic assessments and an outreach home-visiting service to engage with those most in need or at risk. This project, known as 'Healthy Together', is encouraging community involvement, physical activity and self-management of health conditions.

**Leeds 14 Trust** – Community food research project aimed at improving eating and lifestyle behaviours in this significantly deprived area. The North Seacroft Community Food Hosts provide support and help increase knowledge around diet, exercise and health through the Seacroft Supper club, Digital Dinners and breakfast clubs. They also run family food and activity days in the park and monthly Saturday morning food events for families. Sports coaches from Street Work Soccer Academy also provide sporting activities for boys, girls and older men.

**St Gemma's Hospice** – We have been working with Leeds Involving People (LIP) to understand and address the low take up of hospice services by people from BAME communities in LS7 and LS8. We carried out focus groups with harder to reach communities to identify specific end of life care issues and barriers, develop community awareness of the palliative services available and build of community relationships to help improve service models.

## **Working with partners**

### **Our neighbouring CCGs**

There are three CCGs in Leeds; NHS Leeds North CCG, NHS Leeds South and East CCG and NHS Leeds West CCG. As well as focusing on areas of local need, the CCGs in Leeds also work collaboratively to ensure equal access to key NHS services, including acute, community-based, mental health and learning disability services. To do this the CCGs have representatives on a number of citywide provider management groups. These groups oversee the delivery of provider cost improvement plans on behalf of the Leeds Health and Wellbeing Board and the Leeds Health and Social Care Partnership Group.

The Provider Management Groups also strive to increase quality, innovation and productivity through the QIPP programme. This is designed to ensure that public resources are managed effectively and that we look at innovative approaches to maximise the health and care budget.

This year the NHS encountered one of its most challenging periods in recent times. The Provider Management Groups had to ensure appropriate levels of system resilience were in place to enable safe and effective care to be provided for those with the greatest need, while also managing demand for other services.

Due to the intense pressures there were times when difficult decisions had to be made, such as delaying planned (elective) procedures to allow urgent and emergency care units to be resourced appropriately. Delayed transfers of care were also an issue and we worked with providers and community organisations to find solutions that reduced pressure on hospitals.

### **Working together as one**

Discussions have been taking place about how the three CCGs can work together more collaboratively in the future; a project called "One Voice" has been established. As part of this a joint leadership structure is being set up, led by one Chief Executive Officer overseeing all strategic

commissioning work and a Chief Officer for System Integration whose role it will be to facilitate and drive provider collaboration.

Work is underway to establish citywide committees to cover governance, quality, finance and patient assurance which will replace the current separate structures. The three CCG boards and governing bodies will still have statutory accountability and be governed by each CCG's respective constitutions.

On an operational level, the Leeds CCGs have been looking at key citywide healthcare services set in the context of both national guidance and local plans (the West Yorkshire and Harrogate Sustainability Transformation Plan and the city-focused Leeds Plan).

**Primary Care** - The Leeds CCGs have taken on joint responsibility, with NHS England, to co-commission primary care (GP) services. This means that we are working closely with our member GP practices to see how we can improve access and service quality.

In direct response to the NHS GP Five Year Forward View, the three Leeds CCGs have put together a five year plan. We have six ambitions that will help us to deliver this: supporting and growing the workforce; improving access; transforming estates and the use of technology; better workload management; redesigning care delivery and resourcing primary care.

**Mental health** - Our city's Joint Health and Wellbeing Strategy prioritises the mental health of citizens in Leeds and we've continued to invest in services that improve mental health and wellbeing. We want to ensure that everyone can access the support they need when they need it. We have increased our investment in IAPT (improving access to psychological services) and involved citizens in developing a new single point of access website for adult mental health – MindWell: [www.mindwell-leeds.org.uk](http://www.mindwell-leeds.org.uk) This is the single 'go to' place for easy to access, up-to-date information about mental health for anyone living or working in Leeds, including GPs and other professionals.

**Children and young people** - Ensuring that children enjoy the best possible start in life is a citywide priority as outlined in the Joint Health and Wellbeing Strategy. As part of our efforts to support this, the Leeds CCGs are reviewing maternity services. This is an ongoing long-term review, involving a number of key partners that links with the Leeds Maternity Strategy 2015-2020.

For children and young people we've continued to invest in child and adolescent mental health services (CAMHS) in direct response to feedback from service users and their families. We acknowledge that waiting times for services are high. However, our investment is beginning to make a difference. We've also continued to work with children and young people to further develop Mindmate. This dedicated website offers advice, support and signposting information for children and young people, parents/carers and frontline professionals. [www.mindmate.org.uk](http://www.mindmate.org.uk)

**Antimicrobial resistance** – This is one of the biggest threats to people's health and wellbeing, with scientists warning that if more isn't done there's a real risk that antibiotics will no longer be effective. We've been working with our partners to improve understanding of antimicrobial resistance among healthcare professionals and the wider public. This includes working with prescribers to reduce the prescribing of antibiotics when they're not needed and developing awareness campaigns to make the public aware of the risks of overuse. We are also promoting linked messages to reduce the spread of infection, such as effective hand washing and spotting the signs of sepsis.

## **West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)**

The West Yorkshire and Harrogate Sustainability and Transformation Plan (STP), published this year, aims to address local health and wellbeing gaps. It focuses on supporting people to live longer, healthier lives and ensuring a good and equitable service for all - no matter where people live. It also stresses the importance of better co-ordinated of services, as well as improving the quality of care people receive.

It has identified nine priorities for the West Yorkshire and Harrogate area:

- Prevention
- Primary and community services
- Mental health
- Stroke
- Cancer
- Urgent and emergency care
- Specialised services
- Hospitals working together
- Standardisation of commissioning policies

More information about the STP can be found at: [www.southwestyorkshire.nhs.uk/west-yorkshire-harrogate-sustainability-transformation-plan/](http://www.southwestyorkshire.nhs.uk/west-yorkshire-harrogate-sustainability-transformation-plan/)

## **Leeds Health and Wellbeing Board**

We have a seat on the Leeds Health and Wellbeing Board which has been established as a statutory committee of Leeds City Council. We actively supported the Joint Strategic Needs Assessment (JSNA), which uses a range of local and national statistics to identify the current health and wellbeing needs of our communities and highlights health inequalities between different parts of the city. The findings from the JSNA fed into the Joint Health and Wellbeing Strategy for Leeds 2016-2021: [www.leeds.gov.uk/docs/Health%20and%20Wellbeing%202016-2021.pdf](http://www.leeds.gov.uk/docs/Health%20and%20Wellbeing%202016-2021.pdf)

The strategy has 12 priority areas:

- 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 local jobs;
- Get more people, more physically active, more often;
- Maximise the benefits from 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; and
- The best care, in the right place, at the right time.

Below are some examples of the progress we have made this year:

- We have kept members of the Health and Wellbeing Board informed about our work around the West Yorkshire and Harrogate STP and the linked Leeds Plan.
- Agreement on the Better Care Fund for 2016-2017. Plans include how partners will work together to meet national conditions for social care, a joint approach to assessment and

care planning and a local plan to reduce delayed transfers of care.

- Tackling health inequalities and wider issues that can lead to ill health. This included looking at problems such as poverty, air quality and taking action to reduce incidences of domestic abuse. However, the Health and Wellbeing Board noted concerns about the continued funding cuts for public health and the impact this will have on prevention initiatives leading.
- There are over 250,000 young people in Leeds under the age of 25: 10% of whom are likely to have a mental health issue or need support with their emotional wellbeing. The Health and Wellbeing Board approved the 'Future in Mind Report' to transform how support is offered and how improvements can be made to the emotional and mental health of children and young people in Leeds. This included outline plans on improving the support for children with Special Educational Needs and Disabilities (SEND). A copy of the strategy can be downloaded at: [www.leedsnorthccg.nhs.uk/content/uploads/2016/10/Future-in-Mind-Leeds-Strategy-final-Nov-2016.pdf](http://www.leedsnorthccg.nhs.uk/content/uploads/2016/10/Future-in-Mind-Leeds-Strategy-final-Nov-2016.pdf)
- We acknowledge that carers play a very valuable role in supporting local health and social care services, often at great personal cost – both financially and emotionally. As a result the Health and Wellbeing Board has signed up to the Leeds Commitment to Carers, which has been developed with insight from carers, gathered by Carers Leeds.

### **Scrutiny Board (Adult Social Services, Public Health, NHS)**

The Scrutiny Board (Adult Social Services, Public Health, NHS) reviews and scrutinises the performance of Adult Social Services, Public Health and the local NHS. It also reviews and scrutinises decisions taken by the Executive Board relating to Adult Social Care. Throughout 2016-2017 we have continued to keep the Scrutiny Board informed of our key decisions and plans to ensure that we meet our duties to consult, as outlined in the NHS Act (2006).

In 2016-2017 we also updated the Scrutiny Board on the following areas.

- Work on developing the West Yorkshire and Harrogate STP and associated Leeds Plan
- Leeds' response to the NHS GP Five Year Forward View.
- The "One Voice" collaborative approach being adopted by the three Leeds CCGs.
- Concern was raised around cancer waiting times in some specialities. However, the Board was informed of the significant progress made in this area and how Leeds has some of the quickest access to diagnostic services in the country
- Updates were provided throughout the year on how the NHS is responding to local pressures including A&E targets, waiting times for routine procedures and delayed transfers of care.

### **Our NHS providers**

We are pleased to be able to commission services from three NHS trusts in Leeds, alongside other service providers. We, at NHS Leeds North, lead on commissioning services from NHS Leeds and York Partnership NHS Foundation Trust, NHS Leeds West CCG leads on commissioning services from Leeds Teaching Hospitals NHS Trust and NHS Leeds South and East CCG takes the lead on Leeds Community Healthcare NHS Trust. Our ambulance services and NHS 111 services are provided by Yorkshire Ambulance NHS Trust. We also fund services from a number of neighbouring providers to uphold the rights of our patients to choose where they go for treatment where it is appropriate to do so.

## **Leeds City Council**

Leeds City Council is responsible for public health and commissions care and support services which tackle public health challenges such as obesity, smoking, alcohol and drug misuse.

The future direction of travel, as set out in the NHS Five Year Forward View, is towards the closer integration of health and social care services. These services would be delivered at a community or neighbourhood level by health and social care teams working together to get the best outcomes for local people. To do this we have been working closely with a number of partners, including Leeds City Council's Adult Social Care teams. This integrated partnership approach will grow and develop over the coming years.

We welcomed the publication of the Director of Public Health's Annual Report and acknowledged the key areas that need to be addressed to improve the health of the population. This includes encouraging people to adopt healthier lifestyles and taking part in initiatives to protect their health, such as NHS Health Checks, the flu jab and cancer screening.

We also worked with Leeds City Council and a range of community organisations to launch The Leeds Suicide Prevention Strategy, based on an audit of detailed findings to identify interventions that could help prevent people from taking their own lives. The Leeds Suicide Audit is considered to be the 'gold standard' of best practice and is recommended by Public Health England as a model for other areas to learn from.

Other areas where we have worked closely with Leeds City Council to deliver key public health messages include: a campaign encouraging patients to dispose of medical waste, such as syringes, and a winter wellbeing campaign called "Stay well this winter". This encouraged people to make the best use of NHS resources as well as accessing support from services such as meals on wheels.

## **Community and voluntary sector organisations**

The role of the community and voluntary sector (often referred to as the third sector) is very important, not only for the delivery of services but also for providing opportunities to engage with people who can be hard to reach, sometimes referred to as 'seldom heard groups.'

Over the past 12 months we have been working with lots of local community groups to run engagement events and activities to ensure that the services we develop meet local needs.

Our new social prescribing scheme, '**Connect Well**', enables GPs to refer patients to local community groups and support services that can help improve their overall wellbeing. Sometimes the root cause of people's anxiety is not medical but due to other root causes, such as debt or loneliness, so being put in touch with the right support can make a world of difference. Our Connect Well project is delivered by a consortia of community and voluntary sector organisations including: Community Links, Feel Good Factor, Age UK Leeds and One Medical Group.

The new Mindwell mental health website for Leeds was co-produced in conjunction with a range of community groups co-ordinated by Volition, which is a network of third sector, not-for-profit organisations that support people's mental health and wellbeing in Leeds.

We are delighted that our partners, Carers Leeds, have won a prestigious Health Service Journal Award this year for the advocacy work they do on behalf of the city's carers. They won the "Integrated Commissioning for Carers" award in recognition of their integrated approach, which is illustrated by their work with the NHS and Leeds City Council to develop the Leeds Commitment to Carers.

## **Healthwatch Leeds**

Healthwatch Leeds is represented on the Leeds Health and Wellbeing Board, giving patients and communities a voice in decisions that affect them. Over the last year we have worked with Healthwatch Leeds to gather patient insight on local health services, including an extensive survey and interviews to capture views on the extended access to GP services scheme.

Healthwatch Leeds has also undertaken a number of reviews of services and published reports. We will be looking at how we can use the recommendations from these to influence how services are provided in the future. The reports include:

- A review of sexual health clinics in Leeds
- Home care services for people receiving support in their own home

## **Care Quality Commission**

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England, responsible for monitoring standards of care. It undertakes announced and unannounced inspections of NHS providers either as a matter of routine or in response to concerns raised by patients and staff. To support sharing of information and intelligence on quality and standards, the Leeds Quality Surveillance Group (which includes representatives from all three CCGs) also includes a representative from the CQC.

During the course of 2016-2017 the CQC inspected all of our member GP practices and we are very pleased to report that all were rated as good. At the time of writing we were just awaiting the report from one of our practices.

The CQC also undertook inspections of three NHS provider trusts in the city. At the time of writing we received reports for two of the three. We're pleased that Leeds Teaching Hospitals NHS Trust has moved to a good rating from its previous position of 'requires improvement'. However, Leeds and York Partnership NHS Foundation Trust was rated as requires improvement.

## **Leeds Academic Health Partnership**

The Leeds Academic Health Partnership is made up of the city's three universities, NHS organisations and Leeds City Council. The partnership has been set up to use innovations, education and research to improve health and care outcomes. One of the areas the partnership has worked on is personalised medicines. This is looking at how health and care professionals can work with patients to provide tailored treatment that is most likely to have the desired health benefits.

## **Leeds Informatics Board**

The Leeds Informatics Board (LIB), led by NHS Leeds North, is responsible for informatics developments in Leeds. LIB is supported by a number of sub-committees, including a cross-city Information Governance Steering Group and City Informatics Clinical Group.

Using technology is central to transforming services and delivering the city's ambitions. There have been a number of key achievements over the last year, under the leadership of LIB, which are outlined below:

- The Leeds Local Digital Roadmap has been produced in conjunction with the West Yorkshire and Harrogate STP and in collaboration with other Local Digital Roadmaps across West Yorkshire. It provides a joined-up view of our plans to become 'paper free at the point of care'.

- Adult social care and community information have now been included in the Leeds Care Record, in addition to existing GP, hospital and mental health data. We have also significantly increased the number of active users from 2,500 – 4,000 over the course of the last year.
- GPs in Leeds have adopted the national electronic prescription service (EPS) which makes prescribing and dispensing medicines far more efficient, safe and convenient. 95% of Leeds practices can now digitally send prescriptions direct to the patient's preferred pharmacy. Patients can then collect their repeat medication without having to visit the GP practice or worry about losing a paper prescription.
- There is now free WiFi, for patients and staff, in nearly all Leeds GP surgeries.
- Six care homes in Leeds are involved in a pilot scheme allowing health and care staff to monitor residents remotely, in an effort to reduce unnecessary hospital admissions.
- Leeds is now transferring patients' full and detailed medical records directly, securely and quickly between their old and new practices when they change GPs (using a system called GP2GP).
- Leeds Health Pathways has issued standardised clinical pathways, medication and guidance to all care professionals in the city. It is managed and supported by Leeds Teaching Hospital NHS Trust and replaces the Map of Medicine which was previously used by primary care.
- The Leeds Intelligence Hub continues to drive change in commissioning by providing system-wide data analysis and insight.

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