



HEALTH AND WELLBEING BOARD

Meeting to be held in The Carriageworks, Millennium Square, Leeds, LS2 8BH on
Thursday, 20th February, 2020 at 2.10 pm

(Please note: A private session for all Members of the Board will take place from 12:00 pm.)

MEMBERSHIP

Councillors

R Charlwood (Chair)

S Golton

G Latty

F Venner

A Smart

Representatives of Clinical Commissioning Group

Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group

Tim Ryley – Chief Executive of NHS Leeds Clinical Commissioning Group

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)

Anthony Kealy - NHS England

Third Sector Representative

Alison Lowe – Director, Touchstone

Representative of Local Health Watch Organisation

Dr John Beal - Healthwatch Leeds

Representatives of NHS providers

Sara Munro - Leeds and York Partnership NHS Foundation Trust

Julian Hartley - Leeds Teaching Hospitals NHS Trust

Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Joint Representative

Paul Money – Chief Officer, Safer Leeds

Supt. Jackie Marsh – West Yorkshire Police

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

Agenda compiled by: Harriet Speight

Governance Services 0113 37 89954

A G E N D A

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

4

LATE ITEMS

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

(The special circumstances shall be specified in the minutes)

5

DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

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

6

APOLOGIES FOR ABSENCE

To receive any apologies for absence

7

OPEN FORUM

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

8

MINUTES

To approve the minutes of the previous Health and Wellbeing Board meeting held 11 December 2019 as a correct record.

7 - 12

9

PEOPLE'S VOICES GROUP UPDATE

To consider the report of the Leeds People's Voices Group that provides an update on the work of the group, overview of key initiatives and some of our longer-term ambitions about how we collectively and individually want to put people's voices at the centre of health and care decision making.

13 - 44

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PRIORITY 10 - PROMOTE MENTAL AND PHYSICAL HEALTH EQUALLY: THE LEEDS MENTAL HEALTH STRATEGY

45 -
82

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

11

LEEDS HEALTH AND WELLBEING BOARD: REVIEWING THE YEAR 2019 AND NEXT STEPS

83 -
92

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

(Appendix 1 to follow)

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FOR INFORMATION: DEVELOPING THE NHS LEEDS CCG ANNUAL REPORT 2019-20: 'DELIVERING THE LEEDS HEALTH AND WELLBEING STRATEGY 2016-2021'

93 -
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To note, for information, the report of the Communications Manager (NHS Leeds Clinical Commissioning Group) that sets out the process of developing the NHS Leeds CCG Annual Report 2019-20 section on 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021' as national timescales do not align with the Leeds Health and Wellbeing Board meetings.

FOR INFORMATION: CONNECTING THE WIDER PARTNERSHIP WORK OF THE LEEDS HEALTH AND WELLBEING BOARD

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

ANY OTHER BUSINESS

DATE AND TIME OF NEXT MEETING

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

Third Party Recording

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

Use of Recordings by Third Parties– code of practice

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

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HEALTH AND WELLBEING BOARD

WEDNESDAY, 11TH DECEMBER, 2019

PRESENT: Councillor F Venner in the Chair

Councillors S Arif and A Smart

Representatives of Clinical Commissioning Group

Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group
Sabrina Armstrong - Director of Organisational Effectiveness, NHS Leeds CCG

Directors of Leeds City Council

Dr Ian Cameron – Deputy Director of Public Health
Sal Tariq – Deputy Director, Children and Families
Sue Rumbold – Chief Officer, Children and Families

Representative of NHS (England)

Anthony Kealy - NHS England

Third Sector Representative

Alison Lowe – Director, Touchstone

Representative of Local Health Watch Organisation

Dr John Beal - Healthwatch Leeds

Representatives of NHS providers

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

Representative of Leeds GP Confederation

Simon Boycott – Head of Development and Governance / Company Secretary

The Governance Officer informed members that Councillor R Charlwood had sent her apologies due to recovering from a recent operation. Councillor F Venner was elected as Chair for the duration of the meeting. The Chair wished Councillor Charlwood a speedy recovery.

30 Welcome and introductions

The Chair welcomed all present and brief introductions were made. Members were reminded of the implications of purdah, due to the upcoming General Election.

Matt, from Slung Low, was invited to speak to the Board. Matt provided members with the history of the meeting venue, as one of the oldest working men's clubs in the country and a hub for the local community. Members were

also informed that Slung Low, a theatre company funded by the Arts Council, took over the day-to-day running of the Holbeck in 2016 and regularly hold workshops and other events for the local community. The Chair thanked Matt for his hospitality and the work of Slung Low.

The Chair also provided a brief overview of the Big Leeds Chat that took place on 7th November 2019, along with a number of smaller engagement events across the city.

31 Appeals against refusal of inspection of documents

There were no appeals.

32 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

33 Late Items

There were no late items.

34 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

35 Apologies for Absence

Apologies for absence were received from Councillor R Charlwood, Councillor S Golton, Cath Roff, Paul Money, Supt. Jackie Marsh, Tim Ryley, Steve Walker and Jim Barwick.

Councillor S Arif, Sabrina Armstrong, Simon Boycott, Sal Tariq and Sue Rumbold were in attendance at the meeting as substitutes.

36 Open Forum

Dr John Puntis, Leeds Keep our NHS Public, raised some concerns regarding the implications of the West Yorkshire and Harrogate (WY&H) Health and Care Partnership's 'Improving Planned Care' programme for patient access, particularly in relation to the evidence base behind the programme and the level of input from clinicians. The Director of Public Health advised Dr Puntis that a well-represented clinical senate in Leeds had thoroughly assessed the thresholds set out in the 'Improving Planned Care' programme.

Dr Puntis also stated that the NHS Long Term Plan is reliant upon private companies to develop Integrated Care Systems (ICS), and sought the Board's views in relation to global collaboration. The Chief Officer (Health Partnerships) informed Dr Puntis that there was a clear consensus in Leeds that negotiations would not be open to private companies in the United States.

Mr Mike Shaw, a support worker for people living with HIV, raised concerns with living conditions for vulnerable people in the private rented sector in Leeds, and referred to a number of cases of rat infestations that private landlords had refused to resolve. Mr Shaw felt that in the absence of legislation to force landlords to see to such issues, there was a requirement for the Council to embed a joined-up approach to ensure that cases of vermin infestation are resolved as quickly as possible. Members recognised the challenge with engaging with the private rented sector, and advised that the matter would be passed on to Council teams.

37 Minutes

RESOLVED – That the minutes of the meeting held 16th September 2019 be approved as an accurate record.

38 Priority 3: Strong, engaged and well-connected communities - Developing our Local Care Partnerships

The Chief Executive of Leeds Community Healthcare submitted a report that provided an overview of Local Care Partnerships (LCPs) to Health and Wellbeing Board. The paper described why Leeds health and care system is developing Local Care Partnerships, how they fit with other activity in Leeds, and the current stage of development.

Kim Adams, Head of Local Care Partnership Development, introduced the report and provided members with a PowerPoint presentation, including examples of successful community engagement projects undertaken by well-established LCPs. Members were advised that the LCPs across the city were at varied levels of progress, and of the importance of recognising that culture change and relationship building takes time.

Members discussed a number of matters, including:

- *Population Health Management.* Members were keen to understand how the LCPs will contribute to improving the health of the most deprived communities the fastest, and were informed that the Population Health Management approach was designed to ensure that LCP plans and projects are tailored to the strengths and challenges of individual communities. There was support for this approach, however, members noted that the wider health inequalities that are true for Leeds as a whole should still be considered.
- *Representative membership.* There were a number of comments around the make-up of LCPs, and the need for wider health partners such as pharmacists and dentists to be included. There was also some discussion around ensuring that successful models for ‘Children and Family Hubs’ were shared between LCPs to encourage the family first approach within the health and social care setting. Additionally, Members sought reassurance that licensing and planning teams were engaged in relevant work streams.

RESOLVED –

- a) To note the work being undertaken to develop Local Care Partnerships;
- b) To note the Board's understanding that success is dependent on strong relationships fostered through working together on shared priorities with appropriate support;
- c) To note the Board's support for the principle of prioritising time to foster the right culture to make lasting change happen.

39 Leeds System Resilience Plan 2019/20

The System Resilience Assurance Board (SRAB) submitted a report that provided assurance to the Leeds Health and Wellbeing Board that the Leeds health and care system continue to work together to improve the resilience of service delivery.

The Leeds System Resilience Terms of Reference 2019/21 were appended to the report.

Sue Robins, Director of Operational Delivery at NHS Leeds CCG, introduced the report and provided a PowerPoint presentation, highlighting some of the key projected areas of challenge throughout the winter months and other peak times, along with the preventative measures in place to ensure resilience.

Members discussed a number of matters, including:

- *Engagement with children and young people.* There was a suggestion that the 'How does it feel for me?' group be replicated with children and young people, to gain an understanding of their experiences of health and social care services. Members requested an update on the project at a future Board meeting.
- *Affordable warmth.* In response to a query around affordable warmth schemes, Members were advised that the Council were leading on a project to address fuel poverty.

The Chair noted the Board's thanks to Sue Robins ahead of her retirement in the New Year.

RESOLVED –

- a) To note the positive work across the Leeds system over the last year to improve Leeds system resilience;
- b) To note the Board's assurance that comprehensive plans for escalation are in place based upon good governance and communication between system partners.

40 Developing our approach to improving health and wellbeing across Leeds and West Yorkshire and Harrogate Health and Care Partnership

11.1 Draft Leeds Health and Care Plan

The Head of the Leeds Health and Care Plan submitted a report that provided the final draft Leeds Plan summary on a page for approval as well as outlining the progress to date.

Paul Bollom, Head of Leeds Plan, introduced the report and provided members with a PowerPoint presentation. All members also gave a brief update on the commitments of actions on behalf of their individual organisations as set out in the presentation slides.

RESOLVED –

- a) To note the progress and successes of the Leeds Plan to date (section 3.1);
- b) To note that the Leeds Plan summary reflects the priorities that the Board previously agreed (16 September 2019) should be given additional focus (section 3.2.2);
- c) To note the actions that each partner will take to deliver the refreshed Leeds Plan;
- d) To note the Board's support for the development of a system-wide approach to communications and engagement (section 3.4).

11.2 Draft WYH Health & Care 5 Year Strategy

The West Yorkshire and Harrogate Health and Care Partnership submitted a report that presented a further draft of the narrative of the West Yorkshire and Harrogate Health and Care Partnership Five Year Strategy.

The following were in attendance:

- Ian Holmes, Director for West Yorkshire and Harrogate Health and Care Partnership
- Rachael Loftus, Head of Regional Health Partnerships

The Director for WY&H Health and Care Partnership introduced the report and provided members with a PowerPoint presentation, including areas of the strategy focused on the wider determinants of health that had been strengthened following previous engagement.

Members discussed a number of matters, including:

- *Big ambitions.* Members queried the inconsistency between, and in some cases absence of, completion dates of the 'big ambitions' as set out in the report. Members suggested that the dates should echo the five year period, but were informed that some projects were reflective of wider national priorities.
- *Strategy presentation.* Members queried whether the strategy could be presented in a more succinct and easy to digest format for the public and wider workforce. Members were advised that the strategy included

dedicated sections for each programme to allow individuals to only read sections relevant to their lives or work. Members were also advised that the key messages from the strategy would be translated into other multimedia formats, such as video and animation, to reach a wider audience.

RESOLVED –

- a) To note the contents of the report and 5 Year Strategy documents;
- b) To note the links between the 5 Year Strategy and the refreshed Leeds Plan for Health and Care;
- c) To note the timescale and process for finalisation of the documents following the General Election.

Julian Hartley left the meeting at 3:40 p.m., and Thea Stein and Sara Munro at 4:00 p.m., during discussion of this item.

41 For information: Leeds Health and Care Quarterly Financial Reporting

The Board received, for information, the report of the Leeds Health and Care Partnership Executive Group (PEG) that provided a brief overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide quarterly financial report (Appendix 1). This report is for the period ending months ending September 2019.

RESOLVED - To note the contents of the report.

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

The Board received, for information, the report of the Chief Officer (Health Partnerships) that provided a summary of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). The report gave an overview of key pieces of work across the Leeds health and care system, including carers, women in Leeds, and the draft Mental Health Strategy.

RESOLVED – To note the contents of the report.

43 Any Other Business

There were no matters raised on this occasion.

44 Date and Time of Next Meeting

The next meeting will take place on Thursday 20th February 2020 at 12:30 p.m.



Report of: Leeds People's Voices Group
Report to: Leeds Health and Wellbeing Board
Date: 20 February 2020
Subject: People's Voices Group 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

1. In Leeds, we know that to be the Best City for Health and Wellbeing it means putting the people of Leeds at the centre of our thinking. That is why one of the five outcomes of the Leeds Health and Wellbeing Strategy is that 'People will be actively involved in their health and their care'.
2. The Leeds People's Voice Group (PVG) was established as one of the key mechanisms to contribute to this outcome. This report provides an update on the work of the PVG, an overview of their key initiatives and some of our longer-term ambitions about how we collectively and individually want to put people's voices at the centre of health and care decision making.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress of and continue to support the work of the People's Voices Group.
- Consider how the People's Voices Group can further evolve strengthening its connection with the HWB.
- Note the findings of the Big Leeds Chat 2019 and agree actions to respond to what people have told us.
- Continue to support the work of the 'How does it feel for me?' Group and discuss the opportunities.
- Support the establishment of the Inclusion for All Action Group.

1 Purpose of this report

- 1.1 The purpose of this report is to provide an update on the work of the Leeds People's Voices Group, overview of key initiatives and some of our longer-term ambitions about how we collectively and individually want to put people's voices at the centre of health and care decision making.

2 Background information

- 2.1 In Leeds, we know that to be the Best City for Health and Wellbeing means putting the people of Leeds at the centre of our thinking. That is why one of the five outcomes of the Leeds Health and Wellbeing Strategy is that 'People will be actively involved in their health and their care' and one of our agreed partnership principles in the Leeds Health and Care Plan is that: '**We start with people** – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.'
- 2.2 As a city, this means starting all our work thinking about people as a whole person, with mental health and physical health, with medical and social needs and living in an environment which impacts directly on their health and wellbeing outcomes:

- We need to design all our plans, strategies and services with people.
- We need to work with them in a different person-centred way, as co-partners rather than passive recipients of care.
- We need to communicate with them to let them know and be part of the journey about what the options, changes and offers are.
- We need to also evaluate services by what people tell us about their experiences rather than simply levels of activity.



- 2.3 In the Local Government Association report *What a difference a place makes: The growing impact of health and wellbeing boards* (2019) states that HWBs should be driving for continuous improvement and continually 'identifying ways to engage with a wide range of people from local communities'. In Leeds, we are already well placed having a range of good practice occurring in organisations and as a system through the strategic steer of the HWB.
- 2.4 A key driver for this in Leeds, has been the Leeds People's Voices Group (PVG), which was established in 2014 and reviewed in 2018 to improve the ways that the city collectively listens to the voices of our communities with people driving our work – connecting people with senior decision makers. Chaired by Healthwatch Leeds, the group brings together the engagement leads of the health and care system to work together as one team, to work collaboratively, reduce duplication and think creatively how we do that in Leeds. Its vision is to put people's voices at the centre of health and care decision making in Leeds, with a strong priority on the voice of people with the greatest health inequalities. A number of key pieces

of work have developed over the past 18 months aimed to support the PVG's vision.

3 Main issues

3.1 *Big Leeds Chat – designing with the people of Leeds*

What is the Big Leeds Chat?

In 2018, the PVG designed a new way of listening to the people of Leeds as a whole health and care system in the form of the Big Leeds Chat (BLC). The BLC seeks to turn the regular engagement approach on its head: it goes to where people are, instead of expecting them to come to us, it focuses on hearing the voice of inequalities, it doesn't go with a set agenda and, importantly, it is the senior decision makers directly doing the listening.

The first Big Leeds Chat happened in October 2018 bringing all the health and care senior leaders together into Kirkgate Market to have Big Leeds Chats with the people of Leeds. The premise was simple and focused on asking three opening questions and then the objective was to listen and see where the conversation went:

- What do you love about Leeds?
- How do you stay healthy?
- How do we become the best city for health and wellbeing?

The BLC has two main outcomes. It allows us to understand what is important to people and what their ideas and thoughts are around health and wellbeing in Leeds, but it also supports informed decision making in Leeds by bringing decision makers and real people together. An emerging outcome is that it also provides an annual opportunity for the health and care system to be accountable to the people of Leeds as reporting back to people about how we are moving on the issues that people told us matter is key.

From each Kirkgate Big Leeds Chat a report has been developed to identify the key themes and ideas that people have shared with us (see Appendix 1 for the emerging messages from the BLC 2019). These themes and the subsequent key messages drawn from these are designed to be used in decision making across health and care in Leeds throughout 2020/21.

How did we develop the Big Leeds Chat for 2019?

For BLC in 2019, we further developed the concept and were ambitious in our thinking. It should be noted that minimal additional budget has been allocated to the development of the BLC with it occurring on top of existing workloads for the partners involved to date. Despite the resource constraints we wanted to see local Big Leeds Chats happening across Leeds. A month when local health and care decision makers together, both at citywide and locally, listened to the people of Leeds to understand what was important to people in our communities.

The aim was to link into the emerging Local Care Partnerships (LCPs), and this happened in Wetherby, Morley and Otley. We also engaged our third sector partners and others so Big Leeds Chats also happened at a food bank, Corpus Christi, Leeds City College, Young Carers organisation and Rutland Lodge GP practice amongst others. At all of these BLCs, a senior decision maker was there to listen directly to people in communities.

What did we learn our Big Leeds Chat in 2019?

At the second BLC in Nov 2019, when we asked ‘How do we become the best city for health and wellbeing?’ a number of themes were identified.

Understandably, the quality of health and care services came out as a key theme for ways to achieve our ambition, with 24% of residents referring to that. However, reflecting our Leeds Health and Wellbeing Strategy and the focus of the Leeds Health and Wellbeing Board, it is clear local people also recognise the importance of the wider determinants of health and wellbeing in achieving our ambition – with transport (31%) and community relations and inclusivity (22%) been the other top themes that emerged from the chats.

Other responses were

- Look after the environment (16%)
- More health education and promotion (15%)
- Improve community facilities/public spaces (15%)
- Tackle poverty and homelessness, and improve housing (7%)
- Make gyms, exercise classes and other services more affordable (7%)
- Deal with crime (6%)
- Less unhealthy food (4%)

How can the Health and Wellbeing Board support us further?

Based on the key themes that have emerged from the Big Leeds Chat 2019,

- How can the HWB use its position and influence to ensure the findings from the BLC are being considered in decision making across the city, both within health and care structures, but also wider (i.e. transport, environment, poverty).

3.2 ‘How does it feel for me?’ Group – experiences of care in Leeds

Why did we establish the ‘How does it feel for me?’ Group?

A key way that we ask for people’s input into health and care is around their experience of care. The CQC Local System Review of Leeds, that took place in Autumn 2018, on how services are working to care for people aged 65 asked “How are you assured that older people experience high quality, person-centred care as they move across different parts of the health and social care system(s)?” HWB earlier in the year recognised that while it was clear there were mechanisms in place within individual organisations to understand citizens’ experience of care, there was not a comprehensive mechanism in place to understand citizens’ experience of care from a systems’ perspective and was highlighted as a key focus for the CQC Leeds Action Plan.

In response to this, the ‘How does it feel for me?’ Group was developed to respond to this challenge alongside a broader piece of work to establish a ‘whole system performance and oversight assurance framework for citizens’ experience of using the health and care system’ using the range of intelligence that exists (see para 3.9-3.10 of the *Leeds Health and Wellbeing Board: Reviewing the Year 2019 and next steps* report being considered at HWB 20 Feb).

What does the ‘How does it feel for me?’ Group do?

Chaired by Healthwatch Leeds, the group brings together all health and care organisations and has identified four areas of work:

- Follow the real-time experiences of a number of older people living in Leeds and who experience a number of health and care services. This is done on a monthly basis via video or as a written testimonial with examples attached as Appendix 2 and a video to be shown at the meeting.
- Quarterly case note reviews which examine the notes of a number of people in Leeds and their experiences of health and care.
- Citywide complaints group findings which identify the learning from complaints which cut across health and care settings.
- And finally the fourth strand which seeks to ask how do we systematically hear the experiences of people in Leeds moving in and out of health and care services, particularly those with the greatest health inequalities and feed them into the decision making processes of Leeds.

From this work each individual organisation is being asked to use, share and act on the intelligence and then as per the CQC Action Plan for this to be reported to Partnership Executive Group on a quarterly basis.

In addition, there are a number of cross health and care themes that have emerged which will inform priority action for all partners to improve citizen experience as people move across health and care settings in Leeds.

How can the Health and Wellbeing Board support us further?

- How do we further bring people’s experiences into everyday decision making across health and care in Leeds and as a HWB?
- How can we move further and faster with the cross-cutting themes that are being identified within this work?

3.3 “Working with” – Inclusion for All Action Group

Why are we establishing the Inclusion for All Action Group?

In order to deliver on the vision of the Leeds Health and Wellbeing Strategy to improve the health of the poorest the fastest, hearing the voice of inequalities is essential and a priority for the members of the PVG.

In summer 2019, Healthwatch Leeds undertook a piece of listening work to hear the voice and experiences of the visually impaired community of Leeds. One of the key findings was that in many settings, particularly in health services, visually impaired people were not being asked about their communication needs, which is a legal requirement in the Accessible Information Standard (AIS). The standard also covers all sensory impairment and learning disability. Not having their communication needs met was potentially having a serious impact on their health and wellbeing, including not receiving the health and care interventions that they needed as well as increased unnecessary anxiety created by the health and care system itself. If people’s basic communication needs are not being met then we maybe inadvertently excluding those with the greatest health inequalities from services. As we started to talk with partners, it was clear that both commissioners and providers wanted to do something on this key issue. Additionally, there was a driver from the CQC, who now include the AIS in their inspection work.

What will the Inclusion for All Action Group do?

Led by Healthwatch Leeds, in partnership with health and care partners, a new action hub is being developed. This will focus in the first instance on the AIS, but is aiming to in time look at other communities who are excluded from services due to language and / or literacy.

The Inclusion for All Action Group aims to ensure that there is a consistent approach, across all health and care services in Leeds, specifically but not solely, in relation to:

- Compliance with the requirements of the Accessible Information Standard
- The provision of reasonable adjustments relating to disabled people
- The provision of interpretation and translation services for people whose first spoken language is not English
- Work collaboratively to find innovative solutions to improve inclusive care for all communities
- Share good practice and learn from each other's successes

How can the Health and Wellbeing Board support us further?

- How can the HWB work with the group and take forward this important issue of inclusion for all?

Next Steps

- 3.4 Following the review of the PVG in 2018, it has gone from strength to strength to deliver on our outcome that 'People will be actively involved in their health and their care' with Leeds held up as a best practice example and learning from the Big Leeds Chat shared nationally, regionally and with other HWBs across the country. However, we are always aiming to further develop our work knowing that we can only become the Best City for Health and Wellbeing if we put people's voices first and continually challenge ourselves on what this looks like.
- 3.5 As well as the initiatives mentioned above the PVG would like to develop an integrated way of working as one listening health and care system that makes better sense for people and actively encourages citizen voice, particularly those from communities with the greatest health inequalities. This includes exploring:
- Development of the BLC concept so Leeds becomes a city where people actively give their feedback / input and explore including the importance of health and social care staff voice as well.
 - One network to join where people can have their voice heard, rather than on an organisational basis.
 - An agreed citywide approach / mechanism that focuses on hearing the voice of inequalities.
 - Strengthening the connection between the PVG and HWB, and with the wider determinants of health and wellbeing.

3.6 HWB members in their roles as system and organisational leaders are asked to support the future ambition of the PVG and consider how they can further put people's voice at the centre of their own organisational health and care decision making as well as a collective health and care system.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 The Health and Wellbeing Board has made it a city-wide expectation to involve people in the design and delivery of strategies and services. People's Voices Group is one of the key mechanisms for the health and care system meet the fourth outcome of the Leeds Health and Wellbeing Strategy is; 'People will be actively involved in their health and their care' through a citywide approach to engagement and hearing citizen voice as highlighted throughout the report.

4.2 Equality and diversity / cohesion and integration

4.2.1 Each of the pieces of work highlighted in this report is aligned to priorities of our Leeds Health and Wellbeing Strategy 2016-2021 and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest and is further enabled through the work of the PVG.

4.3 Resources and value for money

4.3.1 Each of the pieces of work highlighted in this report evidences how the Leeds health and care system are working collectively with the aim of spending the Leeds £ wisely. It also recognises that putting people's voices at the centre of strategies, plans and decisions and responding to them is a key component of ensuring value for money.

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 Processes are in place to effectively manage risks identified through the work of the People's Voices Group with escalation to Partnership Executive Group and individual organisations as required.

5 Conclusions

5.1 Following the review of the PVG in 2018, it has gone from strength to strength to deliver on the Leeds Health and Wellbeing Strategy outcome that 'People will be actively involved in their health and their care'.

5.2 However, further work is needed to evolve our work knowing that we can only become the Best City for Health and Wellbeing if we put people's voices first and challenge ourselves on what this would like.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress of and continue to support the work of the People's Voices Group.
- Consider how the People's Voices Group can further evolve strengthening its connection with the HWB.
- Note the findings of the Big Leeds Chat 2019 and agree actions to respond to what people have told us.
- Continue to support the work of the 'How does it feel for me?' Group and discuss the opportunities.
- Support the establishment of the Inclusion for All Action Group.

7 Background documents

7.1 None.

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

The focus of this work to hear people's voices in Leeds and make them an integral part of health and care decision making is particularly focused on hearing the voice of people with the greatest health inequalities. Hearing those voices is a fundamental element of how we will be able to achieve the ambition to improve the health of the poorest the quickest and reduce the gap in inequalities in Leeds.

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

Enabling people voice into health and care decision making means that we are designing health and care services that meet people's needs but also we are evaluating the effectiveness of the services we provide against the real time experiences of the people in receipt of services. This then enables us to focus on the right priorities in terms of service improvements and developments.

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

By enabling people to be at the centre of service design and evaluation it means that we will be better meeting the needs of people and therefore reducing cost inefficiencies of offering services that do not meet people's needs.

Future challenges or opportunities

There are multiple opportunities for this work to really contribute to making Leeds the best city for health and wellbeing and be one of the essential components in the transformational work we want to see happen as identified in the Leeds health and Care Plan. The opportunities lie both within individual health and care organisations and collectively as a health and care system. The challenges are around the understanding and buy-in of the importance of this agenda, moving from being simply being around meeting legal requirements around engagement and consultation to truly putting people's voices at the centre of health and care decision making in Leeds.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21

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



Big Leeds Chat

Emerging findings report

November 2019



Background

The Big Leeds Chat (BLC) is a new way of the health and care system in Leeds coming together to listen to what is important to the people of Leeds about their health and wellbeing, particularly those with the greatest health inequalities. The first Big Leeds Chat took place in October 2018 and the report for this can be found at <https://healthwatchleeds.co.uk/wp-content/uploads/2019/02/BLC-report.pdf>.



The second BLC happened in November 2019 and again brought together the leaders of the health and care system in Leeds to talk with the people of Leeds at Kirkgate Market about what is important to them and how do we become the best city for health and wellbeing. In addition, a number of local Big Leeds Chats also took place to support putting people's voices into the emerging Local Care Partnerships decision making processes as well as other community-based organisations such as food bank, college, GP practice.

Since the Big Leeds Chat month in November 2019, the data has been analysed and the emerging findings are within this report. The next steps include: analysis of the findings and identify the key messages for key strategic boards both within health and care and outside.

What we found

Question 1: What do you love about where you live?

405 people responded to this question, with some giving multiple responses. Responses were very similar to last year.

1. Community (180)
2. Green space and close to countryside (112)
3. Shopping and places to eat (87)
4. Culture & entertainment (77)
5. Easy to get around (63)
6. Public services & facilities (34)

Community was the top thing that people said they loved about where they lived – this included people talking about their friends, family, neighbours and local roots, as well as how they enjoy living in a multicultural, diverse and friendly city.

“The people are friendly, they help out, do shopping, hang out washing, check you are OK.”

“That Leeds is a place for everyone, whoever you are, wherever you're from and whatever you like!”

People said that they loved the parks and other green space in Leeds and that it is so close to the countryside. Some people enjoyed the fact that where they live is quiet and peaceful.

“Local parks - being able to be in nature. Feel the seasons in parks.”

In third place came shopping and places to eat. A lot of people mentioned valuing the market, not just as a place to buy good value food, but also for its atmosphere and people. There was also mention of the range of independent shops in Leeds as well as big shopping centres.

“Leeds is a special place, it's got a great city centre, shops, bars, theatres, music venues, etc. And we are so close to beautiful countryside too!”

The culture and atmosphere of Leeds was often mentioned, along with the variety of things to do, whether sports, cultural or arts activities. The nightlife in the city and Leeds United were also mentioned!

People liked the size of Leeds, making it easy to get around and giving it “a local feel”. Some people were positive about the good public transport links, and that it was easy to travel to other places, including the surrounding countryside.

“Big enough to do things, but small enough to leave”

Under public services and facilities, healthcare especially the services offered by hospitals were the most often mentioned along with schools.

Question 2: What do you do to keep healthy?

444 people responded to this question, with some giving multiple responses. As for last year, exercise, healthy diet and family and community activities were the top responses.

1. Self-directed exercise (278)
2. Exercise class/centre (134)

3. Healthy diet (143)
4. Family & community (75)
5. Self-care (43)
6. Hobbies and interests (39)
7. Avoiding alcohol & smoking (26)
8. Work (18)
9. Engaging with health services (12)

What do you do to keep healthy?	How we defined it
self-directed exercise	Exercise that can be done solo and doesn't require a specially equipped facility. This includes things like walking, cycling, running and yoga.
exercise class/centre	Activities that require specially equipped facilities or are done in groups eg. Gym (72), swimming (26), dancing (13), football (10) and golf (5).
Healthy diet	Eating fruit and vegetables, cutting out sugar, watching weight, attending weight loss groups or counting calories, home-cooking.
Family & community	Seeing friends, going to social groups and centres, volunteering and helping others, generally interacting with other people.
Self-care	Consciously caring for mental health (eg taking baths, work-life balance, holidays), using self-help apps and avoiding pollution.
Hobbies and interests	Art and craft related activities, gardening and reading
Avoiding alcohol & smoking	Restricting or completely avoiding alcohol and not smoking
Work	Paid employment as a way of keeping mentally and/or physically healthy.
Engaging with health services	Regular health check-ups, counselling & therapy

28 people told us about **barriers** that prevented them from living a healthy lifestyle. The main barriers were:

- A lack of time and inconvenient shift patterns
- Physical and mental ill health (e.g.: painful periods, depression)

Accessing **public spaces** is a very important part of how people in Leeds stay healthy: 257 (58%) of people who responded to this question said they use public green spaces to help them stay healthy by doing things like walking, cycling, running or dog walking.

Question 3: How can we make Leeds the best City for Health and Wellbeing?

444 people made some great suggestions around how we can make Leeds the best city for health and wellbeing. Most people made more than one suggestion in response to this question which we have categorised under different themes where appropriate. Themes were very similar to last year but there was a shift in emphasis with more of a focus on the improving health and care services and being more inclusive.

Top 3

1. Better transport (31%, 137)
2. Be more inclusive and have communities that talk to each other (22%, 97)
3. Improve health and care services (24%, 106)

Other responses

4. More health education and promotion (15%, 66)
5. Look after the environment (16%, 72)
6. Improve Community facilities (51) public spaces (17) =(73, 15%)
7. Tackle poverty and homelessness, and improve housing (7%, 32)
8. Make gyms, exercise classes and other services more affordable (7%, 30)
9. Deal with crime (6%, 26)
10. Less unhealthy fast food (4%, 16)

Better transport

People want better public transport to make it easier to travel around and commute to work. They want buses to be cheaper, more frequent and reliable, with less cancellations and more bus lanes and bus routes available. Many people also suggested a better cycle infrastructure with more safe cycle lanes, particularly in the city centre.

“Improve cycle infrastructure, and mentality of other road users.”

“Transport needs serious improvement - my 6-mile commute took 1hr 45 mins last night”

37 (8%) mentioned reducing traffic congestion as a priority. There were several mentions of incentives to encourage people to use public transport such as in London where under 12s travel free, having ‘free days’ or reducing fares.

“More investment in public transport to ensure services are frequent and encourage people to stop using their cars.”

Several people also told us how they thought that better and cheaper public transport would help reduce social isolation.

“Often I can’t get to the events I’d like to as buses don’t run frequently enough or I to get two buses from different operators meaning it is very expensive to get there.”

Be more inclusive and have communities that talk to each other

“Ensuring that everybody regardless of background (race, gender, socio-economic group) has access to services across the city”.

People wanted Leeds to be a place where places, services and activities are more accessible to everyone, including those with disabilities, hearing impairments, long term conditions, mental health issues, homeless people, and those living in deprived communities.

“Increase inclusivity, city centre now focuses on certain people (people with money)”

“Adopt opening early for citizens with hidden disabilities (Autism, Aspergers, Learning disabilities) across all Council public services as well as shops.”

“Do more with the "come in" signs in shops. Encourage people to go in city centre with wheelchair.”

“Make pavements easier to walk on and less risky for people who need to use a mobility aid or who have limited vision. Stop people parking on the pavement.”

Over a third of the responses in this category (39) showed a desire to encourage people to come together and talk to each other more so that people don't become isolated. People felt there should be more community activities and groups where people can meet others, and that perhaps parks and green space could be used more for this.

“More outdoor activities. Eg. gardening and encouraging community participation and encouraging taking care of our environment as a healthy activity.”

“People coming together to be positive about the future no matter what their race or religion.”

“People to be more open - have a voice and connect with others for help”

Also, around a third (34) of the responses mentioned having more facilities, activities and support for both older people and children and young people, as well as the those who care for them.

“More parks, kids are always inside, more activities for youths”

“They took street furniture away- need more for senior citizens. Colour coded so younger people know when to vacate for older people.”

Improving health and care services:

“Health and care is underfunded and we need to prioritise it. Prevention is key.”

“Lots of different teams and coordination of complex health conditions wasn't managed well. Need health literacy or confidence/assertive to get things resolved. Worried about vulnerable people not being able to navigate the system.”

Improving and investing in health and care services was the third biggest issue for people. This included improving follow-up care, waiting times,

staffing levels and patient transport. Two of the key areas mentioned for improvement were accessing GPs (30) and mental health support (20). Difficulties getting an appointment at their local GP surgery is still a major issue for people and people want investment in more GPs and GP surgeries to make this easier.

“A lot of help in Leeds is offered to people in immediate crisis, but very little is offered to people so that it never gets to that point in the first place.”

Look after the environment

People were very concerned about air pollution, particularly in the city centre.

“Decrease the pollution, I have asthma and it affects this. More walking and cycling like Holland.”

“Make it a green city. Get all the cars out of the city. Get rid of diesel buses”

They suggested that less cars on the road, more accessible green spaces and places to walk would help as well as protecting existing green space, including the green belt. People were also concerned about the wider climate emergency saying Leeds could do more to reduce carbon emissions, increase recycling and reduce plastic waste. People also wanted there to be less litter on the streets.

“More tree and plant planting (including on buildings) Not relying too much on the big parks - we need smaller green spaces, pocket parks and places to socialise.”

“Promote and invest in sustainable energy usage- solar powered street lighting, housing being built with solar panels. Schools and public buildings to use rainwater like Leeds Beckett uni etc Continue to promote recycling.”

Health Education and promotion

People want to see more education and information made available to people of all ages about the importance of healthy eating & exercise, as well as what's available locally. They want more initiatives and groups to

get people involved and informed in staying healthy and more awareness about mental health. They see schools having a role in this, especially around how to cook healthy food and leading by example by providing healthy meals. (11,2%) Providing people with information about where and how they can access support.

“widespread social media use - we need to raise awareness among the general population about its side-effects”

“Improve knowledge on what is available to manage my health”

“Bring back health educators to work with young people (used to have some- closed down). Improve well balanced school meals”.

“More regular stalls like today to give information about what is about.”

“Weekly/daily features about healthy lifestyles on Look North”

Community facilities and improving public spaces

People wanted to see more community facilities such as leisure centres, gyms and football pitches as well as community venues with ‘things to do’ such as youth clubs and day centres for the elderly. Several people mentioned the need for such places in the city centre, particularly since the international swimming pool closed, as well as longer opening hours for leisure centres. Several people suggested improvements in the market area (lower rents, more shops, seating area and heating!). Others wanted to see more things in the city like water fountains, more accessible public toilets and places to sit and rest.

“Have services for things for people to do to get out and about. Variety of things to do. People just staying in rooms playing games.”

“Need to have pop up blood pressure / cholesterol checking locally eg in shops, market, centres.”

“Access to parks with lighting from October to April”

Affordability

30 people told us that they wanted more affordable access to leisure centres, gyms, and other activities, saying that Leeds City Council gyms were too expensive. They also wanted it to be more affordable to eat healthily, saying that healthy food is more expensive than junk food.

“Affordable access to all of the health messages, such as eating well.”

“Exercise classes are expensive and a barrier”

“Introduce more affordable council sports centre membership/pay as you go gym use or free park gym (outdoor machines)”

“Have a free veg garden in Leeds”

Homelessness, housing and poverty

Some people told us that they that they could see rising numbers of homeless people in Leeds and that they thought there should be more housing and support for them as well more social housing housing generally. People also talked about the links between mental health, poverty and homelessness.

“Get rid of the huge impact of poverty and austerity that is causing people lots of mental health and impacting on physical health.”

“Better regulation of private landlords who fail to maintain their housing stock.”

Drugs, crime, police

Some people felt that Leeds would be better for health and wellbeing if there were more police on streets, more action on drugs and alcohol-related incidents and less anti-social behaviour.

“Not feeling very secure in the neighbourhood. Some areas lack security lighting, feels less secure now that day becomes shorter.”

“Drug problems (spice). Only see it getting worse.”

Fast Food

16 people told us they thought that there were too many fast food places and that they wanted more healthy alternatives.

“There's lots of fast food outlets but not enough healthy choice. Difficult as that's what children want.”

“Replace/ reduce number of fast food outlets in deprived areas with fresh food healthy affordable options.”

Local Chats

Morley

Question 1: What do you love about where you live?

62 people told us what they love about living in Morley.

- 50% of people (31) said they loved the community (compared to 39% Kirkgate)

Question 2: What do you do to keep healthy?

69% of people (44) in Morley use public space to keep healthy. (compared to 58% Kirkgate)

Question 3: What can we do to make Leeds the best city for health & well-being? (58 responses)

58 people answered this question. The top 3 answers were about improvements to:

Improving health and care services (21, 36%) instead of Kirkgate (24%) – just under half of these (10) related to people wanting better access to GPs, as well as improving mental health services (9)

“Promote more mental health services in the city. A lot of waiting lists need cutting down. A drop in centre will be great”

“Mental wellbeing - provide education and training to people to be more resilient. Cheap wellbeing classes to make it more available. Lack of GP appointments.”

Otley

Question 1: What do you love about where you live?

66 people told us what they love about living in Otley.

Over half the people we spoke to (38 people, 58%) told us they like the community in Otley (compared to 38% Kirkgate)

“Everyone is very friendly. Got time for us. Accepting of everyone.”

Question 2: What do you do to keep healthy?

69 people told us what they do to keep healthy. The findings were near-identical to Kirkgate market.

Question 3: What can we do to make Leeds the best city for health & well-being? (53 answered)

Community facilities and improving public spaces were a slightly bigger concern for people in Otley (23%/12) than people at Kirkgate (15%). This included more sports facilities and exercise classes as well as better shops.

“Get a wider variety of shops - too many charity shops”

Hunslet

Question 1: What do you love about where you live?

22 people told us what they love about where they live.

68% of people in Hunslet (15) told us that community was what they loved about where they lived, but only 14% (3) said they loved the green space in Leeds. (compared to 39% Kirkgate community and 28% green space)

Question 2 – 25 answered

Self-directed exercise and walking in particular are a major part of how people in Hunslet stay healthy, with 80% of people (20) keeping fit this way (compared to 63% Kirkgate). As such, public space is especially important to them, with 76% of people (19) making use of it. (compared to 58% Kirkgate)

“I walk everywhere as bus prices are too high”

Question 3 – 23 answered

Affordability was particularly important to people in Hunslet, with 26% (6) saying making services and facilities cheaper would help Leeds become healthier:

“free activities for families struggling e.g free swimming, more skate parks, things for people with less money to feel included”

“cheaper rates for people on a low income. subsidized access to gym and fitness facilities”

Deaf & Blind (BID + Leeds society for deaf and blind)

Question 1 (22 responses)

Nearly half the people we spoke to said they loved Leeds’ green spaces (43%, 10, compared to 28% Kirkgate), but only 1 person said its culture and entertainment scene was something they loved (4% instead of 19% Kirkgate).

Question 2 (23 responses)

Diet was a very important part of how the people we spoke to stayed healthy: 57% (13) said they watched what they ate. By contrast, only 6 people did self-directed exercise (26%, 6) and only 2 (9%) used an exercise class or centre compared to (Kirkgate 63% self-directed exercise and 33% exercise class or centre).

Question 3 (18 responses)

Inclusive communication was a really important part of how we can make Leeds the best city according to these respondents: 56% gave this response (10).

A lack of sign language interpreters was identified as a major issue:

“There is a problem with dentist and optician. Need more interpreters”

“Deaf awareness for all”

Bramley

Question 1 (21 responses)

The responses were broadly similar to Kirkgate.

Question 2 (21 responses)

Self-directed exercise in parks and other public places were really important ways in which people in Bramley told us they stayed healthy. 81% (17) gave this response compared 63% Kirkgate. Family and community were also significant, with a third (7) of people saying they helped their wellbeing by doing things like volunteering, playing in a band and seeing friends (compared to 16% Kirkgate).

Question 3 (19 responses)

Being more inclusive and having communities that talk to each other was the biggest issue in Bramley (9, 47% compared to 22% Kirkgate)

“Massive slice of marginalized men. Enable men to engage with services in their own way.”

“Offer facilities for everybody, often the facilities are aimed at specific group and not for general public.”

Wetherby

Question 1 (59 responses)

People in Wetherby particularly appreciated how easy it was to get around the area and its small town feel (29% or 17 out of 59, compared to 16% Kirkgate), but they were less impressed by its shops, with only 10% (6) saying that is something they love about Wetherby (compared to 21% Kirkgate).

“Community spirit, market town that is the right size. Plenty to do, xmas light and gardens. Volunteer sector strong here.”

Question 2

Broadly similar to Kirkgate

Question 3 (61 responses)

People in Wetherby thought improving NHS services would help make Leeds the best city for health and well-being (23, 38%), almost half of

these responses (10) were about having better access to GPs. They also thought improving community facilities and public spaces were particularly important (34% or 21 out of 61 compared to 15% Kirkgate). There were several comments relating to improving the local swimming pool.

“The leisure pool is dirty and cold. Cannot afford the posh gym. It needs an update.”

Young people - Corpus Christi, Willow Young Carers & Leeds City College

Question 1 (88 responses)

For the young people we spoke to, Leeds’ culture and entertainment were a less important reason for loving the city than for other groups of people: only 5 (6%) said they loved this about Leeds (Compared to 19% Kirkgate).

Question 2 (90 responses)

More young people said they go to an exercise class/centre to stay healthy (54, 60%) compared to 33% Kirkgate), this is because they often attend sports or activities clubs both inside and outside school.

Question 3 (85 responses)

Young people were less concerned with improving public transport (6, 7% compared to 31% Kirkgate) and three times more concerned than the people at Kirkgate Market with having less fast food and more healthy options in food outlets (10, 12% compared to 4% Kirkgate)

“Have a variety of healthy food outlets in the city centre”

Being more inclusive and having communities that talk to each other was slightly higher than at Kirkgate (30, 35% compared to 22% Kirkgate), with nearly half of these (14) relating to having more activities and services available for young people. Young people were also concerned with services being more inclusive for people with disabilities.

“Better education at schools for people with disabilities. Someone who can go into schools and give one to one support. People with disabilities have their say.”

“Build a huge gym for all people and abilities in the centre of Leeds”

“Help young people by have young people friendly doctors near where I live”

Rutland Lodge Medical Centre

Question 1 (15 responses)

More people in this area appreciated ease of getting around (6, 40% compared to 16% Kirkgate) and shopping and places to eat (6, 40% compared to 21% Kirkgate).

“Quiet, friendly, supportive towards one another. A mixed society. Great bus service for getting into town. Everyone caring.”

Question 2 (15 responses)

Responses were broadly in line with Kirkgate market.

“I am active and involved. I attend an exercise class once weekly run by Yorkshire Dance. Eat healthily, garden, use a computer, I am still mobile.”

Question 3 (14 responses)

Wanted better inclusion and communities that talk to each other (8, 57% compared to 22% Kirkgate) and looking after the environment (5, 36% compared to 16% Kirkgate), particularly around reducing pollution.

“We need more support for elderly people to deal with legal and personal problems (it gets harder when you can't see or hear well).”

“Be supportive by helping everyone. Carry on helping people with mental health issues and disabilities.”

Garforth Net

Question 1 (13 responses)

Higher numbers of people in Garforth appreciated the sense of community and ease of getting around.

Community = 9 (69%) compared to 39% Kirkgate, ease of getting around = 6 (46%) compared to 16% Kirkgate

“Easy access for busses and doctors and shops. A lot of friends nearby. Very good neighbours.”

Question 2 (12 responses)

Broadly in line with Kirkgate responses

Question 3 (10 responses)

Improving health and care services was a bigger issue for people in this area = 7 (70% compared to Kirkgate 24%), the majority of which (6) related to improving access to GPs

“Need more doctors and dentists in the Garforth area.”

DRAFT

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HOW DOES IT FEEL FOR ME?

Joyce / November 2019

HOW HAS YOUR HEALTH BEEN IN IN THE LAST MONTH?

Not good, obviously I think its worry, stress about my daughter (having been critically ill in hospital). It's not being able to talk to anyone on my own which would help. I can't walk very far, the pains in my legs are just the same. I am run down and if I'm not careful I really do think I'll have a breakdown.

YOU WANTED TO TELL ME ABOUT YOUR DAUGHTER'S CARE IN ST JAMES' HOSPITAL...

All I can say is thanks to the Resus, the ICU, and obviously the ward she's been on in Jimmy's (J10, then moved to J12). They never left her side, and ICU were coming up to see her twice a day, sometimes three times a day to make sure she was OK. She had wonderful treatment.

WHAT ABOUT HEALTH PROFESSIONALS YOU'VE SEEN FOR YOURSELF?

I think I've seen Jenny (Community Matron) who is very good, Richard (who takes the blood) and spoken to the doctor yesterday.

WHAT MAKES JENNY, THE COMMUNITY MATRON GOOD?

She's straightforward, honest, she explains. She's always at the end of the phone if we need her. She makes every effort to come out or get one of the team to come out day or night to see us if we phone. She's always, always in touch with the doctor after a visit and I think the quality of her care is outstanding.

DID YOU WANT TO SAY ANYTHING ABOUT YOUR CARERS THIS MONTH?

One is in a world of her own, she doesn't rush for nobody. She'll be down to come at such and such a time and you can guarantee she'll be late. I think it was half past seven she was due to come last night, and she came at quarter to nine. The other one is a brilliant sitter where she can sit down and natter, natter, natter, but the care side of it, unless she's got someone with her to prompt her, no way! She's not a carer, she's a sitter.

HOW IS IT FOR YOU AND EDGAR, BOTH LIVING WITH LOTS OF DIFFERENT HEALTH CONDITIONS?

Well, Edgar always has been worried for me and he does do most of the things for me. If I get up and try and do anything, he plays pot with me because he thinks I'm going to fall. And of course, I get up, I try and because of my health it affects my balance. I haven't told Edgar but I've had two near falls going down to the bathroom. I've got to think for both of us when it comes to that. He does worry a great lot about me, and of course if he's worried, then I'm worried. The thing that worries me most is if he falls, like he did yesterday, I can't get to him to help him. And that cuts me in two. I can't get there, even if I did get there, I'd have to stay on the floor, I wouldn't be able to get up. My immediate reaction is to get to him, and then when I get to him I want to phone somebody and I've left my phone back on the table. I've thought about getting a pendant emergency button [instead of on my phone like I have now] but do I stay the way I am, without putting pressure on my family? Because if the alarm goes off, it goes through to them.

That's another thing with Edgar, he's had quite heavy nose bleeds and he's been told if they last longer than 15 minutes he has to call ambulance. Every time he sneezes, I'm thinking 'oh no, not another one!' and then his arms because he's got such thin skin, they start to bleed, they just pop and bleed. I'm forever watching him, if you like, and I'm trying to observe his colour, and his how can I put it, his relaxation (he shakes).

Sometimes you need to talk to the Community Matron on your own so you've got a sounding block, because on the medical side of things, you need that, so that they can see how you're looking, how you're feeling. The one to one is very important. I don't want him [Edgar] to lose his independence but I would like him to accept a little more help from people. I think it would do us both good to have someone to talk to on our own. At the moment we're usually both in the same room when they come. It would do Edgar good to be able to talk more about how he feels about me.

HAS YOUR CARE FELT 'JOINED UP'?

The locum doctor came out and I showed her my wrist which was swollen, the pain was awful when I moved my fingers. She sent me to have an x-ray at LGI and took some bloods. One thing that I can say is that these tests I've had done three or four weeks ago, I've had no results come back from the doctor, nothing. It's strange because I thought that all these tests and that, the results go straight back to your GP and I've not heard a thing. It's many a time I'm sat here and I'm trying to hold my cup and I have to literally put my other hand on it so I can pick up the cup, and I can't move it without the shakes. Without the results, I don't know whether it's my arthritis, osteoporosis or what.

I often don't get to know about my test results. I can ring up and they tell you a bit. Jenny (Community Matron) is allowed to tell me so much, and if there's anything wrong she would. I think it's a must that you know about them (test results) because I've always said if you know what's in front of you - what you've got, not what you'd like - then it will help you come to terms with it. I get cross when no one gets back to me, I'd just like an explanation, even if there's nothing wrong it would put my mind at ease.

HOW HAS COMMUNICATION FROM HEALTH PROFESSIONS BEEN?

If the doctors or medical team were more up front then it would help me to understand what they were saying to me. Simple things like naming of tablets, or when a new company has taken over and you're thinking 'What's this? I don't know this', and you're having to ring the chemist to find out if it's the same tablet, just a different name. And if they'd just said the name had changed. When I could I'd go up to the chemist, I'd go up and ask them, but I feel I've lost that now because I get them delivered. I have medication reviews but it's the same thing over and over again. I'd like to have an update really, I would like to know if it's possible that they (the different tablets) would (a) disagree at some point with your insides, (b) whether some of them contain things that are not really needed and (c) if you could ever OD on any of the medication. You need to know what your body is taking in.

IF YOU COULD HAVE CHANGED ONE THING TO MAKE YOUR EXPERIENCE BETTER THIS MONTH, WHAT WOULD IT BE?

Having the option of having a one to one with my Community Matron. It's very important to have a sounding board.

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Report of: Leeds Mental Health Partnership Board

Report to: Leeds Health and Wellbeing Board

Date: 20 February 2020

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

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input 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

The Health and Wellbeing Board agreed for the development of a new, comprehensive strategy and vision to guide how we are addressing mental health and reducing mental health inequalities in Leeds. A new all age mental health strategy has been developed which encompasses population mental health, prevention and treatment.

Recommendations

The Health and Wellbeing Board is asked to:

- Approve the Mental Health Strategy and the three passions and eight priorities contained within it.
- Support the vision of a collective and unified system-wide approach to mental health and its fit with the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan.
- Note and support the work that will be undertaken to deliver the eight priorities contained within the strategy through the implementation of the Delivery Plan

1. Purpose of this report

- 1.1 The purpose of the report is to present the new all-age Leeds Mental Health Strategy (Appendix 1) which sets out what we intend to do as a city to improve the mental health of people in Leeds, better support those with mental ill health, and reduce mental health inequalities across Leeds. It sets out the priorities which identify where we, as a city, particularly need and want to focus on achieving a step change in mental health outcomes.
- 1.2 The report provides an overview of the consultation and engagement processes undertaken in developing the strategy, and it outlines the governance arrangements and the next steps required to deliver this ambitious strategy.

2. Background information

2.1 Leeds has a clear commitment, and various programmes already in place, to promote good mental health, prevent mental illness and provide high quality care and treatment. These include:

- Best Start programme which in its focus on the first 1001 days and the importance of developing healthy attachment relationships is the bedrock of all future health and wellbeing
- Leeds Future in Mind Strategy and the Future in Mind Local Transformation Plan which sets out a comprehensive citywide approach to improving the social, emotional and mental health of our children and young people.
- Mental Health Prevention Concordat, with strategic leaders signed up as ‘champions’

2.2 In addition to these programmes, it is recognised that there is a need to articulate and co-ordinate action through the life course, across the health and social care system, and in other areas such as employment, and to acknowledge that this has been challenging, in part due to the complex nature of mental health and illness.

2.3 Within the last five years a number of mental health needs assessments (perinatal, children, young people and adult) have been carried out. These have indicated that there is continued unmet mental health need in the city, along with inequity between groups in terms of access to services and unequal health outcomes. In addition, engagement, analysis and service reviews previously carried out provide strategic partners with a good understanding about what affects people’s mental health in the city and how people think services could improve. This engagement includes:

- ‘Big Leeds Chat’ (our ‘one system’ citywide engagement with the public about health and wellbeing)
- Joint Strategic Assessment
- Healthwatch Leeds and Youthwatch (review of crisis services)
- Leeds and York Partnership NHS Foundation Trust (LYPFT) community services redesign
- NHS Leeds CCG (IAPT insight)
- Leeds City Council

- 2.4 The NHS Long Term Plan sets out significant ambitions to improve services and wider support for people with mental ill health. These include improving access to high quality perinatal mental health services, increasing mental health support to schools, improving transition, reducing smoking rates in people with long term mental health conditions, and improved employment support for people with serious mental illness. Crucially this is underpinned by a commitment to addressing mental and physical health inequalities through a focus on prevention and through integrated approaches.
- 2.5 This Mental Health Strategy builds on these existing programmes which encompass the spectrum of prevention through to the delivery of high quality services. It sets out the vision and the priorities to enable Leeds to become a mentally healthy city for everybody. It is envisaged that in bringing all programmes together under a shared vision, and through a collective approach and shared culture, that further synergies can be found and that mental health will become 'everyone's business' within the wider system.
- 2.6 The strategy recognises the importance of the family unit and how the mental health of adults in a family has a significant life course impact on the health and wellbeing of any children within the home.
- 2.7 Implementation of the strategy will also support the objectives set out in the city's Health and Wellbeing Strategy and the Leeds Health and Care Plan: people will live full active and independent lives, people's quality of life will be improved by access to quality services, people will be involved in decisions made about them and the city's Priority Plan by contributing to the indicators for the best city for health and wellbeing.

3. Main issues

- 3.1 Mental health encompasses 'good mental health' along with stress, common mental health disorders (such as anxiety and depression) through to diagnoses such as schizophrenia and psychotic disorders. It is vast and complicated and this often results in complex systems and services.
- 3.2 Action to improve mental health and wellbeing often lies outside of services. There are well evidenced risk factors for poor mental health which include: having experienced trauma (particularly in childhood); economic hardship; living in poor housing conditions, and lack of access to green spaces. There is a need to work together across all policy and service areas to ensure that social and economic determinants are mental health promoting and that protective factors are enhanced.
- 3.3 Priority populations identified include (but are not restricted to): people from Black and Minority Ethnic communities - particularly disadvantaged groups such as Gypsy and Travellers and Asylum Seekers; the LGBT community, care leavers, people with disabilities, carers, and people with co-existing Autistic Spectrum Disorder.
- 3.4 Mental ill health appears to be increasing for some groups – particularly girls and young women. This is reported nationally and is being recognised by services in Leeds. Mental ill health also disproportionately affects some groups more than others (due to the way that risk factors tend to 'cluster') and people with serious mental ill health have significantly poorer physical health outcomes.

- 3.5 To improve mental health and address mental health inequalities necessitates taking a whole system, life course approach, with shared values and a shared culture, encompassing mental health promotion, illness prevention and treatment. Implementation of the all-age mental health strategy will enable this broad and holistic perspective. Achieving the vision is dependent upon a strong partnership approach that takes positive action across the areas shown in the circles below which will ensure that people in Leeds stay mentally, and physically, healthy for longer.



A conceptual model derived from the World Health Organisation Public Mental Health Framework (2013)

- 3.6 The Inclusive Growth Strategy and our Joint Strategic Assessment highlight that a primary focus of the mental health strategy must be on ensuring that people in the most deprived areas of Leeds are supported to access education, training and employment in order to promote their mental health and thereby seeking to close the inequalities gap.
- 3.7 The all-age mental health strategy is meant to be transformative and it will work alongside the Leeds Health and Care Plan for a stronger system-wide focus on prevention and early intervention through a 'Leeds Left Shift'.

Key elements of the strategy

- 3.8 The purpose of the strategy is to:
- Drive forward the vision that “Leeds will be a Mentally Healthy City for everyone”, show how we can all play a part in achieving this, and how we will know when we are successfully achieving it
 - Set out the delivery plan - three key areas, and eight priorities that will help achieve the vision
 - Provide a framework within which to develop a shared culture across diverse services
- 3.9 The strategy focuses on how we promote good mental health and wellbeing, prevent mental illness and improve services. This will require developing and supporting a recovery-focussed approach across the system which will be strengths-based and

person-centred, and which will challenge stigma and discrimination and promote parity of esteem.

3.10 In developing this strategy, and in recognising the need to take a system-wide approach to mental health, the various partners across Leeds have agreed to the following guiding principles:

- Ensure that services and new work are co-produced, with people at the centre
- Recognise the impact of trauma and adversity on people's mental health
- Take a person and family-centred, strengths-based approach
- Have a strong focus on the wider determinants of mental health and illness
- Ensure that mental health and physical health are treated equally
- Challenge stigma and prejudice
- Make sure that any action is based on the best possible evidence
- Adopt a recovery focus wherever possible
- Address issues of inclusion and diversity

3.11 The mental health strategy identifies **five outcomes** for people in Leeds:

1. People of all ages and communities will be comfortable talking about their mental health and wellbeing
2. People will be part of mentally healthy, safe and supportive families, workplaces and communities
3. People's quality of life will be improved by timely access to appropriate mental health information, support and services
4. People will be actively involved in their mental health and their care
5. People with long term mental health conditions will live longer and lead fulfilling, healthy lives

3.12 The mental health strategy does not attempt to cover everything as there is a lot that is already working well in the city. Instead it has identified **three passions** which are the things that we most want to achieve improved outcomes for. These are:

1. Reduce mental health inequalities
2. Improve children and young people's mental health
3. Improve flexibility, integration and compassionate response of services

3.13 In focussing on the passions, we have identified **eight priorities** on which our joint resources will be targeted so that we are well placed to address the gaps, to reduce mental health inequalities and to enable 'Leeds to be a Mentally Healthy City for everyone'. The eight priorities are:

1. Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm
2. Reduce over representation of people from Black, Asian and minority ethnic communities admitted in crisis

3. Ensure education, training and employment is more accessible to people with mental health problems
4. Improve transition support and develop new mental health services for 14-25 year olds
5. Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health. This includes an understanding of how to respond to adverse childhood experiences and embedding a 'Think Family' approach in all service models
6. Improve timely access to mental health crisis services and support and ensure that people receive a compassionate response
7. Ensure older people are able to access information, support and appropriate treatment that meet their needs
8. Improve the physical health of people with serious mental illness

Engagement on the strategy

- 3.14 A Mental Health Strategy 'task and finish' group has been meeting on a regular basis, since January 2019, to develop the mental health strategy. The group includes representatives such as Healthwatch Leeds, Age UK, and Forum Central, and experts by experience, as well as commissioners from Children & Families, Adults & Health and from NHS Leeds CCG. The task and finish group has been involved in ensuring that there is wide engagement, particularly from specific groups or communities of interest where there hasn't previously been significant input.
- 3.15 Engagement on the emerging strategy was undertaken through the summer and autumn 2019. The engagement occurred at two levels: citizen engagement and stakeholder engagement.
- 3.16 Citizen engagement included delivering a brief presentation of the outline of the strategy, and facilitating open discussions about the proposed priorities and passions. This was undertaken at various public meetings and events including: the Social Care Forum for Race Equality; the 'Together We Can' meeting with people who access services and their carers; a Leeds Involving People (LIP) consultation event, and Leeds Youth Council.
- 3.17 Engagement was undertaken with various third sector organisations, particularly targeting those organisations that work with individuals and groups that have not previously been consulted. This included: people who are socially isolated; young people and adults who have recently experienced crises; rough sleepers and people who are homeless; refugees and asylum seekers; prisoners and ex-prisoners. These engagement events were led and facilitated by Healthwatch Leeds, Age UK; Forum Central and Young Lives Leeds.
- 3.18 Stakeholder engagement is critical to ensure that there is system-wide ownership of the strategy and of the role that organisations will play in contributing to the delivery of the priorities. This engagement was undertaken at various forums within statutory organisations, including elected members via the Community Committees Health and Wellbeing Champions meeting; the GP Members' meeting, the Clinical Commissioning Forum, Targeted Services, as well as with

organisations that are specifically working within mental health services such as Mind Well, Mind Mate and Touchstone.

- 3.19 Through the engagement processes outlined above, the strategy has been modified to reflect what people told us. The number of priorities have increased from 7 to 8 following the feedback and have been amended to be more inclusive of groups who are most at risk, and to reflect an all-age strategy.

The Delivery Plan

- 3.20 A comprehensive delivery plan (Appendix 2) is in the process of being developed which galvanises the various initiatives that are already in place and are delivering aspects of the priorities, and which identifies new and additional actions and activities required to enable full implementation of the strategy. The delivery plan specifies the actions and tasks that need to be undertaken to enable the outcomes to be delivered and sets out the timeframes for delivery. Each of the priorities will include actions relating to the three themes of mental health promotion; mental illness prevention and suicide prevention; and improving lives, supporting recovery and inclusion.
- 3.21 The task and finish group has been working with finance and performance colleagues to identify the key success indicators and measures that already exist, or that need to be developed which will help track progress on each of the priorities and the actions which sit under them. A dashboard will be developed to enable reporting of progress against the key indicators.
- 3.22 As outlined, successful implementation of the strategy will entail co-ordinating a vast range of work streams that are already underway, as well as the development of new activities and areas of work. Also, given the scope and breadth of the strategy it is recognised that implementation of some of this work may sit outside of the health and social care system, such as access to and support in employment. As well as identifying the Senior Responsible Officer for each of the eight priorities, implementation leads are also being identified for the various activities. These leads include representatives from the third sector as well as from NHS providers and from commissioners. Wherever possible, the activities and developments will be co-designed with service users and carers and where this is not realistically feasible, this will be undertaken with key third sector organisations.
- 3.23 In order to ensure all the work activities are aligned and are successfully progressing to deliver the vision of the strategy, a programme manager role will be developed, within the Health Partnership Team, to ensure full co-ordination of the various actions and activities that will fall under the delivery plan.

Governance arrangements

- 3.24 Implementation of the delivery plan will be governed through to the Mental Health Partnership Board which is co-chaired by the Director of Adults and Health and the Director of Operational Delivery at NHS Leeds CCG. This Board meets on a bi-monthly basis and key stakeholders are represented on the board including service user representatives, third sector organisations, NHS providers as well as children's and adults' commissioners from Leeds City Council and the CCG.

3.25 Where key decisions are required about resource allocation including future investment, these will be progressed through the Integrated Commissioning Executive (ICE). Progress on the strategy will ultimately be reported, on a regular basis, to the Health and Wellbeing Board.

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 As part of the previous Mental Health Framework development, a set of 'core' expectations for mental health support in the city and "I statements" were co-authored with and signed-off by the Together We Can lived experience network and a number of affiliated groups. Those statements have been adopted by health and care commissioners in order to support service design, development and evaluation of service contracts. In developing the new mental health strategy, the 'I statements' have been refreshed, and include 'I statements' from children.

4.1.2 Much of the work to assess need and engage communities, service users and practitioners has already been completed, either through the Leeds Mental Health Needs Assessment processes, or through engagement undertaken as part of mental health service reviews and procurement. These, along with other engagement¹ undertaken in the last 18 months, have been analysed to give the following outline themes of engagement in regards to mental health in Leeds:

- Information accessibility and content improvement
- Continuity and joined up working services
- Being person-centred and service user led
- Professional relationships – clear, open and honest
- Education of mental health – public and professional across the education, health and social care systems
- Adequate crisis provision
- Equal access to mental health services
- More provision of services, including mental health wellbeing
- Instilling resilience in people and communities

4.1.3 As outlined in 3.14 – 3.19 above, further engagement has been undertaken by members of the Mental Health Strategy task and finish group via a number of known platforms, and with various groups of people, during late summer and autumn 2019.

4.2 Equality and diversity / cohesion and integration

4.2.1 The development and subsequent implementation of the mental health strategy has the potential to positively affect diverse populations and communities in Leeds. Mental health needs assessments (including Future in Mind and Leeds in Mind) have clearly indicated which groups have poorer access to mental health services and less favourable treatment outcomes. These populations are a key

¹ Healthwatch UK; Mental Health in the Long Term Plan for the NHS; Community services redesign; LYPFT redesign; Roads Tunnels & Bridges; SBSC – SU's and Carers; IAPT re-procurement

focus of the strategy, with an overarching commitment to addressing and reducing mental health inequalities.

- 4.2.2 A delivery plan has been developed which sits under the strategy. This will help ensure that the social and economic determinants of mental ill health are highlighted and closing the inequalities gap will be a key priority which will be done by galvanising action across the whole system.
- 4.2.3 A mentally healthy city, supported by a well-developed vision and strategy has the potential to have a positive impact on community cohesion and integration. Population mental health and wellbeing is dependent upon wider determinants, including community cohesion. However, steps to improve mental health – including for example, improving access to green spaces or supporting local informal networks, in themselves support community integration. As such, one key element of the strategy is the recognition that mental health is everybody's business and good mental health should be actively promoted across the range of strategies across the system.

4.3 Resources and value for money

- 4.3.1 Mental Health is central to all health. It has a significant impact, not only on individuals, families and communities, but also on the economy. Estimates for Leeds suggest that mental ill-health costs over £500 million every year through lost economic output, benefits payments, and its effects on the health and social care system.
- 4.3.2 There is significant evidence that investing in mental health and wellbeing is highly cost-effective – across the whole health and social care system, and wider across all of society. The Mental Health Strategy does not have an associated budget; rather it sets out action that is taking place already in the city through the current funding streams. However, it is hoped that agreeing shared priorities across a range of partners will enable new and innovative ways of working which will have both social and wider economic benefits.
- 4.3.3 The NHS Long Term Plan clearly signals the need to improve services and wider support for people with mental ill health, underpinned by a commitment to addressing mental and physical health inequalities through a focus on prevention and through integrated approaches. The NHS Long Term Plan brings with it some new funding, some of which will be earmarked specifically for mental health developments over the next few years. The priorities within the Mental Health Strategy will further help inform where such streams of funding could be targeted.

4.4 Legal implications, access to information and call in

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

4.5 Risk management

The finance and reputational risk of implementation of the strategy will be overseen and managed by through existing governance arrangements within Leeds City Council and NHS Leeds CCG.

5. Conclusions

- 5.1 The strategy covers the full breadth of mental health and illness from prevention and the range of community based services through to in-patient treatment. It complements strategies already in existence across the system.
- 5.2 Successful implementation of the Mental Health Strategy should help address the key issues experienced by the people of Leeds such as mental health inequalities, stigma, and better integration of mental health and physical health services. The strategy is ambitious: focussed on bolstering prevention and seeking resources to be invested into strengthen community services including Primary Care mental health services; reducing health inequalities, and improving people's experiences of mental health care and support services.
- 5.3 The Leeds Mental Health Strategy will need to resonate with a changing health and social care landscape both at the regional and local level. As such, it will need to be sufficiently flexible to inspire and deliver change at neighbourhood level through the Local Care Partnerships and at citywide level.

6. Recommendations

The Health and Wellbeing Board is asked to:

- 6.1 Approve the Mental Health Strategy and the three passions and eight priorities contained within it.
- 6.2 Support the vision of a collective and unified system-wide approach to mental health and its fit with the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan.
- 6.3 Note and support the work that will be undertaken to deliver the eight priorities contained within the strategy through the implementation of the Delivery Plan

7. Background documents

None



Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

Contained within the strategy is a clear focus on promoting good mental health and preventing mental ill health, and on reducing the inequalities gap through a stronger offer on supporting people to access education, training and sustainable employment.

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

The all age mental health strategy focuses on strengthening community services including statutory mental health services and the various initiatives and services provided by the Third Sector. There is an emphasis on ensuring that across the health and care system there are a diverse range of services but that all partner organisations will develop one culture across the system.

How does this help to have a financially sustainable health and care system? It is estimated that mental ill-health costs over £500 million every year in Leeds through lost economic output, benefits payments, and its effects on the health and social care system. Supporting people through health promotion and prevention can support the health and care system to remain financially viable or at the minimum to reduce cost pressures.

Future challenges or opportunities

The all-age mental health strategy should be a vehicle for delivering a system wide approach to tackling and reducing health inequalities. The emphasis is on supporting and developing diverse services to meet the needs of different communities, but adopting a one culture approach across the services and programmes of work.

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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DRAFT Leeds Mental Health Strategy

2020 - 2025

DRAFT



Foreword

Leeds has all the attributes of a great northern city, with plenty to offer to those of us who live, learn and work here. Whether it's by birth or by choice, there's something about our city that makes us proud to call it home.

It may well be because of our growing economy and population, diverse and vibrant communities, our unparalleled Third Sector, green spaces, high quality services, an exceptional educational offer, the breadth of culture and art.

More likely it's because of our people. Our greatest strength and most important asset is us: the people of Leeds. Our connections with family, friends and colleagues, the behaviour, care and compassion we show one another, the environment we create to live together, the way services work together to get the best results or the thousands of people offering care and support for someone they love.

All of these things contribute to our quality of life and our mental wellbeing. However, there remains enduring inequality in the city - some of us experience worse mental wellbeing because of where we live, how much we earn, the physical health conditions we have, the air we breathe or the pressure we face day to day. The cost is too great to our people, to our economy and to the way we and others view our city. This is unacceptable and must end.

That's why Leeds has a new Mental Health Strategy. It's for everyone, of all ages, wherever you live, study, or work in Leeds, for however long you call Leeds home. The strategy seeks to tackle head on some of the greatest challenges we face as a city, ensuring that mental health underpins everything we do, whilst targeting efforts where they are most needed so that the health of the poorest improves the fastest

It covers how we plan to strengthen our efforts to keep people in Leeds mentally healthy, whilst addressing the fact that we need to do more to support people with mental health problems, including those that live with severe and enduring mental illness.

We all have a part to play in Leeds being a mentally healthy city, a compassionate place where our default is to listen to others, where everyone feels able to talk freely about their feelings and emotions and where families are supported to ensure good mental health now and for future generations.

The Leeds Mental Health Strategy makes sure we have the conditions and culture in which we can all flourish in our diverse communities. This means we can enjoy the things that help us feel good and get access to high quality support and compassionate services when we need them.

New money coming into Leeds as part of the NHS Long Term Plan gives us the opportunity to shape and grow services for children, young people and adults, rooted in a Think Family approach that supports parents.

In Leeds, we have the conditions and power within our communities and organisations to promote good mental health and turn the tide on poor mental health, so that everyone in our city can thrive.



Councillor Charwood

Chair of the Leeds Health and Wellbeing Board and Executive Lead Member for Health, Wellbeing & Adults, Leeds City Council


Introduction

The Leeds Health and Wellbeing Strategy provides a framework for improving health and for making Leeds the best city for health and wellbeing.

In response, the Leeds Mental Health Strategy sets out how we will achieve this vision for mental health, so that '**Leeds will be a Mentally Healthy City for everyone**'.

Being a mentally healthy city means that it will feel normal to talk about mental health and that everyone, whoever they are and wherever they live, will be able to access good quality mental health services, if and when, they need them. It also means that Leeds will be a place where the conditions in which people are born, grow up, and grow older, support good mental health and wellbeing. This includes acting to reduce poverty and the impact of poverty.

This strategy sets out 'the story' of mental health in Leeds – what is important and why. It is also a bold call to action. Mental health and wellbeing is everyone's business. Only by coming together to address the wider factors that affect mental health, improving services and, by truly focussing on prevention, will Leeds achieve the vision of being a mentally healthy city for everyone



Our vision:
Leeds will be a
mentally healthy
city for everyone

Scope and Purpose

The Leeds Mental Health Strategy adopts the World Health Organisation (WHO) positive definition of mental health, which is broader than just mental illness.

“ A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (World Health Organisation, 2013).

The strategy is all age: it covers how we plan to improve mental health and wellbeing from conception through to end of life. It also makes clear the contribution that other policy areas, such as housing or community safety, make towards people having good mental health.

Building on the Leeds Mental Health Framework 2014 - 2017 this strategy includes a focus on improving services. There are other strategies in Leeds that address the mental health of children and young people and the mental health of older people. There are also city-wide plans for improving adult mental health services over the next five years and for suicide prevention.

The Leeds' Mental Health Strategy does not replace these existing strategies and work programmes, but it does provide a unified vision for mental health in the city. This means that activity across children and adult services, across both prevention and treatment, and in community settings and hospitals, can be better aligned and therefore have the greatest impact on people's lives.

The purpose of the strategy is to:

- Drive forward the vision that “Leeds will be a Mentally Healthy City for everyone”, show how we can all play a part in achieving this, and how we will know when we've achieved it
- Set out the delivery plan - three key areas, and eight priorities that will help achieve the vision
- Provide a framework within which to develop a shared culture across diverse services

Mental Health Strategy 2020-2025



3 Passions: – areas for improvement

1. Reduce mental health inequalities
2. Improve children and young people's mental health
3. Improve flexibility, integration and compassionate response of services



8 Priorities: – focusing our attention

1. Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm
2. Reduce over representation of people from Black, Asian and minority ethnic communities admitted in crisis
3. Ensure education, training and employment is more accessible to people with mental health problems
4. Improve transition support and develop new mental health services for 14-25 year olds
5. Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health. This includes an understanding of how to respond to adverse childhood experiences and embedding a 'Think Family' approach in all service models
6. Improve timely access to mental health crisis services and support and ensure that people receive a compassionate response
7. Ensure older people are able to access information, support and appropriate treatment that meet their needs
8. Improve the physical health of people with serious mental illness.

5 Outcomes: – starting with people

1

People of all ages and communities will be comfortable talking about their mental health and wellbeing

2

People will be part of mentally healthy, safe and supportive families, workplaces and communities

3

People's quality of life will be improved by timely access to appropriate mental health information, support and services

4

People will be actively involved in their mental health and their care

5

People with long term mental health conditions will live longer and lead fulfilling, healthy lives

Our Vision:

'Leeds will be a Mentally Healthy City for everyone.'



Guiding Principles

When working together to develop and implement this strategy, partners in Leeds have agreed to:

- Ensure that services and new work are co-produced with people at the centre
- Recognise the impact of trauma and adversity on people's mental health
- Take a person and family-centred, strengths-based approach
- Have a strong focus on the wider determinants of mental health and illness
- Ensure that mental health and physical health are treated equally
- Challenge stigma and prejudice
- Make sure that any action is based on the best possible evidence.
- Adopt a recovery focus wherever possible
- Address issues of inclusion and diversity

These commitments align with the three agreed principles that guide the way health and social care organisations in Leeds work together

Principles of our approach		
We put people first: We work with people, instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds citizens and our workforce.	We deliver: We prioritise actions over words to further enhance Leeds' track record of delivering positive innovation in local public services. Every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.	We are team Leeds: We work as if we are one organisation, taking collective responsibility for and never undermining what is agreed. Difficult issues are put on the table, with a high support, high challenge attitude to personal and organisational relationships.

How this strategy has been developed

The Leeds Mental Health Strategy has been developed by a small sub-group of the Leeds Mental Health Partnership Board. Members of this group reviewed all the information that has been gathered about mental health in the city during the last five years. From this, three passions and a number of priorities were chosen. These were discussed at a series of engagement events with service users, carers and wider stakeholders. What people said at these events, and their thoughts on the passions and priorities, have informed the structure and content of the strategy.

Our Strengths

Mental Health is connected to everything: it's where we live, how we learn, work and play. It's our physical health, the environments we are surrounded by, the relationships we have and importantly, the experiences we go through. It all has an impact on how we think and feel. This means that there are many opportunities for improving mental health. It can also make knowing where to start feel difficult.

The good news is we are already doing many things in Leeds that contribute towards being a mentally healthy city.

Leeds is a vibrant city with many individual and community assets to build upon. This includes our lively arts and cultural scene which has a central role in celebrating the diversity of the city, growing the economy, reducing unemployment, connecting communities and reducing poverty. Programmes such as Leeds Pride and Carnival, alongside the work of theatres, dance programmes, sports clubs and faith groups, all support good mental health and wellbeing. Such activities enable people of all ages and backgrounds to build connections with others, to feel like they belong and to build shared sources of identity.

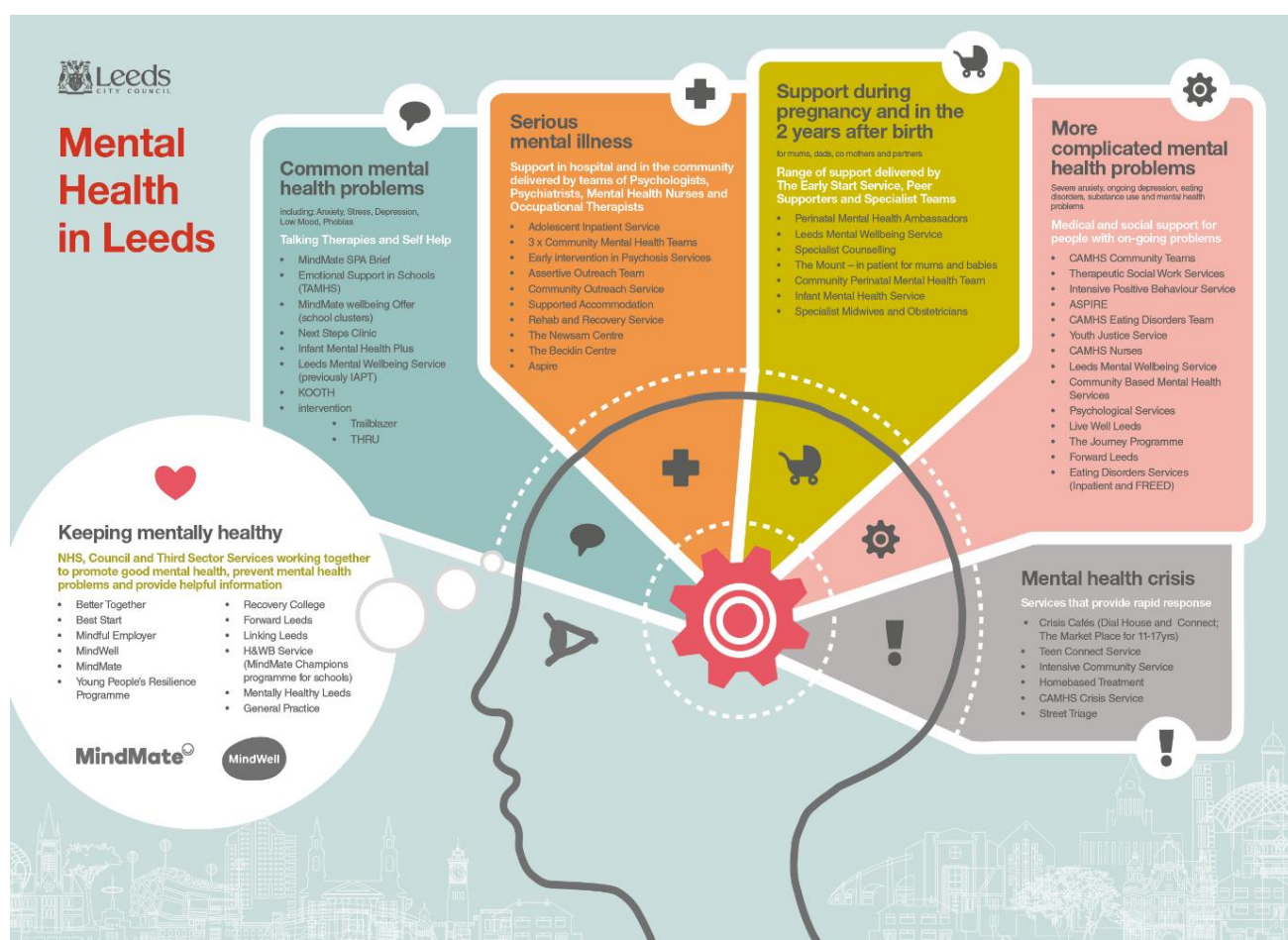
Leeds is a compassionate city, committed to an approach that focuses on the strengths of people and communities. Asset Based Community Development is about nurturing communities and connections between people that live in local areas. For everyone in Leeds, including those with mental health needs, to have the opportunity to contribute to, be valued by, and be involved with where they live has enormous potential for building resilience and supporting good mental health.

Leeds is a thriving city with an economy worth an estimated £21.3bn. A significant number of large organisations call Leeds home and these organisations have enormous potential to contribute towards Leeds being a mentally healthy city. The decisions they take in terms of how they decide to support their workforce, providing jobs and training for local communities, and reducing carbon emissions and greenhouse gases, all impact on the people of Leeds and their mental health.

Leeds also delivers innovative and award winning mental health services, including the Yorkshire Centre for Eating Disorders, the regional Personality Disorder Service and digital resources for both children and young people (Mindmate) and adults (Mindwell). Underpinning this is the significant contribution of the Third Sector, along with widespread commitment to recovery-based approaches, and service user involvement - including the development of 'I statements' and 'we statements', which set out how people want to be treated when they access services (See Appendix 1)

Finally, Leeds is a pioneering place. The city develops and sustains prevention approaches over time. This includes: delivering a comprehensive suicide prevention programme and being an early signatory to the Public Health England Prevention Concordat, as well as establishing the Leeds Best Start strategy which supports parents' wellbeing, and therefore protects the future mental health of babies and children. Leeds also provides many opportunities for people to be physically active – and therefore mentally healthy - through programmes like Leeds Girls Can and through supporting access to green spaces and active travel.

The Leeds approach to mental health and wellbeing



The Challenges

Despite Leeds' diverse culture, thriving economy and excellent services, not everyone is benefitting from what the city has to offer. Estimates suggest that mental ill-health costs Leeds over £500 million every year through lost economic output, benefits payments and its effects on the health and social care system.

Within the city, there remains an unacceptable health inequality gap, with 10 years difference in life expectancy between those with the best and worst health. This inequality is related to both mental and physical health and has a relationship to where people live. Simultaneously, the population of Leeds is changing and this means that we are likely to face new and greater challenges in the coming years.

The number of people living in poor neighbourhoods and the proportion of children and young people within this, has significant consequences for the future mental health of our city. This is because we know that what happens in childhood has long term implications for people's mental health.

The population of children and young people is growing at a faster rate than the population of the city as a whole, and this is particularly acute in our communities that experience the greatest inequality.

The ageing population also provides Leeds with significant challenges in terms of how to support older people, many of whom live alone, to maintain connections with other people and to access

support that meets their needs.

The impact of austerity and new economic models are putting pressure on some of the poorest communities in the city. In-work poverty has increased in the city as it has elsewhere in England in Wales. Financial insecurity has huge implications for people's mental health and has been estimated by the World Health Organisation to be the largest single reason that maintains mental health inequality.

There has been a recent growth of in-work poverty, with an estimated 70,000+ working age adults from

Over 170,000 people in Leeds live in areas ranked amongst the most deprived 10% nationally.

In 2016 over 17% of children (under 16s) were estimated to live in poverty

The population of the city continues to age. This has a range of implications for services not least as a result of a far more ethnically diverse older population, with a greater concentration in the city's inner areas.

National research suggests that the mental health of girls and young women appears to be worsening. This has particular resonance for our city which hosts over 60,000 young people every year, many of whom fall in to this age bracket. Feedback from Higher Education institutions in the city is that students of all genders are arriving in the city with increasing levels of emotional distress.

It is vital that health and social care systems scale-up prevention if the pressure on mental health services is to be reduced. But current funding for mental health services, including supported accommodation, does not meet demand.

National funding for mental health has never equalled that of physical health. Even large flagship services like IAPT (Improving Access to Psychological Treatment) have only ever been resourced to meet a small proportion of mental health need (currently around 20%). Recent announcements made as part of the NHS 10 year plan suggest that funding will be increasing across both adult and children and young people's mental health services but this comes within a broader context of significant under-investment, particularly in relation to children and young people.

Mental Health in Leeds

People's mental health and wellbeing changes from moment to moment and anyone can develop a mental health problem. But the factors that increase the risk of poor mental health or promote good mental health, are not distributed equally across the city. This means that certain communities or groups are more likely to have poor mental health and to face more barriers when accessing treatment. Ultimately, this leads to avoidable or unfair outcomes called health inequities or health inequalities.

The World Health Organisation (WHO) has identified five key factors that contribute to health inequity:

- Health services
- Income security and social protection
- Living conditions: including housing deprivation, unsafe neighbourhoods and lack of green spaces
- Social and human capital: incorporating education, trust and political voice
- Employment and working conditions.

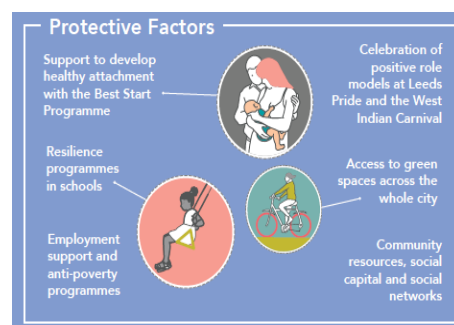
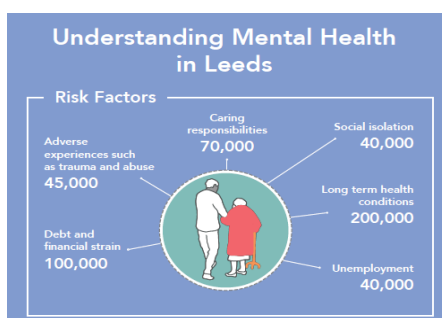
World Health Organisation (2019) Healthy, prosperous lives for all: the European Health Equity Status Report

Risk and Protective Factors

There are specific factors, that fall under the headings identified by the WHO, that are known to either increase the risk of someone having poor mental health or to protect it. These are important at the time, but they also have significance in the future.

For example, we know that children who live in an environment where their emotional needs are not met are more likely to have mental health problems as an adult. This is because of the way in which early childhood experiences, particularly those that are 'adverse', affect brain development and future emotional and social functioning.

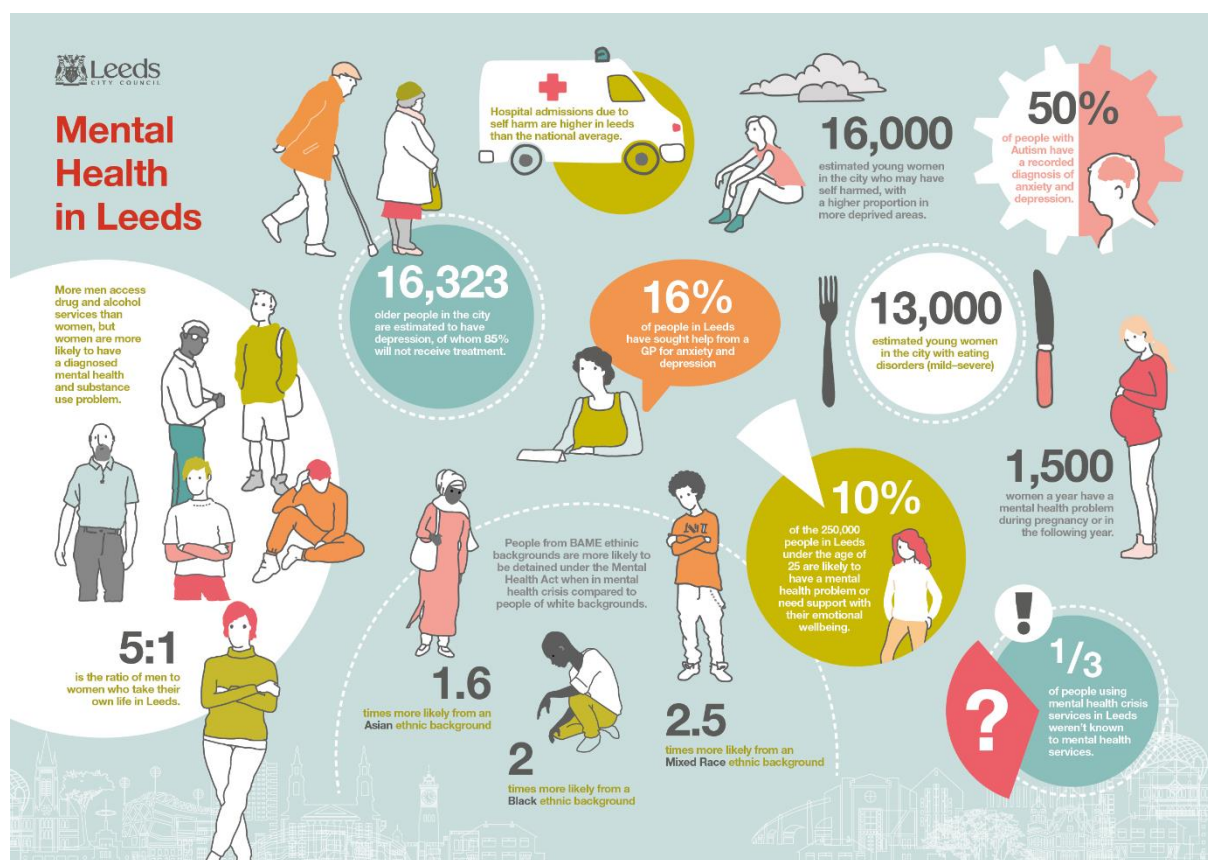
Risk and protective factors in Leeds



A sensitive understanding of how mental ill health occurs helps to ensure that efforts to prevent it are focused in the best possible way. Recent local studies which summarise the mental health inequalities experienced by different groups in the city, can be found on the Leeds Observatory: <https://observatory.leeds.gov.uk/health-and-wellbeing/needs-assessments/>

Across the course of people’s lives there are also points of change that often have an impact on mental health and wellbeing. In most cases, these transitions do not lead to mental health problems. However, it is often during major life changes that people benefit from extra support to stay mentally healthy. These transitions include: becoming a parent for the first time, starting high school or university, the menopause, retirement or experiencing a bereavement

What we know about mental health in Leeds – some key facts



A Mentally Healthy City for everyone

Leeds has laid the foundations to become a Mentally Healthy City for everyone. The five outcomes that make up the vision reflect different areas of work that have already begun. Bringing them together provides the city with a unique opportunity to maximise the work that is happening but to also make important connections outside of mental health.

It will take determination from strategic partners, businesses and communities in order to achieve the vision. Reducing stigma, developing trust within and between communities, improving services, and working across organisational boundaries to meet people's physical and mental health needs, is dependent upon changing how we think and feel about mental health and relies upon organisations and systems working together in new ways.

But Leeds already has the building blocks, the assets and the commitment in place to enable the vision to become a reality.

Five Outcomes – starting with people

1. People of all ages and communities will be comfortable talking about their mental health and wellbeing
2. People will be part of mentally healthy, safe and supportive families, workplaces and communities
3. People's quality of life will be improved by timely access to appropriate mental health information, support and services
4. People will be actively involved in their mental health and their care
5. People with long term mental health conditions will live longer and lead fulfilling, healthy lives

What will a Mentally Healthy Leeds feel like in 5 years?

A mentally healthy Leeds is a city where...

People flourish within diverse families and communities of all shapes, sizes, geographic and non-geographic groupings. The relationships and resources in communities, alongside our thriving Third Sector, commerce, and public spaces are building blocks for a good quality of life. We use cultural activity to both celebrate and reaffirm who we are, helping us strive for inclusion and challenge that which seeks to divide us. We seek greater social equality and mobility and stand against inequity, inequality and injustice so that everyone can benefit from what our city has to offer.

The places we live, work and play in are safe, improve our wellbeing and keep us mentally and physically healthier for longer. Leeds is a city where our default is to listen and understand people's experiences, meaning we create spaces for people to feel safe, supported and comfortable to talk about feelings of stress, worry or upset. We do whatever we can to care for ourselves and do the best for one another.

People's mental and physical health are equally understood and equally valued. In times of need, we find information that helps us explore what we might be feeling, give it a name and quickly get to the best care possible. We have control over the care we receive and are equal partners with health and care professionals. If we have a long term mental health disorder, we can access the healthy living services we want and our physical health doesn't suffer as a result of mental ill health.

We have diverse and responsive mental health services but one shared, compassionate culture. Mental health services we access feel joined up and they all take a 'Think Family' approach that supports mental health and wellbeing within the context of family relationships. This helps tackle poor outcomes for families now and breaks the cycle of poor mental health for future generations.

What needs to improve?

Service reviews, need assessments and public engagement projects carried out in Leeds in recent years show that, despite excellent work in the city, improvements need to be made in three big areas: mental health inequalities, children and young people's mental health and in how mental health services are delivered.

These three passions provide the city with a clear framework for driving forward positive change over the coming five years.

Three passions – areas for improvement

1. Reduce mental health inequalities
2. Improve children and young people's mental health
3. Improve flexibility, integration and compassionate response of services

Developing priority actions

There are already established programmes of work that fall under each passion: these will not stop as Leeds continues to strive for better mental health for everyone. However, to bring about lasting change, partners in Leeds need to focus attention on the areas that will have the greatest impact.

Service users, carers, families, communities, clinicians and commissioners have been asked what these areas should be. This feedback has been combined with existing knowledge about the city to develop eight priorities which address a problem, reduce an enduring and unacceptable inequality or meet a current unmet need.

Reduce mental health inequalities

There are clear mental health inequalities in Leeds, both in terms of who experiences the greatest risk of poor mental health and in terms of unequal access to treatment. These inequalities are complicated. However, through looking at data and through engagement with people in Leeds, three distinct priorities for the next five years have emerged.

People living in poorer parts of Leeds are more than twice as likely to experience anxiety and depression but are least likely to complete treatment for these types of conditions. Rates of both suicide and self-harm admission (being cared for in hospital) are also higher in poorer areas of the city. Whilst they affect people of all ages and all genders, highest rates of suicide are found in middle aged men and girls and young women have the highest rates of being admitted into hospital because of self-harm.

Secondly, Black, Asian and minority ethnic communities (BAME) in Leeds report that discrimination increases people's risk of poor mental health but that mental health services do not always meet the needs of BAME groups. This complex inequality can be seen to culminate in the fact that people from BAME communities in the city are more likely than White people to be admitted in to a mental health setting in crisis,

Finally, employment is a protective factor for good mental health but people with ongoing mental health problems often struggle to find and then maintain work that supports their wellbeing. This then puts people at risk of financial problems, perhaps worsening their mental health further. In particular, women and carers in Leeds report that having stable employment and a supportive employer is vital to their mental wellbeing.

Improve children and young people's mental health

The Leeds Future in Mind strategy and action plan co-ordinates work to promote emotional wellbeing, and to prevent and treat mental health problems in children and young people.

This all-age strategy provides opportunities to further the aims of Future in Mind.

People working with children in Leeds report that 'Think Family' does not always translate into 'Work Family' and that adult and children's services could be better integrated.

Supporting the mental health of parents and carers and taking a 'whole family' approach to mental health, is seen by practitioners as a vital area to focus on. This is because infants and children who do not receive consistent emotional help with managing their feelings are more likely to struggle in later life. Those that experience neglect or abuse (often called adverse childhood experiences) are significantly more at risk of mental health problems. Because of a combination of factors - including early life experiences that are often traumatic - children who grow up in care need additional support.

For those young people needing ongoing mental health treatment, practitioners continue to find that the transition between children and young people's mental health services and adult mental health services remains a significant challenge.

Young people in the city who took part in engagement on this strategy also report that mental health support across Leeds schools is not consistent.

Improve flexibility, integration and compassionate response of services

When people seek help for a mental health problem, they want to access support quickly – not be kept on a waiting list. There are current issues with waiting times and availability of some services. People report that they feel 'bounced around', unable to find the service that meets their need. Major pressures in the system include long waiting lists for IAPT (Improving Access for Psychological Therapies), and a lack of appropriate housing and supported living services. This latter issue

has a 'knock on' effect in that it prevents people being discharged from mental health wards, which means new people being admitted may need to be treated in settings outside Leeds. These 'delayed transfers of care' and 'out of area placements' often affect people with the most serious and enduring mental health problems.

A recent survey by Healthwatch Leeds highlights the need for better mental health crisis services. The key message from this report is that, in the first instance, people need better and earlier support to help avert the crisis. However, when people are experiencing a mental health crisis they need a kind and compassionate response.

Experiencing trauma, including sexual, emotional and physical abuse, increases the risk mental health problems – from anxiety to psychosis. As part of a programme of work in the city addressing 'trauma-informed' practice, people have told services and commissioners that they want to be asked about what has happened to them and they want to be supported to access compassionate support that meet their needs.

Specific feedback about services, collected as part of developing the strategy, includes:

- Mental health services need to be able to meet the needs of everyone, whilst providing responsive, personalised care to whoever 'walks through the door'. This is a significant challenge.
- 'Marginalised groups' such as street sex workers, Gypsy and Traveller communities and asylum seekers, continue to experience significant barriers to accessing mental health treatment.
- Older people are at risk of not having their mental ill health recognised or supported by mental health services. In Leeds, older people do not access Improving Access to Psychological Therapies services to the same level as working age adults and their mental health is often overshadowed by physical ill health.
- People who have physical disabilities, are deaf and/or have a long term condition are at an increased risk of poor mental health but report experiencing barriers in accessing mental health treatment. Conversely, people with Serious Mental Illnesses experience significant challenges in achieving good physical health.
- People who have mental health problems alongside other conditions like Learning Disabilities, Autism or Attention Deficit Hyperactivity Disorder have particular needs. Practitioners report that these groups need accessible information about mental health services and improved transition support.
- Those people who have criminal justice involvement and mental health problems are a particularly disadvantaged group.
- Finally, mechanisms need to be put in place to enable cross-system learning. This is particularly important when services do not meet people's needs in a timely or responsive manner – especially in the case of crisis.

Eight priorities – focusing our attention

1. Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm
2. Reduce over representation of people from Black, Asian and minority ethnic communities admitted in crisis
3. Ensure education, training and employment is more accessible to people with mental health problems
4. Improve transition support and develop new mental health services for 14-25 year olds
5. Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health. This includes an understanding of how to respond to adverse childhood experiences and embedding a 'Think Family' approach in all service models
6. Improve timely access to mental health crisis services and support and ensure that people receive a compassionate response
7. Ensure older people are able to access information, support and appropriate treatment that meet their needs
8. Improve the physical health of people with serious mental illness.

How Leeds will deliver the vision

Achieving the vision is dependent upon a strong partnership approach that takes positive action across the areas shown in the circles below (Appendix 2 details activity under each heading).

This will ensure that people in Leeds stay mentally (and physically) healthy for longer.



A conceptual model derived from the World Health Organisation Public Mental Health Framework (2013)

The term 'Left Shift' is sometimes used in Leeds to refer to the idea of balancing across a system – in this case, across the three circles of Mental health promotion, Mental illness prevention and Improving lives, supporting recovery and inclusion.

Moving 'left' means moving resources (time, money, activities) further upstream along an imagined river. This 'river' begins with the broad factors that influence mental health (on the left) and ends with inpatient mental health care (on the right). The movement towards the left, does not always mean doing *less* in terms of delivering services, but rather it can mean doing *more* further 'upstream'.

Success Indicators

The success indicators included in the delivery plan at the end of this document will enable the Leeds Mental Health Partnership Board to monitor progress towards achieving the strategy's vision.

The indicators are a deliberate mix of how people feel (about living in Leeds and their experience of mental health support and treatment), service data (numbers of people accessing the right support for them) and broader population measures (such as rates of suicide and self-harm).

Cross-Cutting Themes

Two cross cutting themes have emerged from the engagement carried out as part of developing the strategy. These will inform how the actions, aligned to each priority, will be developed and put in to action.

Workforce

Having a mentally healthy and well-trained workforce is central to being able to achieve the vision of Leeds being a Mentally Healthy City for everyone.

The Health and Social Care workforce - GPs, social workers, third sector workers and teachers, are often the first practitioners that people approach when they have a mental health problem. These groups need to be supported to maintain their own mental health and wellbeing, particularly given limited resources and increasing levels of need.

If Leeds is truly to be a city where people feel comfortable talking about their feelings, this means that people working in services, including those outside of mental health, must also feel supported and enabled to have conversations about mental health.

Information

People in Leeds report that despite significant work, including the MindMate and Mindwell websites, it remains difficult to find information about how to access mental health support and the mental health system is still difficult to navigate.

Appendices:

1. Key principles of mental health service delivery in Leeds

Service User Involvement

During the last three years, mental health services (both adults' and children's) have developed a series of statements that set out what's important to them when they access mental health support. These principles are now embedded in service specifications and in practice across the city

Adult Mental Health: 'I Statements'

- ❖ I am more than a mental health diagnosis. Treat me like an individual human being.
- ❖ I may rely on family and friends to stay well. Give them support, information and respect.
- ❖ I want to be heard and included, regardless of my identity. Offer me accessible and culturally competent support.
- ❖ I may be facing more than just a mental health challenge (e.g. substances including alcohol or a physical condition). Respond to these creatively and without judgement.
- ❖ I will know the name of the person responsible for my support. Show me that you are a human being too.
- ❖ I have a story to tell. Share information effectively, with my permission, so I don't have to repeat myself.

Children and Young People 'I/We Statements'

- ❖ I may be facing more than just a mental health challenge (e.g. substances including alcohol or a physical condition). Respond to these creatively and without judgement.
- ❖ I will know the name of the person responsible for my support. Show me that you are a human being too.
- ❖ I have a story to tell. Share information effectively, with my permission, so I don't have to repeat myself
- ❖ Those of us who are most vulnerable and have the most complex needs should get extra help and support early enough to make a difference.
- ❖ We want to be able to get help quickly and easily when we ask for it, especially when we are in crisis
- ❖ When get older and if we need to move into adult support services, we want to feel supported and not abandoned.

Recovery Based Approaches

In Leeds, we believe that it is possible to recover from many mental health illnesses or problems and that people can go on to live enjoyable lives even after experiencing or whilst living with a serious mental illness. One example of putting recovery based approaches and co-design principles into practice is Leeds Recovery College hosted by Leeds and York Partnership Foundation Trust, the largest provider of mental health services in the city. The college provides training courses that focus on developing the knowledge and strength to overcome life's challenges and live mentally and physically well. People with lived experience of mental health challenges have helped to design and deliver these courses in partnership with health professionals, education providers and trainers.

2. Delivering activity across the mental health system

Mental health promotion: *Increasing protective factors for good mental health across the whole of the Leeds population.* These approaches target action on the factors that promote good mental health including supporting people into employment, education, and training, reducing stigma and supporting healthy relationships between children and their care-givers

Mental illness prevention and suicide prevention: *Reducing risk factors for mental ill health, particularly for groups most at risk of mental health problems.* This means using evidence and what people tell us to think carefully about groups of people who may be more at risk of experiencing poor mental health and actively co-creating solutions with them that support their mental health

Improving lives, supporting recovery and inclusion: *Ensuring people receive the best possible mental health support and treatment.* **Providing** compassionate mental health services and support that meets people's individual needs in both hospital and community base settings. This includes ensuring that services are culturally competent to meet the needs of people from Black and other minority ethnic backgrounds, recognising the impact of trauma and supporting people's physical health needs

Leeds Mental Health Strategy Delivery Plan 2020 - 2025 (DRAFT)

Overview

The vision set out in this strategy cannot be delivered in isolation. The delivery plan has important interfaces at a city-wide and regional level.

These include:

- [The Leeds Best Council Plan](#)
- [The Leeds Health and Wellbeing Strategy](#)
- [The Leeds Inclusive Growth Strategy](#)
- [Leeds Future in Mind Strategy and Action Plan](#)
- [Leeds Suicide Prevention Action Plan](#)
- Leeds Clinical Commissioning Group Mental Health Commissioning Framework
- [The West Yorkshire and Harrogate Health and Care Partnership Mental Health, Learning Disability and Autism Strategy](#)

There are opportunities for improving outcomes through the new commissioning arrangements established by the Leeds Integrated Commissioning Framework, and through the transformational actions set out in the Leeds Health and Care plan. Local Care Partnerships also have a significant role to play in supporting the delivery plan. Bringing together general practice networks with wider organisations ensures that intelligence about mental health needs is combined with local assets - meaning that services are better able to meet people's needs holistically.

Delivering this ambitious plan and driving improvements across the eight priorities is dependent upon organisations working together in new ways, sharing approaches and putting people at the heart of what we do as a city.

Process

- Each priority in the delivery plan has a named strategic and implementation lead.
- Linked to the priorities are a number of actions. It is envisaged that they will be reviewed annually. However, this is a live document and there is scope for new actions to be included in order to meet emerging need.
- Throughout each priority, there needs to be consideration of health inequalities and groups which are more at risk of mental ill health. Actions will need include these groups throughout each priority.
- There are also a number of indicators. These will be reviewed quarterly or annually (where this is more appropriate) by the Leeds Mental Health Partnership Board, which in turn, will report regularly on progress to the Leeds Health and Wellbeing Board
- The indicators proposed focus on quantitative data that can be baselined and regularly measured. The majority of this data will be made up by a number of measures already collected by the system, but some may need development.
- Quantitative data alone will not be representative of the work this strategy and the mental health system in Leeds will do to make Leeds a mentally healthy city for all. With the same importance, softer data will need to be collected to represent people's voices. This could be coordinated via exiting groups, such as the People's Voice group, but there's a need for an exercise here when baselining to map existing ways people's voices are being captured. Examples of how this can be collected are:
 - Friends and family tests from services
 - Healthwatch: Crisis summit
 - Opportunities to commission work via Leeds Involving People and Healthwatch with specific focus groups
 - Real-time videos on people's experience – Health watch are currently tracking older peoples experiences of health services, but this is a model that can be adapted to focus on mental health in for a number of specified groups
 - Leeds Big Chat
- This approach can also be taken with workforces in Leeds to see how they have improved their understanding of mental health needs, and the day to day way they are implementing the wider strategy.

Passions	Priorities	Delivered through...	Actions	Success indicators	Mentally Healthy City Outcomes
Reduce mental health inequalities	Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm	SRO: Victoria Eaton Implementation Lead: Catherine Ward Delivery mechanisms include: Leeds Strategic Suicide Prevention Group Leeds Prevention Concordat for better mental health	<ul style="list-style-type: none"> Deliver on the Strategic Suicide Prevention Action Plan for the city which is refreshed annually Ensure commissioned services deliver on suicide prevention activity i.e. Mentally Healthy Leeds, Leeds Suicide Bereavement Service (Leeds Mind LSLCS) , Leeds Community Foundation Grant Recipients. Ensure 2020 Grant programme managed in a targeted way. Share learning from best practice from the Grants programme learning event. 	<ol style="list-style-type: none"> Improvement in ONS Annual population survey scores on wellbeing Reduction in Suicide rates Reduction in hospital admission rates through self-harm 	People of all ages and communities will be comfortable talking about their mental health and wellbeing, free from stigma
	Reduce over representation of people from Black ,Asian and minority ethnic communities assessed and/or detained under the MH Act	SRO: Andy Weir/Alison Kenyon Implementation Lead: Sharon Prince & Sarah Erskine Delivery mechanisms include: Synergi Steering Group (TBC) AMHP workforce	<ul style="list-style-type: none"> Further co-design activity with service users and carers, including young people (16+) Development of a citywide network to develop capacity and co-ordinate system wide action Creative Spaces event looking at race and mental health LYPFT internal actions – Caroline Bamford/Andy Weir to complete Use learning from recent BAME health needs assessment, with CYP 	<ol style="list-style-type: none"> Reduction in the over-representation of BAME groups being assessed and/or detained under the Mental Health Act. 	
	Ensure education, training and employment is more accessible to people with mental health problems	SRO: Sue Wynne Implementation Lead: James Turner & Catherine Ward Delivery mechanisms include: No overseeing group – role of strategy coordinator? Employment and Skills Service Leeds Mind Leeds Mental Wellbeing Service	<ul style="list-style-type: none"> Employment task group – Hub for LD (dual diagnosis) IPS pilot (via Leeds Mind), Workplace Leeds Mindful Employer IAPT/DWP pilot. April 20 Employment skills project for YP with MH (ECIF), Sue Wynne LCP intervention ‘Developing You’, James Turner 	<ol style="list-style-type: none"> Increase in members to the mindful employer network More people supported to access paid employment or remain in paid employment More people routinely asked by professionals about their employment status when seeking help for their mental health or wellbeing Decrease in the number of students from university, colleges and schools leaving courses due to their mental health or wellbeing 	
Improve children & young people’s mental health	SRO: Jane Mischenko Implementation Lead: Jayne Bathegate Roche & Kash Ahmed & Aidan Smith Delivery mechanisms include: Future In Mind, or reestablishment of transitions working group CCG Blueprint	<ul style="list-style-type: none"> Expansion of THRU Development of pathway connections (warm handover between CYP services and adult services for core delivery areas e.g. eating disorder, crisis, EPD, early onset psychosis Transitions services and pathways developed for those age 14-25 	<ol style="list-style-type: none"> Reduction in number of CYP admitted to CAMHS or CAMHS hospital User experience Increase in transitional pathways and services 	People will be actively involved in their mental health and their care	
Improve the flexibility, integration and compassionate response of services	Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health. This includes an understanding of how to respond to adverse childhood experiences and	SRO: Caroline Baria & Jane Mischenko Implementation Lead: Kash Ahmed & 3rd Sector Lead? Delivery mechanisms include: MH Collaborative Think Family approach T&F group Workforce development and OD	<ul style="list-style-type: none"> Enhanced organisational development, focussing upon approaches across the Adult and Children’s Social Work services in terms of working with young people and children who have mental health issues Establishing a Think Family approach with specific focus upon mental illness Funded training re trauma informed practice (LYPFT/Visible partnership – Sharon Prince) 		<ol style="list-style-type: none"> Increase in the number of staff undertaking think family training Increase the number of staff undertaking trauma informed practice Increase in number of organisations signed up to be ‘Trauma Aware’ 100% of workforce undertaken think family and trauma informed practice training.

embedding a 'Think Family' approach in all service models.	LYPFT	<ul style="list-style-type: none"> • Ensure all staff undertake Think Family and Trauma informed practice • Services to engage with parents and support them to access therapeutic support 	<ol style="list-style-type: none"> 5. Reduce the numbers of children coming into care where one or both parents have a diagnosed or undiagnosed mental health condition 6. Improve access to services for families whose children are on the edge of care 	People's quality of life will be improved by timely, access to appropriate mental health information, support and services
Improve timely access to mental health crisis services and support and ensure that people receive a compassionate response	<p>SRO: Andy Weir/Alison Kenyon?/ Children's leader Implementation Lead: Kash Ahmed & Jayne Bathgate-Roache</p> <p>Delivery mechanisms include: MH Collaborative Leeds CCG/ASC Commissioning LYPFT 3rd Sector S136</p>	<ul style="list-style-type: none"> • There is the work underway between LCH and LYPFT re crisis transition, there needs to be a working group re-formed with an agreed programme /plan developed • Actions to marry with crisis work already undertaken in the city, in particular to the crisis summit which focused on the following areas: <ul style="list-style-type: none"> ○ Improve mental health pathways in a crisis ○ Giving people the right crisis support, in a timely manner, and when they need it ○ Supporting services to meet the needs of people with additional needs ○ Services to be kind and compassionate and people feel listened to ○ Hearing the voices of cares and families ○ Clearly communicated offer for young people in crisis ○ Better support after-crisis ○ 3rd sector and statutory services to work together in crisis care ○ Having a better definition of crisis in the city, and recognising and supporting personal experiences 	<ol style="list-style-type: none"> 1. People using crisis services report receiving a kind and compassionate response 2. Improvement in national indicators re timely response, including CYP 3. Reduction in admittance under the MH Act 	People with long term mental health conditions will live longer and lead fulfilling, healthy lives
Ensure older people are able to access information, support and mental health treatment that meets their needs	<p>SRO: Caroline Baria Implementation Lead: Kash Ahmed & 3rd Sector Lead TBC</p> <p>Delivery mechanisms include: TBC – Needs a home/opportunity to develop a working group with representation from: LOPF, Leeds Mental Wellbeing Service, Age friendly partnership, Age UK Leeds, Carers Leeds Public Health, CCG, CLASP, LYPFT, Time to Shine</p>	<ul style="list-style-type: none"> • Training and support for other organisations, including care homes, to support older people to access and navigate MH services • Baseline experience and access to services for older people, working with older people, and improve reporting mechanisms • Information and referral mechanisms are designed to meet the needs of older people, by working with older people • Better recognition and challenge about stigma and ageism in mental health by professionals and the public • Development of pathways between associated and relevant services e.g LTHC, dementia, and low level mental health support 	<ol style="list-style-type: none"> 1. Increase in older people accessing MH services 2. Increase in signposting to appropriate services from NHS services 3. Increase in signposting to appropriate services from 3rd sector organisations 4. Increase in recovery rates for older people 5. Decrease in the over-prescribing of anti-depressants to those over 65 years old, including those in care homes 6. Increase in the number of people diagnosed with dementia and LTHC receiving support for low level mental health issues. 7. Number of KPIs from age friendly board 	
Improve the physical health of people with serious mental illness	<p>SRO: Helen Lewis Implementation Lead: Caroline Townsend & Gwyn Elias</p> <p>Delivery mechanisms include: SMI and Physical health strategic groups</p>	<ul style="list-style-type: none"> • Establish city-wide multi-agency group • Carry out HNA on needs of SMI population in relation to healthy living • Action on reducing variation in SMI health-checks across primary care • Improving pathways across secondary and primary care • Maintaining current levels of mobility in someone living with frailty 	<ol style="list-style-type: none"> 1. Increase the proportion of people with SMI accessing physical health check 	

Specific Measures to use (to turn into dashboard after further development and baselining):

Priority	Specific Measures
Target mental health promotion and prevention within communities most at risk of poor mental health, suicide and self-harm	<ol style="list-style-type: none"> 1. Annual Population Survey (APS); Office for National Statistics (ONS) 2. Suicide report (Adam Taylor PH Intelligence) 3. Self-harm report (Simon Harris)
Reduce over representation of people from Black ,Asian and minority ethnic communities assessed and/or detained under the MH Act	<ol style="list-style-type: none"> 1. MH Act assessments and detentions by top level ethnic group (Andrea Cavill/Roz Brown). Risk ratio to show comparison by different tip level ethnic groups BAME cf. white
Ensure education, training and employment is more accessible to people with mental health problems	<ol style="list-style-type: none"> 1. Identify measures from mindful employer (Catherine Ward) 2. E&S targets for YP project (James Turner) 3. NHS figures re employment status (SH) 4. Higher Education figures from Jane Harris, and school figures from Luke Myers?
Improve transition support and develop new mental health services for 14-25 year olds	<ol style="list-style-type: none"> 1. CAMHS or CAMHS hospital admittance figures 2. Case studies 3. To develop
Ensure all services recognise the impact that trauma or psychological and social adversity has on mental health. This includes an understanding of how to respond to adverse childhood experiences and embedding a 'Think Family' approach in all service models.	<ol style="list-style-type: none"> 1. To develop 2. To develop 3. Measures from Visible network and CYP 4. Figures from OD across the system (to develop) 5. Children's care figures, and a risk ratio to show comparison by parents mental health condition (Children & Families Directorate, LCC) 6. Access rates for therapeutic services (SH), development needed
Improve timely access to mental health crisis services and support and ensure that people receive a compassionate response	<ol style="list-style-type: none"> 1. To develop 2. National indicators re timely response, including Figures from Early intervention in psychosis access, IAPT and other crisis services, including CYP(SH) 3. AMHP detention figures (AC/RB)
Ensure older people are able to access information, support and mental health treatment that meets their needs	<ol style="list-style-type: none"> 1. Leeds Mental Wellbeing Service figures (SH) 2. GP and community services signposting figures (SH) 3. People's voices 4. Recovery rates across age indicators (SH) 5. To develop 6. To develop <p>All commissioned MH Services – LYPFT and Mentally Healthy Leeds etc. to give data regarding older people as a percentage of the population, not just a figure. Work to be done to build reporting to reflect other characteristics of older people e.g. carers, LGBT and BAME.</p>
Improve the physical health of people with serious mental illness	<ol style="list-style-type: none"> 1. Quarterly monitored at a national level, and at a practice level if needed (SH)

Leeds Health and Wellbeing Board



Report author: Tony Cooke, Frank Wood, Arfan Hussain

Report of: Tony Cooke (Chief Officer, Health Partnerships), Cath Roff (Director of Adults & Health, Leeds City Council), Frank Wood (Chief Analyst, Leeds City Council and NHS Leeds CCG)

Report to: Leeds Health and Wellbeing Board

Date: 20 February 2020

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

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 draft *Leeds Health and Wellbeing Board: Reviewing the Year 2019* document, which serves as a review of the strategic direction provided by the Health and Wellbeing Board (HWB) and provides an understanding of progress made towards delivering the Leeds Health and Wellbeing Strategy 2016-2021 (LHWS) and our indicators.

This paper also outlines work that is ongoing to extend and update the Leeds Health and Wellbeing Strategy to 2023 as we reach the end of the timeframe of the current LHWS keeping hold of what's working well while strengthening our ambitions.

Recommendations

The Health and Wellbeing Board is asked to:

- Discuss and endorse the content of the Leeds Health and Wellbeing Board: Reviewing the Year 2019 document.
- Continue to use the Leeds Health and Wellbeing Strategy as the guiding strategic framework for decision making, commissioning and agreeing actions/initiatives.
- Approve the process to update and extend the Leeds Health and Wellbeing Strategy to 2023.
- Note the work to review intelligence in the city with an update to be provided at a future HWB on how we are to better analyse and measure progress of our ambitions to be the Best City for Health and Wellbeing, following the extension of the Leeds Health and Wellbeing Strategy.

1 Purpose of this report

- 1.1 This paper introduces the attached draft *HWB: Reviewing the Year 2019* document, which serves as a review of the strategic direction provided by the Health and Wellbeing Board (HWB) and provides an understanding of progress made towards delivering the Leeds Health and Wellbeing Strategy 2016-2021 (LHWS) and our indicators.
- 1.2 The paper also provides an overview of the:
- Process to extend the Leeds Health and Wellbeing Strategy to 2023.
 - An update on the work to review intelligence in the city to better analyse and measure progress around our ambition to be the Best City for Health and Wellbeing.

2 Background information

- 2.1 The Local Government Association (LGA) report *What a difference a place makes: The growing impact of health and wellbeing boards*¹ states that effective HWBs uses its strategic leadership to add 'value through leveraging the impact of partnership working to not only improve communities' health and wellbeing, but to tackle health inequalities and the wider determinants of health, often linking this to wider place-based agendas, such as growth, prosperity, community resilience and sustainable environments'.
- 2.2 This has been evident through the work of the HWB and our LHWS, which have been cited as an example of best practice within the LGA report *What a difference a place makes* and highlighted by King's Fund (2019). The Health Foundation (2018) has used the work of Leeds to align health and economy as a case study and the basis for a series of recommendations to other Boards. Moreover, recent discussions at the HWB: Board to Board sessions facilitated by Prof. Paul Stanton outlined the key strategic leadership played by the Chair and the strength of our effective LHWS rooted in tackling inequality as a strong foundation for further progress.
- 2.3 The above can be see through the draft *HWB: Reviewing the Year 2019* document, which has been contributed to by each organisation represented on the HWB, as well as a range of partners who have interacted with the Board during the last year recognising that other strategies and action plans will provide further detail on how our citywide vision is being achieved.

3 Main issues

Leeds Health and Wellbeing Board: Reviewing the Year 2019

- 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, an understanding of steps taken and progress made towards delivering the LHWS. This is our third year producing an annual report in this format, which includes:

¹ <https://www.local.gov.uk/what-difference-place-makes-growing-impact-health-and-wellbeing-boards>

- 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 appendix 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 2016, which alongside the Inclusive Growth Strategy and Climate Change, is recognised as the city's key drivers to achieving our Best City ambitions. It has served to shape organisations' priorities and activity, has brought people together around common goals, and has reinforced and deepened partnership working. Through the work of the HWB, this can be seen in a number of areas during 2019 including:

- The Board's robust response and ownership of the CQC Leeds System Review Action Plan on how health and care services are working to care for people aged 65.
- Development of the Leeds Health and Care Workforce Strategy.
- Agreeing 'Our Digital Commitments' for 2019/20 to use digital innovation, technology and data to deliver effective, high-quality and efficient care in Leeds; helping to improve people's health and wellbeing.
- Strengthening the Board's relationship with Safer Leeds and our health and care response to tackle issues relating to community safety with a focus on street based lifestyles (people who are homeless, rough sleeping and/or begging, including associated substance misuse, ill health and criminality).
- Driving the development of the Leeds Mental Health Strategy throughout 2019 to reflect the breadth of the LHWS and Leeds Health and Care Plan.
- A HWB: Board to Board session hearing from members of Extinction Rebellion and supporting the development of a Leeds Health and Care Climate Commitment; a set of principles and actions to work towards as a system to not only tackle climate change but change the way we deliver sustainable health and care services.
- Supporting the findings of the State of Women's Health report and the first strategic board to explore and shape the Women Friendly Leeds initiative in the city with agreed actions being incorporated into the work going forward.
- As well as shaping the draft Leeds Carers Partnership Strategy, the HWB had a focused workshop discussion on creating the cultural change that ensures carers are supported to remain a valued part of the health and care workforce, alongside their caring role.
- Focused HWB: Board to Board discussions on moving the health and care system beyond the important short term challenges to better understand the longer term strategic challenges and opportunities faced by the city.
- A joint HWB and Children & Families Trust Board focusing on 'future generations' using learning from Well-being of Future Generations (Wales) Act and hearing from Sophie Howe (Future Generations Commissioner for Wales).

- Agreeing the refreshed Leeds Health and Care Plan and shaping the development of the West Yorkshire & Harrogate 5 Year Strategy for Health and Care.

3.4 It is important to note that the *HWB: Reviewing the Year 2019* document will undoubtedly fail to capture the wealth and diversity of work and initiatives in the city that contributes to the LHWS. Therefore, this serves as a summary of highlights, indicative of progress. However, this must be balanced with an awareness of the pressures that health and care organisations, staff and citizens are currently facing, and the challenges presented across a range of areas including workforce, estates and digital.

Extending and updating the Leeds Health and Wellbeing Strategy

3.5 The Leeds Health and Wellbeing Strategy 2016-2021 is embedded, well regarded and used across Leeds. It is owned by the city and overseen by an effective HWB with a range of wide ranging successes and impact as shown in draft *HWB: Reviewing the Year 2019* document.

3.6 As we reach the end of the timeframe of the strategy, work is ongoing to extend and update the Leeds Health and Wellbeing Strategy to 2023 keeping hold of what's working well while strengthening our ambitions. In this process we will:

- Reflect on how we best align the NHS Long Term Plan, the changing role of the Integrated Care System, 'Commissioning Futures' and other key partner documents, possible changes to the commissioner/provider landscape and the emerging Local Industrial Strategy.
- Align timelines with Inclusive Growth Strategy (ending in 2023) and enable a broader review in 2022 with Inclusive Growth colleagues and wider.
- Bring the language up to date and reflect new priorities discussed in the HWB such as carers, community safety, housing and better use of strategic intelligence.
- Respond proactively to the challenges highlighted in the Joint Strategic Assessment, particularly employment and skills, housing and demographic changes.
- Listening and responding to what people have told us through the work of the People's Voices Group, such as Big Leeds Chat, and elsewhere.
- Ensure enabling systems (digital, workforce, estates, research & development) are adequately reflected. This is particularly important after the West Yorkshire & Harrogate Integrated Care System, West Yorkshire Combined Authority and Local Enterprise Partnership agreed to prioritise digital and workforce as part of the Local Industrial Strategy, and designated health as a 'core industry'. Implicit in this is close alignment of our approaches in the health and care system with wider systems relating to employment and skills, economic development and longer term planning.
- Reflect the national, regional and local direction and ensure we drive long term improvement within these contexts.
- Further strengthen the relationship between key city strategies and strategic Boards (e.g. Safer Leeds, Children and Families Trust Board, Housing Strategy Board, Third Sector Partnership, etc.).

- Re-affirm the relationship between the citywide LHWS and the Leeds Health and Care Plan.

3.7 There will be a short process to extend and update the current Leeds Health and Wellbeing Strategy between February and June 2020, which will include:

- An updated Strategy document reflecting the above.
- Development of products to support the extended LHWS.
- Developing recommendations to ensure the framework for the governance, oversight and delivery of the Leeds Health and Wellbeing Strategy is optimal.

Making best use of intelligence to analyse and measure progress of our ambitions to be the Best City for Health and Wellbeing

3.8 At the outset of the LHWS, indicator measures were agreed to help identify the success and impact on the Leeds population. The current data is contained within the draft *HWB: Reviewing the Year 2019* document under 'Progress on Leeds Health and Wellbeing Strategy indicators'. The intent of the indicators is to act as 'bell weather' measures on the basis that if they are moving in a positive direction we can have reasonable confidence the overall system (including other more detailed measures) will also be improving. The current indicators are presented as an overview of how we are doing, recognising the extensive intelligence that sits behind them.

3.9 Following feedback from HWB and the CQC Local System Review of Leeds during discussions of the previous *HWB: Reviewing the Year 2018*, work has been undertaken to review how we can make best use of the wealth of intelligence in the city in a number of areas led by the Director of Adults & Health, Leeds City Council.

3.10 The CQC Local System Review of Leeds asked "How are you assured that older people experience high quality, person-centred care as they move across different parts of the health and social care system(s)?" HWB earlier in the year recognised that while it was clear there were comprehensive mechanisms in place within individual organisations to understand citizens' experience of care, there was not a comprehensive mechanism in place to understand citizens' experience of care from a systems' perspective and was highlighted as a key focus for the CQC Leeds Action Plan.

In response to this, Leeds has been developing a 'whole system performance and oversight assurance framework for citizens' experience of using the health and care system'. This framework aims to bring together a balanced score card approach that works for all citizens, not just older people through the following intelligence:

- Citizen's voice through the work of Healthwatch Leeds, People's Voices Group, 'How does it feel for me?' Group (further detail provided under the item *People's Voices Group Update* on the agenda) and other citizen led mechanisms.

- Strengthening the Leeds Citywide Complaints Managers group, which aims to improve the citizen's experience when things go wrong across health and social care across the city.
- Using existing metrics in the city including:
 - A 'real time' system dashboard managed by the System Resilience Assurance Board (SRAB) that looks at a suite of information across organisations and pathways and tells us how well the system is functioning with a big focus on system flow.
 - Integrated Commissioning Executive monitors the bi-annual CQC Local Authority area data profile: Older People's Pathway.
 - Bringing together the range of metrics monitored through individual organisations across health and care to better understand people's experiences.

This draft framework is in the process of being trialled over a 6 month period through Partnership Executive Group and will be brought to a future meeting of HWB for agreement.

3.11 In addition to the above work, following feedback from HWB in Feb 2019 on the 'Progress on Leeds Health and Wellbeing Strategy indicators' and as an action within the CQC Leeds System Review, a task & finish group was established and led by the Director of Adults & Health to explore how we could make best use of intelligence to analyse and measure progress of our ambition to the Best City for Health and Wellbeing. This included using a suite of measures and intelligence that:

- Is most up to date and relevant.
- Comparable and can be viewed/understood by different populations.
- Offers performance over time and a future forecast, deprived and non-deprived Leeds trend, regional and a core cities and England comparison.
- Strengthens alignment with other partnership boards / groups (e.g. alignment with West Yorkshire & Harrogate Integrated Care System, Leeds Inclusive Growth Strategy and other partnership strategies and plans).

Since then work has been ongoing to use learning from our Joint Strategic Assessment, development of the assurance framework for citizens' experience, strengthen relationships with other partnership boards / groups across the city and regionally to explore opportunities for alignment of data and intelligence while minimising duplication. Learning has also been gained from good practice nationally such as Bradford, Suffolk and other partnership boards / groups.

Following the extension of the Leeds Health and Wellbeing Strategy, the task & finish group will present at a future meeting a suite of measures and accompanying process to measure progress of our ambitions to the Best City for Health and Wellbeing alongside the whole system performance and oversight assurance framework for citizens' experience of using the health and care system.

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. This is reflected through how the HWB works, which aims to incorporate engagement and citizen voice in a range of ways such as:

- HWB members and other senior leaders attending a play on dementia.
- A member of the Leeds Autism Partnership Board who has autism presenting on the *Leeds Autism Strategy Update*.
- Frontline staff presenting on and sharing case studies of people's experiences of the St George's Urgent Treatment Centre.
- Supporting and responding the State of Women's Health in Leeds Report.
- A MindMate Ambassador speaking on their experiences and being part of Joint HWB and Children & Families Trust Board Session.
- Hearing from the experiences of carers.
- Representatives from Extinction Rebellion speaking on climate change and the impact on the health and wellbeing of people.

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.

4.2.2 As well as the examples highlighted above, intelligence gained from the [Joint Strategic Assessment](#) have been essential in shaping the work of the HWB based on a shared understanding of key health and wellbeing needs and inequalities within Leeds and the wider factors that influence health and wellbeing.

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 evident that 2019 has seen the HWB continue to assert its focus on the wider determinants of health, whilst emphasising its role in shaping the future of health and care at a place based level and regionally. The HWB provides a space where elected members, health and care leaders and citizens come together to have productive and sometimes challenging conversations bolstering partnership working in and for the city and influencing a wide range of initiatives.
- 5.2 There is more to do and the HWB is identifying areas of stretch through its ongoing work plan, extending the Leeds Health and Wellbeing Strategy and making best use of intelligence to support our long term commitment to create a Leeds fit for current and future generations.

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 2019 document.
- Continue to use the Leeds Health and Wellbeing Strategy as the guiding strategic framework for decision making, commissioning and agreeing action/initiatives.
- Approve the process to update and extend the Leeds Health and Wellbeing Strategy to 2023.
- Note the work to review intelligence in the city with an update to be provided at a future HWB on how we are to better analyse and measure progress of our ambitions to be the Best City for Health and Wellbeing, following the extension of the Leeds Health and Wellbeing Strategy.

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 appendix) 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. The extension of the Strategy provides a valuable opportunity to build on this.

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 and its future direction.

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

Leeds Health and Wellbeing Board



Report author: Shak Rafiq and Penny Alison (NHS Leeds CCG)

Report of: Shak Rafiq (Communications Manager, NHS Leeds Clinical Commissioning Group)

Report to: Leeds Health and Wellbeing Board

Date: 20 February 2020

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

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

Summary of main issues

NHS England requires all NHS Clinical Commissioning Groups (CCGs) to produce annual reports in a prescribed format to a specific timescale. As part of this, one of the statutory requirements is for CCGs to review to what extent they have contributed to the local joint health and wellbeing strategy, to include it in their annual reports and to consult with the Health and Wellbeing Board in preparing them. This is the formal wording from NHS England's guidance "Please review the extent to which the CCG has contributed to the delivery of any joint health and wellbeing strategy to which it was required to have regard under section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007. It is a statutory requirement to include this review in your annual report and to consult with each relevant Health and Wellbeing Board in preparing it."

To fulfil this requirement, NHS Leeds CCG will include in its annual report for 2019-20 a section on 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021'. As national timescales do not align with the Leeds Health and Wellbeing Board meetings, this report outlines the process to be followed in para 2.4, in line with what was agreed for the previous years, to ensure that HWB members are appropriately consulted.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the process to develop the NHS Leeds CCG draft annual report.
- Note the extent to which NHS Leeds CCG has contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- Note the recording of this acknowledgement in the NHS Leeds CCG's annual reports according to statutory requirement.

1 Purpose of this report

- 1.1 The purpose of this report is for the HWB to note the process of developing the NHS Leeds CCG Annual Report 2019-20 section on 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021' as national timescales do not align with the Leeds Health and Wellbeing Board meetings

2 Background information

- 2.1 NHS England requires all NHS Clinical Commissioning Groups (CCGs) to produce annual reports in a prescribed format to a specific timescale.
- 2.2 The annual report has three sections:
- Performance Report, including an overview and performance analysis
 - Accountability Report, including a corporate governance report, CCG members' report, statement of the Accountable Officer's responsibilities, governance statement and remuneration and staff report
 - Annual Accounts
- 2.3 One of the statutory requirements is for CCGs to review to what extent they have contributed to the local joint health and wellbeing strategy, to include this review in our annual reports and to consult with the Health and Wellbeing Board in preparing them.
- 2.4 To fulfil this requirement, NHS Leeds CCG will include in its draft annual report for 2019-20 a section on 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021' which HWB members will be consulted on. We have a well-established process for collating and presenting this information. When benchmarking with other CCGs, we are confident we provide the most comprehensive update that showcases our contribution to help deliver the ambitions of our health and care system.
- 2.5 As NHSE national timescales do not align with the Leeds Health and Wellbeing Board meetings, the following process will be followed, in line with what was agreed for the previous year, to ensure that HWB members are appropriately consulted:
- 20 Feb 2020 – HWB members to note the process
 - Early Mar 2020 – Development of the NHS Leeds CCG draft annual report
 - Late Mar 2020 - Chair of HWB to be briefed on the draft 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021'.
 - 28 Mar 2020 – HWB members to receive the draft 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021' via email to provide comments/feedback.
 - 16 Apr 2020 – The NHS Leeds CCG draft annual report submitted to Department of Health and Social Care
 - 29 Apr 2020 - Draft 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021' retrospectively noted at HWB meeting.

2.6 The NHS Leeds CCG Annual Report 2019-20 will undertake a similar approach to the previous year (see pages 53 - 59 of the [NHS Leeds CCG Annual Report for 2018-19](#)) and will draw on the content that was provided by NHS Leeds CCG for *Leeds Health and Wellbeing Board: Reviewing the Year 2019*, which is to be agreed at HWB on 20 February 2019.

3 Main issues

3.1 NHS Leeds CCG considers effective partnership working to be fundamental to the way we do our business and will reflect this throughout our annual report.

3.2 NHS Leeds CCG is represented on the Leeds Health and Wellbeing Board. We actively supported the Joint Strategic Assessment (JSA) to identify the current health and wellbeing needs of local communities and highlight health inequalities to improve the health of the poorest the fastest.

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

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

3.4 Members will be given the opportunity to contribute to this year's annual report and agree the key achievements that we have collectively delivered on the Leeds Health and Wellbeing Strategy 2016-2021 as outlined in the process for para 2.4.

3.5 Although CCG annual reports follow a formal prescribed framework, in keeping with previous years, it will also include a more accessible summary version that reviews some of our achievements, how we have involved citizens and how we have allocated our budget.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 All CCG annual reports must demonstrate how they have met their statutory duty to involve the public in our commissioning activity. The guidance, for reference purposes, is as below.

4.1.2 *"Please explain how the CCG has discharged its duty under [Section 14Z2 of the NHS Act 2006 \(as amended 2012\)](#) to involve the public (individuals and*

communities you serve) in commissioning activities and the impact that engagement activity has had. This includes designing and planning, decision-making and proposals for change that will impact on individuals or groups and how health services are provided to them. It is a statutory requirement to demonstrate how this duty has been met in your annual report.”

4.2 Equality and diversity / cohesion and integration

4.2.1 The annual report will include a contribution from our equality lead demonstrating how the CCG has met its duty to the equality, diversity and inclusion agenda. The CCG annual report will also aim to demonstrate how NHS Leeds CCG contributes to reducing health inequalities either through the work of the Health and Wellbeing Board or through local schemes, often at neighbourhood level, through its member GP practices.

4.3 Resources and value for money

4.3.1 The CCG annual report will be publically published document that provides an open and transparent reflection on our performance over the year. It also offers taxpayers the opportunity to see how we have made use of our publicly-funded resources.

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 A risk register is held and regularly monitored by NHS Leeds CCG.

5 Conclusions

5.1 The process in developing the NHS Leeds CCG draft annual report for 2019-20 will aim to ensure that the Leeds Health and Wellbeing Board are still engaged in a timely manner when national timescales do not align with Leeds Health and Wellbeing Board meetings. This gives members a chance to contribute to this particular statutory requirement as part of the wider prescribed set of guidelines that govern the preparation and presentation of the CCG annual report.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the process to develop the NHS Leeds CCG draft annual report.
- Note the extent to which NHS Leeds CCG has contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- Note the recording of this acknowledgement in the NHS Leeds CCG's annual reports according to statutory requirement.

7 Background documents

None

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How does this help reduce health inequalities in Leeds?

The annual report of NHS Leeds CCG will highlight joined up working to reduce health inequalities, outlining plans, targets and achievements.

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

The annual report provides a narrative on how NHS Leeds CCG has worked in partnership to help create and sustain a high-quality health and care system.

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

The annual reports outlines how the CCG is working in partnership across the Leeds health and social care economy as part of the wider ICS and Leeds Plan process.

Future challenges or opportunities

N/A

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

Leeds Health and Wellbeing Board



Report author: Arfan Hussain (Health Partnerships Team)

Report of: Tony Cooke (Chief Officer, Health Partnerships)

Report to: Leeds Health and Wellbeing Board

Date: 20 February 2020

Subject: Connecting the wider partnership work of the Leeds Health and Wellbeing Board

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

Summary of main issues

This report provides a summary of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). The report gives an overview of key pieces of work across the Leeds health and care system, including:

- Leeds Health and Care Climate Commitment
- Shaping a Leeds for future generations: Innovation, enterprise and inclusive growth, Building the Leeds Way and Moving our Leeds Health and Wellbeing Strategy forward
- Leeds System Resilience Plan Update and winter 2019/20

Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the report.

1 Purpose of this report

- 1.1 The purpose of this report is to provide a public account of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). It contains an overview of key pieces of work directed by the HWB and led by partners across the Leeds health and care system.

2 Background information

- 2.1 Leeds Health and Wellbeing Board provides strategic leadership across the priorities of our Leeds Health and Wellbeing Strategy 2016-2021, which is about how we put in place the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. We want Leeds to be the best city for health and wellbeing. A healthy and caring city for all ages, where people who are the poorest improve their health the fastest. This strategy is our blueprint for how we will achieve that.
- 2.2 National guidance states that: to make a real difference for the people they serve, Health and Wellbeing Boards need to be agents of change¹. With good governance, the Leeds Health and Wellbeing Board can be a highly effective ‘hub’ and ‘fulcrum’ around which things happen.
- 2.3 This means that the HWB is rightly driving and influencing change outside of the ‘hub’ of public HWB meetings. In Leeds, there is a wealth and diversity of work that contributes to the delivery of the Strategy.
- 2.4 Given the role of HWBs as a ‘fulcrum’ across the partnership, this report provides an overview of key pieces of work of the Leeds health and care partnership, which has been progressed through HWB workshops and wider system events.

3 Main issues

Leeds Health and Wellbeing Board: Board to Board Session (10 Dec 2019)

- 3.1 The Health and Wellbeing Board convened its fourth Board to Board session on 10 December 2019. These sessions bring together a larger number of health and care partners (50+) to discuss key strategic topics, share perspectives and progress collective actions to support the delivery of the Leeds Health and Wellbeing Strategy. This approach is unique to Leeds and ensures that everyone is joined up and working towards the same goals for the city and for our citizens.
- 3.2 In Leeds our health and care system leaders are committed to a city first and organisation second approach at all levels through the following principals of approach:

¹ *Making an impact through good governance – a practical guide for Health and Wellbeing Boards*, Local Government Association (October 2014)

Principles of our approach		
<p>We put people first: We work with people, instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds citizens and our workforce.</p>	<p>We deliver: We prioritise actions over words to further enhance Leeds' track record of delivering positive innovation in local public services. Every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.</p>	<p>We are team Leeds: We work as if we are one organisation, taking collective responsibility for and never undermining what is agreed. Difficult issues are put on the table, with a high support, high challenge attitude to personal and organisational relationships.</p>

3.3 At the previous session the following areas were discussed:

Leeds Health and Care Climate Commitment

3.4 HWB: Board to Board received the Leeds Health and Care Climate Commitment for consideration; a set of principles and actions that we can all agree to work towards as a system and to not only tackle climate change but change the way we deliver sustainable health and care services to make a difference for the people of Leeds.

3.5 During HWB: Board to Board discussions, the wider health and care system through their organisations and existing partnership/board groups agreed the following:

- Leeds Health and Care Climate Commitment to be discussed at organisational boards / groups.
- To endorse the Leeds Health and Care Climate Commitment for agreement at a future Health and Wellbeing Board
- To champion the climate agenda and raise its profile within organisations and across health and care partnership boards and groups
- To identify a senior lead in each organisation (if there is not one already)
- To take steps to reduce our impact and deliver on the quick wins
- To promote and embed the commitments within our organisations
- To deliver on the steps set out in the action plan
- To establish a climate change group with responsibility for taking forward these actions which would align to the Leeds Plan and report directly into the Partnership Executive Group (PEG) on progress
- To explore options to work with the Strategic Estates Group
- To return to a future Health and Wellbeing Board to update on progress

Shaping a Leeds for future generations: Innovation, enterprise and inclusive growth, Building the Leeds Way and Moving our Leeds Health and Wellbeing Strategy forward

3.6 At previous HWB: Board to Board sessions, attendees had agreed the need to create some time at all future sessions for moving the system beyond the important short term challenges to better understand the longer term strategic challenges faced by the city. HWB: Board to Board heard about:

- Opportunities for Leeds being part of the MIT REAP (Regional Entrepreneurship Acceleration Programme).

- Building the Leeds Way, which is the redevelopment of the LGI site giving us a new Children's and Adult hospitals, as a unique opportunity to positively contribute to the key strategic drivers in the city of the Inclusive Growth Strategy, Climate Change, Leeds Health and Wellbeing Strategy and the Leeds Health and Care Plan.

3.7 HWB Board to Board also welcomed back Prof. Paul Stanton who building on his previous presentation in Jul 2019, spoke on the strengths and challenges of Leeds and our opportunities for further progress in challenging times. This covered:

- Strength of the 'Team Leeds' approach to date through political leadership, commitment, clarity, coherence and ownership of the strategic drivers of the Leeds Health and Wellbeing Strategy, Inclusive Growth Strategy and Climate Change.
- Opportunities to build on the strength and richness of the third sector to co-produce an integrative and inter-generational strategy for the Leeds Voluntary Sector as the 'fourth leaf on the clover' of the citywide strategic drivers.
- Importance of driving symbolic investment in the third sector and the development of community anchors.
- Having confidence in our approach by building on and strengthening local resilience of the system and our priorities enlisting every available resource and our vision to improving the health of the poorest the fastest (e.g. Priority Neighbourhoods, etc.).
- Growth in levels of demand at both ends of life spectrum as the population level increases as well as the opportunities and challenges in the system, particularly as a result of areas experiencing higher levels of deprivation and impact on carers.
- Understanding and strengthening the interconnection between Leeds Health and Wellbeing Strategy, Leeds Health and Care Academy, IMT Reap, Inclusive Growth, education, Anchor Institutions, LEP and the Industrial Strategy.
- Developing a greater depth of intelligence for mapping across Leeds, such as around social isolation, which organisations can access and prioritise.
- Broadening 'Team Leeds' to more inclusive of the carers, citizens and businesses to enable and strengthen smaller citizen led actions building on ABDC approaches.

3.8 HWB: Board to Board agreed for the discussions to be explored further at the next session and to feed into our future plans and strategies.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Health and Wellbeing Board has made it a city-wide expectation to involve people in the design and delivery of strategies and services. A key component of the development and delivery of each of the pieces of work for the HWB: Board to Board session is ensuring that consultation, engagement and hearing citizen voice is occurring.

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

- 4.2.1 Each of the pieces of work highlighted in this report, through the strategic direction of the Health and Wellbeing Board, is aligned to priorities of our Leeds Health and Wellbeing Strategy 2016-2021 and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.
- 4.2.2 Any future changes in service provision arising from work will be subject to governance processes within organisations to support equality and diversity.

4.3 **Resources and value for money**

- 4.3.1 Each of the pieces of work highlighted in this report evidences how the Leeds health and care system are working collectively with the aim of spending the Leeds £ wisely under the strategic leadership of the HWB. The volume of partnership working is testament to the approach taken – sharing or integrating resources, focusing on outcomes and seeking value for money as part of its long term commitment to financial sustainability.

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

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

4.5 **Risk management**

- 4.5.1 Risks relating to each piece of work highlighted is managed by relevant organisations and boards/groups as part of their risk management procedures.

5 **Conclusions**

- 5.1 In Leeds, there is a wealth and diversity of work and initiatives that contribute to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021 which is a challenge to capture through public HWB alone. This report provides an overview of key pieces of work of the Leeds health and care system, which has been progressed through HWB workshops and events with members.
- 5.2 Each piece of work highlights the progress being made in the system to deliver against some of our priorities and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

6 **Recommendations**

The Health and Wellbeing Board is asked to:

- Note the contents of the report.

7 **Background documents**

- 7.1 None.

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How does this help reduce health inequalities in Leeds?

Each of the pieces of work highlighted in this report, through the strategic direction of the Health and Wellbeing Board, is aligned to priorities of our Leeds Health and Wellbeing Strategy 2016-2021 and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

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

National guidance states that: to make a real difference for the people they serve, Health and Wellbeing Boards need to be agents of change. The Leeds Health and Wellbeing Board is rightly driving and influencing change outside of the ‘hub’ of public HWB meetings to ensure that the wealth and diversity of work in Leeds contributes to the delivery of the Strategy. The Board is clear in its leadership role in the city and the system, with clear oversight of issues for the health and care system.

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

Each of the pieces of work highlighted in this report evidences how the Leeds health and care system are working collectively with the aim of spending the Leeds £ wisely under the strategic leadership of the HWB. The volume of partnership working is testament to the approach taken – sharing or integrating resources, focusing on outcomes and seeking value for money as part of its long term commitment to financial sustainability.

Future challenges or opportunities

In the wealth and diversity of work there is an ongoing opportunity and challenge to ensure that the Board, through its strategic leadership role, contributes to the delivery of the Strategy in a coordinated and joined up way that hears the voices of our citizens and workforce.

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

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