



HEALTH AND WELLBEING BOARD

Meeting to be held in Hillside Enterprise Centre, Beeston Road, Leeds, LS11 8ND on
Thursday, 28th February, 2019 at 10.00 am

MEMBERSHIP

Councillors

R Charlwood (Chair)
L Mulherin
E Taylor

S Golton

P Latty

Representatives of Clinical Commissioning Group

Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group
Phil Corrigan – Chief Executive of NHS Leeds Clinical Commissioning Group
Dr Alistair Walling – Chief Clinical Information Officer of Leeds City and NHS Leeds
Clinical Commissioning Group

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adults and Health
Steve Walker – Director of Children and Families

Representative of NHS (England)

Moira Dumma - NHS England

Third Sector Representative

Vacancy

Representative of Local Health Watch Organisation

Dr John Beal - Healthwatch Leeds

Representatives of NHS providers

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

Safer Leeds Representative

Vacancy

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

A G E N D A

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

4

LATE ITEMS

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

(The special circumstances shall be specified in the minutes)

5

DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

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

6

APOLOGIES FOR ABSENCE

To receive any apologies for absence

7

OPEN FORUM

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

8

MINUTES 12 DECEMBER 2018

To approve the minutes of the previous Health and Wellbeing Board meeting held 12th December 2018 as a correct record.

1 - 8

9

**LEEDS HEALTH AND WELLBEING BOARD:
REVIEWING THE YEAR 2018-19**

9 - 66

To consider the report of the Chief Officer, Health Partnerships, the Chief Analyst, Leeds City Council and NHS Leeds CCG, and the Head of Service, Intelligence & Policy Service, Leeds City Council, introducing the attached report to be endorsed by the Board subject to the inclusion of images and formatting to be agreed by the Chair, which takes a look back over the last 12 months of Health and Wellbeing Board (HWB) and partnership activity as well as an update on the indicators of the Leeds Health and Wellbeing Strategy.

10

**PRIORITY 7: MAXIMISE THE BENEFITS FROM
INFORMATION AND TECHNOLOGY - LEEDS
CITY DIGITAL PARTNERSHIP UPDATE**

67 -
102

To consider the report of the Chief Digital and Information Officer, Leeds City Digital Partnership, providing an update on the progress Leeds City Digital Partnership, the associated programme of work and the commitments set for 2019/20, all of which underpin the delivery of the Health and Wellbeing Strategy 2016-2021. The report also describes some of the challenges that can impede progress and how they could be resolved.

11

**LEEDS HEALTH AND CARE PLAN:
CONTINUING THE CONVERSATION**

103 -
114

To consider the report of the Leeds Health and Care Partnership Executive Group (PEG) providing an overview of progress to date in reviewing the current Leeds Health and Care Plan.

12

OVERVIEW OF THE NHS LONG TERM PLAN

115 -
132

To consider the report of the Chief Officer, Health Partnerships, providing an overview of the NHS Long Term Plan (LTP) and some of the initial implications for Leeds and the region.

13	FOR INFORMATION: BCF QUARTER 3 2018/19 RETURN PERFORMANCE MONITORING	133 - 156
	<p>To note for information, receipt of the joint report from the Chief Officer Resources & Strategy, LCC Adults & Health and the Deputy Director of Commissioning, NHS Leeds CCG, on the BCF Performance Monitoring return for 2018/19 Quarter 3 which were previously submitted nationally following circulation to members for comment.</p>	
14	FOR INFORMATION: LEEDS HEALTH AND CARE QUARTERLY FINANCIAL REPORTING	157 - 166
	<p>To note, for information, receipt of the report of Leeds Health and Care Partnership Executive Group (PEG) providing an overview of the financial positions of the health & care organisations in Leeds, brought together to provide a single citywide quarterly financial report.</p>	
	ANY OTHER BUSINESS	
16	DATE AND TIME OF NEXT MEETING	
	<p>25th April 2019 at 10am. Venue to be confirmed.</p>	

Third Party Recording

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

Use of Recordings by Third Parties– code of practice

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

HEALTH AND WELLBEING BOARD

WEDNESDAY, 12TH DECEMBER, 2018

PRESENT: Councillor R Charlwood in the Chair

Councillors C Anderson, S Golton, L Mulherin and E Taylor

Representatives of Clinical Commissioning Group

Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group
Dr Alistair Walling – Chief Clinical Information Officer, Leeds City and Leeds CCG

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adults and Health
Sue Rumbold – Chief Officer, Children and Families

Third Sector Representative

Heather Nelson – Forum Central
Karen Pearce – Director, Forum Central

Representative of Local Health Watch Organisation

Dr John Beal – Chair, Healthwatch Leeds
Hannah Davies – Chief Executive, Healthwatch Leeds

Representatives of NHS providers

Dr Sara Munro - Leeds and York Partnership NHS Foundation Trust
Dr Phil Wood - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

36 Welcome and introductions

The Chair welcomed all present and brief introductions were made.

The Chair took the opportunity to thank the third sector representative, Heather Nelson, for her contribution to the work of the Board during her time as a Board Member. The new appointment would be confirmed at a future meeting. Heather Nelson reflected on her time as a Board member, and provided Members with an update on her recent role at the joint HWB and Kings Fund event on Managing Digital Change in Health and Care (22nd November 2018).

The Chair also informed the Board that Superintendent Sam Millar would no longer be acting as the Safer Leeds representative on the Board, and that the new appointment would be confirmed at a future meeting.

The Chair also noted the success of the Big Leeds Chat, which took place on 11th October 2018, and provided an update on the preparations and preventative work that have taken place for system resilience over the winter period.

37 Appeals against refusal of inspection of documents

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

38 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

39 Late Items

There were no late items.

40 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

41 Apologies for Absence

Apologies for absence were received from Phil Corrigan, Steve Walker, Julian Hartley, and Councillor Pat Latty. The Chair welcomed substitutes Sue Rumbold, Phil Wood and Councillor Caroline Anderson to the meeting.

42 Open Forum

No matters were raised under the Open Forum.

43 Minutes

RESOLVED – That the minutes of the previous meeting held 5th September 2018 were agreed as a correct record.

44 Joint Strategic Assessment Update

The Chief Officer, Health Partnerships, and the Head of Intelligence and Policy, Leeds City Council, submitted a report that provided an update on the development of the draft Joint Strategic Assessment (JSA) and emerging headlines around health inequalities.

The following information was appended to the report:

- The Draft JSA Executive Summary

Draft minutes to be approved at the meeting
to be held on Thursday, 28th February, 2019

The following were in attendance:

- Tony Cooke, Chief Officer for Health Partnerships
- Simon Foy, Head of Intelligence and Policy, Leeds City Council

The Head of Intelligence and Policy introduced the report and highlighted some of the key messages, which included:

- Links to the Inclusive Growth Strategy and the Health and Wellbeing Strategy;
- The development of the Leeds Observatory to become a more user-friendly system;
- The significant growth of the younger population in Leeds, particularly in the more deprived areas, and consequently the ongoing challenge of child poverty;
- The growth of the private housing sector in deprived areas, with poor quality housing, in comparison to other Core Cities;
- The high employment rate in Leeds, however some concern for the number and quality of intermediate and semi-skilled jobs, and the low productivity of the city compared to other Core Cities.

During discussions, the Board considered the following:

- Councillor Mulherin provided some context to the growing population of young people in Leeds and the impact on school places of growth in deprived areas. The Board also heard that the Child Poverty Impact Board (CPIB) had been introduced to focus on six specific work streams, to mitigate the impact of child poverty.
- Members were asked to consider the impact of different working arrangements within their organisations as major employers in the city, and despite the benefits, how part-time/flexible working may contribute to in-work poverty and potentially discourage employment.
- Concern around the smoking prevalence in deprived areas, and the association with cultural and social norms. Members provided update on new projects in Leeds, and examples from other local authorities, to reduce smoking in public areas.
- The potential for Local Care Partnerships (LCPs) to reduce 'postcode lotteries' and enable an individualised approach to different areas, particularly deprived areas.

RESOLVED –

- a) To note the initial findings and structure of the draft report, including linkages to the wider Observatory and existing/planned Health Needs Assessments.
- b) To note the Board's comments and suggestions in relation to the Draft JNA.

Councillor Golton left the meeting at 1:30pm during discussion of this item.

45 Priority 8 - A Stronger Focus on Prevention

The Director of Public Health submitted a report that presented an overview of the range of preventative work occurring in Leeds to achieve our ambition, vision and explore how they are working together to address the emerging headlines from the Joint Strategic Assessment.

The following were in attendance:

- Deb Lowe, Advanced Health Improvement Specialist, Leeds City Council
- Anna Frearson, Chief Officer / Consultant in Public Health, Leeds City Council
- Gill Keddie, Active Leeds Development Manager, Leeds City Council
- Victoria Eaton, Chief Officer / Consultant in Public Health, Leeds City Council
- Catherine Ward, Health Improvement Principal, Leeds City Council

The above attendees introduced the report and highlighted key messages from the three sections of the report, which included:

- *Local Government Healthy Weight Declaration.* The Board were provided with an overview of the framework of the declaration, along with the 14 commitments and 6 local priorities. Members heard that LCC was one of sixteen organisations who had adopted the Healthy Weight Declaration, and it was now the intention to encourage other organisations to sign up and expand the partnership.
- *Physical Activity Approach.* The Board heard that consultation had begun to inform a new strategy, which has led to the development of 'physical activity conversations' to take place in the community and a social movement campaign.
- *Mental Health Protection Concordat.* Members were informed that the work has been informed by a national framework agreed in 2017, and provides an opportunity to challenge and analyse current systems.

During discussions, the Board considered the following:

- The interrelation between issues, and support for engaging organisations across the city to provide direction. There was also a suggestion that all three projects be integrated to form a package that organisations can sign up to.
- The importance of preventive measures for children and young people. A request for a child-friendly version of the wheel of health benefits of physical activity, to provide more relatable examples of ill-health.
- Better articulating the substantial long term saving for the 'Leeds Pound' associated with improving mental health, particularly in relation to numbers of children looked after and the impact of parents with mental health problems. Children and Families representatives offered to contribute further evidence around this.

- The stigma and discrimination associated with mental health services, and thus the benefits of programmes that positively impact mental health without being named as ‘mental health programmes’ – such as healthy eating and exercise programmes.
- Members emphasised the importance of a whole family approach and were asked to provide feedback on the consultation of the new draft Leeds Young Carers Strategy by 09 January 2019.
- The Board heard that a key message from the Big Leeds Chat was people’s desire and need to take responsibility for their own health, but the challenge in doing so due to the variety of other responsibilities e.g. work, childcare etc.
- Engaging children and young people at an early age to embed the importance of being physically active and mentally healthy through schools and earlier.
- Recognising the importance of support networks and how children and young people who have faced challenges growing up can continue to access support into adulthood.
- Recognising the role of Community Safety to promote physical activity (e.g. ensuring that people have access to green spaces where they feel safe).

RESOLVED – To note the Board’s feedback and comments regarding the Healthy Weight Declaration, Physical Activity conversations and evolving Social Movement, and the Mental Health Prevention Concordat.

Thea Stein left the meeting at 2:50pm, and Councillor Taylor at 3pm, during discussion of this item.

46 Leeds Health Protection Board - Annual Report

The Director of Public Health submitted a report that presented an overview of the Leeds Health Protection Board’s Annual Report and proposed priorities for 2018-19.

The following information was appended to the report:

- Headline Health Protection Indicators Annual Report (November 2018)

The following were in attendance:

- Dawn Bailey, Head of Public Health (Health Protection), Leeds City Council
- Helen McAuslane, Public Health England

The above attendees introduced the report and highlighted the key messages from the report, which included:

- The development of the Leeds Outbreak Plan, which includes an agreed detailed list of roles and responsibilities for organisations. The

plan was tested during the recent outbreak of measles, and reported to be largely successful with a few lessons learned.

- A 'one city' approach through coordination of various projects in partnership with schools and universities focused on reducing antibiotic resistance.

During discussions, the Board considered the following:

- Some concerns around groups of 'anti-science' parents who choose not to vaccinate their children, however Members were assured that this was a very small group in Leeds. Members heard that the largest population of people who have not been vaccinated live in the most deprived areas of the city, and are often new to the city.
- Strengthening links between the vaccination project in schools and the 'Best Start' strand of the CPIB and Child Poverty Strategy
- Strengthening links with the Leeds City Council's Priority Neighbourhoods.
- Members recognised the important role of the third sector for vaccination projects, and were informed that, along with other organisations, Leeds GATE (Gypsy and Traveller Exchange) were engaged in current projects as a group who have a typically low rate of childhood vaccinations.
- Some of the health challenges with the migrant population in Leeds, which will be included as part of a future update on the Migrant Health Board.

RESOLVED – To note the Board's comments and suggestions in relation to the new priorities identified by the Health Protection Board for 2018/20.

47 For information: Annual refresh of the Future in Mind - Leeds Local Transformation Plan

The Board received, for information, the joint report of the Director of Operational Delivery, NHS Leeds CCG, and the Director of Children and Families, Leeds City Council, introducing the Future in Mind - Leeds Local Transformation Plan annual refresh, which was previously submitted nationally following circulation to members for comments.

RESOLVED – To note the contents of the report.

48 For information: BCF Quarter 2 2018/19 Return Performance Monitoring

The Board received, for information, a copy of the joint report from the Chief Officer Resources & Strategy, LCC Adults & Health and the Deputy Director of Commissioning, NHS Leeds CCG, detailing the BCF Performance Monitoring return for 2018/19 Quarter 2, which were previously submitted nationally following circulation to members for comment.

RESOLVED – To note the contents of the report.

49 For information: Leeds Health and Care Quarterly Financial Reporting

The Board received, for information, a copy of the report of Leeds Health and Care Partnership Executive Group (PEG) which provided an overview of the financial positions of the health & care organisations in Leeds, brought together to provide a single citywide quarterly financial report.

RESOLVED – To note the contents of the report.

50 For information - Connecting the work of the Leeds Health and Care Partnership

The Board received, for information, the report of the Chief Officer, Health Partnerships, presenting overview of the work from the Health and Wellbeing Board workshop on communities (10th October 2018) and Health and Wellbeing Board to Board (22nd November 2018).

RESOLVED - To note the contents of the report.

51 Any Other Business

No matters were raised on this occasion.

52 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next meeting as Thursday 28th February 2019 at 10am (with a pre-meeting for Board members at 9:30am)

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Leeds Health and Wellbeing Board



Report author: Tony Cooke, Frank Wood and Peter Storrie

Report of: Tony Cooke (Chief Officer, Health Partnerships), Frank Wood (Chief Analyst, Leeds City Council and NHS Leeds CCG) and Peter Storrie (Head of Service, Intelligence & Policy Service, Leeds City Council)

Report to: Leeds Health and Wellbeing Board

Date: 28 February 2018

Subject: Leeds Health and Wellbeing Board: Reviewing the Year 2018-19

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

Summary of main issues

This paper introduces the attached report to be endorsed by the Board subject to the inclusion of final images and formatting to be agreed by the Chair. It serves as a review of the strategic direction provided by the Health and Wellbeing Board (HWB). It provides an understanding of steps taken and progress made towards the Leeds Health and Wellbeing Strategy over the previous year and promotes discussion around how we can make best use of data to better understand progress against our indicators.

The report provides a snapshot in time, summarising just some of the significant work achieved over the last year against the 12 priorities of the Strategy and based on the recommendations of the HWB.

Recommendations

The Health and Wellbeing Board is asked to:

- Discuss and endorse the content of the Leeds Health and Wellbeing Board: Reviewing the Year 2018-19 report (subject to the inclusion of images and formatting to be agreed by the Chair).
- Steer, commission or clarify any future action as appropriate to make further progress towards the outcomes and priorities of the Leeds Health and Wellbeing Strategy.
- Discuss how we can make best use of data to better understand progress against the Leeds Health and Wellbeing Strategy.
- Identify any further items for the work plan.

1 Purpose of this report

- 1.1 This paper introduces the attached report to be endorsed by the Board subject to the inclusion of images and formatting to be agreed by the Chair, which takes a look back over the last 12 months of Health and Wellbeing Board (HWB) and partnership activity as well as an update on the indicators of the Leeds Health and Wellbeing Strategy.
- 1.2 The attached report serves as a review of the strategic direction provided by the HWB providing an understanding of steps taken and progress made towards the Leeds Health and Wellbeing Strategy. This information will continue to inform the future work planning and focus of the HWB into 2019/20.
- 1.3 This paper also promotes discussion around how we can make best use of data to better understand progress against our indicators.

2 Background information

- 2.1 The Shared Intelligence report *The Power of Place: Health and Wellbeing Boards in 2017* states that ‘the most effective HWBs are reasserting the importance of action to address the wider determinants of health. By doing so they are creating a strategic framework to which STPs and action on the integration of health and social care must relate’.
- 2.2 Using this statement (and the wider report) the HWB has been collating information to review its performance and progress over the last 12 months, January 2018 - January 2019. Each of the organisations represented on the Health and Wellbeing Board has contributed to this review, as well as a range of partners who have interacted with the Board during the last year.
- 2.3 The Leeds Health and Wellbeing Strategy 2016-21 is about how we put in place the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. Everyone in Leeds has a stake in creating a city which does the very best for its people. This Strategy is our blueprint for how we will achieve that. It is led by the partners on the Leeds Health and Wellbeing Board and it belongs to everyone in the city.
- 2.4 The Strategy provides a set of priorities for everyone in Leeds to contribute to. But it also provides a framework for health and care system leaders to collectively assess whether their work is making a difference to the people of Leeds.
- 2.5 It is important to remember too, that other strategies and action plans will provide further detail on how specific parts of the citywide vision is being achieved.

3 Main issues

Leeds Health and Wellbeing Board: Reviewing the Year 2018-19

- 3.1 In January 2018, HWB agreed to produce an annual report that serves as a review of the strategic direction provided by the HWB providing an understanding of steps taken and progress made towards delivering the Leeds Health and

Wellbeing Strategy. This is our second year producing an annual report in this format, which includes:

- Highlight of actions that have contributed to the 12 priorities of Leeds Health and Wellbeing Strategy
- Roundup of Health and Wellbeing Board activity: Progress on items and outcome of recommendations
- Progress on Leeds Health and Wellbeing Strategy indicators

3.2 The attached report is a summary of information drawn from partner organisations and health and care colleagues. It takes a look at what items have been considered by the HWB, the recommendations made, and updates and actions against these recommendations.

3.3 The review of activity continues to indicate how well established the Leeds Health and Wellbeing Strategy has become since its refresh in April 2016, which alongside the Inclusive Growth Strategy, is recognised as the city's key driving strategies to achieving our Best City ambitions. It has served to shape organisations' priorities and activity, has brought people together around common goals, and has reinforce partnership working.

3.4 It is important to note that this report will undoubtedly fail to capture the wealth and diversity of work and initiatives in the city that contribute to the Strategy. Therefore, this serves as a summary of highlights, indicative of progress. The report includes a great deal of successes and highlights areas where great progress has been made. However, this must be balanced with an awareness of the pressures that health and care organisations, staff and citizens are currently facing.

3.5 For health and care leaders, this means making sure there is appropriate support for our valued and valuable front line staff and ensuring that people are actively involved in the design and delivery of services. There is plenty more to do to take further steps towards our shared ambitions. But in doing so, Leeds can rely on a strong leadership, working collaboratively, using shared values to reach our city's goals with the strength of our partnership working, as set through the HWB, highlighted as a real strength for Leeds in the recent review by the Care Quality Commission.

3.6 For citizens, the Leeds Health and Wellbeing Strategy recognises that wellbeing starts with people, and everyone has a part to play in making Leeds the best city for health and wellbeing. It is now more important than ever that the wider population consider what we can do to improve our own health and wellbeing, support those around us, or contribute to the environment that we live in.

Making best use of data to better understand progress of our strategy

3.7 At the outset of the Strategy, indicator measures were agreed to help identify the success and impact of the Strategy on the Leeds population – current data is contained within the attached report. The intent of the indicators is to act as 'bell weather' measures on the basis if they are moving in a positive direction we can have reasonable confidence the overall system (including other more detailed measures) will also in the main be improving. The current indicators are presented

as an overview of how we are doing, recognising the extensive intelligence that sits behind them. They act as a starting point for conversation on progress.

3.8 There is now a valuable opportunity to review the current Strategy indicators to consider how we can make best use of the wealth of performance data in the city. This is to ensure there is shared meaningful and clear understanding of how Leeds is progressing in improving health of the poorest the fastest. This also reflects the findings of the recent Care Quality Commission (CQC) Local System Review (LSR) of Leeds on how services are working to care for people aged 65 and over, including those living with dementia. The LSR recognised a range of strengths in Leeds while recognising system challenges that required addressing. We have developed a robust action plan owned by the HWB, one of these actions is to build on the strength of the indicators of the Leeds Health and Wellbeing Strategy to develop a 'one' system suite of measures as a dashboard / scorecard. This needs to include an accompanying process for ensuring that health and care partners are regularly sighted on these measures and ensuring they inform decisions making.

3.9 We would like HWB members to reflect on the current indicators and consider how we can best:

- Continue to reflect our priorities and our vision of improving the health of the poorest the fastest.
- Reflect the learning from the Joint Strategic Assessment (JSA) and the ongoing review of the Leeds Health and Care Plan.
- Incorporate lessons learned from the recent CQC LSR.
- Combine measures that can lead system change with those that act as alerts to emerging issues.
- Balance measures of outcomes and system performance with measures that reflect quality be it audit/inspection/self-assessment/peer review and those that reflect the voice of local people.
- Make sense in terms of availability and timeliness.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 The attached report has been produced as a result of an engagement process with all organisations represented on the HWB as well as the lead for every item that has been submitted to the Board in the last 12 months.

4.1.2 The asset-based approach taken in Leeds, which is founded upon principles of 'working with' and looking at what's strong rather than what's wrong, means that much of the initiatives, programmes and decisions included in the report are firmly based on staff and citizen engagement.

4.2 Equality and diversity / cohesion and integration

4.2.1 The work of the HWB (as included in the report) is guided by the vision of the Leeds Health and Wellbeing Strategy, to improve the health of the poorest the

fastest. Consequently, tackling health inequalities is central to achieving the vision through work around the 12 priorities of the Strategy.

4.3 Resources and value for money

4.3.1 The report confirms that the HWB works collectively, speaks as 'one system', and aims to spend the Leeds £ wisely. The volume of partnership working reported in the review, including the third sector, is testament to the approach taken by the Leeds health and care system – sharing or integrating resources, focusing on outcomes and seeking value for money as part of its long term commitment to financial sustainability.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 Risks relating to individual programmes cited in the review are managed by their relevant organisations as part of standard risk management procedures.

5 Conclusions

5.1 In reviewing the work and influence of the HWB in the context of the Leeds Health and Wellbeing Strategy, it is clear that 2018-19 has seen the HWB reassert its focus on the wider and social determinants of health, whilst emphasising its role in locally shaping the future of health and care services. Providing a space where health and care leaders come together with a broader range of partners and people to have productive and sometimes challenging conversations bolstering partnership working in and for the city and influencing a wide range of initiatives. There is more to do and the HWB is identifying areas of stretch though it's ongoing work plan and how we can make best use of data to better understand the progress of our Leeds Health and Wellbeing Strategy.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Discuss and endorse the content of the Leeds Health and Wellbeing Board: Reviewing the Year 2018-19 report (subject to the inclusion of images and formatting to be agreed by the Chair).
- Steer, commission or clarify any future action as appropriate to make further progress towards the outcomes and priorities of the Leeds Health and Wellbeing Strategy
- Discuss how we can make best use of data to better understand progress against the Leeds Health and Wellbeing Strategy
- Identify any further items for the work plan

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?

The work of the HWB (as included in the report) is guided by the vision of the Leeds Health and Wellbeing Strategy, to improve the health of the poorest the fastest. Consequently, tackling health inequalities is central to achieving the vision through work around the 12 priorities of the Strategy.

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

Undertaking a review of the HWB enables understanding of where the Board is functioning effectively and where improvements can be made. The Board is clear in its leadership role in the city and the system, with clear oversight of issues for the health and care system.

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

The review summarises some of the initiatives that are funded by our public and third sector organisations in the city. Often these are delivered in partnership, for shared outcomes, or in a way that reduces or removes duplication. The HWB also receives a quarterly summary of the citywide health and care financial position, increasing transparency and understanding of financial pressures and solutions as ‘one system’.

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

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Leeds Health and Wellbeing Board

Reviewing the year

2018 – 2019

Making Leeds the Best City for Health and Wellbeing where the poorest improve their health the fastest

DRAFT: V2 – Feb 2019



IMAGE TO BE ADDED

DRAFT

Foreword

By Councillor Rebecca Charlwood
Chair of Leeds Health and Wellbeing Board



The past 12 months has seen a huge amount of work across Leeds to improve people's health and wellbeing. I am glad to see significant improvements in health and care in the city as we better connect people and services and integrate our community, primary care and hospital services. We continue to play a lead role in the region, and have influenced the development of a community focused approach to health and care in the West Yorkshire and Harrogate Health and Care Partnership. We have also hosted national conferences with the King's Fund, delivered an excellent digital health festival and hosted many visits from people looking to learn from our health system.

The Leeds approach is based on compassion, co-operation and integration. This is paying dividends and when comparing ourselves against other Core Cities – Leeds and the other seven biggest cities in England outside of London – we score well and know Leeds is in a strong position as the Best City for Health and Wellbeing. People in Leeds tend to be happier and are mostly in good health.

This is a testament to the strength of our partnership working, highlighted in a recent review by the Care Quality Commission as a real strength for the city and our residents. The Leeds Health and Wellbeing Board brings together senior decision-makers from the council, local NHS services, third sector and Healthwatch Leeds to create the environment to agree city-wide priorities, and to work together to tackle emerging issues.

We also know there are areas for improvement, especially in tackling inequalities that exist in this city. We are united in our ambition that we improve the health of the poorest the fastest, and we believe the vibrant community sector is one of the keys for succeeding in this. Community organisations in this city have a proven track record of connecting with some of our most vulnerable residents, in our most deprived communities. It is this experience that we rely on to improve health and care outcomes for the poorest residents.

Another area we have really improved in the past 12 months, is working with you, our residents. Through our Big Leeds Chat event, we brought senior managers and staff from the health and care sector together with residents, giving you a voice on what matters

most to you and how you think we should improve health and care in the city.

We are considering what you told us, and putting it at the centre of our decision-making. We will also be offering more ways for you to get involved in co-producing solutions.

We want to connect you with what's available in your local community, so that you can improve your health, and access the services you need closer to your home. We have made progress on this in the past year with the development of our Local Care Partnerships, which brings together frontline professionals to put you at the heart of your health and care. This includes GPs, community nurses, and the community sector. This asset based approach in local communities was highlighted as another strength by the Care Quality Commission.

In 2018 we've worked closely with colleagues in the Leeds Academic Health Partnership, Employment and Skills and Inclusive Growth teams to promote health and care innovation, the local health economy and develop projects such as the Leeds Health and Care Academy, Actvage and Inclusive Anchors projects that help people into employment, support our 100% digital ambitions and promote social inclusion.

In 2019 we will face another tough year. Leeds welcomes the new NHS Long Term Plan and its commitment to prevention, but we will continue to argue for an ending of austerity, settlements for local authorities and decent funding for social care services. Despite this we remain ambitious for all the people of Leeds and will face new challenges such as improving the health of our children and young people and the impact of Brexit together.

I hope you enjoy reading this report, and would invite you to be involved in the future of health and care in Leeds. The Board has four public meetings a year, and I hope you can make it along to one of them to put your comments and questions to the Board or as we develop the Big Leeds Chat I hope you have the opportunity to provide your thoughts and ideas.

Introducing...

The Leeds Health and Wellbeing Board

What is the Leeds Health and Wellbeing Board?

The Health and Wellbeing Board (HWB) is a group of senior representatives from organisations across Leeds, including Leeds City Council, the NHS, the community sector and Healthwatch, which represents views of the public. There is cross-party political representation, with meetings Chaired by the Executive Member for Health, Wellbeing and Adults.

The Health and Wellbeing Board helps to achieve our ambition of Leeds being a healthy and caring city for all ages, where people who are the poorest, improve their health the fastest. The Health and Wellbeing Board works collectively, with the strengths and assets of Leeds people, to oversee, influence and shape action to ensure Leeds is a healthy city with high quality services.

The Board has been meeting since April 2013 and was set up in response to national legislation called the Health and Social Care Act 2012.

Members

There are 20 members of the Health and Wellbeing Board; some are mandatory appointments to adhere to the national requirements for all Health and Wellbeing Boards and some are additional members.

Why does the Health and Wellbeing Board exist?

The Health and Wellbeing Board creates the space for senior leaders to come together to develop strategic oversight and direction for health and care.

In Leeds, the Board takes a place-based approach to tackling the 12 priorities set out in the Leeds Health and Wellbeing Strategy 2016-21 and, through collective leadership around a shared vision, sets the direction for our city to reach its 5 outcomes.

The Board has a relentless focus on reducing health inequalities and creating a high quality and sustainable health and care system.

The Leeds Health and Wellbeing Strategy 2016-21

Our Health and Wellbeing Strategy sets out our vision for Leeds and is our blueprint for how we will achieve that.

So many factors contribute to our health and wellbeing, meaning our challenge is to reflect the breadth of the agenda, whilst being specific about the areas we need to focus on to make the biggest difference. The Health and Wellbeing Board's work plan has helped guide our collective activity, as well as the work going on in our individual organisations. The updates captured in this report aim to demonstrate progress towards the 12 priorities of the Strategy, supporting our statement of intent that:



In Leeds, as we grow up and as we grow old, the people around us, the places we live in, the work we do, the way we move and the type of support we receive, will all help keep us healthier for longer. We will build resilience, live happier, healthier lives, do the best for one another and provide the best care possible to be the best city for health and wellbeing.

Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition:

'Leeds will be the best city for health and wellbeing'.

And a clear vision:

'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'.



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5 Outcomes

1. People will live longer and have healthier lives
2. People will live full, active and independent lives
3. People's quality of life will be improved by access to quality services
4. People will be actively involved in their health and their care
5. People will live in healthy, safe and sustainable communities



Indicators

- Infant mortality
- Good educational attainment at 16
- People earning a Living Wage
- Incidents of domestic violence
- Incidents of hate crime
- People affording to heat their home
- Young people in employment, education or training
- Adults in employment
- Physically active adults
- Children above a healthy weight
- Avoidable years of life lost
- Adults who smoke
- People supported to manage their health condition
- Children's positive view of their wellbeing
- Early death for people with a serious mental illness
- Employment of people with a mental illness
- Unnecessary time patients spend in hospital
- Time older people spend in care homes
- Preventable hospital admissions
- Repeat emergency visits to hospital
- Carers supported



IMAGE TO BE ADDED

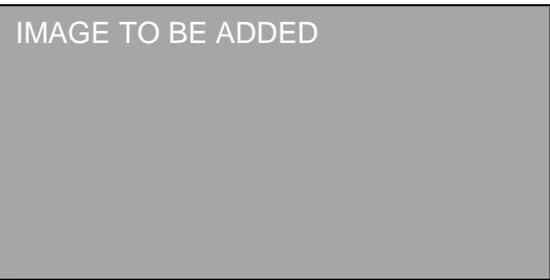
DRAFT

Making a difference

Our individual and collective contribution

About this report

This report serves as a roundup of activity commissioned or directed by the Health and Wellbeing Board and guided by the Leeds Health and Wellbeing Strategy. It covers the time period of January 2018 to January 2019 and is constructed from perspectives of the organisations represented on the Board, actions and updates from those who have brought items to the Board over the last year and an overview of progress around the indicators of the Leeds Health and Wellbeing Strategy.



Progress towards delivering the Leeds Health and Wellbeing Strategy

This Strategy's outcomes, priorities and indicators gives us a framework to test out whether the work we do is making a difference. How we as Board members view our progress is also an important factor in reviewing the way we work together for the people of Leeds. This report also helps capture how other strategies, action plans and projects are helping to achieve specific parts of the citywide vision. It is clear that there is a huge amount going on within organisations and by partners working together and working with citizens. Therefore, much of what is provided here is just a snapshot of activity that contributes towards the Leeds Health and Wellbeing Strategy 2016-21.

HWB agenda items aligned to priorities

To ensure that the HWB has a relentless focus the priorities set out in the Leeds Health and Wellbeing Strategy 2016-21, report authors are asked to identify which priorities their items align to. The graph below shows how the 29 items considered by the Board in 2018 are aligned.



Acronyms explained

- LCC – Leeds City Council
- CCG – Clinical Commissioning Group
- LCH – Leeds Community Healthcare NHS Trust
- LTHT – Leeds Teaching Hospitals NHS Trust
- LYPFT – Leeds and York Partnership NHS Foundation Trust

Progress towards delivering the Leeds Health and Wellbeing Strategy



**Collated from the organisations
represented on the Health and
Wellbeing Board**

A Child Friendly City and the best start in life



The best start in life provides important foundations for good health and wellbeing throughout life. This means the best start for every Leeds baby from conception to age two, providing high quality, joined-up maternity and antenatal care guided by the mother's needs for supported families, strong attachments and positive infant wellbeing. It means ensuring solutions are coordinated around needs and assets in families and the wider community.

Highlights from the last 12 months include:

- Children and Families Services in Leeds were rated as 'outstanding' by Ofsted.
- Leeds Community Healthcare Health Visiting Service were awarded Baby Friendly Initiative Gold accreditation by UNICEF.
- The 'Baby Buddy' app is now being promoted as part of routine care to all new parents. Designed to provide stage appropriate knowledge, awareness and confidence the app provides personalised information and is being regularly used by professionals to support their consultations.
- The Food and Activity for Healthy Pregnancy sessions were made available for pregnant women with a BMI over 25 (and their partners). The sessions utilise the HENRY strengths based approach, and look at the basic principles of eating well in pregnancy using the Eat Well guide and the key food safety messages for pregnancy.
- Understanding your Baby: A Course for Parents and Carers' was developed by the Infant Mental Health Service and aims to increase parents' confidence in understanding what their baby needs, responding to their needs appropriately and bonding with their baby. The course is now being offered to parents at local children centres.
- A series of local events took place during Leeds Baby Week, including the launch of the '50 things to do before you're 5' and a Better Conversations conference with professionals.
- Public engagement on the future of the Maternity and Neonatal Outpatient Care Services in Leeds has been undertaken.
- Further investment has enabled the expansion of the specialist community perinatal mental health team. Alongside increasing access to services for new mums this will enable training to be delivered to midwives and other practitioners who support parents in this period.
- Processes have been strengthened to ensure smoking status is accurately assessed and recorded at booking and delivery. Delivery of the Baby Clear smoking cessation programme is underway.
- High satisfaction rates among people using the Leeds Teaching Hospitals maternity service, according to the CQC Maternity Survey 2018. The service has improved across eight key areas since 2017 and now rates as better than most trusts nationally for experiences in antenatal care, labour, and staff communication and support.
- Leeds' Homebirth Team shortlisted for the British Journal of Midwifery Team of the Year award. Homebirths have increased by 0.5% in 2018 (1.5% to 2%) with 205 homebirths taking place in 2018 promoting choice and best start for baby (more likely to breastfeed, normalising birth, etc).
- Leeds' pioneering Family Integrated Care approach was rolled out to Leeds General Infirmary (first site nationally at St James's Hospital) so that all families with babies having neonatal care in Leeds are supported to play an active role in their baby's care whilst on the neonatal unit.

- Baby's Bubble introduced on the neonatal intensive care unit at Leeds Children's Hospital to protect vulnerable babies from infection by encouraging greater awareness among parents, visitors and staff.
- Kangaroo Care introduced in the newborn care unit at Leeds Children's Hospital to promote skin on skin contact which helps families bond with premature and newborn babies, creating a bond that lasts a lifetime.
- One of five trusts undertaking medical mediation training and engagement with families to encourage better conversations around babies' care and reduce or deescalate conflict.
- The Family Integrated Care service, which was introduced at St James's in 2015, has been rolled out in LGI. Family Integrated Care empowers parents to take control of their baby's care whilst on a neonatal unit, which is proven to promote better outcomes for both baby and families. Leeds was the first Trust in the country to introduce the service.

An Age Friendly City where people age well



We want Leeds to be the best city in the UK to grow old in. Being an Age Friendly City means promoting ageing positively and maximising opportunity for older people to contribute to the life of Leeds. We must build on the strengths of older people and recognise first and foremost their roles as employees, volunteers, investors and consumers. Our built environment, transport, housing must all promote independence and social inclusion.

Highlights from the last 12 months include:

- Physiotherapy led group falls prevention classes are resulting in 67% of participants seeing improvements in mobility.
- Water based strength and balance programmes have been deployed across the city.
- Frailty strategy developed for the city using population health management approach.
- Community Contributions research carried out, including in Holbeck and Beeston which has resulted in a new Asset-Based Community Development worker being recruited for that ward. The findings also being used by third sector providers and volunteer managers to bring funding into the city.
- The ActiVage Horizon 2020 Project has delivered smart devices and digital inclusion training to over 40 citizens of Leeds aged 65 and over. The solution supports participants in the ability to self-manage their medical conditions and maintain a healthy lifestyle through the use of wearable technology. The home sensor element of the project can offer peace of mind to carers at a distance from their loved ones.
- 'Street by Street' project launched in December, aimed at encouraging community contributions to support older people in three neighbourhoods in Leeds.
- The Door to Door Community Transport project secured £339K in funding to address unmet demand, reduce social isolation and improve access to health services.
- Centre for Ageing Better commissioned research into the Information and Advice needs of older people on their housing options – findings to be published in February 2019.
- Ongoing implementation of Age Friendly Working Practices, focusing initially one health and wellbeing in work within anchor institutions.
- Referrals into the STEP programme have been increasing since the launch a year ago.

- To date 29 organisations have signed up to the Age Friendly Leeds Charter.
- 150 organisations and businesses have signed up to the 'Come in and Rest' campaign.
- Fifteen organisations were awarded community grants to run events related to International Day of Older People in Leeds, supporting communities to celebrate the diversity of the city and the contributions made by older people living in Leeds.
- The SWIFt Service has supported 130 people living with frailty to develop action plans focussed on improving independence and wellbeing, with noted improvements to wellbeing and social isolation outcomes.
- Leeds has been selected to take part in the LGA Design in Social Care programme, which will aim to better understand how we can support people living with mild frailty to live healthy and independent lives.
- Engagement with communities on creating a dedicated older people's mental health service, due to launch in March 2019.
- Malnutrition helpline launched to support older people and their carers.

SPOTLIGHT ON: Activage Leeds

Activage aims to prolong and support the independent living of older adults in their living environments. Its main objective is to respond to the real needs of caregivers, service providers and public authorities. They are trialling innovative and user-led services across seven European countries based on Internet of Things (IoT) technology.

The Leeds pilot project involved trialling IoT services around daily activity monitoring, emergency triggers and prevention of social isolation. It aims to create the first European inter-operable and open ecosystem, reusing existing IoT platforms, technologies and standards that will enable us to develop active and healthy ageing IoT services and solutions at large scale.

It is a smart solution aims to prolong and support the independent living of older adults in their living environments. Its main objective is to respond to the real needs of caregivers, service providers and public authorities. The Leeds project will involve a total of 1000 users, with a mix of primary carers, GPs, older people and their family members.

Using latest Samsung wearable technologies and mobile phones, combined with energy monitors, the project helps users to improve their quality of care and self-manage their health needs, by understanding how well they are using their energy. The project targets people aged over-65 with mild levels of frailty.

Strong, engaged and well-connected communities



The relationships and resources in communities are building blocks for good health. Leeds has brilliant and diverse communities, well-established Neighbourhood Networks and a thriving third sector. There are vulnerable groups and areas of the city which experience health inequalities, including people in poverty, migrants, refugees and asylum seekers, the homeless and people with disabilities. People's health outcomes can also depend on specific characteristics, such as ethnicity, gender and sexuality, amongst others. Carers are also crucial to our communities.

Highlights from the last 12 months include:

- People's Voices Group (PVG), convened by the Leeds Health and Wellbeing Board, and chaired by Healthwatch, continues to bring together partners join-up consultation and engagement, and reduce repetition.
- The Big Leeds Chat event was the first 'one system' city-wide engagement event in Leeds. It brought around 500 local people together with key decision makers and leaders, to have a conversation about what matters to them and to better understand their needs and preferences.
- A series of other consultation and engagement activity delivered throughout the year, including on: maternity services, Urgent Treatment Centres, mental health services, local care partnerships, community respite care services and weight management services.
- The CCG Third Sector Grants final round has funded a diverse range of health projects aimed at improving health outcomes and build capacity in order to relieve pressure or demand elsewhere in the health system. A total of £2.3m funding was distributed through the Grant between 2015 and 2018.
- £325,000 allocated to Leeds through the West Yorkshire and Harrogate Harnessing the Power of Communities Fund.
- Patient participation groups established in local GP practices, to support the development and delivery of new healthy lifestyle projects within practices.
- The Homeshare scheme continues to match someone younger looking for an affordable place to live with someone older who has a spare room and who would benefit from help or companionship at home.
- Launch of the Carers Connections project supporting older carers who are socially isolated or lonely.
- Grants for Carers Group established, to help establish or maintain peer support groups that provide opportunities for mutual support for carers.
- Leadership teams are in place for the Local Care Partnerships, aimed at developing new ways of working in local communities, built around the needs of local populations.
- Launch of Big Change Leeds, an alternative giving scheme aiming to address the needs of homeless people.
- Expansion of mental health drop-in sessions to cover four areas in Leeds in 2018. These sessions are held at community hubs, bringing people closer to social activities taking place in their area and helping them to make other connections within their communities.

SPOTLIGHT ON: Carers Connections

Carers Connections supports carers aged 50 and over who are socially isolated to make connections with other people, services and communities. Evidence shows that up to 80% of carers can experience social isolation or loneliness, and isolation is particularly complex and entrenched for older carers.

The Carers Connections worker offers one-to-one support, and links up with groups and other projects to encourage carers to build more social engagement into their lives. Supported by Carer Support Workers, they ensure that the right care is in place to enable carers to look after their own social needs.

Carers Connections also offers support delivered by trained volunteers who provide social contact in the carer's home, meet up with carers and accompany carers to groups or events, when the carer does not feel confident to do this alone.

Housing and the environment enable all people of Leeds to be healthy



To be a healthy city, our environment must promote positive wellbeing. This means Leeds houses are affordable, warm, secure, and support independent living. Green space, leisure provision and walking and cycling opportunities promote health and happiness. Areas of Leeds with the lowest overall green space provision are predominantly inner city, high density housing areas. Considerations about future growth must consider health inequalities and ensure adequate provision.

Highlights from the last 12 months include:

- Extra investment to drive continuous improvements in Council housing quality. Current investment programmes include insulation and heating works to improve the energy efficiency of homes.
- In 2017/18 inspection visits of nearly 2,500 private sector rented housing, with over 1,500 hazards being removed or reduced and over 3,500 people benefitting from these interventions.
- Leeds has adopted a number of proactive initiatives to improve housing conditions in the private rented sector, including: Leeds Neighbourhood Approach, Leeds Rental Standard, Private Rented Sector Forum / Conference.
- Improved services within sheltered support schemes, including increased staff presence, increased focus on providing a range of wellbeing activities in schemes and rebranding of the service as retirement living
- A major procurement is underway to develop 240 extra care units on Council owned sites via experienced extra care providers, planned for delivery in 2021. In addition, the Council is investing £30m in the development of a further 180 extra care units.
- £5.5m budget in 2018/19 for disabled Council tenants requiring housing adaptations.

- A new process has been established to enable public organisations to refer people at risk of homelessness to the Leeds Housing Options Service.
- Leeds has been allocated additional funding for 2018/19 to help reduce rough sleeping. The funding will be used to fund a specialist mental health social worker and mental health nurse, and an additional addiction support worker, who will all be part of the wider Street Support Service led by Safer Leeds.
- Partnership implementation of the Leeds 'Responding to Hate' Strategy.
- Continued implementation of the Leeds Affordable Warmth Strategy.
- Launch of the £35m Leeds PIPES project, delivering a new heat and hot water system to 2000 properties, making heating and hot water more affordable.
- First themed collaboration workshop held where there was a cross-sector conversation, including from the health and care sector, on improving housing quality.
- LYPFT started a large scale estates programme in 2018 to dispose of poor quality estate and rehouse services into improved or refurbished estate.
- Launch of new Home Plus Leeds service, helping people live safely and independently in their own homes by addressing health risks in the home, such as risks of falling; energy efficiency and affordability; warmth and condensation / damp and repairs.

SPOTLIGHT ON: Home Plus Leeds

Home Plus is aimed at enabling and maintaining independent living through improving health at home, helping to prevent falls and cold related health conditions. It is for people who may be at risk of falling; who are struggling to heat their home or pay heating bills; who need help with repairs that are causing a hazard in their home; or who need information and advice to maintain independence.

The service provides:

- Comprehensive home assessment to identify client needs
- Rails and equipment to reduce the risk of and prevent falls
- Servicing and repairs to heating and hot water systems
- Help changing to the cheapest energy deal
- Free energy saving equipment and advice
- Draught proofing and insulation measures
- Assistance with repairs that are causing a hazard (home owners)
- Identifying, assessing and reporting housing repairs (tenants)
- Advice and support on issues such as a change in housing or financial circumstances, bereavement

For further information visit: <https://care-repair-leeds.org.uk/news/home-plus-leeds/>

A strong economy with quality local jobs



A good job is really important for good health and wellbeing of working age people. Reducing social inequalities means creating more jobs and better jobs, tackling debt and addressing health related worklessness. With collaboration across private, public, academic and community organisations, Leeds is perfectly placed to be a great location for health innovation. We must also recognise that health and care organisations employ a huge number of people in the city.

Highlights from the last 12 months include:

- The Leeds economy continues to perform well, with a sustained level of jobs growth and unemployment falling faster than the national average.
- The city continues to have amongst the highest rates of business start-ups and scale-ups in the UK, and there are an extra 8,000 businesses than in 2009.
- Visitor numbers are up and the city has climbed the rankings to become the fourth most popular conferencing city in the UK. West Yorkshire was also listed on the National Geographic's Cool List for 2019.
- The Council has committed to becoming a Living Wage employer.
- Launch of the Leeds Inclusive Growth Strategy which further underlines how improving health and wellbeing contributes to a stronger economy.
- Developing the Innovation District project and inclusion on the Regional Entrepreneurship Acceleration Program, run by the Massachusetts Institute of Technology in Boston, which helps regions accelerate economic growth and promote social progress through innovation.
- A growing city centre with high profile firms moving into the city creating new jobs and training opportunities, including Channel 4.
- Working with the LTHT and others to develop an Inclusive Anchors Network.
- LYPFT's investment in its staff health and wellbeing programme in 2018 which included roadshows, health checks and the launch of a financial wellbeing package.
- Leeds Teaching Hospitals is recognised as the highest ranking NHS employer of apprentices in 2017/18. Apprentices accounted for 18.5% of all new starters at the Trust; i.e. 600 apprentices and we are on track to recruit around 700 in 2018/19.
- LTHT has employed more than 2000 apprentices since 2010, and over a 1000 of those individuals still work at the Trust. Our retention rates are nearly three times higher than the UK apprentice average
- LTHT has worked with the long term unemployed in partnership with the DWP & Job Centre Plus since 2011- supporting individuals into work by offering placements and bespoke pre- employment activity in partnership with Leeds City College. These programmes see the Trust offer placements and guidance to individuals who have been identified as at risk to finding barriers to employment - some of the city's most vulnerable individuals- including young care leavers, young carers, refugees and individuals with mental health and / or learning disabilities.
- This year (2018/19) we have had 64 participants registering on one of these programmes, significantly improving their socio-economic status, which impacts their health & wellbeing and therefore supporting the city's inclusive growth strategy.

SPOTLIGHT ON: Leeds Inclusive Growth Strategy

The Leeds Inclusive Growth Strategy sets out how Leeds City Council, the private sector, universities, colleges and schools, the third sector and social enterprises in the city will work together to grow the Leeds economy ensuring that everyone in the city contributes to, and benefits from, growth to their full potential. It sets out how the city intends to promote a positive, outward looking image on the global stage seeking to increase inward investment, exports and tourism.

It sets out 12 “big ideas” that act as an action plan to encourage inclusive growth in the city, these are focused on supporting people, places and productivity. The strategy supports the delivery of the Leeds Health and Wellbeing Strategy, with one its big ideas been to make the best city for health and wellbeing. This will be achieved by:

- Working in partnership to improve the health of the poorest the fastest
- Building on our strength as a leader of health innovation by further developing our workforce and attracting new skilled jobs in growing sectors such as digital and medtech
- Supporting healthy, active lifestyles to enable people of all ages to fully realise their social, educational and economic potential
- Working with schools, colleges and universities to open up opportunities for our residents to develop their skills and promote social mobility
- Enabling more people to manage their health in the community and workplace, working with people to promote prevention and self-management

Get more people, more physically active, more often



We want Leeds to be the most active big city in England. If everybody at every age gets more physically active, more often, we will see a major improvement in health and happiness. We can reduce obesity, improve our wellbeing, become more socially connected and recover better from health problems. One in five adults in Leeds is inactive. As a general rule, the more we move, the greater the benefit. The biggest benefit will be for those who are currently inactive.

Highlights from the last 12 months include:

- Working with First Contact practitioners and physiotherapists to encourage access to local suitable physical activity options.
- Considering how best to embed signposting to physical activity within services such as diabetes and respiratory services.
- The CCG have invested in further capacity in pulmonary rehabilitation, aimed at encouraging people to walk more and be more active.

- Public Health England Physical Activity Clinical Training programme commenced from May in Leeds, and focussed on nurses and health care assistants from primary and secondary care.
- Improvements made to Musculoskeletal and Physical Activity Pathway, with greater focus on lifestyle interventions, to aid recovery and minimise risk of recurrence.
- The Public Health England Active 10 campaign was promoted across the city with communities and health and social care workforce. The campaign has resulted in an increase in the numbers of 40 to 65 year olds active.
- A city-wide conversation on a physical activity ambition for the city commenced in 2018. This involves engaging local residents, community groups, the workforce, decision makers, and local businesses.
- A wide range of third sector partnership/community programmes from gardening to wellness groups helping increase physical activity levels.
- One You Leeds has had 238 people taking part in the Move More programme.

SPORTLIGHT ON: One You Leeds

One You Leeds is a free local healthy living service designed to support Leeds residents to start and maintain a healthy lifestyle. It provides services that help people to be smokefree, eat well, cook well, move more and manage their weight.

Highlights during 2018 include:

- More than 1550 people signed up for the weight management course.
- More than 2280 people committing to our Smoke Free programme in order to quit smoking for good.
- More than 493 people took part in our Eat Well courses
- More than 238 people took part of our Move More programme this year.

Feedback from users of the service have included:

“This course has given me the knowledge to turn my lifestyle around” – Cheryl

“I have benefited from One You Leeds Health wise and financially. I could not have done this without the support from my excellent coach” – Edna

Maximise the benefits of information and technology



New technology can give people more control of their health and care and enable more coordinated working between organisations. Joined-up information enables people to tell their story once and choose the channel they use to communicate. We want to make better use of technological innovations in patient care, particularly for long term conditions management. This will support people to more effectively manage their own conditions in ways which suit them.

Highlights from the last 12 months include:

- The Assisted Living Leeds Innovation Lab continued to offer co-design sessions between developers and citizen and patient groups. This included a session with stroke survivors testing a new innovative rehab assistant; and a session to design a new app for people at risk of osteoporosis.
- Continued roll out of the electronic Leeds Care Record.
- Scan4Safety roll out continues across LTHT enabling the delivery of better patient care, improved clinical productivity and supply chain efficiency.
- Teledermatology project launched as part of the Leeds Cancer Programme – all Leeds GPs now have equipment to send electronic images of suspected skin cancer lesions.
- All GP practices have free patient WiFi.
- Leeds has been awarded funding for a digital inclusion project, aimed at people with dementia and their carers and connecting them to the benefits of digital health tech.
- The Data Matrix used to inform licencing decisions is a finalist in the 2019 LGC Awards. It has been nominated in the two categories of Public Health and Digital Impact.
- All services at LTHT available via the national e-referral system. In August 2018, 73% of all GP referrals were made through the system (up from 29% in October 2016).
- Telephone follow up clinics introduced to avoid patients coming back into hospital and freeing up to 29 appointment slots a week.
- LCC and the NHS have worked with mHabitat to develop a citizen blueprint for development of digital technologies to support prevention, proactive care and self-management in Leeds.
- The Leeds Centre for Personalised Medicine and Health has launched a groundbreaking clinical trial in Leeds, to identify people's risk of diseases such as diabetes, and help prevent them.
- LYPFT started a project to develop and implement a new electronic patient record system in 2018.
- LTHT Histopathology Department is the first UK hospital to have achieved 100% digitisation of histopathology slides, processing over 1,000 pathology slides a day. The collaboration between LTHT and Leica Biosystems is paving the way for a revolution in cancer diagnosis.
- In July 2018 LYPFT announced a partnership with CareWorks, a specialist provider of health and social care software solutions, to replace its current electronic patient record (EPR) system with the new CareDirector software. LYPFT will be the first mental health provider in England to use it. The Trust has signed up to an exciting 10 year deal that will bring significant improvements to record keeping, workflows and the quality of care. Go live is planned for December 2019.

SPOTLIGHT ON: Digital pathology

LTHT Histopathology Department is the first UK hospital to have achieved 100% digitisation of histopathology slides, processing over 1,000 pathology slides a day. The collaboration between LTHT and Leica Biosystems is paving the way for a revolution in cancer diagnosis.

The step-by-step process each slide goes through at Leeds has been rigorously tested and received ISO15189 (International Organisation for Standardisation) accreditation laying the foundations for national guidelines on using digital pathology.

Leeds research team has been awarded a £10.1m investment from UK Research and Innovation to expand a digital pathology and artificial intelligence programme across the North of England. The successful partnership bid was led by the University of Leeds and Leeds Teaching Hospitals as part of a network of nine NHS hospitals, seven universities and ten industry-leading medical technology companies, called the Northern Pathology Imaging Co-operative. It means Leeds at the heart of an NHS-academic-industry consortium set to become a globally-leading partnership for applying artificial intelligence (AI) research to cancer diagnosis.

The Breast cancer AI initiative will use AI to detect signs of breast cancer from scans, will help hospitals contending with a shortage of radiologists. The first phase large-scale analysis on historic data to ensure the algorithm is performing optimally will later test it on live patients

A stronger focus on prevention



Targeting specific areas can make a really big difference to preventing ill health, such as obesity, smoking, and harmful drinking. Cancer prevention, early diagnosis and successful therapy will reduce inequalities and save money. Focusing on these issues requires a whole-city approach to help people remain healthy and independent for longer. Local and regional partnerships protect the health of Leeds' communities around infection prevention and control, and environmental hazards such as air quality and excess seasonal deaths.

Highlights from the last 12 months include:

- The revised screening process for alcohol and tobacco in hospital was launched. Patient's now entering hospital will receive advice and support at an earlier stage.
- Smoking prevalence across the city is now at an all-time low of 16.7%. Progress continues to be made towards the aim of creating a smokefree generation, with over 35,000 less smokers in Leeds than there were in 2011.
- This year's Stoptober campaign resulted in 1,206 referrals to the One You Leeds (OYL) smoking cessation service and 70 sign ups at outreach events in deprived areas.

- A smoking referral pathway was agreed with OYL. All patients who agree to be referred for support are shared with OYL on a weekly basis.
- The West Yorkshire Tackling Illicit Tobacco Programme continues to make good progress in reducing the supply and demand for illicit tobacco with rates across the region falling by 1% compared to a 5% increase nationally.
- Over 5,000 people have accessed social prescribing services, which are enabling people to access personalised services that support them to meet their personal goals in their own neighbourhoods. Work to oversee the re-procurement of a city-wide model is taking place, with mobilisation due to commence in March 2019.
- OYL has actively developed partnerships with local healthy living providers and other support services. Achievements include co-location opportunities, development of joint engagement events and refining referral and signposting pathways.
- GPs have been upskilled on the latest evidence on e-cigarettes including highlighting key recommendations and advice on their use so they can advise patients more consistently and confidently across Leeds.
- Working in partnership with the British Heart Foundation to test a community based approach to identify raised blood pressure in addition to increasing accessibility to blood pressure testing and lifestyle support. The project is targeting Council front-line employees as well as through six community pharmacies in the 10% most deprived areas of the city. There have been approximately 1,000 blood pressure tests undertaken.
- Re-procurement of the local NHS Health Check programme, which will be delivered by the GP Confederation, providing further opportunities to embed this important service within General Practice, localities and out-of-hour hubs. It will also make the service more accessible to people who traditionally are less likely to access the service.
- Campaigns delivered to encourage people to take up cancer screening such as cervical smears and bowel cancer tests.
- Launch of lung cancer screening project in south Leeds. Project was developed in partnership with LTHT, LCC, University of Leeds and Yorkshire Cancer Research. See case study for more information.
- Infection prevention and control initiatives include flu vaccine and 'I Spy E-coli'.
- Continued promotion of our nationally-recognised 'Seriously' campaign to raise awareness of the risks of overuse of antibiotics.
- A renewed commitment to supporting both staff and service users to cut down or quit smoking to lead to better health outcomes. More LYPFT staff are being trained to become stop smoking practitioners in 2018/19.
- During Alcohol Awareness Week, Forward Leeds held events at Leeds Beckett University, Leeds General Infirmary, Leeds University Student Union, Boots the Chemist, Leeds City College, Kirkgate Market and Leeds Railway Station, where they asked people to pledge a positive change to their drinking. Across the events, Forward Leeds spoke to 204 people, undertook 131 opportunistic brief interventions and referred three people into treatment. 50 people also made online pledges.
- The No Regrets campaign (a responsible drinking campaign, aimed at 18-25 year olds) and website was also launched at the beginning of Alcohol Awareness Week. By the end of January 2019, almost two thousand individuals had accessed the site, with some blogs on the site having been viewed hundreds of times.
- The Alcohol Licensing Data Matrix is now being used in the alcohol licensing process. So far it has helped inform two applications that were rejected, and one which was approved but with conditions. The tool is currently a finalist in two categories (Public Health and Digital Impact) of the LGC Awards 2019.
- Free alcohol (and drug) awareness training, provided by Forward Leeds, was delivered to a total of 57 individuals representing a wide range of bars, pubs and clubs, as well as key partners including the West Yorkshire Police licensing team, and security firms from key shopping arcades in the city.

- Public Health have been working with primary and secondary care, as well as Forward Leeds, on a Community Hepatology Programme, which identifies individuals with alcohol-related liver disease (ArLD) and provides treatment for those who need it, in three GP practices in Leeds.
- Public health's alcohol work was included in the Purple Flag submission, helping the city retain its Purple Flag status.
- In terms of alcohol treatment, Leeds is now the best performing core city with regards to alcohol outcomes.

SPOTLIGHT ON: NHS Health Checks

The NHS Health Check is a free health check-up for adults in England aged 40-74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia.

As a result promotion aimed at encouraging uptake, between April 2017 and March 2018, 28,150 were invited to attend their NHS Health Check, 20,412 of those took up the offer.

As a result, 1,379 people were diagnosed with Cardiovascular Disease (CVD) and are now being managed via the appropriate pathway, 416 people have been found to be at high risk of cardiovascular disease and a further 1231 at high risk of developing diabetes, all of whom will now be reviewed on an annual basis and supported to make lifestyle changes to help reduce their risk.

Support self-care, with more people managing their own conditions



Long term conditions are the leading causes of death and disability in Leeds and account for most of our health and care spending. Cases of cancer, diabetes, respiratory disease, dementia and cardiovascular disease will increase as the population of Leeds grows and ages. This means it is important to support people to maintain independence and wellbeing within local communities for as long as possible. People need to be more involved in decision making, with person-centred care, coordinated around individuals.

Highlights from the last 12 months include:

- Diabetes strategy, activity has included advising people on foot care to reduce amputation risk, and improving access and take up of structured education programmes.
- Completion of the Diabetes Structured Education (Type 2) course has continued to be above target (77% accumulative total against a target of 60%). People are reporting an improved confidence in self-managing their condition, sustained at 100%.

- 10,149 referrals into the National Diabetes Prevention Programme. Increased referrals is a result of incentivised mail out approaches that are in place and are currently being carried out by 73 GP practices.
- Use of the Collaborative Care and Support Planning has continued within the city. Embedding the approach of Better Conversations, all GP practices are now engaged in this process, incentivised through the CCG Quality Improvement scheme. The volume of people having a Collaborative Care Support Plan (CSSP) has continued to increase to support them in managing their own condition. There is a target of 65,000 people to have a CSSP, which enable a person to focus on "what is important to them" and allowing for the development of person centred goals to be agreed.
- Ten integrated Breathe Easy groups are now established, with a particular focus on disadvantaged groups and areas with high prevalence of COPD to promote independence and living a good life.
- NHSE have funded and are working with Leeds to offer an evidence based digital solution, MyCOPD, to support people living with COPD to have the confidence, skill and knowledge to manage their condition. The funds are to support 20% of the COPD population (severe COPD), which equates to 3382 patients. The app will be offered through Pulmonary Rehabilitation within LCH and in LTHT respiratory clinics.
- Implementation of wave one of the First Contact Practitioner action plans, aimed at improving access to musculoskeletal expertise. In the LS8 and LS9 locality, there are 13 practices involved with a combined practice population of c86,000. In LS25 and LS26 locality, there are now 9 practices involved with a combined population of c67, 000.
- Shared decision-making within musculoskeletal services is improving communication, access to self-management resources and promoting a greater understanding of a patient's condition and ability to self-manage. A workshop was held with LTHT colleagues to progress the process of shared decision-making across other specialities.
- Digibete is providing support for parents of children with Type 1 Diabetes. It has been designed and created by parents in partnership with Leeds Children's Hospital. DigiBete is a digital platform that provides additional support to parents and means that schools, extended family and the child's community can also access training to keep children safe and ensure that their condition is better understood and managed effectively.
- Work continues on the person held records (Helm™) project giving people a chance to access personal information on health as well as council services.

SPOTLIGHT ON: Helm™

Helm™ is an online person held record (PHR) for health and care, enabling people to have access and contribute to their own health and wellbeing information on their own device e.g. mobile, tablet.

It was developed following citizen feedback to:

- Provide people with access to a system that joins up all their medical information from the NHS with council services and more, with one single login
- Provide people with greater control over their own health and wellbeing
- Help monitor interactions with service providers
- Encourage people to act on their concerns sooner

It is entirely owned and developed by Leeds. Helm™ will provide a wider, coordinated localised solution for people in Leeds and not be tied to any particular clinical system. It is an innovative platform allowing people to view, control and contribute to their own health and wellbeing information.

It currently includes information from GP records, but will over time, develop to include information from other sources – hospitals, the City Council, mental health and community services and the voluntary sector.

SPOTLIGHT ON: Leeds Lung Health Check Project

In November 2018, a mobile lung cancer screen project in south Leeds was launched. The project has been developed in partnership with LTHT, the University of Leeds, LCC and Yorkshire Cancer Research.

The new screening trial is designed to help detect the early signs of lung cancer and save more lives. 7,000 smokers and ex-smokers are being invited to take part in the project, and it is estimated that 300 lung cancers will be detected during the four-year programme, allowing those patients to receive potentially life-saving treatment earlier.

It involves a special type of x-ray called a screening CT scan that can detect very early signs of lung cancer. The scans are carried out in a mobile unit based in supermarket car parks and shopping centres.

Evidence from the US shows that 8 in 10 patients diagnosed with lung cancer by screening will be alive 10 years after diagnosis, compared to just 1 in 10 for people diagnosed currently in the UK.

As well as saving lives, the trial will help provide vital evidence that may help the government decide how to introduce a national lung cancer screening programme in the UK.

Promote mental health and physical health equally



Our ambitions for mental health are crucial for reducing health inequalities. Good employment, opportunities to learn, decent housing, financial inclusion and debt are all key determinants of emotional wellbeing and good mental health. Improving mental health is everyone's business. We want to see this led by employers, service providers and communities alongside improved integration of mental and physical health services.

Highlights from the last 12 months include:

- A review has started into the ways the mental health needs of people with long-term conditions can be better supported, and to encourage primary care to consider the physical health of people with mental illness and learning disability. The new Improving Access to Psychological Therapies procurement will have a specific emphasis on people with long-term conditions as well as expanding capacity to help treat common mental health problems.
- One You Leeds has completed its first year as an integrated healthy living service with more than 60% of referrals being for people living in the more deprived areas of Leeds. All outreach and service delivery is targeted in these areas to ensure services are more accessible to those most in need of support.
- The Council has adopted a Healthy Weight Declaration which will launch in 2019.
- Continued promotion for the MindMate resources and implementing Future in Mind.
- Funding services (e.g. Teen Connect) to support children and young people in distress.
- MindWell website has recorded 100,000 visitors to the site since it launched.
- Local work on Stop Overprescribing of Medicines for People with a learning disability.
- Number of partnership activities, including with the British Transport Police and local universities/colleges, to mark events such as World Mental Health Day.
- Introduction of the New Care Model for children and adolescent mental health services provide care closer to home and reducing number and length of hospital bed days.
- NHS England capital investment confirmed for a new Tier 4 children and adolescent mental health service unit, to be built in Armley.
- Ongoing mental health and learning disabilities anti stigma work, including events and campaigns surrounding NHS 70.
- Contributions to Yorkshire Evening Post 'Speak Your Mind' campaign, including a recent piece on looking after your mental health at Christmas and promotion of mental health drop-in sessions for the public across Leeds.
- A project to increase the number of people with learning disabilities to have annual health checks and take part in national health screening was commended at the Nursing Times Awards.
- Establishment of Children and Young People's mental health crisis team
- Launch of access to online counselling for children and young people

SPOTLIGHT ON: Get Checked Out

LYPFT's Health Facilitation Team worked with local and national health professionals and screening partners to develop easy-read 'Get Checked Out' information, which supports and encourages people with a learning disability to have health checks and screening.

The project was motivated by a drop in the uptake of breast cancer screening in Leeds, and that people with learning disabilities die earlier than the national average, with many of those deaths been avoidable. This was against a backdrop locally of increasing uptake of the learning disability annual health, which created an opportunity to encourage more people to take part in screening programmes

The 'Get Checked Out' guide was updated to provide more accessible information about screening for a person with a learning disability. Although the project is not yet complete, it has already seen positive results.

It has seen the development of a complementary website www.getcheckedoutleeds.nhs.uk, which gives service users access to government-driven health screening initiatives that they might otherwise not know about. There are new links with professionals who are responsible for screening and can advise on service planning to make sure people with a learning disability aren't overlooked.

Other spin-off benefits include:

- Teaching more than 200 healthcare professionals & students how to work with people with a learning disability. Feedback suggests participants feel confident to change their practice to make reasonable adjustments.
- Running a joint awareness raising programme with NHS England for admin, voluntary sector, private sector and professionals around health inequalities.
- Being asked to help NHS England to create accessible documents to support a regional flu campaign. This should also support people for whom English is not their first language, or other vulnerable members of society as well as those who have a learning disability.
- Developing an awareness-raising training package which is supported by all screening partners and the health facilitation team.

A valued, well-trained and supported workforce



Leeds is one of the best places in the UK to work in health and social care. We have a highly motivated, creative and caring workforce, working hard to deliver high quality care. This workforce, many of whom live as well as work in the city, are a huge asset for making change happen. Working as one workforce for Leeds, with shared values and collaborative working, supports joined-up services. The third sector and those in caring and volunteer roles in the community will be crucial to make the most of our city wide assets.

Highlights from the last 12 months include:

- System-wide leadership community established which brings together over 200 key influencers to date, with links being established to existing leadership development work.
- The Leeds Health and Care Academy supports the creation of one Leeds workforce. The Academy is due to launch April 2019 with its initial range of products.
- Merrion House has been established as a One Workforce workplace enabling staff to work side-by-side to strengthen partnerships across the system.
- Over 1000 apprenticeships now offered across the whole system, and the number is expected to increase. The graduate nurse apprenticeships scheme was successfully launched.
- Better Conversations culture change programme has been commenced and developed further to roll out to 5000 staff over next two years. The programme focusses on working *with* people.
- Leeds Community Health NHS Trust named as one of the top 50 inclusive employers in 2018/19
- Launch of the Big Thank You campaign asking people internally and externally to say thanks to anyone who helps them out over winter and beyond, including workforce.
- The Organisational Development Hub meets weekly, bringing together HR and OD leads across the system to jointly work on health and care priorities for the city.
- Winter Friends scheme is offering training to frontline staff and community volunteers to help vulnerable people over winter
- West Yorkshire funding approved Leeds' bid for four Occupational Therapy staff from across the Leeds Workforce to work directly in GP practices. This pilot has scope to scale up and transfer learning to other projects.
- Flu vaccinations offered to all frontline staff.
- Staff recognition events among all partners including those linked directly to NHS 70.
- Launch of Workforce Strategic Plan including programmes of staff development across all levels.

The best care, in the right place, at the right time



More effective, efficient health and care means moving more services from hospitals to community settings, with services closer to home will be provided by integrated teams. This kind of integration, designed with people at the heart, helps to keep people out of hospital whilst providing care in the most appropriate setting. These teams will be rooted in neighbourhoods and communities, with coordination between primary, community, mental health and social care.

Highlights from the last 12 months include:

- First Urgent Treatment Centre designated at St George's Centre, aimed at reducing patients accessing A&E.
- There are currently Local Care Partnership leadership teams forming to develop new ways of working locally, based on the needs of their local populations.
- Full implementation of e-triage – all routine referrals are now reviewed by a consultant before appointments are booked – meaning patients are far more likely to receive the most appropriate advice and treatment.
- Increased use of formal Advice and Guidance Service, (481 in July 2018 compared to 137 in January 2017) meaning patients are more likely to be treated in the most appropriate setting. One outcome of this is reduced waiting times - for example In Atrial Fibrillation clinic waiting time reduced from 2-3 months to 2 weeks.
- Fast-track Lower Urinary Tract Symptoms Clinic for patients and the no queuing on arrival initiative at Ophthalmology Clinics means a decrease in waiting times for patients and better patient satisfaction.
- Home First approach adopted by Leeds as part of review into flow and discharge of patients in the health and care system
- The High Intensity Users Project focused on reducing A&E attendances through working with those people who use the service the most. The project has saved over 750 Emergency Department attendances in 17/18, over 450 ambulance conveyances and over 250 admissions.
- Third sector partners running initiatives such as Hospital to Home and Home Plus (Leeds) to support patients on discharge to reduce risk of readmission.
- Extended access to primary care offering evening and weekend appointments.
- Helping new communities in Leeds to understand how to access healthcare in the city including working with the Migrant Access Partnership.
- Following the development of the outcomes framework for frailty early this year, the Provider Partnership Board established a Clinical Strategy Group for Frailty to identify and develop integrated care solution to achieve improved outcomes for people living with frailty and at the end of life.
- Leeds have been selected as one of four national exemplar sites for Population Health Management in recognition of the progress made so far. There will be a twenty week development programme from January 2019 to test new models of care that will deliver the outcomes in four test-bed localities – with a focus on people living with frailty.
- Local awareness campaigns based on the national Help Us, Help You approach.
- Leeds Community Healthcare NHS Trust awarded overall “Good” status, with “outstanding” for caring in adult services.

SPOTLIGHT ON: Urgent Treatment Centres

The mandate for establishing Urgent Treatment Centres (UTC) across the country comes from NHS England as part of their drive to improve urgent and emergency care. In Leeds, we have already established our first UTC in Middleton, at the St George's Centre.

Urgent care is care that someone feels is needed on the same day but their illness or injury is not life-threatening. This could include anything from cuts, minor injuries, bites or stings through to mild fevers, vomiting and diarrhoea etc.

UTCs help simplify the system for you when you have an urgent care need. Through 2019, the CCG will continue working on expanding the UTC offer in the city. Over the past few years they have been working with partner organisations, frontline workforce (including clinicians) and patients to determine the future local requirements of UTCs, that will best meet the needs of our local residents, and visitors.

As a result, they have are proposing five UTCs for the city (including the existing St George's UTC), and during the start of 2019 will be engaging local people on the proposals.

DRAFT

Roundup of Health and Wellbeing Board activity



Recommendations and progress updates from the last 12 months

January 2018

Workshop session

1. HWB as an 'anchor of place'

Actions for consideration:

- HWB to receive the HWB Annual Review report 2017-18 for agreement at 19 February 2018 meeting.
- Mental health as a continued priority for 2018.
- Opportunity to have a greater focus on place and populations.

Update: The HWB first annual report was agreed at 19 Feb 2018 and was published [online](#).¹ Mental health and place continued to be a priority for HWB in 2018 reflected in a number of pieces of work that came to the Board recognising the impact of wider determinants on health. This can be seen through mental health being an overarching focus for our workshops and items, endorsement of the Mental Health Prevention Concordat at the end of 2018.

February 2018

Public meeting

2. Joint Strategic Needs Assessment (Simon Foy and Tony Cooke)

Recommendations:

- Endorse the change from a Joint Strategic Needs Assessment to a Joint Strategic Assessment (JSA), reflecting the 'working with' approach and reflecting strengths and assets based approach developed in communities and neighbourhoods.
- Endorse the extension of the JSA to cover the wider determinants of health in line with the refreshed Health and Wellbeing Strategy/Leeds Plan, Best Council/Best City priorities.
- Establishment of a partnership task and finish group to drive the JSA.
- Agreement that the JSA includes focus on secure and happy childhoods to ensure the best start for children and young people.
- Agreement that a wide breadth of information is used to inform the JSA including existing data sets where appropriate (e.g. mental health needs assessment framework).

Update: The JSA process has been led by a citywide partnership steering group, with strong ownership, input and commitment from all relevant partners. The analysis has combined quantitative and qualitative evidence to provide a rich intelligence at community and city-wide level. It also outlines inequalities and best practice in tackling these. It provides a valuable opportunity to understand and assess progress at the mid-point of the Leeds Health and Wellbeing Strategy and to use the analysis to set a clear future direction of travel that reflects our values as a city, prioritising our ambition to an inclusive and ambitious and the Best Core City for Health and Wellbeing.

Learning from good practice and innovation from elsewhere, the Leeds JSA takes a 'Future Generations' approach, helping us to understand current population trends and allowing us to consider the choices we have in response. We are increasingly articulating what we want it to be like to live in Leeds in 10/20 years' time and future developments like the NHS Long Term Plan, Innovation district, HS2, Leeds United estates plans and the transformation of the city centre necessitate a longer term approach to health and care. Findings support our ambition to improve the health of the poorest the fastest and drive compassionate, inclusive economic growth.

¹ <https://www.leeds.gov.uk/your-council/plans-and-.../best-city-for-health-and-wellbeing>

3. Leeds Academic Health Partnership 2017-2021 Strategy

Recommendations:

- To note the Leeds Academic Health Partnership Strategic Framework priorities, progress made by the Leeds Academic Health Partnership and its programme to deliver better health outcomes, reduced health inequality and more jobs and stimulate investment in health and social care within the Leeds Health and Wellbeing Strategy.

Update: LAHP Strategy was noted by the HWB. Following this, work has occurred with the health and care partners around identifying and progressing the key projects below:

- One workforce – Leeds Health and Care Academy is a new approach, supporting the move to One Leeds Workforce for the city working to integrate the learning and professional development of the city's 57,000 health and care professionals, in collaboration with the city's universities.
- Information and analytics – the LAHP is exploring the feasibility of establishing a legally, ethically and publicly acceptable framework in Leeds that enables health/care planning and research.
- Personalisation – Leeds Centre for Personalised Medicine and Health (LCPMH) develops and evaluates new personalised healthcare interventions, diagnostic tests, and treatments.
- Innovation in health and care
 - Leeds City Region healthtech integrated innovation system (LCR IIS): LCR academics, industry and health and care services collaborating to achieve inclusive economic growth and transformed service quality and efficiency.
 - UK healthtech sector collaboration: UK aims to be a global leader for innovative health technology. Providing oversight and governance to position LCR at the centre of UK collaboration.

4. Pharmacy Needs Assessment (PNA) 2018-21

Recommendations:

- To approve the PNA document ready for publication and placing on the Leeds Observatory website <http://observatory.leeds.gov.uk/> by 1st April 2018.

Update: The PNA was approved by the Health and Wellbeing Board, published and placed on the Leeds Observatory as required by 1st April 2018. Since this time, it has been referred to a number of times to assist NHSE with applications for inclusion in a Pharmaceutical List.

On 12 December 2018, a presentation on the findings of the PNA was delivered to the Voluntary Action Leeds, BME Health and Wellbeing Group. This was very well received and resulted in a firm offer of assistance to reach more members of seldom heard BME groups when compiling the next PNA.

5. Progressing the NHS Leeds CCG Partnership Annual Report 2017-2018

Recommendations:

- To support the process for developing the CCG annual report as meet the statutory requirement outlined by NHS England.
- To acknowledge the extent to which the NHS Leeds CCGs have contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- To agree to the formal recording of this acknowledgement in the NHS Leeds CCGs' annual reports according to statutory requirement.

Update: NHS Leeds CCG annual reports – three for 2017-2018 as there were three statutory bodies during this financial year – included information about how the CCGs 'contributed to the delivery of Leeds Health and Wellbeing Strategy. The content covering this section was circulated to members for updates and approval. All additional content was added as requested. The reports are available online: www.leedsccg.nhs.uk/about/annual-report-and-accounts/. The process is likely to be followed for 2018-19, subject to the guidance issued by NHSE.

April 2018

Workshop session

6. Priority 3: strong engaged and well-connected communities

Actions for consideration:

- Factor in the conversations and learning from the workshop into the process of the city's ongoing integrated commissioning review.

Update: *Development of an Integrated Commissioning Framework for Leeds is being led by the Leeds Health and Care Integrated Commissioning Executive (ICE) and is factoring in the learning from the workshop and well as broader engagement through the findings of the Big Leeds Chat.*

7. Priority 3: strong engaged and well-connected communities

Actions for consideration:

- Review of mental health provision for at-risk groups.

Update: *This is being included as part of the ongoing development of a collaborative 3-5 year Leeds mental health strategy, which will set out our priorities, key work streams and enabling programmes. An update will be provided to HWB in 2019.*

8. Priority 3: strong engaged and well-connected communities

Actions for consideration:

- Data entry/monitoring – For Gypsies and Travellers, poor data collection means they can feel invisible and creates difficulty to evidence whether services are effective/accessible. HWB agreed for this to be explored further and the actions to be taken to address.

Update: *All city wide referral forms now include the need for an interpreter to be recorded and the patient's first language. Wherever possible this is automatically completed by the computer system when the referral form is produced. GP practices are required to collect this information. This information is also in the Leeds Care Record pipeline to be added to alerts in the future. Assurance has been received that GPs are able to and do routinely record ethnicity for Gypsies and Travellers, which is then available for city wide analysis.*

9. Priority 3: strong engaged and well-connected communities

Actions for consideration:

- Development of a simple briefing paper to communicate the changes to the NHS (Charges to Overseas Visitors) Regulations 2015 ("the Charging Regulations") that became fully effective from October 2017 impacting migrant communities.

Update: *Following the establishment of the Migrant Health Board work is ongoing to communicate the changes and impact of the NHS (Charges to Overseas Visitors) Regulations 2015 with a broader update to be shared with HWB in 2019-20.*

June 2018

Public meeting

10. Priority 2 - An Age Friendly City Where People Age Well

Recommendations:

- To recognise the impact of the Age Friendly programme of work as detailed in the Making Leeds the Best City to Old In: Annual Report 2017-18 (<https://www.leeds.gov.uk/age-friendly-leeds>).
- To recognise that the Age Friendly programme of work is a good example of partnership working to maximise impact and outcomes for the citizens of Leeds.
- To consider specifically how the partnership with the Centre for Ageing Better could use the findings from its research on community contribution to support 'Leeds Left Shift' ambition to motivate and boost the abilities of communities to increase wellbeing of local older people from BME communities.
- To consider how the partnership work on community transport could align with and strategically inform any future plans for transport within health.
- To consider what key issues are needed to shape the Information and Advice on Housing Options work programme, and specifically how this can be integrated with health and care services.

Update: A review of the Age Friendly programme of work and plan has been undertaken. A key priority for 2019/20 includes work to further raise the profile of Age Friendly Leeds (supported by the Centre for Ageing Better).

Quarterly meetings of the Making Leeds the Best City to Grow Old In project board and the Age Friendly Leeds Partnership have been well attended by chief officers from across the council, representatives from Leeds Older People's Forum and the Centre for Ageing Better. Partners have contributed to themed discussions at the board and partnership and the review of the action plan. A key priority for 2019/20 includes developing plans to identify how to best measure and demonstrate the impact and outcomes of the Age Friendly programme of work (supported by the Centre for Ageing Better).

Findings from the Centre for Ageing Better into community contributions research in Leeds confirmed high levels of community activity in the area and the City's belief in the ABCD approach. Since the research the LCC is investing in at least one ABCD worker in Holbeck and Beeston. The findings were shared with third sector providers and volunteer managers, who are using them to bring funding into the city. Leeds Older People's Forum 'Street by Street' project, started in December and is built on encouraging community contributions to support older people in three neighbourhoods in Leeds.

The Door to Door Community Transport project was successful in securing £339K to develop ways of working to use existing capacity in the passenger transport sector in Leeds to address unmet demand and reduce social isolation and improve access to health services amongst older people. Leeds CCG is represented on the programme board for the development of the initiative to ensure future plans for transport within health inform the work.

In June 2018, Centre for Ageing Better commissioned research into the Information and Advice needs of older people on their housing options. Researchers have talked to national and local providers and older people living in Leeds across tenure. Findings from the research are due to be published in February 2019 and will be discussed with health and care services.

11. Leeds Commitment to Carers

Recommendations:

- To note the progress to date that has been made by the Leeds Carers Partnership.
- To note the opportunity to advance the carers agenda provided by the development of Local Care Partnerships.
- To note that the Leeds Commitment to Carers is not the only way we are improving identification, recognition and support for unpaid carers in Leeds.
- To encourage Health and Wellbeing Board member organisations to promote the Leeds Commitment to Carers.

Update: Momentum and interest continues to grow with more organisations making a commitment to carers in Leeds. In 2018, there has been a significant focus on carers who are balancing work and caring (working carers) in partnership with the Leeds Working Carers Employers Network, a forum of Leeds based employers who are at the forefront of innovation and who are pro-active in supporting their working carers for the benefit of both the employee and employer. The new Information, Advice and Support Service in Leeds will have the lead responsibility for proactively promoting and coordinating the Leeds Commitment to Carers from April 2019.

Next steps are to develop a Leeds Carers Strategy, which will be developed during 2019 and presented to HWB for in 2019.

12. Update on the Leeds Cancer Programme

Recommendations:

- To note the progress, outcomes and actions taken to date in the Leeds Cancer Programme
- To note the contents of the discussions which may inform the development of a vision for cancer aware communities
- To support engagement with communities and constituents

Update: Leeds Cancer Programme celebrated its 18 month halfway point at an event at Shine, Harehills in November 2018. The event, which was opened by Cllr Rebecca Charlwood focused on sharing highlights and key successes and outlining programme ambitions until the end of March 2020. This included the programme bringing £4.5m worth of investment in Cancer services into Leeds to create pioneering system change working with public and patients at the heart of its plans. A short film, played at the event, showcased some of the city wide projects and achievements including working with diverse communities to build awareness of signs and symptoms of cancers; screening champions working across Leeds to improve uptake of national screening programmes and the implementation of Teledermatology services across Leeds focused on improving patient experience and speeding up diagnosis of skin cancers. The film is available to view here https://www.youtube.com/watch?v=xKB_owaU0E4.

Emerging ambitions for a 'Cancer Aware Leeds' includes plans to develop cancer aware communities, workforce and employers – this will require city wide partnership working across the breadth of stakeholder and community organisations across Leeds. Initiatives for 2019 include delivery of cancer aware training and skills across a wide range of health and care professionals as well as a network of community based screening and awareness co-ordinators.

13. UNICEF UK Baby Friendly Initiative (BFI) in Leeds

Recommendations:

- To retain an awareness of the importance and value of breastfeeding for the health and wellbeing of families today and for future generations.
- Noted the importance of promoting, supporting and protecting breastfeeding policy in all areas where appropriate.
- Considered and noted the impact of implementing the Code of Marketing of Breastmilk Substitutes - to protect babies and their families from harmful commercial interests.
- To take opportunities to promote a positive breastfeeding culture, to normalise and support city centre venues, public transport, and workplace.
- To be aware of challenges and opportunities and communicate these to the BFI Guardian.

Update: *The theme for World Breastfeeding Week 2018 – Foundation for Life, was echoed throughout breastfeeding groups and children’s centre family sessions during the week in August 2018. An action plan to encourage greater sign up to Leeds is Breastfeeding Friendly scheme has been developed with goals set for wider reach, starting with LCC buildings. In October 2018, a celebration event was held in recognition of the Health Visiting service BFI Gold award achievement following a rigorous assessment in May, the service is only the second in the country to have achieved this new award. The BFI Guardians are paramount in the success and continuation of this award and they have been using opportunities in the role to promote the Leeds Breastfeeding Plan work and to share the successes and the need for progression with a wide range of stakeholders.*

Leeds children’s centres have recently been awarded the Stage 1 accreditation evidencing that they have the right foundations to progress to full accreditation.

14. Annual Report of the Director of Public Health

Recommendations:

- To note the content of the Annual Report of the Director of Public Health and support the recommendations on infant mortality, alcohol related mortality, female alcohol related mortality, male drug related deaths, suicides in men; and self-harm by young women.
- To request that Public Health consider the findings of the Public Health England national review into life expectancy and report back to the Board on any implications for Leeds.
- To seek to ensure that gender differences in health, experiences and outcomes are incorporated into the forthcoming Joint Strategic Assessment and the subsequent recommendations
- To consider how Board member organisations currently reflect gender differences in health in their services and what further actions are needed in relation to the Director of Public Health report.
- To consider how Board member organisations currently reflect gender differences in health in their monitoring arrangements and what further actions are needed in relation to the Director of Public Health report.

Update: *The State of Women's Health in Leeds' is being co-produced by Leeds City Council, Women's Lives Leeds and academic partners for launch on International Women's Day on 08 March 2019. This builds on 'The State of Men's Health in Leeds'. Both are important parts of the 2018/19 Joint Strategic Assessment and will help design and provide more gender sensitive services.*

The Leeds Best Start/Implementation Plan has been refreshed and reflects recommendations on infant mortality. A drugs related deaths audit is being undertaken. To reduce drug related deaths there has been an enhancement of the drugs alert service, plus an extension of Naloxone provision to counter overdoses. A responsible drinking campaign No Regrets has been successfully launched for 18-25yr olds using insight from women. Leeds City Council has funded, via Leeds Community Foundation, targeted grants to local charities and community groups to help men at higher risk of suicide for example by using support networks and developing social activities.

The national review of life expectancy trends by Public Health England (Dec 2018) confirms the challenges identified by the Annual Report of the Director of Public Health and supports current actions.

NHS Leeds CCG uses the NHS Equality Delivery System 2 jointly with LTHT, LCH, LYPFT and some third sector organisations. This is a tool to measure and improve equalities improvement and is a city wide approach. NHS Leeds CCG has a high level commitment in its strategic plan 2018-2021 to work with partners to focus resources to deliver better outcomes for people's health and wellbeing, and reduce health inequalities across the city.

July 2018

Health and Wellbeing Board: Board to Board Session

15. Local Care Partnerships (LCPs)

Actions for consideration:

- Develop the tools needed to effectively communicate about LCPs within their organisations and communities.
- Identify areas work that will need to take into account the LCP model going forward.
- Factor in LCPs into the city's ongoing integrated commissioning review.
- Ensure that the system allows genuine co-production with local people empowered through 'Better Conversations' and engagement to generate local solutions.

Update: *Local Care Partnership (LCP) is the term adopted in Leeds to describe a model of integrated joined-up working with teams delivering local care for local people; working in and with local communities working to the vision of the Leeds Health and Strategy. What works in one part of the city may not work elsewhere so LCPs will form and shape in response to local need and the features of the communities they serve, recognising the diversity that exists across our city. Based on these features, Leeds are progressing the development of 18 Local Care Partnerships across the city, developed from local neighbourhoods / communities. Development of the LCPs are ongoing as part of the emerging formal programme governance of LCPs under the auspices of the 'Leeds Providers' Integrated Care Collaborative', which has identified implementation and acceleration of LCPs as a key priority. To date:*

- *Plans are progressing to identify how to best utilise the investment to accelerate development. This includes investment to create a central capacity to work in and with LCPs, support development.*
- *LCP Leadership Team meetings are happening in most localities with broad representation.*
- *Engagement with across Leeds on LCPs with people and staff.*
- *Work is ongoing to ensure that LCPs are linked to Priority Neighbourhoods, Population Health Management and our approaches to Better Conversations.*

16. Strengthening our Leeds Health and Care Workforce

Actions for consideration:

Ensuring that Leeds has the right mechanisms in place to promote the physical and mental health of staff and are enabled to provide care in the right place through Local Care Partnerships. This included:

- Ensuring that the 'Better Conversations' approach and support given to the public also takes place for staff.
- Importance of having a greater health and care focus on prevention rather than reactive for the workforce.
- Recognition of the sheer volume of work in the system and making best use of existing techniques and resources to support staff.
- Using existing expertise in the city (e.g. Mindful Employers) to support the physical and mental health of staff.
- Positive messages and stories to motivate and give confidence to staff.

Update: *Work is ongoing to develop a citywide health and care workforce strategy, which will be presented to HWB in 2019. It will reflect the feedback provided, but also recognises the additional context provided through the development of the Leeds Joint Strategic Assessment, NHS Long Term Plan and the CQC Local System Review, which looked at how well the whole health and care system in Leeds provides for the needs of our residents, specifically focussing on those aged over-65.*

September 2018

Public meeting

17. Priority 4 - Housing and the Environment Enables all People of Leeds to be Healthy

Recommendations:

- To note the Board's suggestions to further integration between housing, environment and health partners at both strategic and operational levels.
- To note the Board's discussions around priority areas for future consideration and collaboration on housing issues which have an impact on health.
- To agree to use the learning from the NHS England Healthy New Towns and best practice (including Wakefield Housing, Health and Social Care Partnership) to provide strategic direction and influence for partners including the NHS, Local Care Partnerships, LCC Planning and Highways.
- To endeavour to help drive the work forward locally and regionally in line with a Health in all Policies approach and the Leeds Health and Wellbeing Strategy.
- To note the aims, principles and progress of the Planning and Design for Health and Wellbeing group to date.

Update: Work has been progressing to further integration between housing, environment and health partners at both strategic and operational levels and as a result forms a key section of the draft Leeds JSA 2018. Feedback has been used to inform the Leeds Our Spaces Strategy, promote a Health in all Policies approach with the Health and Wellbeing Strategy and Inclusive Growth Strategies recognised as key drivers of the Best City Priorities. Progress includes:

- Ongoing work from the Planning and Design for Health and Wellbeing Group to implement and embed our principles of active neighbourhoods, better air quality and green space, cohesive communities.
- Good quality housing is a pre-requisite for good health, as a result, Area Housing Managers are now aligned with each of our Local Care Partnerships to promote closer working.
- Establishment of a health and housing sub group of the West Yorkshire and Harrogate Health and Care Partnership. In addition to sharing best practice the group will be supported by the Academic Health Science Network to evaluate the health outcomes of different approaches to housing with a view to being able to present a strategic case for change to the way we plan for and invest in health housing across our organisational boundaries.

18. Draft Safer Leeds Community Safety Strategy (2018-2021)

Recommendations:

- To note and endorse the strategic priorities outlined in the Safer Leeds 'Community Safety Strategy' for 2018-21.
- To note the Board's discussion in relation to the action the HWB can take collectively and at organisational level to help achieve the outcome that 'people in Leeds are safe and feel safe in their homes, in the streets and the places they go'.
- To note the Board's discussion in relation to the consultation on the strategy as part of the HWB's role in providing strategic, place-based direction around wider determinants of health, linked to the Leeds Health and Wellbeing Strategy.
- To note feedback provided on pertinent issues that support on-going discussions around 'system changes' and 'operational response'; where improving health and wellbeing outcomes are directly connected to community safety priorities.

Update: HWB endorsed the strategic priorities outlined in the Safer Leeds 'Community Safety Strategy' for 2018-21 and agreed for a focused discussion at a HWB Board to Board session in 2019.

19. West Yorkshire and Harrogate Health and Care Partnership Update

Recommendations:

- To agree to sign up to the spirit and content of the Memorandum of Understanding (MoU).

Update: The final draft of the MoU has now been agreed by all governing bodies in the West Yorkshire and Harrogate Partnership. The MoU includes the agreement to develop two additional bodies at West Yorkshire and Harrogate level. The overarching Partnership Board – which will include the senior executive and non-executive leadership from each partner organisation, and will be chaired by a Health and Wellbeing Board chair. There will also be a Systems Oversight and Assurance Group which will include a representative group covering each place-system and each major sector. These will be active in 2019.

20. Leeds System Resilience Plan

Recommendations:

- To note the Board's feedback and comments on the approach to developing the Leeds System Resilience Plan.

Update: The Leeds health and care system continues to work in partnership to address its challenges. The Leeds System Resilience Plan will continue to be the vehicle to ensure a system wide approach of collaboration and strong leadership from both a strategic and operational perspective for transformation of urgent and emergency health and care services.

The ongoing evaluation of our interventions will continue to inform our short, medium and long term plans to ensure to maximise all available opportunities to improve the experience and outcomes for our population with a review to take place in April 2019.

21. Arts and Health and Wellbeing

Recommendations:

- To note the powerful contribution the arts can make to health and wellbeing.
- To agree to support and develop within direct provision and commissioned services art interventions as a tool to meet health and wellbeing outcomes.
- To agree to influence arts based commissioning and arts organisations to have a stronger focus on improving health and wellbeing.
- To support the establishment of an Arts and Health and Wellbeing Network in the city.
- To note that Jim Barwick was identified as the lead champion from the Health and Wellbeing Board to support this work.

Update: Work has progressed in establishing a Leeds Art and Health & Wellbeing Network. An initial steering group has been established to oversee the work, with representatives from the Cultural Institute at Leeds University, Leeds Beckett University, Leeds City Council Arts staff, Adults and Health, the HWB, and representatives from a range of arts organisations in the city. An event to shape and launch the Network occurred on Thursday 24 January 2019.

Findings from the network will also contribute to a wider programme of work, including a major conference at the University of Leeds in June 2019 focusing on arts and health activity for and by children and young people. Positively, even before the Network is established, the proposal has helped initiate a range of activity in the area of Art and Health, from Leeds Based Digital Artists Invisible Flock securing funding to work with the Dementia Peer Support Service in Leeds, to Art work from the Mental Health Day services to be hung in the Leader of Leeds City Council's office.

October 2018

Workshop session

22. Working with communities: Improving the health of the poorest the fastest

Recommendations:

- Continue to build on and strengthen the relationship between the Leeds Health and Wellbeing Strategy and the Inclusive Growth Strategy.
- Continued commitment to progressing Local Care Partnerships
- Targeting support in Priority Neighbourhoods considering opportunities to target efforts in communities who need to see the greatest and fastest improvement.
- Engage, contribute and take action on the workstreams of the Child Poverty Impact Board.
- Factor in the conversations and learning from the workshop into the JSA process, refresh of the Leeds Mental Health Framework and integrated commissioning framework.

Update: Work continues to progress in strengthening the linkages between Leeds Health and Wellbeing Strategy and the Inclusive Growth Strategy, particularly around tackling poverty, and the relationship between HWB and the developing Inclusive Growth Partnership Board.

Leeds continues to be committed to Local Care Partnerships and targeting support in the LCC led Priority Neighbourhoods with closer working occurring with member organisations identifying opportunities. For example, the positive work of LTHT and others to develop an Inclusive Anchors Network.

Learning has been fed into the development of the draft JSA, refresh of the Leeds Mental Health Strategy and Leeds Integrated Commissioning Framework.

November 2018

Health and Wellbeing Board: Board to Board Session

23. People's Voice Group (PVG) Update: Big Leeds Chat

Actions to consider:

- Use the findings from the Big Leeds Chat to inform our strategy and plans locally and regionally.
- Reiterate their commitment to the wider determinants of health that was a clear theme of the feedback received.
- Have items focused on the key issues raised at future health and care partnership boards/groups.
- Support future Big Leeds Chat events and explore how they can occur in different communities across Leeds.

Update: On the 11 October 2018 the first Big Leeds Chat took place in Kirkgate Market. Since the event, there has been significant interest and energy in the Big Leeds Chat concept from within Leeds, regionally and nationally. As well sharing the findings with health and care partnership boards/groups, we have been approached about applying the idea to several different programmes such as Active Leeds and conversations about how this might work at a LCP level as well. We have also been approached by other West Yorkshire and Harrogate areas about sharing the learning as they had been looking to do something similar. On a national level, NHS England have asked us to do an online seminar as well as exploring opportunities to develop the idea further in Leeds.

24. Our Emerging Citywide Estates Strategy: Building the Leeds Way and Community Estates

Actions to consider:

- Ensure that our approach to estates are in line with the ambitions and vision of the Leeds Health and Wellbeing Strategy, Leeds Health and Care Plan and contributes to the Leeds Inclusive Growth Strategy through a whole systems approach.
- Commitment to engage and support the development of the community estates strategy.
- For an update at a future HWB meeting.

Update: *A working group of the Strategic Estates Group has been established with representation from providers and commissioners to take forward the development of a Community Estates Strategy. The Strategic Estates Group will agree the overall scale of ambition, as well as the framework for the document in February/March 2019, with the finished strategy expected by mid-2019.*

December 2018

Public meeting

25. Joint Strategic Assessment (JSA) Update

Recommendations:

- To note the initial findings and structure of the draft report, including linkages to the wider Observatory and existing/planned Health Needs Assessments.
- To note the Board's comments and suggestions in relation to the draft JNA.

Update: *The draft JSA was noted by HWB and work is ongoing to finalise the JSA with members' feedback taken into account. Further exploration is occurring on ensuring that the JSA is connected to the LCC led priority neighbourhoods approach to help us better understand the assets and needs of our poorest neighbourhoods and to target our work with people in these places – all based on what people are telling us.*

Positively, the JSA continues to strengthen linkages between the Leeds Health and Wellbeing Strategy and Inclusive Growth Strategy and forms an essential part of the refresh of the Best City Priorities. The priority neighbourhood's framework provides the opportunity to target partner efforts in those communities who need to see the greatest and fastest improvement.

26. Priority 8 - A Stronger Focus on Prevention – Local Government Healthy Weight Declaration

Recommendations:

- Support and champion the Healthy Weight Declaration, Physical Activity conversations and evolving Social Movement and the Mental Health Prevention Concordat.
- Explore adopting the Healthy Weight Declaration within their own organisations.
- Support the development of a new physical activity ambition and Social Movement for Leeds.

Update: A launch event occurred on 1 February 2019, which will provide the opportunity for LCC to receive the Healthy Weight Declaration certificate. This will be an opportunity to highlight the work being done to reduce obesity and to publicise the key services that can offer support to those wishing to achieve a healthy weight. The event aims to kick-start some of the local priorities and greater engagement with partners to progress formally supporting and committing to the Declaration recognising the range of work already occurring across the Leeds health and care system. This includes further strengthening the positive work occurring with the Leeds Academic Health Partnership's (LAHP) Strategic Framework priority of 'A good start in life: obesity'.

An LCC Healthy Weight Declaration working group chaired by Public Health has been established and is responsible for delivering the operational tasks needed to enable LCC to adopt the Declaration. This working group reports to the Child Healthy Weight Partnership, which will monitor progress and provide the governance oversight and link to the Health and Wellbeing Board and Children and Families Trust Board. Individual members of the HWD working group and the Child Healthy Weight Partnership will link back to the wide range of other partnerships (e.g. Planning and Design Partnership, Human Resources Health and Wellbeing Group, Leeds Food Partnership, Physical Activity Steering Group).

Going forward, an annual Healthy Weight Declaration work programme will be developed and delivered taking into account the feedback received from HWB. An initial review of progress towards achievement of the Healthy Weight Declaration standard and local commitments will be undertaken in 2019.

27. Priority 8 - A Stronger Focus on Prevention – Physical Activity Approach

Recommendations:

- Support and champion the Physical Activity conversations and evolving Social Movement.
- Support the development of a new physical activity ambition and Social Movement for Leeds.
- Help influence a whole city (or system) approach to Physical Activity, designed to make it easy for people to be active.

Update: Work is ongoing to progress the creation of a social movement to get more people, more physically active, more often. This proposal has two distinct components which will be developed through 2019:

1. Promoting a physical activity conversation across the city, we will make it as easy as possible for the people of Leeds to be part of this 'chat'. We will talk with individuals, communities, organisations and policymakers to understand more about people's attitudes to activity, their understanding of its benefits, its role in their lives and how living and working in Leeds affects their levels of activity. We want people to think about what Leeds would be like if it was the perfect place for them to be active.
2. Following the strategic direction detailed above and using this learning and the relationships developed, an ambition and action plan for increasing physical activity in Leeds will be co-produced.

28. Priority 8 - A Stronger Focus on Prevention – Mental Health Prevention Concordat

Recommendations:

- Support and champion the Mental Health Prevention Concordat.
- To take note of Leeds City Council's signing of the Prevention Concordat for Better Mental Health.

Update: *The Prevention Concordat as a positive endorsement of the work across the city on our ambitious and broad commitment to improving mental health and wellbeing across Leeds, and reducing poor mental health outcomes. It will also give us an opportunity to address any gaps and needs that are not being met on this agenda and be driven by the Health and Wellbeing Board.*

The Mental Health Strategy for Leeds is being refreshed and the scope will include prevention of poor mental health, mental health promotion and building on protective factors that help keep us mentally well. The Concordat will be an opportunity to link this work across the city.

29. Leeds Health Protection Board - Annual Report

Recommendations:

- Strengthening links between the vaccination project in schools and the 'Best Start' strand of the Child Poverty Improvement Board and Child Poverty Strategy.
- Strengthening links with the Leeds City Council's Priority Neighbourhoods.
- Ensuring the health challenges with the migrant population in Leeds are included as part of a future update on the Migrant Health.
- To agree the priorities identified by the Health Protection Board for 2018/20 and note the work occurred over the previous year.

Update: *HWB agreed the priorities for the Health Protection Board for 2018/20. Work is ongoing to strengthen and embed working with the Child Poverty Improvement Board, Priority Neighbourhood and Migrant Health Board.*

Progress around our Leeds Health and Wellbeing Strategy indicators



Measuring our impact

The intent of these Health and Wellbeing Strategy indicators is to act as ‘bell weather’ measures on the basis if they are moving in the right direction the overall system (including a range of supporting and related measures) will also be improving. They are presented as an overview of how well we are doing, recognising the extensive intelligence that sits behind them and promoting conversation.

Overall, there is good progress with Leeds comparing well with other Core Cities and with areas that reflect the scale and diversity of Leeds and the nature of disadvantage that exists within the city. However, in Leeds we recognise that there is still more to be done. Inequality of outcomes and the impact of poverty and disadvantage remain evident with some stubborn challenges. These won’t be addressed in isolation. There is evidence of an intensification of inequalities, confirming the very dynamic and multi-faceted challenges often in our most deprived communities and supports our commitment to wider determinants of health and to continue to strengthen our collaborative working through a ‘Leeds Left Shift’ – particularly at either end of the age-spectrum.

Measure	2015-16	2016-17	2017-18	2018-19*	England
% of physically active adults (Periods of moderate activity of 10 mins or more in a week, active 150 mins+, fairly active 30-149 mins, inactive less than 30 mins)	New Measure	27.2% inactive 60.4% active Nov 2016	24.5% inactive 63.6% active May 2017	23.7% inactive 63.6% active May 2018	25.2% inactive 62.3% active
Avoidable years of life lost (DSR per 100,000)	5515 per 100,000 2014-16				
% of adults over 18 that smoke	20.9% Q2 2015-16	20.4% Q2 2016-17	19.7% Q2 2017-18	19.0% Q2 2018-19	Local measure
Proportion of people feeling supported to manage their condition (NHSOF 2.1: GP Survey)	New Definition	New Definition	61.6		59.6

*Where available data will most often be provisional

In considering adult health outcomes:

- After 2 periods of reducing rates avoidable potential life years lost levelled off in 2013-2015 and then saw a slight increase in 2014-16. The increase is greater in deprived Leeds, consequently the gap between deprived Leeds (9363) and the rest of Leeds (4600) has widened.
- Leeds Life Expectancy at birth is lower than the England average, but the 3rd highest Core City. 2014-16 shows life expectancy at birth in Leeds at 81.7 female and 79.8 male, these rates are largely stagnate, similar to national, and deprivation gaps are not closing.
- Adult smoking prevalence in the 18+ population is consistently reducing. As a consequence of lower smoking prevalence there has been a slow reduction in mortality from smoking attributable deaths in Leeds. While the rate of reduction is greater in deprived Leeds the rate in these communities remains well above the city average. Leeds smoking prevalence is higher but not significantly so than England.
- The latest national Sport England Active Lives Survey represents 20,100 fewer people in Leeds being considered inactive than the November 2016 results. Leeds has the biggest decrease in the percentage of inactive people of the Core Cities, and the second lowest inactivity levels of Core Cities. Active Leeds are commissioning research to generate a better understanding of physical activity in priority localities.
- GP Survey results show 61.6% of Leeds adults with long term conditions are confident in their management - above the national rate of 59.6%. Nationally, satisfaction increases with age.

Measure	2015-16	2016-17	2017-18	2018-19*	England
Delayed Transfer of Care for 18+ Average number of bed day delays per day by 100,000	15.0	12.7	16.9	13.4 (Dec 18)	12.3 (17-18) 9.5 (Dec 18)
Number of bed weeks care in residential and nursing care homes for people 65 and over supported by the local authority	131,369	129,846	119,498	120,246 (Dec 18 estimate)	
Emergency admissions for acute conditions that should not usually require hospital admission (per 100,000)	1353.1	1464.9			1359.3 2016-17

*Where available data will most often be provisional

The number of bed weeks in residential provision supported by the local authority for people 65 and over is reducing, as are admission rates which reduced in 2017-18 to be effectively in line with England and have since reduced further. The reduction in admission rates over of the previous 4 years is linked to a more community focused, strength based and preventative approach as articulated in our strategies and plans.

Delayed Transfers of Care (DTC) remain a challenge as reflected in the recent CQC Local System Review. Work to improve pathways out of hospital into appropriate settings is progressing, including aiding effective and appropriate patient choices, the latest nationally published monthly DTC figures for December show an improvement.

Availability for long term care and especially nursing care for people with complex, high needs including behavioural needs is a challenge. Information on emergency admissions for acute conditions that should not usually require hospital admission is available for 2016-17 when Leeds rates had slightly increased to a rate above national and fourth amongst Core Cities.

Measure	2015-16	2016-17	2017-18	2018-19*	England
Infant mortality rate (Deaths prior to 1st birthday per 1,000 live births, 3 year averages)	4.4 2014-16	4.1 2015-17			3.9 2015-17
Educational outcomes at 16 (Progress 8 measure academic year)	New measure	-0.06 2015-16	0.07 2016-17	-0.02 2017-18	-0.02 State funded
Excess weight in 10-11 year olds school years	32.98 2014-15	35.41 2015-16	33.49 2016-17	34.01 2017-18	34.32
% of young people reporting they are happy or very happy with the number of good friends they have		Primary 83.4% Secondary 82.0% 2015-16	Primary 81.5% Secondary 80.3% 2016-17	Primary 82.3% Secondary 78.7%	Local Measure

*Where available data will most often be provisional

The Leeds infant mortality rate is reflective of wider child outcomes:

- The latest three year averages shows a reduction in the rate for Leeds overall from an increase in the previous period. The Leeds rate while above is not significantly different to the England average – is the third lowest rate amongst Core Cities.

- The rate is greater in deprived areas of Leeds. It reinforces our approach around Best Start to continue to help ensure that parents are well prepared for pregnancy and that families with complex lives are identified early and supported.

The national child measurement programme measures children in reception and year 6 classes, ages 5 and 11:

- For the 2017-2018 school year 34% of year 6 children were overweight including 19.1% who were obese, with 1.1% of children underweight.
- Again there is a relationship with deprivation, in 2016-17 the Leeds deprived rate was 40.8%. In reception 22.5% of Leeds children were overweight in 2017-18.
- Leeds results are similar to England at both ages, this is reflected in local authority rankings of 61st at year 6 and 71st in reception.

In the 2017-18 school year, 17,176 school year 5, 6, 7, 9 and 11 children participated in the Leeds My Health My School Survey:

- The majority of children and young people are happy or very happy with the number of good friends they have.
- More children in primary schools say they are very happy compared to young people in secondary schools.
- Girls were slightly less likely to respond that they are very happy compared to boys.

Learning outcomes for children follow a similar pattern. Secondary pupils make progress in line with children attending state funded schools nationally. While overall Leeds children achieve good learning outcomes, these need to improve at all ages for children from disadvantaged backgrounds and to translate into improved education, employment and training (EET) opportunities beyond 16. Underpinning this is the Children & Young People's Plan '3 A's Obsession' (attendance, attainment and achievement) that children are in learning and safe, that they are making good progress in their learning and that they have the rich experiences that support fulfilling childhoods and prepare them for later life, increasing the likelihood of positive health and wellbeing outcomes.

Measure	2015-16	2016-17	2017-18	2018-19*	England
Young people who are not in employment, education or training (NEET) <i>(Dec-Feb average for young people age in school years 12 and 13)</i>	New Measure	6.0%	7.0%		6.0% 2017-18
Jobs in the Leeds economy private sector	363.0 thousand 2015	366.4 thousand 2016	377.2 thousand (2017 provisional)		
Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate Percentage point gap	23.9 gap 2014- 15 Q1	30.4 gap 2016- 17 Q1	27.3 gap 2017-18 Q1	22.2 gap 2018-19 Q1	30.1 gap
Number of houses in fuel poverty	13.5% 43,871 households 2015	13.1% 42,929 households 2016			11.1% 2016

*Where available data will most often be provisional

The Leeds economy continues to grow and there are genuine strengths in our overall levels of employment:

- There is continued growth in high quality jobs in digital, health, social care, professional and managerial roles.
- 80% of the working age population are economically active, well above regional and national averages, similarly the city’s unemployment rate is relatively low slightly above national but amongst the lowest of the core cities.
- 444,000 people work in Leeds, of which around three quarters are employed in the private sector, putting the city in the top 5 nationally for private sector employment.
- Despite our relatively high levels of employment, like other northern cities our productivity remains a key issue. Average weekly earnings for those working in Leeds are close to the national average at £552 per week, for workers who live in Leeds the workplace average is £548.
- The relatively strong performance masks some significant inequalities in the labour market, this includes in work poverty and concerns in the ‘hollowing-out’ of skilled and semi-skilled occupations increasing across a wider range of sectors.

For young people soon to enter the labour market there is a continued focus on ensuring improved education, employment and training (EET) opportunities beyond 16. In 2017-18 for young people aged 16 and 17, age the proportion of young people NEET or status not known (fulfilment of tracking duty) was above national but below the core cities average in the national measuring period, December to February. As part of a regional consortium bid, Leeds has been successful in applying to the European Structural and Investment bid for work with NEET young people, to offer them effective targeted information, advice and guidance and to support them into appropriate EET opportunities. Leeds has a comparatively low gap for the employment of people in contact with secondary mental health services being the best of the core cities and below the national gap. While subject to period on period variation, in part due to data issues, the overall direction is positive, cohort represents approximately 9% of workforce.

Last estimates for fuel poverty show the Leeds rate above national, primarily due to the nature of the housing stock but below the core city rate. Leeds is undertaking a number of targeted schemes designed to make it easier for people to heat their homes affordably these include advice and heating / insulation improvements.

Measure	2015-16	2016-17	2017-18	2018-19*	England
Increased self-reporting of domestic violence and abuse incidents (<i>Rolling 12 months</i>)	Not available	31.6% of 18,957 (12 month 04-17)	30.3% of 20,953 (12 month 04-18)	31.9% of 21,880 (12 month 12-18)	Local measure
Incidents of hate crime (<i>Rolling 12 months</i>)	1,726 12m 03-16	2,192 (12 month 03-17)	2,432 (12 month 04-18)	3,045 (12 month 12-18)	Local measure

*Where available data will most often be provisional

We need people to feel safe and to be safe in Leeds communities and have the confidence to reach out when this is not the case. 2016/17 Home Office figures highlighted 21 per thousand population domestic abuse incidents and offences in West Yorkshire compared to a rate of 18 per thousand population in England & Wales. A key aspect of addressing this is victim confidence to report domestic abuse. There has been a positive increase in the volume of domestic incidents reported by the victim within the context of the total volume of reported incidents also increasing.

Leeds City Council and NHS Leeds CCG continue to work together to support individual GP surgeries to implement the recommendations from Domestic Homicide Reviews and Lessons Learned Reviews:

- GPs are notified of concerns for all victims identified at the daily domestic violence meetings.
- In 2018 there were 3302 notifications to GP's.
- The school notification process has been in place since April 2016, there has been over 12,939 notifications completed to schools.
- There has been a continued increase in the number of MARAC referrals from GPs and ongoing enquiries in relation to victims.
- Domestic Violence training continues to be promoted and delivered across the health sector in Leeds.

There has also been an increase in the reporting of hate incidents (a hate incident is any incident reported which is perceived by the victim or any other person, to be motivated by a hostility or prejudice based on a person's disability, race, religion, sexual orientation or gender identity):

- 2017-18 saw a rise of 11% with 1,892 Race, 280 Sexuality, 258 Disability, 168 Faith, and 51 Transphobic hate incidents reported. This increase has continued into 2018-19.
- The Safer Leeds Hate Crime Strategic Board Action Plan works to strengthen our hate incident reporting infrastructure, and to provide those wishing to report a genuine choice as to where they can report.
- Hate crimes and incidents can be reported directly to the Police, Leeds City Council's hate incident reporting centres, or to a number of third party reporting providers including Stop Hate UK (a Safer Leeds commissioned service), Tell MAMA, MESMAC, and Hamara. Reports can also be made via the Police funded website TrueVision.

The Hate Crime Strategic Board is responsible for the strategic management of the 'Leeds Hate Crime Strategy'. Hate crimes cause victims greater distress than similar crimes without the same motivation (Home Office, Action against Hate). The Board works closely with Victim Support and Witness Care services to ensure victims of hate crime are supported through any enforcement process. The Leeds Anti-social Behaviour team co-ordinates work within the Local Authority. Actions taken to support victims include: Refer to Victim Support, and Refer to Hate Crime MARAC. Intervention and enforcement action taken within the in respect of Hate related cases include: Seek possession of tenancy; Formal Housing Caution; Injunction; Refer to Youth Offending Team; Noise Monitoring Equipment installed; and CCTV Request made.

Want to know more?



For more information about the Leeds Health and Wellbeing Board please visit <https://www.leeds.gov.uk/your-council/plans-and-strategies/best-city-for-health-and-wellbeing>

Leeds Health and Wellbeing Board



Report author: Dylan Roberts, Chief Digital and Information Officer, Leeds City Digital Partnership

Report of: Chief Digital and Information Officer, Leeds City Digital Partnership

Report to: Leeds Health and Wellbeing Board

Date: 28th February 2019

Subject: Priority 7: Maximise the benefits from information and technology - Leeds City Digital Partnership Update

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

Leeds has the ambition to be the Best City for Health and Wellbeing where the poorest improve their health the fastest and digital is a core element in making this happen. This is reflected in our Leeds Health and Wellbeing Strategy 2016-2021 through *Priority 7: Maximise the benefits from information and technology*. Leeds recognises that a joined up approach to delivering health and care requires a joined up approach to Digital, Data and Technology from all the main health and care organisations.

Over the last two years, a collaborative way of working has been established through a Memorandums of Agreement (MoA - Appendix 1) between each organisation, committing each to work as if they were one organisation and make a contribution towards the funding of a Leeds City Digital Partnership Team (CDPT) hosted by Leeds City Council.

Delivery to date has been successful and Leeds is seen as a National Exemplar in this area.

The commitments for 2018/19 are articulated in Appendix 2. For these to be successfully delivered requires all organisations to work as one and there are challenges to this and how “place” based solutions vs organisation specific solutions are financed and sustained.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress made to date through the Leeds City Digital Partnership.
- Endorse the 2019/20 Commitments detailed in Appendix 2.
- Note the main issues described in this report and be an advocate for the Place First Digital approach.
- Endorse and advocate that all organisations adhere to the MOA and engage with the Leeds City Digital Partnership Team with regards to all IT investments and projects that relate to the Leeds Plan or integrated care.
- Endorse and if necessary provide support to the Leeds City Digital Partnership Team approach with National organisations and policy.
- Support in principle the continued use of Better Care Fund Capital, subject to its governance processes and also access other capital funds e.g. Local Authority Capital subject to business cases.
- Support activity to get more business and clinical stakeholders involved in digital, actively understand the digital opportunities for transforming health and care, help prioritise investment decisions and provide active sponsorship for the process changes required to deliver tangible health and care benefits.

1 Purpose of this Report

1.1 To provide an update on the progress Leeds City Digital Partnership, the associated programme of work and the commitments set for 2019/20, all of which underpin the delivery of the Health and Wellbeing Strategy 2016-2021. The report also describes some of the challenges that can impede progress and how they could be resolved.

2 Background information

2.1 Leeds has the ambition to be the Best City for Health and Wellbeing where the poorest improve their health the fastest and digital is a core element in making this happen. This is reflected in our Leeds Health and Wellbeing Strategy 2016-2021 through *Priority 7: Maximise the benefits from information and technology* and as an enabler of the Leeds Health and Care Plan. Leeds recognises that a joined up approach to delivering health and care requires a joined up approach to Digital, Data and Technology from all the main health and care organisations.

2.2 Over the last two years, a collaborative way of working has been established between Leeds City Council (LCC), Leeds Teaching Hospitals Trust (LTHT), Leeds Clinical Commissioning Group (LCCG), Leeds Community Healthcare (LCH) and the Leeds and York Partnership Foundation Trust (LYPFT). This included a Memorandums of Agreement (MoA) between each organisation, committing each to work as if they were one organisation and also making a contribution towards the funding of a Leeds City Digital Partnership Team (CDPT) hosted by LCC.

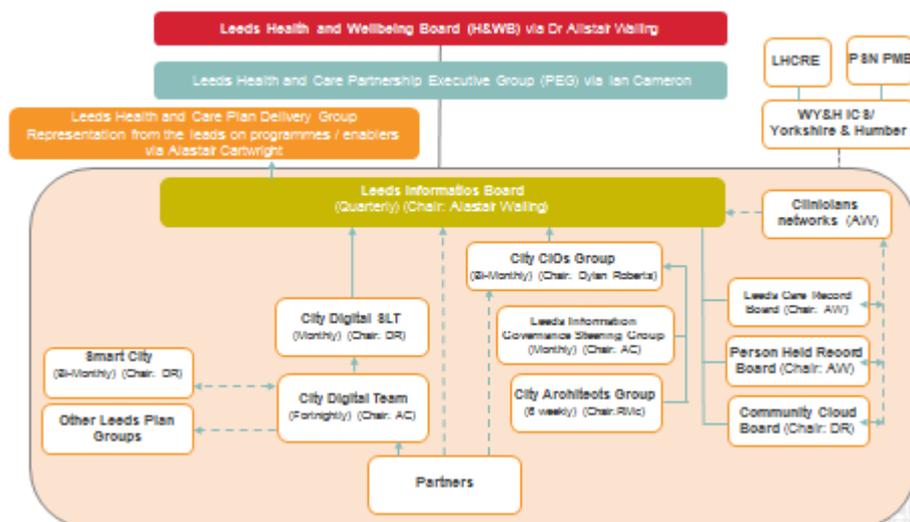
2.3 The CDPT develop strategy and deliver/commission solutions on behalf of the partners. The primary focus that all organisations have committed to is that any work that relates to integration or new models of care is the responsibility of this team to architect, commission and provide oversight of delivery. The partnership also seeks to achieve economies of scale and savings via a shared service approach although it is optional whether individual partners partake in that work.

2.4 The mission and design principles that all organisations have signed up to are:

- We put **people** at the heart of everything we do.
- We are developing a **connected digital infrastructure and tools** for the City so that professionals can seamlessly work together.
- We are creating an **accessible health and care record**, using accurate data about people to help improve their health.
- We **prioritise projects and solutions** that help the poorest improve their health the fastest.
- We work in an inclusive way with people (citizens/patients), communities, commissioners and providers to **prioritise and co-produce** what we do
- We help make sure that all IT investment or project decisions are made as if we were working **as one organisation**.

2.5 The Digital Partnership is supported by a formal memorandum with NHS Digital as an exemplar that other areas can learn from.

2.6 The governance structure supporting this is provided below:



- 2.7 Dylan Roberts (Chief Digital and Information Officer for Leeds City Council and the NHS Leeds CCG) is the Senior Responsible Officer for this overall programme. Clinical and Care leadership and direction is provided by the *Leeds Informatics Board* (LIB), chaired by Dr Alistair Walling (City’s Chief Clinical Information Officer, and member of the Health and Wellbeing Board).
- 2.8 Each organisation’s CIO (Chief Information Officer) meet together regularly to ensure that technical strategies are aligned. This group is advised by the City Architects Forum and the Citywide Information Governance Steering Group.
- 2.9 The CDPT is constructed to support the key areas outlined in the Leeds Health and Care Plan including, but not limited to: Prevention; Proactive Care & Self-Management Care; Optimising Secondary Care; Unplanned Care and Rapid Response.
- 2.10 Associated groups within the sphere of influence, include the Leeds Care Record Board, and at a regional level, support to the West Yorkshire and Harrogate Partnership and the delivery of the Local Health and Care Record Exemplar (LHCRE) programme across Yorkshire and Humber.
- 2.11 The NHS Long Term Plan (2019) has a specific chapter on [‘Digitally-enabled care will go mainstream across the NHS’](#) coupled with the policy document [‘The future of healthcare: our vision for digital, data and technology in health and care’](#) that sets out a clear direction for Digital, Technology and Data in Health and Care.
- 2.12 The Leeds approach exceeds some of the aspirations in these documents. In particular the place based approach is focused on enabling the needs of a person to be addressed by multiple organisations (including the third sector) acting as one. From a technology standpoint, the *open platform* approach compels all organisations to work to common open standards that will enable a new *ecosystem* (market place) of innovators to develop new solutions designed around the needs of individuals that can share information with the professional care record systems. As a result, Leeds is seen as a national exemplar in this area which is why NHS Digital partner with us on some projects so that the learning can be transferred to other places. A number of these projects and other digital innovations in Leeds will

be shown at the next Health and Wellbeing Board: Board to Board session (19 Mar) allowing HWB members and to see them first hand.

2.13 Examples of 2018/19 Delivery include:

‘GovRoam’ – a secure Wi-Fi roaming solution, now live across all our city’s public buildings. This provides secure access for all staff, whatever organisation they belong to, who may need to collaborate, co-locate and work with colleagues from other agencies.

Federation / Shared Address Books and Contacts – working with NHS Digital, Accenture and Microsoft we have delivered a programme to federate the Council’s email system with NHS Mail - used by city health partners. This connects people by giving access to a common, city-wide address book. They can also see each other’s calendars for meeting scheduling and access to Instant Messaging where health partners use Skype for Business.

Shared Network / Buildings – we have embarked on a city-wide networking programme in line with our commitment to upgrade our Public Services Network (PSN) and to support Health organisations with the impending shutdown of the NHS N3 Network as they migrate to the Health and Social Care Network (HSCN). The vision of a ‘one public estate’ will serve shared sites / buildings and ensure that health and local government organisations can reduce multiple broadband lines and networks feeding shared sites.

‘Activage’ – trialling Samsung technology to help older people remain active, manage health conditions and stay socially connected. Leeds is the only site in the UK to be involved. The project uses smart watches, smart phones or tablets, with home hubs and sensors in over 300 households across Leeds who meet the required criteria. This equipment is invaluable for older people to maintain their health by receiving reminders and alerts directly to their wrist via their watch and also using an online portal to track their activity.

HELM – a ‘person held record’ (PHR) has been developed and is due to be piloted in Leeds in early 2019. The technology is built on an open-source platform developed in Leeds for the wider health and care sector. The PHR project is about empowering citizens, supporting more proactive care, self-management to help towards alleviating pressures at the front line. Phase one will enable people to register, verify their identity and log into their PHR. It will let people contribute and update information about themselves, for example, the “top three things to know about me”. It will also integrate with the Leeds Care Record that is widely used by care professionals across the city. This is a leading edge project with which there have been delays caused by the issues noted in this report.

100% Digital Leeds – across Leeds, 90,000 adults still lack the basic digital skills they need to participate in today’s world. We have created the 100% Digital Leeds movement, made up of organisations across the city who support people to get acquainted with digital technology. Part of this programme involves a popular tablet lending scheme run by Leeds Libraries Service, with 300 iPads available to borrow. This is a major digital inclusion initiative to upskill Leeds residents and links into a network of online centres and digital champions.

2.14 Notable Programmes for 2019/20

- 2.14.1 Over the next 12 months we will continue to develop our programme in line with our commitments (see Appendix 2). Our areas of focus will align to key outcome areas such as Prevention, Frailty, Self-Management and Proactive Care (the “Left Shift”) and supporting a wider group of partners such as care home providers, hospices, the third sector and patients themselves to become more ‘digital’. This will enable increased information sharing across the system, for example the sharing of eReSPECT and advanced directives using the Leeds Care Record.
- 2.14.2 We will make the link between health & care and housing & communities by combining digital initiatives (and funds) around our 57,000 public sector houses. We will initially direct our shared focus at three areas in need of intervention: Lincoln Green, Boggart Hill and New Wortley. This is with a view to evaluating combined approaches to delivery and then enabling us to replicate the approach in other areas. We also expect some cross over with the areas of focus for the Leeds/Optum/NHS England collaboration on Population Health Management (4 local care partnerships) we are supporting. Of equal significance are issues with people living under private sector landlords. Overall, this is a starting point that will include digital inclusion, connectivity, enabling community assets and organisations to get connected, sensors e.g. movement, damp and possibly some out-of-hospital care prototypes e.g. wounds management.
- 2.14.3 Another programme will involve supporting the digitisation of Care Homes across the City. This will include basic digital literacy, the sharing of bed visibility and where appropriate enable access to the Leeds Care Record.
- 2.14.4 Note, for the two areas above it is evident that there are multiple projects of work being run by different commissioner and provider organisations that could be pulled together for the Digital and IT aspects.
- 2.14.5 We will be prioritising continued funding for the development of the Leeds Care Record.
- 2.14.6 As a UK leader in the use of data for Population Health Management (PHM), we will enhance the way we use data to describe our ‘place’, both for planning and service design purposes and for feeding back ‘open data’ to inform our citizens about the communities they live in. We will further develop our ‘neutral’ health and care analytical hub and improve the way we store and link data for PHM to feed integrated analytical tools such as RAIDR (our tailored PHM dashboard). Frailty is the first population to be analysed to support new ways of commissioning.
- 2.14.7 We will be implementing shared service technology such as the ‘Community Cloud’ platform that will enable multiple organisations to store data and run IT services from a common secure technology platform. Our initial partners will be Leeds City Council, the CCG and Leeds Community Healthcare.
- 2.14.8 We will support the work required to make integrated services more efficient, such as through Urgent Care Treatment Centres, Clinical Advisory Services and online consultation facilities. The Leeds City Digital Partnership will also assist our providers to link services via integrated technology solutions.

- 2.14.9 We will work with our partners across the West Yorkshire and Harrogate Integrated Care System (ICS) and the wider Yorkshire and Humber area to ensure that the work undertaken in Leeds can be simplified, standardised and shared. This will include a significant contribution towards the Yorkshire and Humber Local Health Care Record Exemplar (LHCRE).
- 2.14.10 Work is also progressing around the development of Living in Leeds, a citywide project led by the University of Leeds and commissioned by the Leeds Academic Health Partnership. It will act as enabler to better understand the factors that influence health outcomes and health inequalities of people 'Living in Leeds'. By acting as the mechanism by which we inform the people in Leeds and gain their consent to use not only their health and care information, but also information on wider environment which as we know has a huge influence on health. For instance, information on air quality, access to green spaces, and quality of housing stock.

3 Main Issues

- 3.1 The delivery of the Leeds City Digital Partnership programmes of work and approach has been generally successful to date. However, by taking a leading edge partnership approach compared to other places, means challenges arise from existing practices and ways of working that can undermine successful delivery.

These issues are outlined below for awareness and discussion:

Place and Person First, Organisation Second – Digital Strategy

- 3.2 Constant changes to the configuration of the health and care system within Leeds and regionally presents challenges. The Digital Strategy and agreed design principles deliver IT platforms and open approaches that are generic and more adaptable to system changes and this is the best approach to integrating different mixes of organisations at a community and locality level (e.g. Local Care Partnerships). However to be effective, it necessitates that major organisations in Leeds adopt this approach. This is something that organisations have signed up to via the MOA and is governed through the Leeds Informatics Board and City CIO Group.
- 3.3 Similarly, Leeds Digital Leaders need to influence organisations outside of Leeds, especially in the West Yorkshire and Harrogate ICS region to do the same, i.e. adopt the open approach. By adopting the alternative, which is a more closed system approach (which ties organisations into vendor's systems) means that wider integration becomes more difficult and costly. This is a fundamental issue across the health and care system nationally and one which we are taking a leadership role in addressing.
- 3.4 Organisational commitment to the Place First principle is varied. For example, LTHT have a significant focus on being the best digital hospital and rapidly improving some of their deficiencies. This is important in itself for Leeds, however, there is a valuable opportunity to ensure that it promotes integration across the city and is shaped in line with our agreed citywide priorities delivered through the CDPT.

- 3.5 Information Governance (IG) remains a significant challenge. The job and focus of IG professionals is to protect their individual organisations from risk as opposed to taking the more holistic view on behalf of the citizen or on what is best for a place based approach/solution. This often causes protracted arguments and significant delays.

National Challenges

- 3.6 The conditions applied to new funding grants and the Digital, Data and Technology standards set by national organisations such as NHS England often oppose a place based approach that includes more than just NHS organisations (e.g. the Data Security and Protection Toolkit). Therefore on occasions, we need to decide what is best for the patient and person overall, whilst providing assurance that the way we apply Digital, Data and Technology is sound and safe. We work very closely with organisations such as NHS Digital, the Local Government Association and others in order to influence adaptations to national policies and approaches to best meet the needs of people through new models of care. This is part of the MOU with NHS Digital.

Finance

- 3.7 So far we have maximised the delivery of digital solutions through access to Better Care Fund capital (e.g. the Leeds Care Record development). It is proposed that this continues to be the preferred funding route. However, a sustainable funding method to address the ongoing revenue implications of shared city solutions is challenging with opportunities being explored. A resolution to this could include changes to the way we commission services and the use of Section 75 arrangements. (*Partnership agreement under section 75 of the NHS Act 2006 (DPA 1998)*)

Business and Clinical Leadership in Change

- 3.8 Digital, Data and Technology is the means to an end and not the end itself. It exists to enable new business processes, clinical pathways and approaches which are under the purview of business and clinical leaders. We would like support for our ambition that business and clinical stakeholders need to be more involved in digital. Furthermore, they need to actively understand the digital opportunities for transforming health and care, help prioritise investment decisions and provide active sponsorship for the process changes required to deliver tangible health and care benefits. We plan to work with the Leeds Health and Care Academy to help achieve this ambition.

4 Health and Wellbeing Board Governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 These issues and the content of this paper have been discussed and agreed through the Leeds Informatics Board structures and at the Partnership Executive Group meeting.

4.1.2 The partners have committed to following a Human Centred Design approach to the majority of digital developments which involves citizens, professionals and technologist working together to co-produce solutions where the citizen voice is paramount.

4.1.3 Leeds is renowned for its' joined up Leeds' approach to citizen conversations about the use of data using facilitated workshops, community networks and the use of case studies showing how people can benefit from technology or information sharing. This approach has now been adopted across Yorkshire and Humber for the Local Health & Care Record Exemplar (LHCRE).

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 The open approach to technology, enables solutions to be more easily personalised to the individual whilst common design principles enable integration.

4.2.2 This coupled with the Human Centred Design approach helps ensure that we supports equality, diversity and integration.

4.3 Resources and value for money

4.3.1 The place first approach and the commitment by some organisations in the system to shared services are delivering economies of scale and avoiding costs.

4.4 Legal Implications, access to information and call in

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

4.5 Risk Management

4.5.1 The risks to delivery have been noted in the main issues section of this report and is managed through the Leeds Informatics Board with other partnership board/groups.

5 Conclusions

5.1 In order to deliver the new models of care it is necessary to take a people centred and place based approach to delivering health and wellbeing. This is where different groups of partners in different places can work as if they are one organisation supporting the needs of one person. This can only be done if all partners take a place based approach to Digital, Data and Technology as described in this paper.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress made to date through the Leeds City Digital Partnership.
- Endorse the 2019/20 Commitments detailed in Appendix 2.
- Note the main issues described in this report and be an advocate for the Place First Digital approach.

- Endorse and advocate that all organisations adhere to the MOA and engage with the Leeds City Digital Partnership Team with regards to all IT investments and projects that relate to the Leeds Plan or integrated care.
- Endorse and if necessary provide support to the Leeds City Digital Partnership Team approach with National organisations and policy.
- Support in principle the continued use of Better Care Fund Capital, subject to its governance processes and also access other capital funds e.g. Local Authority Capital subject to business cases.
- Support activity to get more business and clinical stakeholders involved in digital, actively understand the digital opportunities for transforming health and care, help prioritise investment decisions and provide active sponsorship for the process changes required to deliver tangible health and care benefits.

7 Background Documents

None.

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How does this help reduce health inequalities in Leeds?

The range of deliverables for 2018/19 highlight the range of ways the Leeds City Digital Partnership has contributed to reducing health inequalities in Leeds such as:

- helping older people remain active, manage health conditions & socially connected
- empowering citizens, supporting more proactive care, self-management
- digital inclusion

As articulated in ‘Our Digital Commitments’, for 2019 we will continue to prioritise projects and solutions that help the poorest improve their health the fastest.

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

Digital innovation, technology and data is essential to delivering an effective, high-quality and efficient health and care system in Leeds to improve people’s health and wellbeing and is our mission statement for ‘Our Digital Commitments’ for 2019.

Leeds already seen as a national exemplar in Digital sharing best practice regionally and nationally. Working together our system has been enabled to make it easier to collaborate, co-locate and work with colleague as one workforce whatever the organisation through GovRoam, Shared Address Books and Contacts, Shared Network/Buildings, etc.

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

Leeds City Digital Partnership develop strategy and deliver/commission solutions on behalf of the partners. The primary focus that all organisations have committed to is that any work that relates to integration is the responsibility of this team to architect, commission and provide oversight of delivery. This allows the health and care system to work to economies of scale and savings via a shared service approach to contribute to a financially sustainable health and care system.

Future challenges or opportunities

Challenges and opportunities are highlighted through section three of the report and within ‘Our Digital Commitments’ for 2019.

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



**Leeds Health and Care Partnership.
Memorandum of Agreement: City Digital and Information Services
Effective from 1st April 2018**

This Memorandum of Agreement (**MoA**) is made between:

- (1) **LEEDS CITY COUNCIL** of Civic Hall, Leeds LS1 1UR;
- (2) **LEEDS COMMUNITY HEALTH TRUST** of Stockdale House, Headingley Office Park, 8 Victoria Rd, Leeds LS6 1PF;
- (3) **NHS LEEDS CCG** of B5-B9, Wira House, Wira Business Park, Ring Rd, Leeds LS16 6EB;
- (4) **LEEDS & YORK PARTNERSHIP FOUNDATION TRUST** of 2150 Century Way Leeds West Yorkshire LS15 8ZB;
- (5) **LEEDS TEACHING HOSPITALS NHS TRUST** of Great George Street, Leeds, West Yorkshire, LS1 3EX;

and (each a “**Party**” and together the “**Parties**”).

RECITALS

- (A) In entering into and performing their obligations under this Memorandum of Agreement (MoA), the parties are working towards a ‘placed-based’ approach to the delivery of information and technology services essential to the delivery of increasingly integrated health and care services. In particular, this MoA is intended to support the Parties’ need to design, organise and integrate the full cycle of care around the needs of population groups by moving away from organisational silos towards jointly accountable local care systems and accessible specialist care, the strategy articulated for national, regional and local health and care.
- (B) The Parties acting together being the Leeds Health and Care Partnership (LHCP) agree to make strategic digital and information decisions supporting the delivery of integrated health and care through city partnership governance. Making decisions through a City Digital Partnerships Team and operating as if the partners were one organisation. In addition, identifying where other economic opportunities might be progressed that individual organisations can choose to opt-in or out of, thus benefitting the use of the Leeds, West Yorkshire or National ‘£’.
- (C) This MoA is focussed on the Parties’ agreement to deliver these place-based opportunities jointly and the governance and processes required to support this and the obligations placed on each Party. Primarily to ensure each party has aligned internal governance arrangements to the City governance (set-out in this MoA) for Digital and Information Services formally through their delegation schemes.
- (D) City partnership decisions will be made on the basis of a City Digital Partnerships Team working for and on behalf of all partners. The City Digital team will work with partners to join up business, information, digital architecture and infrastructure outlining standards that must be adhered to and providing assurance to support successful delivery.



City Digital Partnerships Team



OPERATIVE PROVISIONS

1. DEFINITIONS AND INTERPRETATION

- 1.1 In this MoA, capitalised words and expressions shall have the meanings given to them in this MoA.
- 1.2 In this MoA, unless the context requires otherwise, the following rules of construction shall apply:
- 1.2.1 words importing the singular meaning include where the context so admits the plural meaning and vice versa;
 - 1.2.2 words importing the masculine include the feminine and the neuter;
 - 1.2.3 the words "include", "includes" and "including" are to be construed as if they were immediately followed by the words "without limitation";
 - 1.2.4 references to any person shall include natural persons and partnerships, firms and other incorporated bodies and all other legal persons of whatever kind and however constituted and their successors and permitted assigns or transferees;
 - 1.2.5 references to any statute, enactment, order, regulation or other similar instrument shall be construed as a reference to the statute, enactment, order, regulation or instrument as amended by any subsequent enactment, modification, order, regulation or instrument as subsequently amended or re-enacted;
 - 1.2.6 headings are included in this MoA for ease of reference only and shall not affect the interpretation or construction of this MoA;
 - 1.2.7 references in this MoA to any paragraph or sub-paragraph without further designation shall be construed as a reference to the paragraph or sub-paragraph of the relevant schedule to this MoA so numbered;
 - 1.2.9 in the event and to the extent only of any conflict between the paragraphs and the remainder of the schedules, the paragraphs shall prevail over the remainder of the schedules
 - 1.2.11 a reference to writing or written includes faxes and e-mails.

2. PURPOSE AND EFFECT OF MEMORANDUM OF AGREEMENT

- 2.1 The Parties have agreed to work together on those digital and information strategies that are required for integrated health and care services and operate as if one organisation. This means the Parties will make strategic digital and information decisions supporting the delivery of integrated health and care through city partnership governance through a City Digital Partnerships Team. In addition, where other economic opportunities might be identified that individual organisation can choose to opt-in or out of, thus benefitting the use of the Leeds, West Yorkshire or National '£'.

2.2 For the purpose of integrated health and care services within Leeds, the aim is for the Parties to organise themselves around the needs of the LHCP rather than planning at an individual organisational level so as to deliver more integrated, high quality cost effective solutions.

2.3 The Parties wish to record the basis on which they will collaborate with each other through the LHCP in this MoA.

This MoA sets out:

- the key partnership objectives;
- the approach to collaboration;
- the governance structures the Parties will put in place;
- the respective roles and responsibilities the Parties will have.

2.4 The Parties agree that, other than the good faith consideration that each Party has afforded and the paragraphs referenced in paragraph 2.5 below, the terms set out in this MoA shall not be legally binding.

2.5 Paragraphs 16, 18 and 19 shall come into force from the date hereof and shall give rise to legally binding commitments between the Parties.

3. KEY OBJECTIVES

- 3.1 For the purpose of integrated health and care services within Leeds, to effectively deliver the City digital outcomes and manage the associated priorities and dependencies, as well as ensuring that we make information and technology solution decisions based on the agreed place based strategy requires a City wide approach and leadership.
- 3.2 A fundamental part of our approach is that the City Digital resource to lead this change has now been funded by the LHCP. The City Digital Partnerships Team roles are being hosted by Leeds City Council but working on behalf of all organisations.
- 3.3 Working to the Chief Digital and Information Officer, and reporting to the Leeds Informatics Board, the City Digital Partnerships Team lead by the City Digital Programme Director will work collectively to ensure successful delivery of the city digital change programmes. The team will have a clear mandate and a focus on delivering better outcomes for the city. This means a focus on 'City First, Organisation Second'. All digital assets across the city will interoperate with each other and provide combined information from which we can gain new value and insight. We (the Parties) will take a 'digital first' approach to any new initiatives. We will build this incrementally by considering and incorporating "Digital by Design" in all new programmes / projects that we carry out across the city.
- 3.4 Technical strategy for integrated health and care delivery will be developed by this function in conjunction with partner organisation technology experts/teams. Accountable for making final recommendations to the City Chief Information Officers (CIOs) Group on behalf of all organisations across the partnership. The team will proactively engage the City partner CIO's and Solution Architects in the opportunities for acquiring and sharing joint solutions and services. This involves a fundamental need to understand local organisational digital and information plans and then influence and gain agreement on convergence to the agreed City shared services/solutions roadmaps.
- 3.5 All Parties will proactively engage with the City Digital Partnerships Team and involve the City team in the development and review of their organisational digital strategies, plans and business case development.
- 3.6 The Parties shall adhere to the Leeds City Design Principles in the commissioning, development and procurement of all digital and information solutions. In outline these are:
- Think City First
 - Simplify, Standardise & Share
 - Ensure strong leadership & ownership of benefits
 - Applications are based on user/business requirements and are aligned to people's (patients/citizens) needs
 - Applications are integrated via open standards and open technologies
 - All vendors commit to open standards and interoperability
- 3.7 See Appendix 1 for the full list of Business, Information, Application and Technical principles.
- 3.8 To facilitate the delivery of any shared services a public to public cooperation agreement will be entered into by the Parties. Parties can be a provider or a receiver

of shared services. A Shared Service can be between one Party (the provider) and any number of the other partner organisations. Service schedules will describe the content of the services and also set-out the obligations of the provider and the Parties in receipt of the shared service.

- 3.9 The Parties acknowledge the current position with regard to the LHCP Digital and Information commitments and the decisions, contributions, financial and otherwise, already made by the Parties.

4. APPROACH TO COLLABORATION

- 4.1 The Parties agree to adopt the following approach to collaboration when commissioning, developing and procuring digital and information solutions (the **“Approach to Collaboration”**):

- 4.1.1 Address the vision. The Parties seek to establish arrangements where anything which is ‘place-based’, and, therefore, enables or has an impact on integrated services or care, will be decided upon a ‘Place First’ principle through a City Digital team. Where other economic opportunities might be identified that individual organisations can choose to opt-in or out of, thus benefitting the use of the Leeds, West Yorkshire or National ‘£’. Overall providing integrated solutions and delivering best value for the taxpayer and operating a financially sustainable system;
- 4.1.2 Collaborate and co-operate. Establish and adhere to the governance structure set out in this MoA to ensure that activities are delivered and actions taken as required to deliver change collectively and in partnership with each other and the wider Health and Care System nationally, regionally and locally;
- 4.1.3 Be accountable. Take on, manage and account to each other, the wider LHCP area population for performance of the respective roles and responsibilities set out in this MoA, the Leeds Informatics Board will review performance against this MoA;
- 4.1.4 Be open and transparent and act with integrity. Communicate openly with each other about major concerns, issues or opportunities relating to digital and information strategy.
- 4.1.5 Adhere to statutory requirements and best practice. Comply with applicable laws and standards including procurement rules, competition law, data protection and freedom of information legislation;
- 4.1.6 Act in a timely manner. Recognise the time-critical nature of the City Digital Programme development and delivery and respond accordingly to requests for support;
- 4.1.7 Manage stakeholders effectively. Ensure communication and engagement both internally and externally is clear, coherent, consistent and credible and in line with the Parties’ statutory duties, values and objectives.
- 4.1.8 Deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in this MoA;

4.1.9 Act in good faith to support achievement of the key objectives and in compliance with the approach to collaboration.

5. GOVERNANCE

5.1 The governance structure summarised, in appendix 2 of this MoA, provides a structure for the development and delivery of the Digital and Information Services under the LHCP;

5.2 The governance arrangements will be:

5.2.1 Based on the principle that decisions will be taken by the relevant organisations at the most appropriate level in accordance with each organisations internal governance arrangements, particularly in respect of delegated authority;

5.2.2 Entered into in the knowledge that organisations have aligned internal governance arrangements to the City governance (set-out in this MoA) formally in their delegation schemes;

5.2.3 Shaped by the Parties in accordance with existing accountability arrangements, whilst recognising that different ways of working will be required to deliver the transformational ambitions of the City Digital and Information Programme. The Parties intend that there should be as far as permissible a single governance structure to help oversee and deliver the LHCP City Digital Programme in accordance with the Key Principles;

5.2.4 Underpinned by the following principles:

(a) all Parties will remain subject to their constitution i.e. Leeds City Council and for the NHS Constitution and their provider licence and retain their statutory functions and their existing accountabilities for current services resources and funding flows;

(b) links to other partnership agreements and governance groups (e.g. West Yorkshire and Harrogate STP, Yorkshire & Humber PSN, etc) will be maintained through appropriate representation on the City Digital governance groups and ensuring that all decisions relating to any other partnership agreement are brought by these representatives to the appropriate City Digital governance forum.

6. ACCOUNTABILITY AND REPORTING LINES

6.1 The Digital and Information activities required to meet the requirements of the Leeds City Health and Care Partnership are referred to as the City Digital Portfolio. Accountability and reporting of this portfolio is undertaken at the following levels within the LHCP.

6.2 Leeds Informatics Board (LIB), will act as the overall City Digital portfolio board accountable for delivering the required digital change programmes to underpin the delivery of the Leeds Health and Wellbeing Strategy, Leeds Plan, the Local Digital Roadmap and the West Yorkshire and Harrogate STP. The LIB will receive reports at each meeting from the Programme Director highlighting but not limited to; progress

throughout the period; decisions required by the LIB; issues being managed; issues requiring escalation to LHCP Executive Group; progress planned for the next period.

- 6.3 The City Chief Information Officers Group reporting to the LIB will sign-off Technical strategy and Information Governance compliance for integrated health and care delivery.
- 6.4 The City Clinical Chief Information Officers Group will review the clinical and business impact of proposals for integrated health and care delivery.
- 6.5 The partner representatives on the LIB and the City Chief Information Officers Group will ensure that where digital and information solutions should be consumed or delivered at a West Yorkshire & Harrogate STP or National level that there are links across to these agendas.
- 6.6 The LHCP Delivery Group meets and receives a consolidate Highlight Report from all Leeds Plan programmes and enabling work streams. The City Digital Programme Office produces a consolidated Highlight Report of all digital activity. This is submitted to the LHCP Delivery Group by the Programme Director highlighting but not limited to; progress throughout the period; issues being managed; issues requiring escalation to the LHCP Executive Group; progress planned for the next period.
- 6.7 Under a standing agenda item, the LIB will agree the key communications arising from its meetings that should be relayed to the Parties' respective organisations.
- 6.8 A summary report from the City Digital Programme Director will be circulated regularly to all organisational representatives on the Leeds Informatics Board. The Programme Director summary will be available for sharing with organisational boards and in the public domain.
- 6.9 The LHCP Directors of Finance group will receive all business cases and the relevant DoF (along with the designated LIB representative) commit their organisations to the financial implications of such decisions and ensure the necessary individual organisational approvals are actioned in a timely manner.

7.0 LHCP Executive Group

The LHCP Executive will hold each of the Parties' Chief Executive to account for adherence to the agreed digital and information strategy, adherence to governance and the delivery of their sponsored work streams within the City Digital Programme.

7. DECISION MAKING

- 7.1 The Parties intend that LHCP representatives performing City Digital governance roles will each operate under a scheme of delegation whereby each LIB member shall have delegated authority to make decisions on behalf of their organisation relating to matters falling under the scope of City Digital and Information Strategy, the devolving of accountabilities for the City Digital Principles set out in appendix 1; and in accordance with the commissioning and decision making framework set out in appendix 3.
- 7.2 Each party will reflect in its Scheme of Delegation(s) the authority delegated to its representatives in respect of City Digital and Information Strategy and governance.

- 7.3 The Parties intend that LHCP representatives performing City Digital governance roles shall report to and consult with their own respective organisations at Board level, providing governance assurance that is compliant with their regulatory and audit requirements, for organisational decisions relating to, and in support of, the City Digital Key Principles and facilitating these functions in a timely manner.

8. ESCALATION

- 8.1 If any Party has any issues, concerns or complaints regarding the City Digital Programme, or any matter in this MoA, such Party shall notify the other Parties and the Parties acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion.
- 8.2 Subject as otherwise specifically provided for in this MoA, any dispute arising between the Parties out of or in connection with this MoA will be resolved in the first instance by a communication between the relevant Chief Information Officer(s). Failure to resolve the issue at this level will be escalated to the LIB members and then if still unable to be resolved the relevant Chief Executive or the Partnership Executive Group as appropriate.
- 8.3 If any Party receives any formal or media enquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier or requests for information made under the Freedom of Information Act 2000) in relation to the LHCP City Digital Programme, the matter shall be promptly referred to the City Digital Programme Director in the interests of consistency, however recognising the request remains the responsibility of the receiving organisation.

9 CONFLICTS OF INTEREST

- 9.1 The Parties agree that they will:
- 9.1.1 disclose to each other the full particulars of any relevant or material conflict of interest which arises or may arise in connection with this MoA, the City Digital and Information Strategy, the delivery of the City Digital Programme (or specific programme, project or activity within it), immediately upon becoming aware of the conflict of interest whether that conflict concerns the Parties or any person employed or retained by the Parties;
- 9.1.2 not allow themselves to be placed in a position of conflict of interest or duty in regard to any of their rights or obligations under this MoA (without the prior consent of the other Parties) before participating in any action in respect of that matter.
- 9.1.3 comply with the terms of this conflict of interest protocol as set out above.

10. FUTURE INVOLVEMENT AND ADDITION OF PARTIES

- 10.1 The Parties are the initial participating organisations in the LHCP but it is intended that other providers to the LHCP service area population may also come to be partners (including for example independent sector and third sector providers). Partner organisations may where appropriate be invited to meetings of the LIB or other governance groups as observers or through an additional stakeholders forum. If appropriate to achieve the key deliverables, the Parties may also agree to include an

additional party or parties to this MoA. If they agree on such a course the Parties will cooperate to enter into the necessary documentation.

11. COMPETITION AND PROCUREMENT COMPLIANCE

- 11.1 The Parties are aware of their competition compliance obligations, both under competition law and, in particular under the NHS Improvement/Monitor Provider Licence for providers, and shall take all necessary steps to ensure that they do not breach any of their current or future obligations in this regard.
- 11.2 Any shared services between the Parties will be via a defined service schedule under an agreed Public-Public Collaboration agreement between all Parties.
- 11.3 The parties agree not to disclose or use any confidential information which is to be disclosed under the arrangements in a way which would constitute a breach of competition law.

12. REVIEW

- 12.1 A formal review of this agreement will be undertaken annually and reported to the City Chief Information Officers Group, or sooner if deemed as required by the Parties.
- 12.2 The review and report will discuss and agree as a minimum, the principles of collaboration and the governance arrangements as set out in appendix 2.

13. TERM AND TERMINATION

- 13.1 This MoA shall commence on 1st April 2018 (having been executed by all the Parties).
- 13.2 This MoA may be terminated in whole by: mutual agreement in writing by all of the parties ;
 - in accordance with paragraph 14.2; or
 - in accordance with paragraph 1.5 of schedule 3.
- 13.3 Any Party may withdraw from this MoA giving at least six calendar months' notice in writing to the other Parties. The MoA will remain in force between the remaining parties (unless otherwise agreed in writing between all the remaining parties) and the remaining Parties will agree such amendments required to the MoA in accordance with paragraph 15.
- 13.4 In the event a Party is put into administration, special measures and/or is otherwise not able to perform its role under the LHCP and this MoA, the remaining Parties shall be entitled to consider and enforce, on a case by case basis, a resolution of the LHCP Executive Group for the removal of the relevant Party from the MoA on a majority basis provided that:
 - reasonable notice shall have been given of the proposed resolution; and
 - the affected Party is first given the opportunity to address the LHCP Executive Group meeting at which the resolution is proposed if it wishes to do so.

This MoA shall be terminated in accordance with the provision at 13.2.

14. CHANGE OF LAW

- 14.1 The Parties shall take all steps necessary to ensure that their obligations under this MoA are delivered in accordance with applicable law. If, as a result of change in applicable law, the Parties are prevented from performing their obligations under this MoA but would be able to proceed if a variation were made to the MoA, then the Parties shall consider this in accordance with the variation provision at paragraph 15.
- 14.2 In the event that that the Parties are prevented from performing their obligations under this MoA as a result of a change in applicable law and this cannot be remedied by a variation or a variation is not agreed by all Parties, then the Parties shall agree to terminate this MoA on immediate effect of the change in applicable law.

15. VARIATION

- 15.1 This MoA may only be varied by written agreement of the Parties signed by, or on behalf of, each of the Parties.

16. CHARGES AND LIABILITIES

- 16.1 Except as otherwise provided, the Parties shall each bear their own costs and expenses incurred in complying with their obligations under this MoA, including in respect of any losses or liabilities incurred due to their own or their employee's actions.
- 16.2 No Party intends that any other Party shall be liable for any loss it suffers as a result of this MoA.

17. NO PARTNERSHIP

- 17.1 Nothing in this MoA is intended to, or shall be deemed to, establish any partnership or joint venture between the Parties, constitute any Party as the agent of another Party, nor authorise any of the Parties to make or enter into any commitments for or on behalf of the other Parties.

18. COUNTERPARTS

- 18.1 This MoA may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this MoA, but all the counterparts shall together constitute the same agreement.
- 18.2 The expression "counterpart" shall include any executed copy of this MoA transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.
- 18.3 No counterpart shall be effective until each Party has executed at least one counterpart.

19. GOVERNING LAW AND JURISDICTION

19.1 This MoA shall be governed by and construed in accordance with English law and, without affecting the escalation procedure set out in section 8 above, each Party agrees to submit to the exclusive jurisdiction of the courts of England.

20. SIGNATURES

Signed for and on behalf of LEEDS CITY COUNCIL	
Signature	
Name	
Position	
Date	

Signed for and on behalf of LEEDS TEACHING HOSPITALS NHS TRUST	
Signature	
Name	
Position	
Date	

Signed for and on behalf of NHS LEEDS CLINICAL COMMISSIONING GROUP	
Signature	
Name	
Position	
Date	

Signed for and on behalf of LEEDS & YORK PARTNERSHIP NHS TRUST	
Signature	
Name	
Position	
Date	

Signed for and on behalf of LEEDS COMMUNITY HEALTH TRUST	
Signature	
Name	
Position	
Date	

Appendix 1 – City Design Principles.

Business Principles

1. City First.
2. Simplify, Standardise & Share.
3. Apply People & Process as well as Data & Technology.
4. Adopt Digital wherever it makes business sense.
5. Ensure strong leadership & ownership of benefits.
6. Apply good is good enough.
7. Apply Local Government Digital Standards (see later slide).



Information Principles

1. Information is managed and shared.
2. Information is open and manageable.
3. Information is accurate and fit for purpose.
4. Information is protected.
5. Information is used ethically.
6. The re-use of information is encouraged.
7. Information is a key asset.



Application Principles

1. Common use of standard, basic, utility applications/services is encouraged.
2. Applications have identified business and technical owners.
3. Applications are based on user/business requirements and are aligned to people's (citizens) needs.
4. Applications are integrated via Open Standards and Open technologies.



Technical Principles

1. We have a 'One City' approach towards our technical vendors.
2. All vendors commit to open standards and interoperability.
3. We adopt open architectures (see separate slide) and the data and application layers are separated.
4. We adopt disciplined and responsive technology change management.
5. Our data and applications are appropriately secured in line with our risk appetite.



Open Platform Principles

1. Be open standards based.
2. Be vendor and technology neutral.
3. Share common information models.
4. Support open data architectures.
5. Support application portability.
6. Provide open API's.
7. Be 'federateable'.



Appendix 2

Leeds City Health and Care Partnership – City Digital Governance.

1. LHCP Executive Group

Arbiter for a business decision with clear city-benefits but lacking of all-organisation sign-up.

2. City Directors of Finance Group

The final sign-off of City digital and information business cases, to discuss and/or approve organisational commitments to fund the revenue impact of business cases or to allocate access to dedicated city funds such as the 'pooled non-recurrent investment fund'.

3. Leeds Informatics Board

Leeds Informatics Board, chaired by the City Chief Clinical Information Officer, will act as the overall digital portfolio board accountable for the City Digital Strategies and scoping and delivering change programmes to deliver better health and wellbeing outcomes for the City. The Leeds Informatics board will be accountable for;

- Providing strategic leadership to deliver better health and wellbeing outcomes through the application of digital and information
- Ensuring our City Digital Strategies and Programmes are aligned to the business, clinical strategies and outcomes at a City, Regional and National level
- Championing the place based city digital strategy and a people centred approach
- Ensuring organisational and business change is planned for in all digital programmes
- Ensuring all initiatives, programmes and projects have effective governance in place.
- Ensuring digital programmes have clear business, clinical and/or citizen measures
- Ensuring finance, technical and affordability fit are fed in via appropriate reps
- Recommending approval to the relevant authorising body for investment cases
- Ensuring city digital strategy, plans and successes are effectively communicated within the City and outside the City
- Reviewing the status of the City Digital Portfolio and taking corrective actions as appropriate
- Acting as a point of escalation for issues and risk mitigation

In line with section 7 of the MoA, decision making members of the Leeds Informatics Board will be senior 'business' board level representatives from all partner organisations with appropriate delegated authority to make strategic and financial decisions on behalf of their respective organisation, within a specific Leeds Informatics Board meeting and also by gaining organisational agreement outside a meeting.

When a business case is considered at the Leeds Informatics Board it will already have city-CIO approval (technical strategy compliant) and stakeholder commitment (clear clinical/business benefits) relevant to the case being considered via a business programme board or the city-CCIO forum.

Leeds Informatics Board Membership;

Chair – Dr Alistair Walling, Chief Clinical Information Officer, Leeds City and Leeds CCG Partnership Executive Group & Primary care/confederation Board rep – Chris Mills
City Chief Clinical Information Officers & Leeds & York Partnership Foundation Trust rep – Nick Venters
Public Health – Ian Cameron
Data Science/Information rep – Frank Wood
Innovation and Research rep – Jo-Anne Wass
Leeds Plan/Partnership rep – Tony Cooke
City Chief Information Officers rep – Dylan Roberts
City Directors of Finance rep – Doug Meeson
Leeds Teaching Hospitals Trust rep – Richard Corbridge
Leeds Community Health Trust rep – Marcia Perry
NHS Leeds CCG rep - Visseh Pejhan-Sykes
City Digital Programme Director & Digital lead West Yorkshire & Harrogate STP – Alastair Cartwright
3rd Sector rep – Lucy Graham
Citizen/patient rep – Healthwatch Leeds

Invited observers.

Communications representative - Rebecca Nichells
NHS Digital – Roarke Batten
NHS England – Angela Wood

Board representatives will each have delegated authority to make decisions on behalf of their organization. They shall report to and consult with their own respective organisations providing governance assurance that is compliant with their decision making processes and any regulatory or audit requirements, they will facilitate these functions in a timely manner. Health and Care Partners must send a deputy if they are unable to attend in person – the deputy must also be a colleague who can take actions requiring governance decisions back to the appropriate forum within their organisation.

The Leeds Informatics Board will be quorate if a minimum of seven designated Executive/Senior Officers (to include the Chair) are present.

Reporting to the board

Head of Strategy and Solutions, Head of City Portfolio, Health and Care Digital Programme Managers and City Digital PMO. The Leeds Informatics Board will be serviced by the City Digital Programme Management Office.

Agenda

The agenda shall be agreed a minimum 14 days in advance of the meeting date by the Chair of the Board.

Frequency of meetings

The Leeds Informatics Board will meet quarterly, 4 times a year.

4. City Chief Information Officers (CIO) Group

Technical strategy and Information Governance compliance for integrated health and care delivery will be signed-off by the City Chief Information Officers Group

- Champion the 'City first' approach
- Technical strategy for integrated health and care delivery will be signed-off by the City Chief Information Officers Group.
 - developing roadmaps for city wide shared solutions
 - prioritise, develop and approve investment cases for shared solutions
 - sign-off investment/business cases
- Oversee the work of the City Strategy and Solutions function ensuring:
 - adherence to the city informatics strategy and design principles
 - health and social care information governance and cyber security needs of the City are adequately considered
- Where appropriate move towards common shared infrastructure and end user computing
- Receive a status report on delivery of the following areas of work;
 - Infrastructure and IG Programme
 - Efficient and effective
 - One City Analytics
- Act as a point of escalation for issues and risk mitigation
- Receive and review minutes of the City IG Steering Group

Members will be the most senior manager responsible for the delivery of digital and information within a partner organisation [Chief Information Officer, Director, Head of Service or equivalent].

Chair: Dylan Roberts, Chief Digital and Information Officer, Leeds City Council and Leeds Clinical Commissioning Groups

Richard Corbridge, Chief Digital and Information Officer, LTHT

Richard Slough, Assistant Director, Business Intelligence, Clinical Systems and IT, Leeds Community Health

Bill Fawcett, Chief Information Officer, LYPFT

Alastair Cartwright, City Digital Programme Director

Andy Pellow, Leeds University

5. City Chief Clinical Information Officers (CCIO) Group

With regard to business change, we recognise the importance of taking the clinicians with us on the journey. Chaired by the City Chief Clinical Information Officer a City board representative of Senior Clinicians, Nurses, registered Social Worker from Leeds partner organisations with a remit to;

Reporting to the Leeds Informatics Board

- Champion the 'City first' approach;
- Input, review and endorse Digital and Information Strategies;

- Sign-off city digital and information investment/business cases from the practical delivery, business change especially around clinical fit and input to decision making and engagement.

6. Leeds City Health and Care Plan - Boards

A key part of our digital strategy is that every digital or informatics enabled business/clinical change project should only be progressed if there is clear clinical/business sponsorship and resource to make the change happen. Capacity for clinicians and business managers to be involved in delivering change is a key strategic principle, supported by clinical leadership and clinical, business and digital champions.

Programme and project boards will be established to oversee delivery of key city digital change programmes and projects.

7. City Strategy and Solutions function

The Head of City Strategy and Solutions (CSS) is accountable for the development the digital strategies, architectures and solutions that underpin a place based approach to integrated health and care delivery across Leeds. To fulfil this, CSS works closely with partner organisations and is responsible on behalf of the City Chief Information Officers (CIO) group for commissioning joint solutions for anything relating to the delivery of integrated health & care.

Accountable for making final recommendations to the City CIO Group on behalf of all organisations across the partnership the Head of CSS will proactively engage the City partner CIO's and Solution Architects in the opportunities for acquiring and sharing joint solutions and services. This involves a fundamental need to understand local organisational ICT plans and then influence and gain agreement on convergence to the agreed City shared services/solutions roadmaps.

Oversee the production of the corresponding business cases and work closely with the City Health and Care Programme Managers and the City Portfolio Manager (Infrastructure/IG Programme lead) to initiate and deliver corresponding projects.

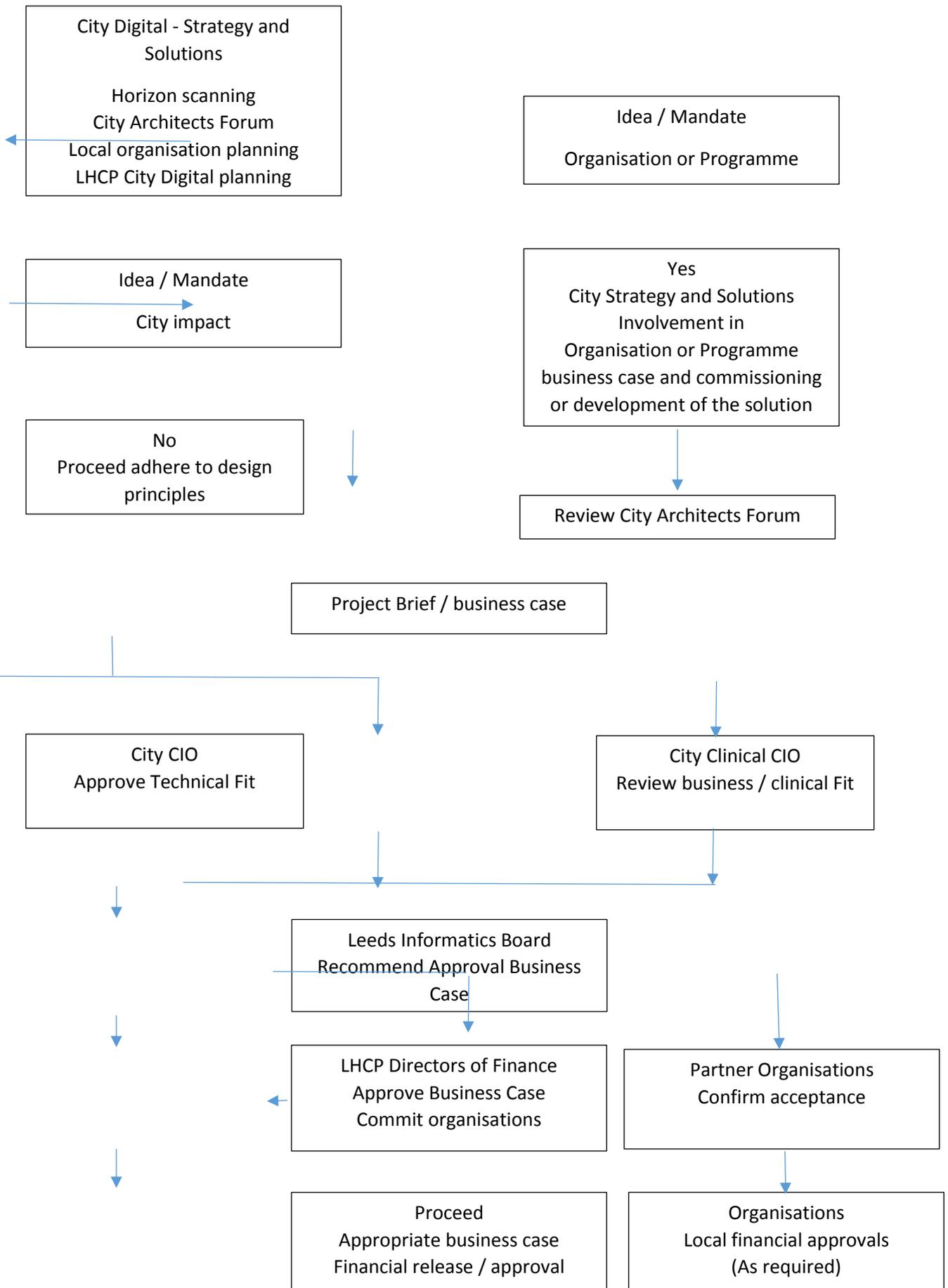
8. City Architects Forum

Chaired by the Head of City Strategy and Solutions the City ICT Architects forum reviews digital strategies, roadmaps and business cases for approval at the City CIO group.

9. City Information Governance Steering Group

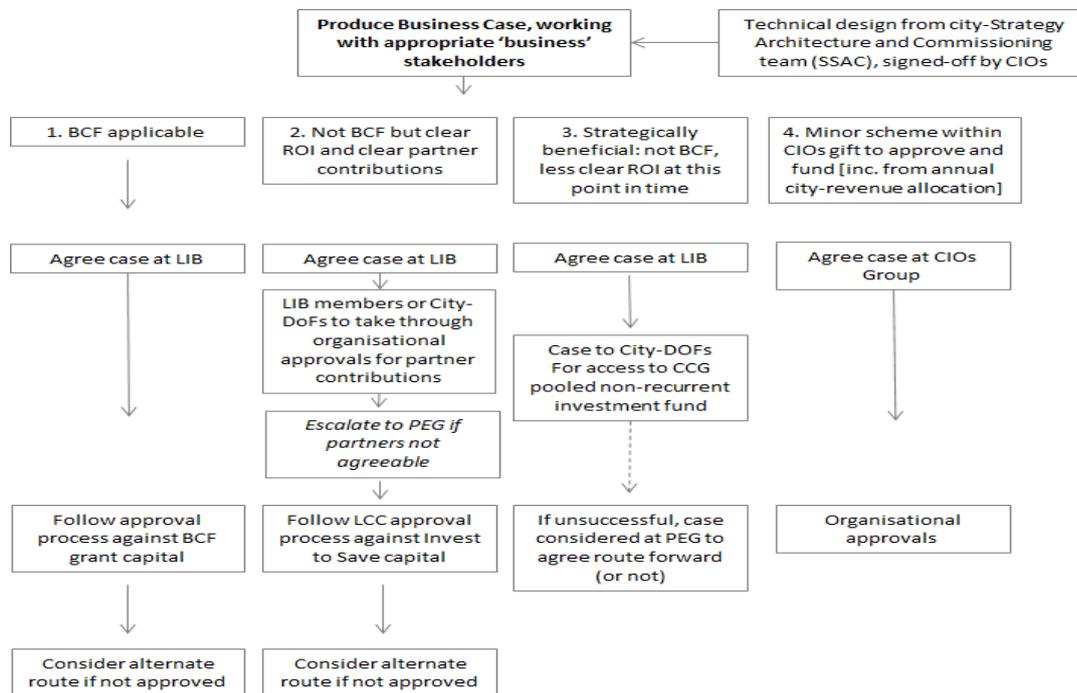
Reporting to the City CIO Group and chaired by the City Digital Programme Director the City Information Governance Steering Group advises on issues relating to Information Governance impacting upon city wide digital and information initiatives.

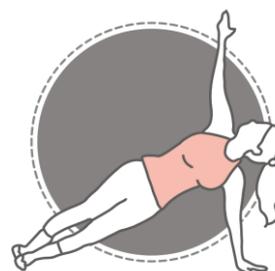
Appendix 3 – Commissioning Process and Financial Approvals



Appendix 3 – Commissioning Process and Financial Approvals

Financial approvals





Helping to improve the Health and Wellbeing of Leeds

Our Digital Commitments

The **Leeds City Digital Partnerships Team** is supported by the following organisations:

- Leeds City Council
- NHS Leeds Clinical Commissioning Group
- Leeds Community Healthcare NHS Trust
- Leeds Teaching Hospitals NHS Trust
- Leeds and York Partnership NHS Foundation Trust
- NHS Digital





Councillor Rebecca Charlwood

Executive Member for Health,
Wellbeing and Adults
Chair, Health and Wellbeing Board
Leeds City Council

We are proud of our work in leading place based delivery of digital innovation across the Health and Care system in Leeds. We have a strong city wide commitment to improve the health and wellbeing of all the people of Leeds and digital is a core element in making this happen.

The commitments in this document are made by all partners across our system jointly working as if we are one organisation focused on the best health and wellbeing outcomes of our populations across Leeds. Testament to this is the jointly funded City Digital Partnership Team that is responsible for managing the delivery of these on behalf of the system, making best use of the Leeds tech pound.

One particular element where we are a national leader is the advanced work of our City Analytics team combining data across health, care and other organisations and providing analysis at the place based level, distinct from individual organisations, informing population health management decisions.

I am confident that this approach to Digital and Data will enable us to deliver the ambitions of our Health and Wellbeing Plan, within the context of the West Yorkshire and Harrogate Integrated Care System.



Dylan Roberts

Chief Digital and Information Officer
City Digital Partnership,
Leeds City Council and NHS Leeds
Clinical Commissioning Group

Healthcare professionals and Chief Information Officers (CIOs) in our city recognise a need to be using shared information and tech capabilities that can interoperate with each other. The Leeds City Digital Team is responsible for bringing this together across organisations, creating opportunities to integrate care via digital means.

The concept of a “Left Shift” towards increasing prevention and early intervention in Leeds is embodied into leadership conversations across the city. Our mission is that the needs of one person is addressed by people acting as one team, from organisations behaving as one system. Our Digital Strategy and ways of working is aligned to that and extend outside the traditional boundaries of Local Government and the NHS to independent providers and the third sector.

Our blueprint sets out our commitment to undertake this programme in a common way; merging our infrastructure strategies so that we’re building a digital community platform to enable this.



Dr Alistair Walling

Chief Clinical Information Officer
City Digital Partnership,
Leeds City Council and NHS Leeds
Clinical Commissioning Group

In Leeds we have a proven track record of developing and adopting innovation and through the City Digital Team we plan to continue this and embrace the opportunities available in this digital age. The wonderful city of Leeds is uniquely placed to lead the way in the use of digital across the health and care sector to deliver better care for people.

We have a high number of health technology workers based in Leeds, a cohesive integrated system of health providers working together at scale and integrated at all levels with social care services. We have developing local care partnerships to allow bespoke community services working across the public and voluntary sectors. Building on the Leeds Care record and the increasing connections between health and social care providers we will develop a strong infrastructure to deliver the best care for people in the future.

Our focus is on getting the best out of technology, informatics and innovation to help people live happy healthy lives. Designing services with people and the professionals who care for them, with strong clinical leadership and a high level of technical expertise, will ensure we improve the lives of people in Leeds and the individuals caring for them. Our blueprint describes in more detail how we are committed to achieving this.



VISION:

Leeds becomes the best city for health and wellbeing.

What this means in the Digital context:

- We put **people** at the heart of everything we do
- We're developing a **connected digital infrastructure and tools** for the city so that professionals can seamlessly work together.
- We're creating an **accessible health and care record**, using accurate data analytics about people to help improve their health and wellbeing.
- We **prioritise projects and solutions** that help the poorest improve their health the fastest.
- **We work in an inclusive way** with stakeholders to prioritise what we do.
- We help make sure **all IT investment or project decisions are made as if we were working as one organisation**.

MISSION:

Our use of digital innovation, technology and data delivers effective, high-quality and efficient care in Leeds; helping to improve people's health & wellbeing.

Our Guiding Principles

- Solutions are based on our agreed open standards wherever possible; connecting across the health and care system and complementing existing services
- Our work aligns with the Health and Wellbeing Strategy, the Leeds Plan and existing work streams. Anything which is 'place-based', and has an impact on integrated services or care, will be decided upon by 'Person-centred' and 'Place-First' principles, underpinned by Data Analytics
- We ensure new technology and emerging innovations support the people and processes involved in helping citizens. We examine whether new technology offers improvements to the services provided and enhances patients' lives
- Where new pathways and different ways of working are necessary, this is only undertaken where results improve the lives of individuals and staff
- Developments are undertaken and evidenced in an inclusive way, engaging a wide range of partners across the health and care sector, the third sector, patients and other key local, regional and national stakeholders. If appropriate, our solutions will be co-produced.



Approach Themes

Open standards; interoperability; integrated place-based services; pragmatic innovation; outcome-led; service design approaches; robust evaluations; citizen inclusive and accessible; co-produced

Infrastructure Initiatives

- Health and Social Care Network / Public Services Network implementation
- Improving telephony services in GP practices
- Implementing Govroam and designing the digital estate for shared facilities
- Shared IT services, via a "Community Cloud"
- Expanding and utilising free Wi-Fi
- Exploring full fibre and 5G connectivity
- Collaboration tool rollout





Prevention

“Living a healthy life to keep myself well”

- **We will:** Increase public awareness of lifestyles which increase the risk of cancer and support lifestyle changes.
- **We will:** Help to enable proactive and preventative services making more use of evidence based interventions at early stages of disease.
- **We will:** Provide local, timely and easy access to tests and treatment which is important to prevent conditions getting worse, together with a focus on those at risk.
- **We will:** Encourage infection prevention and control, and environmental hazards will be improved by a coordinated local and regional partnership approach.
- **We will:** Improve commissioning decisions using effective data analytics and business intelligence.

Through:

- Implementation of ‘Reporting Analysis and Intelligence Delivering Results’ (RAIDR) intelligence tool for all practices.¹
- Scaling the Leeds Data Model solution to inform Population Health Management decisions for the City’s partners.
- Using Open Data to provide neighbourhood / Local Care Partnership insights.
- Helm Person Held Record (PHR) data collection, prevention tools and apps.
- Public Health Business Intelligence systems.
- Working with Housing to focus on Council premises based on at-risk target groups.
- Embedding our ‘neutral’ Health and Care analytical hub as an asset for the city’.
- Academic collaboration – working alongside Universities with data to inform future models of care (e.g. Living in Leeds).



Self-Management & Proactive Care

“Health and care services working with me in my community”

- **We will:** Support people to maintain independence and wellbeing within local communities.
- **We will:** Help people to be more involved in decision making and their own care planning by setting goals, monitoring symptoms and solving problems.
- **We will:** Ensure care is person-centred for an individual’s needs through networks of care rather than single organisations treating single conditions.
- **We will:** Improve access to extended services based in the community so that people can have all their needs met by a single team.
- **We will:** Improve digital literacy and access to technology.
- **We will:** Help reduce social isolation.
- **We will:** Prioritise support on frailty.

Through:

- Helm Person Held Record (PHR) – Providing targeted information and services to people on their health and wellbeing.
- Common approach for information directories.
- Support Social Prescribing and facilitate online delivery.²
- Our 100% Digital Literacy Programme.
- Supporting the growth of the Careview App to reconnect socially isolated individuals with their communities.
- Delivering the ACTIVAGE Horizon 2020 project using devices wearables to prolong the independent living of older adults.
- Digitally enable Asset Based Community Development by co-producing solutions with communities.
- A framework for commissioning apps.

¹ RAIDR provides us with a tailored Population Health Management Dashboard, a single version of the truth. RAIDR UEC presents valuable timely data on all aspects of emergency and urgent care for provider trusts.

² Social Prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing.





Integrated Care

“Go to a hospital only when I need to”

- **We will:** Reduce unplanned care and avoidable hospital admissions.
- **We will:** Improve coordination for getting people home after a hospital stay.
- **We will:** Replace dependency on fax machines.
- **We will:** Rationalise application landscape where possible.
- **We will:** Optimise cross care-setting clinical workflows and data sharing.
- **We will:** Improve the use of Leeds Health Pathways.
- **We will:** Improve collaboration tools.

Through:

- Enhancements to Leeds Care Record – Alerts, children’s data, additional service integration.
- Proactive and coordinated removal of fax-based services.
- Developing processes and system to optimise referrals process and patient care pathways.
- Developing technology solutions to enable and underpin new integrated multidisciplinary teams.
- Focusing on how technology could transform outpatients across the city e.g. virtual consultations.
- Focusing on a combination of digital capabilities to support specific LCPs.



Urgent Care / Response

“I get rapid help when needed to allow me to return to managing my own health in a planned way”

- **We will:** Support solutions to optimise the use of existing urgent care resources.
- **We will:** Provide tools to allow remote consultations outside of hospital settings.
- **We will:** Support Urgent and Emergency Care (UEC) channel shift – dissolving traditional boundaries between hospital and community services.
- **We will:** Change the way we organise services by connecting health and care services together to meet people’s mental, physical and social needs.
- **We will:** Provide systems to reduce delayed transfers of care.

Through:

- Improved access to child protection information.
- Technology to support new Urgent Treatment Centres.
- Implementation of a city-wide UEC dashboard (RAIDR UEC).
- Increased direct appointment booking (111 to GPs).
- Expansion of telehealth in care homes.
- Digitise Care Homes to share bed visibility and deliver access to Leeds Care Record
- Development of the Leeds Care Record and remaining central to the delivery of the Yorkshire and Humber Care Record to support the region’s status as a LHCRE (Local Health Care Record Exemplar). This provides the ability to learn from and re- use LHCRE components for Leeds around integration architecture, population health management capabilities and wider research.
- System wide bed management and identification of patient flows.



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Report author: Paul Bollom (Head of the Leeds Health and Care Plan, Health Partnerships)

Report of: Leeds Health and Care Partnership Executive Group (PEG)

Report to: Leeds Health and Wellbeing Board

Date: 28 February 2019

Subject: Leeds Health and Care Plan: Continuing the Conversation

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

1. The Leeds Health and Care Plan (Leeds Plan) has been developed through extensive political and public engagement, discussions at city forums and is owned by the Leeds Health and Wellbeing Board (HWB).
2. There is now a valuable opportunity to identify the priorities for the future of health and care services and review the work of the Leeds Plan to ensure it continues to meet the needs of the changing health and care landscape.
3. This paper seeks the view of the HWB of feedback to date on the Leeds Plan, review of the Leeds Plan and next steps.

Recommendations

The Health and Wellbeing Board is asked to:

- Agree the approach to identifying priorities for the future of health and care and process to review the Leeds Plan to ensure it continues to meet the needs of the changing health and care landscape.
- Note the progress to date and initial feedback on the current Leeds Plan.
- Provide strategic steer on the review of the Leeds Plan and next steps.

1 Purpose of this report

The purpose of the report is to provide an overview of progress to date in reviewing the current Leeds Health and Care Plan.

2 Background information

2.1 The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is owned by the HWB and rooted in the values and ambitions of the Strategy and collates the key actions that local health and wellbeing services will take to progress these.

2.2 The purpose of the Leeds Plan is a triple aim. The first is of improving health outcomes in Leeds through protecting the vulnerable and reducing health inequalities. This will be through ensuring we meet the Leeds Health and Wellbeing Strategy's ambition of improving the health of the poorest the fastest. The second is of maintaining the quality of our health and care services and reducing unwarranted variation. Finally, the Leeds Plan must ensure services are sustainable.

2.3 Leeds as a city is part of the wider West Yorkshire and Harrogate Partnership (WYH Partnership) identified by the NHS as the geographical basis of planning improved services. The WYH Partnership supports a subsidiarity of place and primacy of the Leeds Plan as one of six 'place' based plans within the overall geography.

2.4 The Leeds Plan has been developed through extensive political and public engagement, discussions at city forums and regular support and challenge by the Leeds Health and Wellbeing Board. It has successfully brought together the health and care partnership around four work programmes:

- Prevention at scale – “Living a healthy life to keep myself well”
- Self-Management and Proactive Care - “Health and care services working with me in my community”
- Optimising Secondary Care - “Go to a hospital only when I need to”
- Unplanned Care and Rapid Response - “I get rapid help when needed to allow me to return to managing my own health in a planned way”

There is now a valuable opportunity to review the work of the Leeds Plan to meet the needs of the changing health and care landscape.

3 Main issues

Progress to date

3.1 To date, through the strategic leadership of the HWB, the Leeds Plan has driven a number of successes that are to be celebrated. It is:

- The first health and care system-wide plan for Leeds

- An organic plan shaped by wide range of partners
- Elected member engagement as central to the changes
- Development of a strong identity and thinking of Leeds as the place
- Developed through continuing significant co-production
- Greater dispersed ownership of 'transformation' working together in a city first way
- Simple yet effective approach with better consistency in language and definition
- Understanding that we have to operate within our means and refocus existing resources to develop and implement change
- A governance framework that is being led by connections, relationships, trust and a collective ambition rather than processes and strict governance

3.2 The HWB Annual Review document, which is to be considered during HWB on 28 February 2019, highlights a range of impacts the Leeds Plan towards progressing its programmes of work and in contributing to a number of the priorities of the Leeds Health and Wellbeing Strategy.

Context for change

3.3 The strategic context for committing to this forward look and review of the Leeds Plan is compelling. The principal drivers for this are:

Progress on our Leeds Plan

3.4 We have completed aspects of the current Leeds Plan therefore a number of actions may not need to be on there or have become business as usual.

Local context

3.5 Emerging headlines from our Joint Strategic Assessment (JSA), which was considered at the previous HWB (12th Dec), and highlights the need for a continuing and expanded focus on the wider determinants of health and challenge to reduce health inequalities in Leeds. There are significant emergent changes in need, particularly in our deprived communities that require support to ensure we achieve the 'Leeds Left Shift'. There are also a number of community initiatives which are starting to demonstrate how enhancing local capacity can make impacts but which are not fully captured in the Leeds Plan.

3.6 At the end of 2018, the Care Quality Commission (CQC) undertook a Local System Review (LSR) of Leeds on how services are working to care for people aged 65 and over, including those living with dementia. The LSR recognised a range of strengths in Leeds while recognising system challenges that required addressing. We have developed a robust action plan owned by the HWB with cross system actions embedded within our existing partnership boards / groups.

3.7 In 2018, Leeds (led by the People's Voices Group) held a creative listening event, the 'Big Leeds Chat', to hear what people in Leeds are saying about health and wellbeing. The approach was to bring people and decision makers together and influence the ongoing development of the Leeds Plan. This has provided a wealth of information and further opportunities to ensure that citizen voice is at the centre of the Leeds Plan.

National and regional context

- 3.8 The NHS Long Term Plan, which is also to be discussed during HWB (28 Feb), continues to identify Integrated Care Systems (ICSs) as having a central role to support local organisation for the planning and accountability of health and care services. Leeds continues to play a lead role in the region, and through sharing the approach embodied in the Leeds Plan has influenced the development of a community first, bottom up development of the West Yorkshire and Harrogate ICS (WYH ICS) based on six local place based plans. The approach is led by the WYH Partnership – represented by health and care partners (incl. local authorities, HWBs, Third Sector, Healthwatch, NHS) across the six local areas of Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 3.9 Local ICS systems are required to provide a plan for the next five years to indicate their response to the NHS Long Term Plan, this is expected by the Autumn of 2019. The WYH ICS are discussing how to develop their response and how this links and coordinates work done in ‘places’ and that which is properly organised on a larger footprint in line with subsidiarity principles. In Leeds, this will be aligned with our review of Leeds Plan. This will allow us to shape the draft five year plan, which will be in the public domain to coincide with the first public WYH Partnership Board in June 2019 and will continue the central aspects of subsidiarity and primacy of place.

Continuing the conversation

- 3.10 There is a positive opportunity to build on our strong foundations and approach of the Leeds Plan to date and continue to energise the health and care partnership. We want to ensure that we maintain all elements that are currently working well and really challenge ourselves to go further and faster:
- Are we being brave enough?
 - Are we using all of our rich data and intelligence effectively?
 - Are the changes the right ones and go far enough to address the challenges/trends we know we likely to face in the future?
 - Are we truly designing a system for the future generation?
 - Are we left-shifting enough?
- 3.11 We have begun a number of early workshops discussions with health and care partners asking a number of questions on the review of the Leeds Plan, with high level feedback captured in the following pages:

What are the key changes you would expect to see across the system in the next 5 years?

- Local Care Partnerships will be operational, supporting the integration of services and focusing on improving the health of the poorest the fastest. They should represent a genuine mix of '*social and medical*' also addressing wider determinants of health.
- Continued focus on working towards the shared outcomes across Leeds that we know are making a difference to citizens.
- A stronger sense of people / populations at the centre of the Leeds Plan – with a particular focus on the most vulnerable groups.
- A greater focus on a shift of emphasis and resources towards Prevention and Self-Management.
- Leeds Left Shift seeing increased resources towards community based organisations / groups.
- Data driven decisions through Population Health Management, particularly influencing our commissioning decisions and LCPs.
- Strengthening of 'one workforce' for Leeds through the embedding and delivery of the Leeds Health and Care Workforce Strategy (incl. Leeds Health and Care Academy). In particular, a flexibility of skill mix and enabling people out of poverty.
- Strengthened communications with the citizens and the wider workforce having a share vision and key messages.
- An embedded Integrated Commissioning Framework for Leeds.

What are the key changes you would expect to see across the system in the next 10 years?

- Deeper integration with LCPs being fully developed in neighbourhoods and starting to demonstrate a tangible impact on outcomes.
- Digital as a key enabler for promoting self-care and a universal personal record accessed by all health and care partners.
- Evidencing and seeing improvements against outcomes with people in Leeds feeling happier and empowered through system changes and a Better Conversations approach.

What do you see as the principal threats to our ambition which if not given attention could knock us off course?

- National and regional threats including the impact of Brexit, political changes, austerity and demographic challenges highlighted in the JSA.
- The availability of workforce and the imperative for our workforce to be utilised in a more flexible way to support the Leeds Left Shift.
- System leadership and our ability to think more widely as a system.
- Funding and our ability to mainstream funding for those projects that prove to be working well.
- Importance of having a wider determinants of health focus, particularly around children and young people (Think Family approach, education, etc.).
- Communication and engagement – How we communicate the left shift to front line staff and how we bring people and staff along with us.

What elements of the Leeds Plan need to remain to achieve our ambition?

- Principles are strong.
- Focus on Prevention, Self-Management and Proactive Care.
- Building on and sustaining the Big Leeds Chat and Better Conversations.
- A continued inclusive partnership approach.

What elements of the Leeds Plan need to change to achieve our ambition?

- Greater focus on outcomes through shared 'obsessions' similar to the approach taken in the Children and Young People's Plan.
- A stronger focus on people and disadvantaged groups.
- A stronger focus on children and young people, mental health and people with the greatest health inequalities.
- Opportunity for the leadership of the Leeds Plan programmes to be shared more broadly across the health and care partnership with leads from the third sector, etc.
- Strengthening of the Communication and Engagement programme to make the Leeds Plan real for people (e.g. incl. examples / stories to demonstrate impact).
- Strengthen the role of the enabler programmes to provide high support and high challenge to the work programmes.
- Be braver and more creative in our solutions.

Next Steps

3.12 In order to progress the thinking and partnership working that has been done to help inform the Leeds Plan going forward, we are in a process of having a broader conversation with the health and care partnership and citizens in communities with the aim of:

- *Mar-Jun 2019* – Identification of the key priorities for the future of health and care in Leeds and draft a Leeds Plan refresh through engagements with health and care partners (incl. elected members and the public). Ensuring the approach is focused on outcomes and linked to appropriate metrics.
- *Jun 2019* – Draft Leeds Plan refresh agreed at HWB for a conversation with the public to develop further in line with the WYH ICS five year plan.
- *Jun-Sept 2019* – Further development of the draft Leeds Plan refresh through conversations with the public and further engagement.
- *Sept 2019* – Next iteration of the Leeds Plan agreed at HWB.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 The approach builds on the significant engagement to date which has supported the development of the Leeds Plan. This has included regular conversations at HWB, Community Committees and Scrutiny Board. In addition, consultations with a number of groups representing carers, older adults, the voluntary sector and independent sector was undertaken. Specific engagement has also taken place on elements of the Leeds Plan (e.g. development of Local Care Partnerships).

4.1.2 The Big Leeds Chat has provided a new route to hearing citizen voice and the results of the initial 'chat' are being used to shape the priorities which will be used to take forward planning.

4.2 Equality and diversity / cohesion and integration

4.2.1 The Leeds Plan embodies actions to improve health of the poorest the fastest in line with the Leeds Health and Wellbeing Strategy.

4.3 Resources and value for money

4.3.1 The Leeds Plan has supported collaborative conversations for efficiencies and built a model of shared modest growth assumptions including developing new models of contracts which align performance and financial incentives for commissioners and providers. These have helped manage collective funding constraints such as funding reductions and impact of austerity. The success of this approach is that it promotes an outlook of the collective Leeds £.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 Risk will be managed through existing partnership board / groups of the Leeds Plan with escalation occurring the PEG and HWB as appropriate.

5 Conclusions

5.1 The Leeds Plan has provided a successful approach to capturing and sharing partnership priorities. This has allowed for efficient and effective working in the city and linking enabling and supporting programmes together. The strength of the Leeds Plan has been recognised by external review, namely the CQC LSR.

5.2 There is an opportunity to consider the priorities for health and care for at least the next 5 years in light of significant improvements to placing people's voices at the centre of planning. This is also in the context of a NHS Long Term Plan which supports the Left Shift approach of the current Leeds Plan.

5.3 It is desirable to build on the existing Leeds Plan. The approach to do this could better place outcomes and people's experiences at the heart of the plan (this is sometimes termed the 'ends' of the plan). It could also identify clearly the "means" (typically the service changes) that will help achieve these ends.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Agree the approach to identifying priorities for the future of health and care and process to review the Leeds Plan to ensure it continues to meet the needs of the changing health and care landscape.
- Note the progress to date and initial feedback on the current Leeds Plan.
- Provide strategic steer on the review of the Leeds Plan and next steps.

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?

The Leeds Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. A key ambition of the plan as with the Health and Wellbeing Strategy is to improve the health of the poorest the fastest.

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

A key purpose of the Leeds Plan is of maintaining the quality of our health and care services and reducing unwarranted variation.

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

Another purpose of the Leeds Plan is ensuring services are sustainable.

Future challenges or opportunities

This paper discusses a valuable opportunity to review the work of the Leeds Plan to meet the needs of the changing health and care landscape.

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

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Leeds Health and Wellbeing Board



Report author: Tony Cooke (Chief Officer, Health Partnerships) and Arfan Hussain (Senior Governance & Partnerships Officer, Health Partnerships)

Report of: Chief Officer, Health Partnerships

Report to: Leeds Health and Wellbeing Board

Date: 28 February 2019

Subject: Overview of the NHS Long Term Plan

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

1. The NHS Long Term Plan (LTP) has been published covering a 10 year period from 2018/19 (available via www.longtermplan.nhs.uk). The LTP has much to commend it and it provides many opportunities to progress issues that are priorities in Leeds such as improving mental health provision, narrowing health inequalities and promoting a 'home first' culture in acute services. The document reflects engagement from local authorities and campaign groups as well as internal lobbying from NHS Providers.
2. The LTP is rooted in the integration agenda and has a strong emphasis on prevention; however it has few references to social care or the social determinants of health (housing, employment, economic growth) that are the bedrock of health and wellbeing. Nonetheless, it reflects many of the priorities outlined in our Leeds Health and Wellbeing Strategy and the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) regional strategy. Whilst no detail is provided in the LTP, it heralds a move away from competition and towards co-operation and integration, an approach that has been pioneered in Leeds and driven by strong collaborative leadership.
3. Working together as a joined up health and care system is essential in delivering the vision of the Leeds Health and Wellbeing Strategy. The LTP provides a valuable opportunity to continue to build on the role of the NHS and its contribution in delivering our vision of improving the health of the poorest the fastest.

4. The LTP shows that all regional Integrated Care Systems (ICS) - such the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) that Leeds is part of will have a central role going forward. Leeds continues to play a lead role in the region and continues to influence the development of a community focused approach to health and care integration. One that promotes investment across the system and that increases the proportion of funding devoted to community, primary care and mental health services. The WYH HCP is required to develop its own local five year strategy that incorporates a response to the NHS LTP but also includes the wider systems strategy for integration across all the organisations that work jointly on health and care, including local authorities and the third sector. It will also aim to look more widely about the factors that influence wellbeing and good health. This will build on the established ambitions for the Partnership, most recently published in the Next Steps to Better Health and Care for Everyone (<https://www.wyhpartnership.co.uk/publications/next-steps>) and the five year strategy will be developed between now and September 2019. This is being co-ordinated by an editorial group that includes staff from across local authorities and NHS organisations.
5. The refresh of the Leeds Health and Care Plan will be the central building block of the work that we will undertake across health and care partners. The refresh is being developed in partnership and will consider how to deliver the priorities outlined in the LTP, as well as being an opportunity, through the leadership of the Health and Wellbeing Board (HWB), to continue to influence the WYH HCP five year strategy. This exemplifies the Leeds approach and the emerging and increasingly strong regional partnership.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the paper providing an overview of the NHS Long Term Plan.
- Consider the implications for the Leeds health and care partnership and the planning required.

1. Purpose of this report

- 1.1 The purpose of this paper is to provide an overview of the NHS Long Term Plan (LTP) and some of the initial implications for Leeds and the region.

2. Background information

- 2.1 The LTP has been published covering a 10 year period from 2018/19. Overall, it is a positive plan reflecting engagement from local authorities and campaign groups as well as internal lobbying from NHS providers.

3. Main issues

Key Points from the NHS Long Term Plan

3.1 *Chapter 1: A new service model for the 21st century*

- 3.1.1 The LTP includes a guarantee that over the next five years investment in primary medical and community services will grow faster than the overall NHS budget, creating a ring-fenced local fund worth at least an additional £4.5bn a year in real terms by 2023/24. It summarises a series of improvements to be delivered in the following five key areas:

1. Boost out-of-hospital care (primary and community services)
2. Redesign and reduce pressure on emergency hospital services
3. Delivering person-centred care
4. Digitally enabled primary and outpatient care
5. A focus on population health and local partnerships through regional health and care partnerships/ ICSs.

3.1.2 This includes:

- Expanded community health teams under the new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes. Within five years over 2.5 million more people will benefit from social prescribing, a personal health budget, and new support for managing their own health in partnership with patients' groups and the third sector.
- Improvement in the responsiveness of community health crisis response services to deliver services within two hours of referral in line with NICE guidelines, where clinically judged to be appropriate. In addition, all parts of the country should be delivering re-ablement care within two days of referral to those patients who are judged to need it.
- Improve identification of unpaid carers, and strengthen support for them to address their individual health needs through introducing best-practice Quality Markers for primary care that highlight best practice in carer identification and support.

- NHS and social care to continue to improve performance at getting people home without unnecessary delay when they are ready to leave hospital, reducing risk of harm to patients from physical and cognitive deconditioning complications. The goal over the next two years is to achieve and maintain an average Delayed Transfer of Care (DTOC) figure of 4,000 or fewer delays, and over the next five years to reduce them further. As well as the enhanced primary and community services response, this will be achieved through measures such as placing therapy and social work teams at the beginning of the acute hospital pathway, setting an expectation that patients will have an agreed clinical care plan within 14 hours of admission which includes an expected date of discharge, implementation of the SAFER patient flow bundle and multidisciplinary team reviews on all hospital wards every morning.
- Roll out of NHS Personalised Care model across the country, reaching 2.5 million people by 2023/24 and aiming to double that within a decade.

3.2 *Chapter 2: More NHS action on prevention and health inequalities*

To address the growing demand for healthcare created by a growing and ageing population, the LTP sets out an aim to target the top five causes of premature death in England:

- 3.2.1 Smoking: Commitment to offering all people admitted to hospital NHS-funded tobacco treatment services by 2023/24, with an adapted model for expectant mothers and their partners. A universal smoking cessation offer will be introduced for long-term users of specialist mental health and learning disability services.
- 3.2.2 Obesity: The government has pledged to halve childhood obesity. The existing national diabetes prevention programme, which has benefited over 100,000 people, will be doubled over the next five years, with a new digital option. All trusts will be required to deliver against the standards set out by the next version of hospital food standards, including substantial restrictions on high fat, salt and sugar food. There is an ambition to work with professional bodies to improve the quality of nutrition training within medical courses.
- 3.2.3 Alcohol: Over five years, hospitals with the highest rates of alcohol-dependence related admissions will be supported to establish Alcohol Care Teams (ACTs) using the health inequalities funding supplement from their CCGs and in collaboration with local authorities and drug and alcohol services.
- 3.2.4 Air pollution: Ensuring 90% of the NHS fleet will use low emissions engines by 2028, and heating from coal and oil fuel sources in NHS buildings will be fully phased out.
- 3.2.5 Antimicrobial resistance: Further progress on reductions in antimicrobial prescribing in primary care, and the health service will continue to support the delivery of the government's five year action plan on antimicrobial resistance, supporting system-wide improvement, surveillance, infection prevention and control, and antimicrobial stewardship, with resources for clinical expertise and senior leadership.
- 3.2.6 The LTP outlines some actions to tackle health inequalities including:
 - Targeting a higher share of funding towards areas with high levels of health inequality than would be ordinarily allocated.

- The NHS will set out specific and measurable goals for narrowing inequalities through the service improvements. All local health systems will be expected to set out in 2019 how they will reduce health inequalities by 2023/24 and 2028/29.
- The NHS will accelerate the Learning Disabilities mortality review programme and do more to keep people with learning disabilities and autism to stay well with proactive care in the community.
- An investment of £30m to meet the needs of rough sleepers, ensuring that areas most affected by rough sleeping have access to specialist homelessness mental health support.
- Identifying and supporting unpaid carers who are twice as likely to experience poor health, including quality marks for carer-friendly GP practices.
- Rolling out specialist clinics for people with serious gambling problems. Positively, Leeds has already secured funding to have the second 'problem gambling' clinic in England.

3.3 *Chapter 3: Further progress on care quality and outcomes*

The LTP outlines further progress on care quality and outcomes focusing on the following areas:

A strong start in life for children and young people

3.3.1 Maternity and neonatal services

- Accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025.
- By March 2021, most women to receive continuity of the person caring for them during pregnancy, during birth and postnatally, following the launch of continuity of carer teams.
- The Saving Babies Lives Care Bundle will be rolled out across every maternity unit in England.
- Increased access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis to benefit an additional 24,000 women per year by 2023/24.

3.3.2 Children and young people's mental health services

- Over the coming decade 100% of children and young people who need specialist mental health care will be able to access it.
- Funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.
- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school/college-based Mental Health Support Teams.

- Current service models will be extended to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

3.3.3 Learning disability and autism

- Tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.
- Uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability will be improved, so at least 75% of those eligible have a health check each year.
- Stop the overmedication of people with a learning disability, autism or both.
- By March 2023/24, inpatient provision will have reduced to less than half of 2015 levels.

3.3.4 Children and young people with cancer

- Improve outcomes for children and young people with cancer, simplifying pathways and transitions between services and ensuring every patient has access to specialist expertise.
- From 2019, whole genome sequencing will be offered to all children with cancer, to enable more comprehensive and precise diagnosis, and access to more personalised treatments.
- From September 2019, all boys aged 12 and 13 to be offered vaccination against HPV-related diseases.
- Over the next five years NHSE will increase its contribution by match-funding clinical commissioning groups (CCGs) who commit to increase their investment in local children's palliative and end of life care services (this should more than double the NHS support, up to a total of £25m a year by 2023/24).

Better care for major health conditions

3.3.5 Cancer

- From 2019 a roll out new Rapid Diagnostic Centres across the country. In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- By 2020 HPV primary screening for cervical cancer will be in place across England.
- By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- By 2022 the lung health check model will be extended.

- By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers.
- By 2028, the NHS will diagnose 75% of cancers at stage 1 or 2.

3.3.6 Cardiovascular disease

- Help prevent up to 150,000 heart attacks, strokes and dementia cases over the next 10 years.
- Work with partners to improve community first response and build defibrillator networks.
- By 2028 the proportion of patients accessing cardiac rehabilitation will be amongst the best in Europe, with up to 85% of those eligible accessing care.

3.3.7 Stroke care

- In 2019 pilot a new credentialing programme for hospital consultants to be trained to offer mechanical thrombectomy.
- By 2020 begin improved post-hospital stroke rehabilitation models, with full roll-out over the 10 years.
- By 2022 deliver a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke so that each year 1,600 more people will be independent after their stroke.
- By 2025 have amongst the best performance in Europe for delivering thrombolysis to all patients who could benefit.

3.3.8 Diabetes

- Provide structured education and digital self-management support tools.
- Ensure patients with type 1 diabetes benefit from life changing flash glucose monitors from April 2019.
- By 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring, helping to improve neonatal outcomes.
- Double the fund of the NHS Diabetes Prevention Programme over the next five years.

3.3.9 Respiratory disease

- Do more to detect and diagnose respiratory problems earlier, support the right use of medication, expand pulmonary rehabilitation and improve the response to pneumonia, particularly over winter.

3.3.10 Adult mental health services

- New and integrated models of primary and community mental health care will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24.
- By 2023/24 an additional 380,000 people per year will be able to access NICE-approved IAPT (Improving Access to Psychological Therapies) services.
- By 2023/24, NHS 111 will be the single, universal point of access for people experiencing mental health crisis. We will also increase alternative forms of provision for those in crisis, including non-medical alternatives to A&E and alternatives to inpatient admission in acute mental health pathways.
- Families and staff who are bereaved by suicide will also have access to post crisis support.
- By 2023/24, the NHS will introduce mental health transport vehicles, introduce mental health nurses in ambulance control rooms and build mental health competency of ambulance staff to ensure that ambulance staff are trained and equipped to respond effectively to people experiencing a mental health crisis.
- Mental health liaison services will be available in all acute hospital A&E departments and 70% will be at 'core 24' standards in 2023/24, expanding to 100% thereafter.

3.3.11 Short waits for planned care

- The local NHS is being allocated sufficient funds over the next five years to grow the amount of planned surgery year-on-year, to cut long waits, and reduce the waiting list.

3.3.12 Research and innovation to drive future outcomes improvement

- It will become easier to share innovation between organisations, innovation accelerated through a new Medtech funding mandate, and UK-led innovations that are proven as 'ready for spread', will be rolled out through Healthcare UK.
- NHS will play a key role in genomics with the new NHS Genomic Medicine Service will sequence 500,000 whole genomes by 2023/24. During 2019, seriously ill children who are likely to have a rare genetic disorder, children with cancer, and adults suffering from certain rare conditions or specific cancers, will begin to be offered whole genome sequencing.
- Aim to increase the number of people registering to participate in health research to one million by 2023/24. Furthermore, to expand the NHS infrastructure for real world testing, there will be an expansion of the current NHSE 'test beds' through regional Test Bed Clusters from 2020/21.

3.4 *Chapter 4: NHS staff will get the backing they need*

While some tangible goals and new programmes have been outlined in the LTP, most of the requisite detail has been delayed until the publication of a comprehensive workforce implementation plan later in 2019.

3.5 *Chapter 5: Digitally-enabled care will go mainstream across the NHS*

The LTP includes:

- Introducing controls to ensure new systems procured by the NHS comply with new agreed standards.
- By 2020, five geographies (to be confirmed) will deliver a longitudinal health and care record linking NHS and local authority organisations. Three more areas will follow in 2021.
- By 2020/21, every patient will have access to their care plan on the NHS app, as well as communications from their carer professionals.
- There will be 100% compliance with mandated cyber security standards by 2021.
- In 2021/22, every local NHS organisation will have a chief clinical information officer (CCIO) or chief information officer (CIO) on their board.
- By 2024 there will be universal coverage of regional local health and care records.

3.5.1 In Leeds, we are already ahead in many areas including having CCIOs/CIOs. Our city digital ambitions are supported by our City Digital Partnership Team and we have a proven track record of developing and adopting innovation and embracing the opportunities available in this digital age. Leeds is uniquely placed to lead the way in the use of digital across the health and care sector to deliver better care for people.

3.6 *Chapter 6: Taxpayers' investment will be used to maximum effect*

3.6.1 The NHS will continue to become more efficient over the coming decade. It restates the following five tests set out by the government in the 2018 budget, and sets out how the NHS will meet them:

1. The NHS (including providers) will return to financial balance
2. The NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care
3. The NHS will reduce the growth in demand for care through better integration and prevention
4. The NHS will reduce variation across the health system, improving providers' financial and operational performance
5. The NHS will make better use of capital investment and its existing assets to drive transformation.

3.7 *Chapter 7: Next steps*

- 3.7.1 Parliament and the Government have both asked the NHS to make consensus proposals for how primary legislation might be adjusted to better support delivery of the agreed changes set out in the LTP. It does not require changes to the law in order to be implemented, however amendment to the primary legislation would significantly accelerate progress on service integration, on administrative efficiency, and on public accountability. Changes are recommended to: create publicly-accountable integrated care locally; to streamline the national administrative structures of the NHS; and remove the overly rigid competition and procurement regime applied to the NHS.
- 3.7.2 Regional health and care partnerships or Integrated Care Systems (ICSs) will develop and implement their own local five year strategies, which will set out how they intend to take the ambitions that the LTP details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.
- 3.7.3 This means that over the next few months there will be the opportunity to shape what the LTP means for local areas, and how the services need to change and improve as outlined below for Leeds.

3.8 *Approach to Integrated Care Systems*

- 3.8.1 The LTP indicates that ICSs will have a central role going forward and by April 2021 will cover the whole country. Leeds is part of the West Yorkshire and Harrogate Health and Care Partnership which began its development phase to become an ICS in June 2018.
- 3.8.2 The LTP states that typically this will involve a single CCG – though this is highly unlikely to be the case across West Yorkshire and Harrogate as it covers a wider geography and large population base. The LTP anticipates that CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations.
- 3.8.3 ICSs will have the opportunity to earn greater autonomy as they develop and perform through the new ICS Performance Framework including earned financial autonomy. However, the most “challenged systems” will still be subject to oversight from NHS England and NHS Improvement, but in the future there will potentially be peer support from more developed ICSs.
- 3.8.4 There will be a new “duty to collaborate” for NHS Providers and CCGs, that would be supported by a system oversight approach:
- Providers “will be required to contribute to ICS goals and performance” and the centre is considering “potential new licence conditions” and “longer-term contracts” to promote this collaboration.
 - Allow CCGs and providers to share new duties and jointly make decisions such as through joint committees - though it is not clear whether this would be achieved by legislation or incentive.
- 3.8.5 In terms of governance, LTP states that every ICS will have:

- A Partnership Board with members from commissioners, trusts, and primary care and there is a clear expectation that Local Authorities and the Third Sector “will wish to participate”.
- A non-executive chair “subject to approval by NHS England and NHS Improvement”.
- “Sufficient clinical and management capacity drawn from across their constituent organisations”.
- “Greater emphasis” placed by the Care Quality Commission on system-wide quality.
- Clinical leadership to be aligned to the ICS area, with Cancer Alliances, for example, aligned to one or more ICS.
- In West Yorkshire and Harrogate there is already agreement that the overarching Partnership Board will be in place from June 2019, will include third sector representation and Local Authorities will be full members and a local authority elected member will sit as the Partnership Board Chair. Clinical Leadership is already a key feature of the partnership’s work. And WYH HCP has already begun work to develop a supportive peer-review process for local systems.

Implications for Leeds and regionally

3.9 The LTP is backed by the £20.5bn annual real terms uplift for the NHS by 2023/24 previously announced for 5 years, though after a period of below inflationary uplifts it is doubtful this will be enough to deliver the many new and enhanced priorities outlined without a significant shift in focus from other Government departments responsible for housing, communities and the economy. Workforce challenges remain significant across health and care. The LTP is rooted in the integration agenda and has a strong emphasis on prevention; however it has few references to social care or the social determinants of health (housing, employment, economic growth) that are the bedrock of health and wellbeing. Nonetheless, it reflects many of the priorities outlined in our:

- Leeds Health and Wellbeing Strategy, our blueprint for how Leeds will become the Best City for Health and Wellbeing, led by Leeds Health and Wellbeing Board (HWB).
- Leeds Health and Care Plan, our partnership approach and key actions to protect the vulnerable and reduce inequalities; improve quality and reduce inconsistency; and build a sustainable system within the reduced resources available
- Place based approach to health and care regionally through the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) that includes health and care partners (incl. local authorities, HWBs, Third Sector, Healthwatch, NHS) across the six local areas of Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

3.10 The LTP shows that ICSs will have a central role going forward. Leeds continues to play a lead role in the region, and influencing the development of a community focused approach to health and care in the WYH HCP. The refresh of the Leeds

Health and Care Plan will be the central building block of the work that we will undertake across health and care partners. The refresh is being developed in partnership and will consider how to deliver the priorities outlined in the LTP, as well as being an opportunity, through the leadership of the Health and Wellbeing Board (HWB), to continue to influence the WYH HCP five year strategy. This exemplifies the Leeds approach and the emerging and increasingly strong regional partnership.

3.11 The LTP highlights a number of positive opportunities and challenges for the health and care system as outlined below:

Opportunities	Challenges
<ul style="list-style-type: none"> • Place-based approach and focus on health inequalities, quality and system leadership. • Primary care models reflect the approach taken by the ICS to focus on clusters on 'extended practices' of 30-50,000 populations, which in Leeds we going further and faster with through our Local Care Partnership model. • There is a focus on reducing pressure on acute and urgent care services and a new service model. • Best Start focus is positive with maternity, mental health, childhood obesity improvements outlined. • Prevention based approach to major diseases using Population Health Management (PHM) approach provides a huge opportunity for the health and care system. • Stronger on third sector and social prescribing than before. • Ageing well and frailty. • Integration agenda strengthened and a shift away from competitive tendering. • Digital focus is welcome and potentially transformational if the NHS app and new care models are sufficiently inclusive. 	<ul style="list-style-type: none"> • Welcome 'social factors' being included in line with our approach in Leeds, however it is as an appendix rather than embodied in the body of the LTP. • Employment section only covers mental health with limited focus on skills or inclusive growth although reference to anchor institutions programme is made. • Welcome the focus on health inequalities, however, the LTP does not fully address the root causes that require a broader health and care partnership approach as taken in Leeds. It describes the life expectancy gap as being caused by cancer, liver, heart, kidney disease etc. rather than the 'causes of the causes' approach that would focus on wider determinants of health (e.g. poor quality work/housing/stress/income inequality). • There is limited reference to local authority/ community leadership and the role of Health and Wellbeing Boards. • The workforce related risks (recruitment/ retirement/ skills mix / stress, etc.) remain a threat, as does the uncertain impact of Brexit. • There remains ongoing financial challenges for NHS Providers as well as major financial issues in social care and local authorities from years of austerity. • Whilst place based on provisions, it remains unclear what the future of NHS commissioning is locally (i.e. NHS Leeds Clinical Commissioning Group relationship to both local authorities and ICS).

3.12 Working together as a single health and care system is essential in delivering the vision of the Leeds Health and Wellbeing Strategy. The LTP recognises the role of

local health and care partners in improving health and wellbeing, however, it is necessary to recognise that:

- Implementation is dependent on local areas, however, the LTP makes little reference to the role of HWBs, which are the only statutory forum bringing together local clinical, political and community leaders. Leeds is well placed through its health and care partnership arrangements, led by a strong Leeds Health and Wellbeing Board and influence on the WYH HCP.
- While it recognises the need to fund adult social care adequately, this is through the context of reducing the pressure on the NHS. There is a missed opportunity to develop the Social Care Green Paper and the LTP in parallel.
- While the LTP has a renewed focus on prevention, health inequalities and a population health focus, this is within the context of a challenging financial envelope for Public Health.

3.13 *Implications for West Yorkshire and Harrogate Health and Care Partnership*

WYH HCP are discussing how to develop a local five year strategy which would be the new key planning document for the work of the partnership and meet the expectations of the LTP to have a regional plan. As highlighted above, the refresh of the Leeds Health and Care Plan will align with this. There is an aim to have a draft WYH ICS five year strategy in the public domain to coincide with the first public WYH Partnership Board in June 2019.

The five-year planning horizon provides an opportunity to think more creatively about the future shape of services in WYH. The WYH ICS five year strategy will:

- Re-affirm and build on the philosophy and framework set out in the WYH 'next steps' and associated documents. This includes the central aspects of subsidiarity, place-based approaches and democratic involvement. This outlines the 'primacy of place', meaning we will always work locally, unless the outcomes pass one or more of the following three tests:
 - It is necessary to work on a bigger geography to achieve a critical mass to achieve the best outcomes
 - Across the geography there is unacceptably high variation in outcomes – and working together will improve overall quality, reduce variation and provide opportunity to share best practice
 - There is opportunity to achieve better outcomes for people overall by tackling 'wicked issues' i.e. attracting resources, energy or new thinking to long-term, complex, intractable problems
- Set out our ambitions for improving outcomes, with a continued focus on health and wellbeing and tackling inequalities; and responding to new priorities that emerge from the long term plan.
- Provide a clearer articulation of how we will develop integrated health and care services for communities of 30-50,000 people, including primary care networks and population health management capability (known as Local Care Partnerships in Leeds) - and the benefits this will offer.
- Think radically about some of the key enablers for change over a longer time horizon - including the workforce, digital technology and innovation.

- Set out the end-state on structural changes, including integrated care partnerships, acute physical and mental health service collaboration, partnership commissioning at place and WYH level, and oversight and mutual accountability (as set out in our WYH HCP Memorandum of Understanding).

3.14 *Our Approach to Population Health Management*

‘Population Health management’ is a term that is used throughout the LTP. In essence the term describes an approach to improving the population’s health by data driven planning and delivery of care to achieve maximum impact. This approach includes some technical activities e.g. segmenting the whole population according to similar needs, stratifying GP registers according to risk and consideration of how to make the biggest impact in different localities. As well as also a cycle of designing and targeting interventions to improve health and wellbeing, leading to a reduction in unwarranted variations in person centred and population level outcomes. This approach will only be effective if there is both the ability to link data sets across and build strong local relationships across sectors to design and implement the required change.

Leeds (representing the WYH HCP) has been selected by NHSE as one of four areas nationally to test this approach over the next 20 weeks. For Leeds there is a focus on people living with frailty as the first cohort, alongside also building our local capabilities to take the approach for other cohorts of people. The programme will be steered by our Clinical Frailty Strategy group with four of Local Care Partnerships, which brings together frontline professionals to put people at the heart of their health and care. This includes GPs, community nurses, and the community sector.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 In Leeds, wellbeing starts with people and as a result consultation and engagement are at the heart of our approach to health and care as set out by the Leeds Health and Wellbeing Board. Through the review of our Leeds Health and Care Plan (our place based plan for the WYH HCP) and using learning from our Big Leeds Chat (our citywide conversation as a single health and care system with people on health and wellbeing), we will work to ensure that the WYH Five Year Strategy is rooted in place with full partnership engagement.

4.2 Equality and diversity / cohesion and integration

4.2.1 There are no direct implications from this report around equality and diversity / cohesion and integration. Any future plans and service changes will be subject to equality impact assessments.

4.3 Resources and value for money

4.3.1 There are no direct resources and value for money implications arising from this report, however, it is important to recognise the growing role ICSs will have as mechanism for accessing a range of NHS funding going forward.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 The report highlights a number of challenges for the Leeds health and care system going forward as well and opportunities. Through our strong health and care system governance arrangements, Leeds is well placed to manage risks as they rise through our Leeds Health and Wellbeing Board and other partnership board/groups.

5 Conclusions

5.1 Working together as a joined up health and care system, is essential in delivering the vision of the Leeds Health and Wellbeing Strategy. The LTP provides a valuable opportunity to continue to build on our health and care partnership approach in Leeds towards delivering our vision of improving the health of the poorest the fastest.

5.2 The LTP shows that regional partnerships will have a central role going forward. Leeds continues to play a lead role in the region, and influencing the development of a community focused approach to health and care in the West Yorkshire and Harrogate Health and Care Partnership.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the paper providing an overview of the NHS Long Term Plan.
- Consider the implications for the Leeds health and care partnership and planning required.

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?

Working together as a joined up health and care system, is essential in delivering the vision of the Leeds Health and Wellbeing Strategy. The NHS Long Term Plan provides a valuable opportunity to continue to build on our health and care partnership approach in Leeds towards delivering our vision of improving the health of the poorest the fastest through its

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

The LTP shows that ICSs will have a central role going forward. Leeds continues to play a lead role in the region, and influencing the development of a community focused approach to health and care in the WYH ICS in line with our Leeds Health and Wellbeing Strategy and the review of our Leeds Health and Care Plan.

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

The LTP is backed by the £20.5bn annual real terms uplift for the NHS by 2023/24 previously announced for 5 years, though after a period of below inflationary uplifts it is doubtful this will be enough to deliver the many new and enhanced priorities outlined without a significant shift in focus from other Government departments responsible for wider determinants of health (e.g. housing, communities, economy) and third sector.

Moreover, while it recognises the need to fund adult social care adequately, this is through the context of reducing the pressure on the NHS. Moreover, while the LTP has a renewed focus on prevention, health inequalities and a population health focus, this is within the context of a challenging financial envelope for Public Health.

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

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Leeds Health and Wellbeing Board



Report author: Lesley Newlove
(Commissioning Support Manager, NHS
Leeds CCG)

Report of: Steve Hume (Chief Officer Resources & Strategy, Adults & Health, Leeds City Council) & Sue Robins (Director of Operational Delivery, NHS Leeds CCG)

Report to: Leeds Health and Wellbeing Board

Date: 28 February 2019

Subject: Leeds BCF Q3 2018/19 Return

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

1. Each quarter, there is a requirement to report to NHS England (NHSE) on the performance of the Better Care Fund (BCF) and to report to the Ministry for Housing, Communities and Local Government (MHCLG) regarding the use of the additional Improved Better Care Fund (iBCF) funding allocated through the Spring Budget 2017.
2. Previously two quarterly returns were completed; one for the BCF and one for the additional iBCF/Spring Budget monies however these returns have now been combined into one return.
3. The Leeds BCF Q3 2018/19 Return (Appendix 1) was submitted to NHSE/MHCLG by the deadline of 25th January 2019.
4. Health and Wellbeing Board members were given the opportunity to comment on the return prior to submission. The Chair of the Health and Wellbeing Board signed off the return on 10th January 2019 ahead of the deadline date. The return is therefore submitted to the Health and Wellbeing Board for noting.
5. Routine monitoring of the delivery of the BCF is undertaken by the Leeds Plan Delivery Group (LPDG) and the return was reviewed by the LPDG on 20th December 2018. The

return was also noted by ICE (Integrated Commissioning Executive) who act as the BCF Partnership Board, on 25 January 2019.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the content of the Leeds BCF Q3 2018/19 return.

1 Purpose of this report

- 1.1 To inform the Health and Wellbeing Board of the contents of the Leeds BCF Q3 2018/19 return.

2 Background information

- 2.1 The Spending Review 2015 announced the improved Better Care Fund (iBCF); the Spring Budget 2017 announced additional funding for adult social care over the following three years.

- 2.2 This additional Spring Budget funding was paid to local authorities specifically to be used for the purposes of:-

- Meeting adult social care needs
- Reducing pressures on the NHS – including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local care provider market is supported

- 2.3 The Grant determination detailed the three purposes for which the iBCF money could be spent. The receiving local authority had to:-

- Pool the grant funding into the local Better Care Fund, unless the authority had written ministerial exemption
- Work with the relevant clinical commissioning group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19
- Provide quarterly reports as required by the Secretary of State

- 2.4 In Leeds, this non-recurrent three year funding has been used to fund transformational initiatives that have compelling business cases to support the future management of service demand and system flow and prevent the need for more specialist and expensive forms of care.

- 2.5 This is founded on the principles of the Leeds Plan, which sits under the Leeds Health and Wellbeing Strategy and links to the West Yorkshire and Harrogate Partnership.

- 2.6 Each bid is supported by a robust business case which addresses the challenges faced around health and wellbeing, care quality and finance and efficiency. A robust approach has been established which:-

- Measures the actual impact of each individual initiative
- Monitors actual spend on each initiative and releases funding accordingly
- Ensures that appropriate steps are taken to identify ongoing recurrent funding streams after the iBCF funding period ends in cases where initiatives prove to be successful
- Ensures that exit strategies are in place for initiatives that do not achieve their intended results

3 Main issues

3.1 The main highlights of the return are:-

- All National Conditions and Section 75 Pooled Budgets have been met.
- Metrics – 2 of the 4 key metrics are on track to meet target – issues remain with DToCs although significant progress has been made. In addition, the Reablement Service has been expanded significantly this year with a corresponding reduction in the proportion of successful outcomes measured in terms of hospital readmissions only.
- High Impact Change Model – All aspects of the High Impact Change Model in relation to transfers of care are either established or mature in Leeds, except 7 day working which is viewed from a value for money perspective on a case by case basis.
- Narrative – Our progress in terms of integration highlights the development of the Local Care Partnerships and the significant work which is being undertaken to agree how the findings of the Newton Europe review and the Care Quality Commission system review can be used to influence the next stage of development of community based care to support system flow.

3.2 Schemes funded through iBCF/Spring Budget monies – Quarter 3

This quarter, no reporting was required on the national return in respect of iBCF funded schemes however Scheme Leads were asked to provide a quarterly progress of delivery, benefits and spend of their scheme for Q3 18/19 in accordance with our agreed local internal process. These reports were reviewed by a panel on 15th January 2019 who endorsed to:-

- Continue to fund 25 schemes – a summary of the top 10 schemes in terms of expenditure and their Q3 achievements are listed in appendix 2.
- Withdraw funding of scheme SB41 Business Development Manager for Assistive Technology post at the request of the scheme lead.
- Request a revised business case and performance reporting mechanism for scheme SB54 Staffing Resilience before confirming funding as the purpose of the scheme has changed.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Routine monitoring of the delivery of the BCF is undertaken by the LPDG. This group reports into ICE which is the BCF Partnership Board with quarterly reporting to HWB.

4.1.2 The BCF Plan has been developed based on the findings of consultation and engagement exercises undertaken by partner organisations when developing their own organisational plans.

4.1.3 Any specific changes undertaken by any of the schemes will be subject to agreed statutory organisational consultation and engagement processes.

4.2 Equality and diversity / cohesion and integration

4.2.1 Through the BCF, it is vital that equity of access to services is maintained and that quality of care is not compromised. The vision that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest' underpins the Leeds Health and Wellbeing Strategy 2016 - 2021. The services funded by the BCF contribute to the delivery of this vision.

4.3 Resources and value for money

4.3.1 The iBCF Grant allocated to through the Spring Budget 2017 is focussed on initiatives that have the potential to defer or reduce future service demand and/or to ensure that the same or better outcomes can be delivered at a reduced cost to the Leeds £. As such the funding is being used as 'invest to save'.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 There is a risk that some of the individual funded schemes do not achieve their predicted benefits. This risk is being mitigated by ongoing monitoring of the impact of the individual schemes and the requirement to produce exit/mainstreaming plans for the end of the Spring Budget funding period.

5 Conclusions

5.1 Quarterly returns in respect of monitoring the performance of the BCF and impact of Spring Budget monies will continue to be completed and submitted to NHS England/the Ministry of Housing, Communities and Local Government as required under the grant conditions. Locally we will continue to provide assurance to HWB by monitoring the impact of the schemes and plan towards the exit from the Spring Budget funding period.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the Leeds BCF Q3 2018/19 return

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?

The BCF is a programme, of which the iBCF grant is a part, spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

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

The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with integrated health and social care services, resulting in an improved experience and better quality of life.

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

The iBCF Grant funding has been jointly agreed between LCC and NHS partners in Leeds and is focussed on transformative initiatives that will manage future demand for services.

Future challenges or opportunities

The initiatives funded through the iBCF Grant have the potential to improve services and deliver savings. To sustain services in the longer term, successful initiatives will need to identify mainstream recurrent funding to continue beyond the non-recurrent testing stage.

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

Better Care Fund Template Q3 2018/19

1. Cover

Version 1.01

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. **Narrative sections of the reports will not be published.** However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.

- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board: Leeds

Completed by: Lesley Newlove

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Contact number: 0113 8432124

Who signed off the report on behalf of the Health and Wellbeing Board: Councillor Rebecca Charlwood

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0



[<< Link to Guidance tab](#)

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes
Sheet Complete:		Yes

2. National Conditions & s75 Pooled Budget

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	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? Detail	D9	Yes

3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes

Sheet Complete:	Yes
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3. Metrics

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	Cell Reference	Checker
NEA Target performance	D11	Yes
Res Admissions Target performance	D12	Yes
Reablement Target performance	D13	Yes
DToC Target performance	D14	Yes
NEA Challenges	E11	Yes
Res Admissions Challenges	E12	Yes
Reablement Challenges	E13	Yes
DToC Challenges	E14	Yes
NEA Achievements	F11	Yes
Res Admissions Achievements	F12	Yes
Reablement Achievements	F13	Yes
DToC Achievements	F14	Yes
NEA Support Needs	G11	Yes
Res Admissions Support Needs	G12	Yes
Reablement Support Needs	G13	Yes
DToC Support Needs	G14	Yes

Sheet Complete:	Yes
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4. High Impact Change Model

[^^ Link Back to top](#)

	Cell Reference	Checker
Chg 1 - Early discharge planning Q3 18/19	F12	Yes
Chg 2 - Systems to monitor patient flow Q3 18/19	F13	Yes

Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3 18/19	F14	Yes
Chg 4 - Home first/discharge to assess Q3 18/19	F15	Yes
Chg 5 - Seven-day service Q3 18/19	F16	Yes
Chg 6 - Trusted assessors Q3 18/19	F17	Yes
Chg 7 - Focus on choice Q3 18/19	F18	Yes
Chg 8 - Enhancing health in care homes Q3 18/19	F19	Yes
UEC - Red Bag scheme Q3 18/19	F23	Yes
Chg 1 - Early discharge planning Q4 18/19 Plan	G12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19 Plan	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19 Plan	G14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19 Plan	G15	Yes
Chg 5 - Seven-day service Q4 18/19 Plan	G16	Yes
Chg 6 - Trusted assessors Q4 18/19 Plan	G17	Yes
Chg 7 - Focus on choice Q4 18/19 Plan	G18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19 Plan	G19	Yes
UEC - Red Bag scheme Q4 18/19 Plan	G23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	H12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	H13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	H14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	H15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	H16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	H16	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	H17	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	H18	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	H23	Yes
Chg 1 - Early discharge planning Challenges	I12	Yes
Chg 2 - Systems to monitor patient flow Challenges	I13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	I14	Yes
Chg 4 - Home first/discharge to assess Challenges	I15	Yes
Chg 5 - Seven-day service Challenges	I16	Yes
Chg 6 - Trusted assessors Challenges	I17	Yes
Chg 7 - Focus on choice Challenges	I18	Yes
Chg 8 - Enhancing health in care homes Challenges	I19	Yes

UEC - Red Bag Scheme Challenges	I23	Yes
Chg 1 - Early discharge planning Additional achievements	J12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	J14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	J15	Yes
Chg 5 - Seven-day service Additional achievements	J16	Yes
Chg 6 - Trusted assessors Additional achievements	J17	Yes
Chg 7 - Focus on choice Additional achievements	J18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	J19	Yes
UEC - Red Bag Scheme Additional achievements	J23	Yes
Chg 1 - Early discharge planning Support needs	K12	Yes
Chg 2 - Systems to monitor patient flow Support needs	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	K14	Yes
Chg 4 - Home first/discharge to assess Support needs	K15	Yes
Chg 5 - Seven-day service Support needs	K16	Yes
Chg 6 - Trusted assessors Support needs	K17	Yes
Chg 7 - Focus on choice Support needs	K18	Yes
Chg 8 - Enhancing health in care homes Support needs	K19	Yes
UEC - Red Bag Scheme Support needs	K23	Yes

Sheet Complete:	Yes
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5. Narrative

[^^ Link Back to top](#)

	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes

Sheet Complete:	Yes
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Better Care Fund Template Q3 2018/19

2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board:

Leeds

Confirmation of Nation Conditions

National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget

Statement	Response	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:	If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)
Have the funds been pooled via a s.75 pooled budget?	Yes		

Better Care Fund Template Q3 2018/19

Metrics

Selected Health and Wellbeing Board:

Leeds

Challenges Please describe any challenges faced in meeting the planned target

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Support Needs Please highlight any support that may facilitate or ease the achievements of metric plans

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target	None	Growth in non-elective admissions has remained below national averages for a number of years and below planning assumptions issued by NHSE	None
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	None	Residential admissions per 100,000 over 65's – 580 (2017/18: 608). Compared to the same period last year permanent admissions to care homes from hospital have halved from around 160 to 80. In addition admissions to temporary placements for short term rehabilitation have increased, in particular placements to nursing homes and for those with dementia.	None
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	At the same time last year the figures suggested just 72% at home based upon available data and the end year result was 85%. A related measure includes the percentage who are independent at the end of reablement and the figure here has increased from 59% in 2017/18 to 65% being independent this year to date.	Percentage over 65s at home after 91 days – 77% (2017/18: 85%). The proportion of over 65's supported from hospital by short term reablement services in the community have increased significantly this year.	None

<p>Delayed Transfers of Care</p>	<p>Delayed Transfers of Care (delayed days)</p>	<p>Not on track to meet target</p>	<p>DTOCS at LYPFT / Mental Health remain a challenge. Key areas that require addressing include a) DTOCS for patients on acute psych wards and b) patients with dementia</p>	<p>DTOCs in main acute provider have continued to reduce down to 34 in December from 55 in October. As such numbers in LTHT remain below 3.5% of bed base . A number of initiatives are underway to try and address delays in MH including</p> <ul style="list-style-type: none"> • Established process for individuals who are over 65 i.e. The Mount DToC list is distributed on a Monday, operational multi-agency meeting to work on progress every Wednesday, verification of codes every Thursday. • Fortnightly capacity meetings are held chaired by the LYPFT deputy chief operating officer • Weekly performance reports shared across organisations. • Implementation of Section 117 Panel 	<ul style="list-style-type: none"> • Additional finance in place to fund a transitional period of up to 6 weeks. • Establishment of Care Navigator post to oversee transfers of care. • Dedicated ASC Team Manager focusing upon this.
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Better Care Fund Template Q3 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board:

Challenges

Please describe the key challenges faced by your system in the implementation of this change

Milestones met during the quarter / Observed Impact

Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change

Support Needs

Please indicate any support that may better facilitate or accelerate the implementation of this change

						Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	Early discharge planning	Established	Established	Established	Mature	Transfer of Care Protocol has now been agreed which includes early discharge planning. This is supported by the implementation of the SAFER bundle	Organisational Development to implement new TOC Policy	Full work programme supporting the delivery of the SAFER bundle. System wide agreement of a Transfer of care protocol, implementation in progress across LHHT	None
Chg 2	Systems to monitor patient flow	Established	Established	Established	Mature	The Newton Europe work identified the need to address discharge destinations for patients which were suboptimal. The system has established a working group that will undertake ongoing review of system flows	Defining effective monitoring mechanisms/metrics that support systems understanding of capacity gaps in community settings	Full action plan in place building on the Newton Europe findings - all work streams are developing key metrics that are mapped to the high level metrics of the A&E Delivery Board	None
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Mature	Mature	System has implemented the Leeds Integrated Discharge Service that works alongside A&E ward staff to support admission avoidance and discharge of complex patients	Understanding impact of shift to transfer to assess models on multiagency discharge service	Appointment of senior officer in LHHT to lead on development of flows out of hospital, to further support the development of the discharge pathways and the Leeds Integrated Discharge Team.	None
Chg 4	Home first/discharge to assess	Established	Established	Established	Established	The Leeds system has developed and signed off a Home First Policy. The principles of Home First and Discharge to Assess are being implemented through development of a range of out of hospital services including reablement and community beds	Building capacity to support D2A	A multi-agency workstream has developed key principles and an easy to reference chart which supports the decision making on the wards. Increase in social work attendance at Ward Rounds, increase in Case Officers to support access to reablement. Reduction in delays seen as a result.	None
Chg 5	Seven-day service	Not yet established	Not yet established	Not yet established	Not yet established		As previously reported	As previously reported	None
Chg 6	Trusted assessors	Established	Established	Mature	Mature	Trusted assessors in place across the system including access to equipment and same day access to reablement, established across multi-agency pathways. Leeds is now developing Trusted Assessors for care homes, once the person has been assessed as requiring a residential/nursing placement.	Building care home trust in assessment of newly agreed Care Home Trusted Assessors	Job Description has been agreed and funding established. Leeds Care Homes Association will recruit, employ and support two trusted assessor roles.	None
Chg 7	Focus on choice	Mature	Mature	Mature	Mature	New Transfer of Care Policy Developed and now being implemented in LHHT, system seeking to propagate the policy to other providers such as LYPFT and in community beds	None	Implementation of TOC Policy at LTH continues to address high numbers of patients delayed within the choice category	None

Chg 8	Enhancing health in care homes	Established	Established	Established	Established		Need to develop care home sector capability to meet needs of increasingly complex and frail patients	Full care home action plan in place covering quality improvements, improving medical support and admission avoidance.	None
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Hospital Transfer Protocol (or the Red Bag scheme)
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Established	Established	Established	Established		The red bags are not always sent from the acute setting at the same time as the patient	Care Homes have responded well to this scheme.	None

Better Care Fund Template Q3 2018/19

5. Narrative

Selected Health and Wellbeing Board:

Leeds

Remaining Characters:

19,248

Progress against local plan for integration of health and social care

The foundation to Leeds' integrated system is the well-established integrated neighbourhood team service. These are forming the basis of the development of Local Care Partnerships which will extend the membership of the local integrated teams to a wider range of partners while remaining focused on place. Significant work is being undertaken to agree how the findings of the Newton Europe review and latterly the Care Quality Commission system review can be used to influence the next stage of development of community based care to support system flow. We'll be using the developed narrative of the 'left Shift' to develop community capacity to meet future needs by increasing capacity and integration between current services to support flow.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters:

18,853

Integration success story highlight over the past quarter

We have used some iBCF/Spring Budget funding to increase the flow of patients in the health and care system by placing Case Officers in LTHT and having dedicated Social Work Assistants support timely exits from reablement where an ongoing service is required. This has:

- Increased the number of appropriate referrals to SKiLs from LTHT and reduced length of stay in hospital
- Reduced referrals from LTHT which don't become an active reablement intervention
- Reduced the number of people in transition from reablement and the length of time people are supported in transition by reablement

We are the process of recruiting a Trusted Assessor role (2 posts) who will support the relationship between the hospital and nursing and care homes, reducing the number of times people need to be assessed as suitable for specific care homes

Achievements in Q3 2018/19

- developed a Home First approach
- the Decision making Workstream (an output from the Newton Europe Review) has redefined the pathways from hospital, focussing on the Home First approach
- reduced delayed transfers of care from LTHT across all delay types

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

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Appendix 2 - Summary of Top 10 iBCF Schemes as at Q3 18/19

Scheme No. & name of scheme	SB3 SKiLs Reablement Service
Purpose	To increase system flow of patients by placing Case Officers in LTHT and having dedicated Social Work Assistants to support timely exits from reablement where an ongoing service is required.
Expected Benefits	<ul style="list-style-type: none"> • Increase the number of appropriate referrals to SKiLs from LTHT and reduce length of stay in hospital • Reduce referrals from LTHT which don't become an active reablement intervention • Reduce number of people in transition from reablement and the length of time people are supported in transition by reablement • Improve staff satisfaction through reduced down time and customers in transition and positive working relationships between LTHT and SKiLs
Q3 2018/19 achievements	<ul style="list-style-type: none"> • Case Officers came into post mid-September 2018 and underwent a period of induction before having a presence at LTHT from 8 Oct 18 • There has been a period of establishing the working relationships with Discharge Teams and the Case Officers are now on hospital wards from 12 to 3pm following up customers that the Discharge Teams have identified. They talk to patients about the service, how it will support them at home and keep the Reablement Service updated with progress for the person's discharge. They raise issues if the person doesn't meet the criteria for the service which includes judging if they could be discharged without support or that reablement cannot meet their needs. From 3pm onwards the Case Officers go out of the hospital and visit people who are arriving home • Further work with partners is needed so that Reablement, as a route to Home First, can be promoted by the staff experienced in delivery of that service • 4 out of the 5 Wellbeing Workers are now in post, with the final post due to be filled by end Jan 19 • All Wellbeing Workers employed via this route focus solely on the outflow from SKiLs. There has been significant impact on the ability of the workers to move people from the caseload due to issues with home care provider capacity. Further work is needed to address this

Scheme No. & name of scheme	SB12 Local Area Coordination & Asset Based Community Development
Purpose	This scheme has been amalgamated with scheme SB2 Asset Based Community Development. The purpose is to support communities using local area coordination and ABCD principles to respond to the needs of people who have or may be in need of social care support.
Expected Benefits	<ul style="list-style-type: none"> • Improve quality of life for people with low to moderate learning disabilities able to participate actively in their local community in ways that are supportive of them as individuals via the pathfinders • The ABCD pathfinders will help to improve wellbeing and community resilience in the neighbourhoods in which they operate; supporting the rollout of strengths based social work. Wellbeing outcomes will be evidenced through increased connections within the community (with people feeling less isolated), increased opportunities for all people, including those with care and support needs, to participate and as a result people feeling safer where they live • The interdependencies of communities are recognised and strengthened. All members of the community feel welcome including people with learning disabilities • People with learning disabilities are supported and support others within the community; paid support and services are not default options • Communities are resilient and able to recover and sustain their effort when things go wrong • Individuals and groups are supported to have the tools to take action
Q3 2018/19 achievements	<ul style="list-style-type: none"> • Pathfinders in New Wortley, Seacroft and Chapeltown funded until 2020 • A new pathfinder in Cookridge has been agreed and funded until 2020. One of their targets is to recruit one community connector with a learning disability • Sites are in development to establish a further 3 pathfinders in place based organisations • Sites are in development to establish a further two pathfinders in organisations with experience of including people with learning disabilities • Community Mental Health Services contract and Neighbourhood networks contract include the importance of asset based approaches • Aspire Community Interest Company has identified 20 ABCD champions for every area they are working in. All 20 staff members will attend ABCD training. Teams have already done asset mapping in their areas and are looking at how people with learning disabilities can be supported to connect with people around their interests • Initial discussions have been held with Local Care Partnerships. West Yorkshire and Harrogate health partnership has demonstrated a commitment to working in this way • Touchstone has begun their training and facilitation project to build the infrastructure of the sector to work in asset based ways, focusing particularly on specialist (non-place based) providers. They have held their first ABCD practitioner network and 30 people are booked onto ABCD training sessions for 2019. They are also developing bespoke training with several other organisations • Spoken at 33 meetings/briefings/events across Leeds to share the

	<p>vision and principles of asset based work</p> <ul style="list-style-type: none"> • A common evaluation framework has been established to measure progress in improving community resilience and connectedness • 40 people currently members of a self-reliant group in pathfinder areas • Friends of Reins Park group established; local people prioritised play equipment being installed. This is now in place and families made use of the facilities over the summer. Meeting together and supporting each other. A group of women now run regularly in the park and Leeds 'Let's Get Active' run 'Bumps and Babes' activity on a weekly basis. LS14 trust provide a free breakfast for all those who take part • We have worked with the Communities and Environment directorate to set up three further ABCD pathfinders in three of the priority areas. There will now be a pathfinder in each of the six priority areas
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Scheme No. & name of scheme	SB22 Better Conversations
Purpose	To train health and care staff to have 'better conversations' with the citizens of Leeds and move the conversation to a 'working with' approach.
Expected Benefits	<ul style="list-style-type: none"> • Decrease in use of services • Implementing a culture change which supports system integration resulting in an unified approach across health and care partners in Leeds • Minimise the costs of preventable illnesses and dependency, inappropriate admissions and prescribed medications • Improved staff engagement, resilience, motivation, job satisfaction, recruitment and retention
Q3 2018/19 achievements	<ul style="list-style-type: none"> • Evaluation survey designed and administered to staff accessing the better conversations one day skills program from Oct 2018 • 150 staff have been through the one day skills program. Staff from all health and care organisations, across all sectors have accessed the sessions • Deployment - Engagement meetings taken place with all key areas suggested by Leeds Plan Delivery Group for deployment. Agreement at May Leeds Plan Delivery group to focus on respiratory pathway and LCP (Seacroft /Crossgates). Initial meetings taken place with both a number of key people from each area and skills day piloted with senior representatives from the respiratory pathway. Dates for skills sessions have been set for January 2019 for the Seacroft and Crossgates LCP, also involving the social prescribing teams. The skills pilot in the respiratory area is being followed up with key leaders in the area and deployment options are continuing to be explored in the areas of frailty and cancer. • The self-management team in LCH have benefited from a skills day.

Scheme No. & name of scheme	SB23 Alcohol and drug social care provision after 2018/19
Purpose	To fund front line drug and alcohol services for residential rehabilitation, Turning Lives Around (formerly Leeds Housing Concern) and spot purchase in order to meet the needs of patients requiring specialist drug and alcohol services.
Expected Benefits	<ul style="list-style-type: none"> • Reduce hospital admissions
Q3 2018/19 achievements	<ul style="list-style-type: none"> • A further 18 people commenced residential rehabilitation at St Anne's and 10 people successfully completed the programme. A number of these had also accessed and successfully completed residential detoxification at St Anne's prior to commencing residential rehabilitation. 100% of clients leaving, including those who were unable to complete their treatment had a plan in place to assist in their aftercare. The majority of people accessing rehabilitation have not previously accessed this service at St Anne's. The service is therefore reaching a new target audience many of whom are from some of the most disadvantaged communities in Leeds with over half considering themselves to have a disability • Turning Live Around - has seen one long term client move on to supported living having managed to stabilise their alcohol consumption. The remaining 5 clients are all in recovery and have made excellent progress in reducing their alcohol intake and general improvements to mental and physical health since entering the service. One of the clients is younger than the rest and has managed to get employment and made great progress • Leeds Adults and health fund adults to go out of area to drug rehabilitation services as Leeds does not have such a facility. There has been a focus on rehab at Forward Leeds in the past month and 20 new referrals have been received. At the end of quarter two there were 10 adults in residential rehab

Scheme No. & name of scheme	SB30 Neighbourhood Networks
Purpose	Neighbourhood Network schemes are community based, locally led organisations that enable older people to live independently and proactively participate within their own communities by providing services that reduce social isolation, deliver a range of health and wellbeing activities, provide opportunities for volunteering, act as a 'gateway' to advice/information and other services resulting in a better quality of life for individuals.
Expected Benefits	<ol style="list-style-type: none"> a) More older people supported by NNS b) Increase in the number of Older People prevented from being admitted to hospital c) Increase in the number of Older People receiving hospital discharge support d) Increase in the number of activities delivered to support health and well being
Q3 2018/19 achievements	<ol style="list-style-type: none"> a) Baseline value = 25,000, Target value = 26,500, Actual value = 25,484 Monitoring indicates on track to meet the target value b) Baseline value = 500, Target value = 650, Actual value = 951 c) Baseline value = 100, Target value = 175, Actual value = 219 d) Baseline value = 800, Target value = 900, Actual value = 917

Scheme No. & name of scheme	SB31 Leeds Community Equipment Services
Purpose	To increase the BCF funding for Leeds Community Equipment Service
Expected Benefits	<ul style="list-style-type: none"> • Increase the amount of level 1 equipment delivered in 48 hours to support discharges, reablement and avoid admissions to hospital • Increase the amount of level 2 equipment delivered within 14 days • Reduce the number of delayed transfers of care due to equipment • Increase the number of people supported to remain at home • Reduction on spend on other services/support by provision of equipment
Q3 2018/19 achievements	<ul style="list-style-type: none"> • 97.68% (94.24% in Q2) of level 1 equipment delivered in 48 hours to support discharges and Reablement and for admission avoidance – target value = 97% • 98.74% (97.47% in Q2) of level 2 equipment delivered within 14 days of being available for delivery – target value = 80% • Position at end Q3 46 people waiting for equipment with a value of £62k (Q2 18/19 - 108 people waiting for equipment at value of £115k)

Scheme No. & name of scheme	SB49 Yorkshire Ambulance Service Practitioners scheme
Purpose	To fund two Emergency Care Practitioners to be based at the Urgent Treatment Centres who will provide both navigation services and support to minor illness and minor injuries through clinic sessions. To also fund 1 part-time ECP supervisor.
Expected Benefits	<ul style="list-style-type: none"> • Improvement in time to assessment • Improvement in 4 hour Emergency Care Standard • Staff satisfaction rates
Q3 2018/19 achievements	<ul style="list-style-type: none"> • The Scheme is still in the planning stage due to a delay caused by the implementation of the hybrid unit at St Georges centre and the impact that has had on staff there due to complications in the implementation. Go live date 7th Jan 2019

Scheme No. & name of scheme	SB50 Frailty Assessment Unit
Purpose	To fund a multi-agency frailty service initially in St James' to support a strength based approach to the management of frail people presenting or conveyed to the emergency department and promote the ethos of Home First.
Expected Benefits	<ol style="list-style-type: none"> a) Reduction in the number of non-elective admissions – target 1200 (over 12 months) b) Bed days saved – target 2400 days (over 12 months) c) Number of attendances to Frailty Unit – target 2000 (over 12 months)
Q3 2018/19 achievements	<p>Actual values to date:-</p> <ol style="list-style-type: none"> a) 1207 b) 1414 c) 1936 <p>The scheme is on track to be delivered and is meeting expected targets</p>

Scheme No. & name of scheme	SB52 Hospital to Home
Purpose	To fund the Leeds Integrated Discharge Service – a multi-disciplinary team to ensure that where possible admissions into hospital are avoided from A&E and the assessment area. In addition the team works across a number of medical wards to support timely discharge of adult medical patients who have presented to the hospital.
Expected Benefits	<ul style="list-style-type: none"> • Reduce non-elective admissions • Reduce bed occupancy • Reduce the need for home care (ASC and NHS) • Reduce delayed transfers of care bed days associated with Choice • Improved A&E performance • Reduce the number of cancellations of routine surgery
Q3 2018/19 achievements	<ul style="list-style-type: none"> • This scheme is up and running and is now funded on a contractual basis with Age UK Leeds. • Year to date the Age UK Leeds Hospital to Home service has assessed and supported home 1482 older people (the Annual Target is 1200) • Transport Home (core service) enables facilitated discharge preventing hospital admissions and contributing to improved 'flow' within the Trust. There is capacity within the service to support up to ten people daily

Scheme No. & name of scheme	SB58 Respiratory Virtual Ward
Purpose	To fund a Respiratory Virtual Ward to provide intense respiratory support to a defined cohort of patients in their own home.
Expected Benefits	<ul style="list-style-type: none"> • Identification of numbers of people who can be supported to remain at home • Reduce hospital admissions • Reduce length of stay in hospital • Increase the number of people in the community with an enhanced care plan to manage exacerbation • Improve outcomes for individuals and improve confidence to self-manage and remain at home where appropriate
Q3 2018/19 achievements	<p>The phased implementation of the service commenced on 1st June 2018 and the service moved to provide 7 day cover as of 1st September 2018.</p> <ul style="list-style-type: none"> • 37 patients admitted onto the VRW since 1st June. 311 bed days were saved during this period • Since 1st June 2018 12 patients seen by the VRW were admission avoidance • Since 1st June 2018 the VRW has supported 19 patients to be discharged from hospital • Since 1st September all patients on the VRW have been supported with a self-management care plan • 68% of patients demonstrated an improvement on discharge from the VRW in the COPD outcome measure – CAT score • 7 responses to Patient satisfaction and FFT since 1st September 2018. 100% of patients that commented provided positive feedback regarding the service



Report of: Leeds Health and Care Partnership Executive Group (PEG)

Report to: Leeds Health and Wellbeing Board

Date: 28 February 2019

Subject: Leeds Health and Care Quarterly Financial Reporting

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

Summary of main issues

This report provides the Health and Wellbeing Board with an overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide financial report (Appendix 1).

Key headlines are:

- At the end of December 2018/19, the system is reporting an in year overall deficit position against plan of £2.0m with a forecast year end deficit position of £11.8m. The forecast year end position is the same as that reported at month 6.
- £9.7m of the forecast year end deficit is reported against Leeds Teaching Hospitals NHS Trust (LTHT) as a result of a forecast non-delivery of A&E performance standards, but still achieve the pre Provider Sustainability Fund (PSF) control total agreed with NHS Improvement.
- In Leeds City Council (LCC), Children and Families' Social Care is currently forecasting a year end overspend of £2.1m. The pressure is primarily within Children Looked After (CLA), financially supported non-CLA and the Leeds contribution to One Adoption West Yorkshire.

- Leeds and York Partnership Foundation Trust (LYPFT), Leeds Community Healthcare (LCH) and Leeds Clinical Commissioning Group (CCG) are forecasting at plan however there are a number of challenges and risks to these positions.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the 2018/19 April to December partner organisation financial positions and the forecast end of year positions for 2018/19.

1. Purpose of this report

- 1.1 This report provides the Health and Wellbeing Board with a brief overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide quarterly financial report (Appendix 1). This report is for the 9 months ending 31st December, 2018.
- 1.3 Together, this financial information and associated narrative aims to provide a greater understanding of the collective and individual financial performance of the health and care organisations in Leeds. This provides the Health and Wellbeing Board with an opportunity to direct action which will support an appropriate and effective response.
- 1.4 This paper supports the Board's role in having strategic oversight of both the financial sustainability of the Leeds health and care system and of the executive function carried out by the Leeds Health and Care Partnership Executive Group (PEG).

2. Background information

- 2.1 The financial information contained within this report has been contributed by Directors of Finance from Leeds City Council (LCC), Leeds Community Healthcare Trust (LCH), Leeds Teaching Hospital Trust (LTHT), Leeds and York Partnership Trust (LYPFT) and NHS Leeds Clinical Commissioning Group (CCG).

3. Main issues

- 3.1 At the end of December 2018/19, the system is reporting an overall deficit position against plan of £2.0m with a forecast year end deficit position of £11.8m.
- 3.2 £9.8m of the forecast year end deficit is reported against LTHT as a result of non-achievement of the Emergency Care Standard Performance.
- 3.3 The Trusts continues to forecast delivery of its pre Provider Sustainability Fund (PSF) £19.8m deficit, despite a number of significant risks that could impact on the position. It continues to identify mitigating actions and will continue to work hard to achieve the full savings programme. Although work is ongoing to deliver the A&E performance standards for the remaining quarter, the year-end forecast currently takes the financially prudent view that it is not achieved, and as such would end

the year with a £9.8m adverse variance to the overall plan, but still achieve the pre PSF control total agreed with NHS Improvement.

- 3.4 Children and Families' Social Care is currently experiencing a number of budget pressures that means it will be challenging for the directorate to contain spend within the approved budget without additional proposals being identified, agreed and implemented. The projected year-end position at quarter 3 is an overspend of £2.1m. The pressure is primarily within Children Looked After (CLA), financially supported non-CLA and the Leeds contribution to One Adoption West Yorkshire.
- 3.5 LYPFT, LCH and Leeds CCG are forecasting at plan however there are a number of challenges and risks to these positions.

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 Development of the Leeds health & care quarterly financial report is overseen by the Directors of Finance and equivalents from Leeds City Council, Leeds Community Healthcare Trust, Leeds Teaching Hospital Trust, Leeds and York Partnership Trust and the Leeds Clinical Commissioning Group.
- 4.1.2 Individual organisations engage with citizens through their own internal process and spending priorities are aligned to the Leeds Health and Wellbeing Strategy 2016-2021, which was developed through significant engagement activity.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 Through the Leeds health & care quarterly financial report we are better able to understand a citywide position and identify challenges and opportunities across the health and care system to contribute to the delivery of the vision that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest', which underpins the Leeds Health and Wellbeing Strategy 2016- 2021.

4.3 Resources and value for money

- 4.3.1 The Health and Wellbeing Board has oversight of the financial stability of the Leeds system with PEG committed to using the 'Leeds £', our money and other resources, wisely for the good of the people we serve in a way in which also balances the books for the city. Bringing together financial updates from health and care organisations in a single place has multiple benefits; we are better able to understand a citywide position, identify challenges and opportunities across the health and care system and ensure that people of Leeds are getting good value for the collective Leeds £.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

- 4.5.1 The Leeds health & care quarterly financial report outlines the extent of the financial challenge facing the Leeds health and care system. These risks are actively monitored and mitigated against, through regular partnership meetings including the Citywide Director of Finance group and reporting to PEG and other partnership groups as needed. Furthermore, each individual organisation has financial risk management processes and reporting mechanisms in place.

5. Conclusions

- 5.1 At the end of December 2018, partner organisations are predicting that there will be significant challenges in delivering against the in year financial plan, with particular pressures at LTHT and LCC (Children and Families Social Care).

6. Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- Note the 2018/19 April to December partner organisation financial positions and the forecast end of year positions for 2018/19.

7. Background documents

- 7.1 None



How does this help reduce health inequalities in Leeds?

An efficient health and care system in financial balance enables us to use resources more effectively and target these in areas of greatest need.

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

Driving up quality depends on having the resources to meet the health and care needs of the people of Leeds. Spending every penny wisely on evidence based interventions and ensuring we have an appropriate workforce and can manage our workforce effectively promotes system-wide sustainability.

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

It maintains visibility of the financial position of the statutory partners in the city

Future challenges or opportunities

Future updates will be brought to the Health and Wellbeing Board as requested and should be factored into the work plan of the Board.

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

Quarterly Finance Report to Leeds Health and Wellbeing Board

A. Quarter 3 (Apr-Dec) financial position for 2018/19

A1 - City Summary

At the end of December 2018/19, the system is reporting an overall deficit position against plan of £2.0m with forecast year end deficit position of £11.8m.

- £9.8m of the forecast year end deficit is reported against Leeds Teaching Hospitals NHS Trust (LTHT) as a result of non-achievement of the first two quarters of the Emergency Care Standard Performance.
- Children and Families' Social Care is currently forecasting a year end overspend of £2.1m. A number of budget pressures mean it will be challenging for the directorate to contain spend within the approved budget without additional saving proposals being identified, agreed and implemented.
- Leeds and York Partnership Foundation Trust (LYPFT), Leeds Community Healthcare (LCH) and Leeds Clinical Commissioning Group (Leeds CCG) are forecasting at plan.

Section 1 - City Summary

9 months ended 31st December 2019	Total Income/Funding			Pay Costs			Other Costs			Total Costs			Net surplus/(deficit)			Movement from Previous quarter)
	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m	Plan £m	Actual £m	Var £m	
Leeds City Council	474.6	475.3	0.7	107.2	106.6	0.6	367.4	370.3	- 2.8	474.6	476.9	- 2.2	-	- 1.6	- 1.6	-0.6
Leeds Community Healthcare Trust	113.7	113.4	- 0.3	80.5	80.0	0.5	29.8	29.7	0.1	110.3	109.7	0.6	3.4	3.7	0.3	-
Leeds Teaching Hospitals NHS Trust	936.5	950.1	13.6	531.7	551.9	- 20.2	392.1	391.8	0.3	923.8	943.7	- 19.9	12.7	6.4	- 6.3	-3.1
Leeds & York Partnership Foundation Trust	132.8	139.9	7.1	74.9	85.0	- 0.1	33.6	34.9	- 1.4	118.4	120.0	- 1.5	14.4	19.9	5.6	4.8
Leeds CCG Partnership	918.3	918.3	-	11.9	10.6	1.3	906.4	907.7	- 1.3	918.3	918.3	-	-	-	-	-

Forecast year end 2018/19	Total Income/Funding			Pay Costs			Other Costs			Total Costs			Net surplus/(deficit)			Movement from Previous quarter)
	Plan	Forecast	Var	Plan	Forecast	Var	Plan	Forecast	Var	Plan	Forecast	Var	Plan	Forecast	Var	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Leeds City Council	632.8	633.7	0.9	142.9	142.1	0.8	489.9	493.7	- 3.8	632.8	635.8	- 3.0	-	- 2.1	- 2.1	-0.1
Leeds Community Healthcare Trust	151.8	151.4	- 0.4	107.6	107.2	0.4	40.1	40.2	- 0.1	147.7	147.4	0.3	4.1	4.0	- 0.1	-
Leeds Teaching Hospitals NHS Trust	1,269.9	1,293.9	24.0	709.3	743.0	- 33.7	515.5	515.5	-	1,224.8	1,258.5	- 33.7	45.1	35.4	- 9.7	0.1
Leeds & York Partnership Foundation Trust	187.6	187.6	-	114.8	114.8	-	44.8	44.8	-	159.6	159.6	-	28.0	28.0	-	-
Leeds CCG Partnership	1,230.6	1,230.6	-	15.8	14.2	1.6	1,214.8	1,216.4	- 1.6	1,230.6	1,230.6	-	-	-	-	-

Sign convention: (negative numbers) = adverse variances
 Numbers may not sum due to roundings

A2 – Organisational commentary on year end position

a. Leeds City Council

The numbers quoted above relate solely to Adults Social Care, Public Health and Children and Families' Social Care.

Adult Social Care and Public Health are currently projecting a balanced position. At this stage it is anticipated that the majority of savings plans will be delivered successfully. Care Packages are expected to be delivered within budget. Variations include £1.0m of anticipated cost pressures relating to client transport and IT developments, these being offset by £1.0m of projected savings relating to staff turnover and slippage in employing new staff. The figures exclude the £3.3m receivable for Winter Pressures, this will be included for Q4.

Children and Families are reporting a number of budget pressures that mean it will be challenging for the directorate to contain spend within the approved budget. The projected year-end position at Quarter 3 is an overspend of £2.1m. The pressure is primarily within Children Looked After (CLA), financially supported Non-CLA and the Leeds contribution to One Adoption West Yorkshire.

b. Leeds Community Healthcare Trust

The Trust is £0.3m ahead of plan at the end of December; this is before additional costs to meet winter demand. The Year to date and Forecast outturn positions include the additional surplus and Provider Sustainability Fund (PSF) agreed with NHS Improvement. The Trusts forecast outturn surplus for the year is now £4.0m including £2.3m of PSF. The major financial risks include ensuring the loss of income from decommissioning is fully mitigated, the continued delivery of planned cost improvements and mitigation of any shortfall in income in respect of non-delivery of quality payments (CQUINs).

c. Leeds Teaching Hospitals Trust

At the end of Q3, the Trust is still on track to deliver against its PSF control total, with the year to date adverse variance of £6.3m relating almost entirely to PSF not accounted for due to A&E performance being behind trajectory. The £3.1 deterioration in variance from Q2 all relates to the same issue. Before accounting for PSF the Trusts Q3 position was a £24.5m deficit against a deficit plan of £24.6m.

The Trust continues to forecast delivery of its pre PSF £12.3m deficit, despite a number of significant risks that could impact on the position. It continues to identify mitigating actions and will continue to work hard to achieve the full savings programme. Although work is ongoing to deliver the A&E performance standards for the remaining quarter, the year end forecast currently takes the financially prudent view that it is not achieved, and as such would end the year with a £9.7m adverse variance to the overall plan, but still achieve the PSF control total agreed with NHSI.

d. Leeds and York Partnership Trust

The Trust is £5.5m ahead of plan at quarter 3. This position is attributable to

- PFI refinance (£6.5m) executed in December 2018 (planned for January 2019)
- Rescheduled final property disposal to January 2019 (planned profit on disposal in December 2018 - £0.9m)

Excluding these timing issues, the I&E position increased from £2.5m to £28m as a consequence of a technical adjustment linked to the accounting treatment of a PFI refinancing gain and associated Provider Sustainability Fund incentive scheme. The Trust continues to forecast delivery of the £28m control total.

e. NHS Leeds CCG

The CCG is on track to achieve its financial targets. The CCG has reviewed its £34.3m QIPP target against its risk profile. A number of significant risks have either slipped into future financial years or not crystallised which have reduced the target in year. In addition, in year allocations have been received from NHS England to support some of the national cost pressures the CCG had previously expected to have to fund through in year allocation growth. For 2018-19 the CCG risk reserve, the slippage on some previously anticipated areas of spend and the non-recurrent allocations received from NHS England, will mitigate against the non-achievement of in year QIPP, however the CCG's financial position moving forward is still heavily reliant on QIPP delivery. QIPP is reported and monitored through the Commissioning for Value Board.

The CCG has increased the in-year control total surplus by £5m as part of a national process to close off the NHS 2018/19 financial planning process. This increases the historic surplus held by NHS England on behalf of the CCG from £40.38m to £45.38m, with the understanding that the CCG is able to draw down up to £10m from its historic surplus in 2019-20 in return for its increased surplus in 2018-19.