



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

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

**Date:** Monday 20 February 2017

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

Are specific geographical areas affected? 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

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

## **Recommendations**

The Health and Wellbeing Board is asked to:

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

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

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

### **2 Background information**

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

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### **3 Main issues**

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

- 3.1 **The Challenge of Health Inequalities:** Paul Bollom (Chief Officer, Leeds Health Partnerships) will provide an overview of the context of health inequality in Leeds within which the local health and care system is operating. While the city is significantly better than the national (England) average in terms of statutory homelessness and violent crime, it is significantly worse in terms of deprivation, child poverty and long term unemployment, all major determinants of good health, and in levels of GCSE attainment, in incidence of diseases such as chronic obstructive pulmonary disease (COPD) and cardiovascular disease (CVD) and in differences in life expectancy between best and worst areas of Leeds. Further background information is provided in Appendix A.
- 3.2 **The Opportunity for Good Growth:** Colin Mawhinney (Head of Health Innovation, Leeds Health Partnerships) will provide a short overview of the issues and prospects for a 'refreshed' growth strategy for the city and the scope for this to forge closer links between jobs, training, innovation and investment in reducing health inequalities. This will be followed by a short pre-recorded DVD with both local and international innovators in health and care sharing their views on the role innovation and investment in reducing health inequalities. A focus on the need for clarity of priorities and commitment to improved infrastructure emerge as common themes. Further background information is provided in Appendix A and D.
- 3.3 **The Leeds Digital Strategy:** Dylan Roberts (Chief Digital Officer, Leeds City Council) and Alastair Cartwright (Director of Informatics, NHS Leeds CCGs) will provide an overview for the strategy's focus on 'joining up' our digital community with a one city platform approach to sharing digital capabilities. This approach will open access to digital services and support beyond partner organisations to include citizens, communities and businesses based on adoption of 'open standards'. This will provide a major catalyst to innovation. Their plans prioritise the importance of widening participation and access to digital services. Further background information is provided in Appendix B.

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

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

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

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

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

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

- 4.1.1 Each of the strategies and case studies covered in this report have either included consultation and engagement in their development or plan to over the next year.
- 4.1.2 The intention to announce the refresh of the Economic Growth Strategy was announced in October 2016 and included a wide ranging call for submissions and comments from the public for consideration as part of the priority formulation process.
- 4.1.3 Consultation and citizen engagement for the Leeds Digital Strategy has been undertaken through those strands of direct relevance to the public. For example, a consultation initiative, Joined Up Leeds, was developed as a two-week period of conversations taking place across the city in 2015 in which citizens discussed how their health and wellbeing data could and should be shared, the benefits of sharing, the concerns they have, and how information could be used for the benefit of people in Leeds.
- 4.1.4 The LAHP, in its annual review indicates that it began to formalise the ways in which patient and public are both involved and engaged in its work. This has involved use of partner networks to gain feedback and input from patient groups. Over the coming months, there'll be an expansion of the opportunities for the people of Leeds to share their thoughts and experiences with the LAHP.

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

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

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

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

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

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

## **4.5 Risk management**

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

## **5 Conclusions**

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

## **6 Recommendations**

6.1 The Health and Wellbeing Board is asked to:

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

## **7 Background documents**

7.1 None.

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

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

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

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

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

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

**Future challenges or opportunities**

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

**Priorities of the Leeds Health and Wellbeing Strategy 2016-21**

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