

Appendix 2

Leeds Health and Care Plan



Progress so far

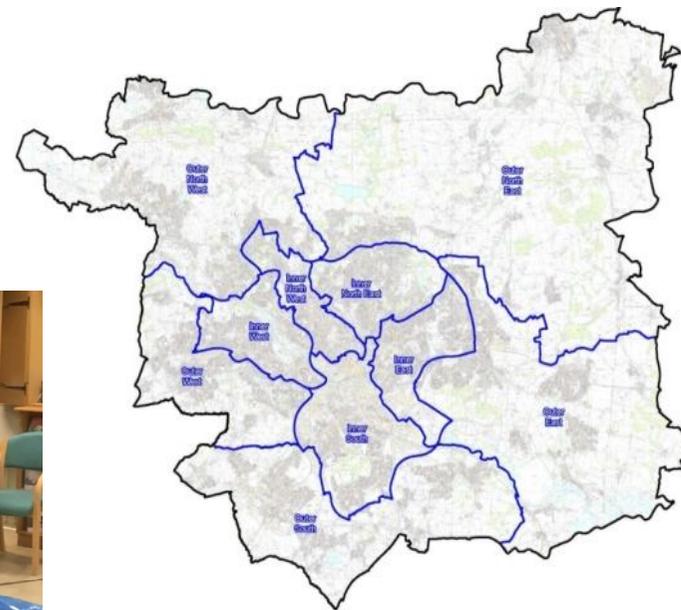
Our city narrative	New conversation with public, workforce, partners & politicians	Capacity and resources
<ul style="list-style-type: none"> • Developing a simple city narrative • Using personas to describe what the future will look like • Clear programmes which set out: <ul style="list-style-type: none"> ○ 4-7 key actions ○ What will be different ○ Understandable language • Draft city financial dashboard • Letter to NHSE/NHSI 	<ul style="list-style-type: none"> • ‘Working with’ approach for frontline workforce • West Yorkshire HWB Chairs network • Labour Group • Two Team Leads sessions (MPs and business leaders) • 10 Community Committees • Two scrutiny sessions • Forum Central Leadership Group • Market Development Forum • Developing OD programme for senior staff on partnership working • Feedback from Healthwatch 	<ul style="list-style-type: none"> • Paul Bollom as Interim Exec Lead • Citywide Workforce/OD leads and project managers • Comm’s & Engagement lead • Health Coaching at scale • Assigned SROs and programme leads • Interviews held for central PMO • Further interviews for remaining partnership roles • Proposal to secure medium to long term nursing workforce in partnership with universities

Leeds Health and Care Plan

Vision	“Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest”			
Programme	Prevention	Proactive Care & Self-Management	Optimising Secondary Care	Urgent Care and Rapid Response
Or	“Keeping myself well”	“Health and care services working with people in their community”	“Hospital care only when I need it”	“I get rapid help when needed to allow me to return to managing my own health in a planned way”
Actions	<ol style="list-style-type: none"> 1. We will promote awareness and develop services to ensure the Best Start (conception to age 2) for every baby, with early identification and targeted support early in the life of the child. 2. We will promote the benefits of physical activity and improve the environments that encourage physical activity to become part of everyday life. 3. We will maximise every opportunity to reduce the harm from tobacco and alcohol, including enhancing the contribution by health and care staff. 4. We will have new accessible, integrated services that support people to live healthier lifestyles and promote emotional health and wellbeing for all ages, with a specific focus on those at high risk of developing respiratory, cardio-vascular conditions. 5. We will have a new, locally based community service, Better Together, that can better build everyday resilience and skills in our most vulnerable populations. 	<ol style="list-style-type: none"> 1. People living with severe breathing difficulties will know how to manage anxiety issues due to their illness and have a supportive plan about what’s important to them by December 2017. 2. People living with severe frailty will be supported to live independently at home whenever possible, instead of having to go in and out of hospital. 3. People at high risk of developing diabetes and those living with diabetes will have access to support programmes to give them the confidence and skills to manage their condition by December 2017. 4. We will take the best examples where health and care services are working together outside of hospital and make them available across Leeds – for example where people have muscle and joint problems that affect their day to day ability to live their lives, we will work with them to help reduce their pain and recover the ability to move by September 2018. 	<ol style="list-style-type: none"> 1. Patients will stay the right time in hospital. 2. Patients with a mental health need will have their needs met in Leeds more often. 3. We will meet more of patients’ needs locally by ensuring their GPs can easily get advice from the right hospital specialist. 4. We will ensure that patients get the right tests for their conditions. 5. We will reduce the visits patients need to take to hospital before and after treatment. 6. We will ensure that patients get the best value medicines. 	<ol style="list-style-type: none"> 1. We will review the ways that people currently access urgent health and social care services including the range of single points of access. The aim will be to make the system less confusing allowing a more timely and consistent response and when necessary appropriate referral into other services. 2. We will look at where and how people’s needs are assessed and how emergency care planning is delivered (including end of life) with the aim to join up services, focus on the needs of people and where possible maintain their independence. 3. We will make sure that when people require urgent care, their journey through urgent care services is smooth and that services can respond to increases in demand as seen in winter. 4. We will change the way we organise services by connecting all urgent health and care services together to meet the mental, physical and social needs of people to help ensure people are using the right services at the right time.

A conversation with the public and elected members

- Community Committees
 - 10 Community Committees (local public meetings led by Councillors)
 - Conversation with 99 Councillors about one Leeds Health and Care Plan
 - 3 pre-briefings per Community Committee
 - 10 local GPs attending, alongside PEG & Executive Lead Leeds Health and Care Plan
- Forum Central
- Market Development Forum
- Healthwatch



Key points from conversations with the public & elected members

<i>Suggested priorities to help reduce the Health and Wellbeing Gap</i>	<i>Ensuring meaningful, open and honest conversations when working with citizens</i>	<i>Engaging Community Committees as the Leeds Health and Care Plan develops</i>
<ul style="list-style-type: none"> • Mental health • Physical activity • Drug & Alcohol Services • Diabetes • Cancer • Dementia • Diet and nutrition, especially for mothers and children • Quality of housing • NEET and debt • Social isolation • Getting into schools more and promoting healthy lifestyles from a young age • Better integration • Self-management • Relieve pressure on hospitals and GPs by making better use of pharmacies and nurses in communities • Commissioned services that demonstrate local effectiveness & respond to local needs • Demographic pressures • Targeting deprived localities 	<ul style="list-style-type: none"> • Health system is very complex – if we can simplify it this would benefit local people • Reassurance / education / coaching for people with long-term conditions so they feel more empowered to manage their condition better and reduce the need to go to the hospital or GP • People recognised the need to do things differently in a landscape of reducing resources, but felt there needed to be greater transparency of the savings needed and their impact on services • Mapping services at a local level to better inform the public and workforce 	<ul style="list-style-type: none"> • There should be more regular discussions about health locally • Local Community Health Champions • Local workshops, including at ward level • People want to better understand their local health and wellbeing gaps and be empowered to provide local solutions and promote early prevention / intervention

Other feedback received on the developing Leeds Health & Care Plan

<i>Healthwatch Task and Finish Group</i>	<i>Market Development Forum</i>	<i>Forum Central Health and Care Leaders Network</i>
<ul style="list-style-type: none"> • Connectivity – Articulating the relationship between the Leeds Health and Care Plan & WYH STP and national priorities • Patient, workforce & public engagement • Describe supporting workstreams (e.g. IT, HR, Communications) • Transparency around prioritisation processes • Clarity needed on milestones & how progress will be monitored • What does good look like? • Clarity needed on governance & accountability 	<ul style="list-style-type: none"> • Key aspect of delivering the Leeds Health and Wellbeing Strategy • Greater focus of prevention & what it means in practice to shift provision from the acute to the community care sector • Importance of reflecting wider determinants of health (e.g. housing) • The challenge of embedding a citywide cultural and behavioural change • Role of information, advice & guidance • As a priority educating communities on self-care/ community care & the acute sector on the community care sector offer • The need for an aligned health and social care workforce plan • Ensuring the Leeds Health and Care Plan informs commissioning plans • Challenge of information sharing & consistent health outcome data collection across the partnership • The need to ensure risk across the health & care system is managed • Encourage providers to focus on areas that are a priority/under-supplied • Greater transparency on the funding needed to implement the transformation 	<ul style="list-style-type: none"> • Clarity needed on what the Leeds Health and Care Plan covers • Greater focus on prevention & early intervention • Opportunity to bring together the medical & social model to offer a person centred model • Support health partners to better understand what the third sector offers and not replicate activities • Map what interventions currently deliver the Leeds Health and Care Plan outcomes and invest in them • Leeds needs a strong strategic plan for how the third sector is an integral part of the new health and care landscape

Next steps

Our city narrative	New conversation with public, workforce, partners & politicians	Capacity and resources
<ul style="list-style-type: none"> • May – programmes and enablers sharpen their outcomes and SMART actions • May – revise narrative following feedback • May / June – infographics, plan on a page, easy read, short videos, etc. • Partnership workforce induction/overview video produced • Quarterly city financial position dashboard published publicly 	<ul style="list-style-type: none"> • May – First in series of partnership working OD sessions • May - July – Leeds Health and Care Plan overview with Trade Unions • Link in with the Changing Leeds conversation • June – August – staff awareness of Leeds Health and Care Plan narrative • June / July – launch engagement web presence and conversation with the public and staff specifically about Leeds Health and Care Plan • Summer / autumn – engagement sessions with citizen groups, workforce, wider partners and elected members 	<ul style="list-style-type: none"> • May - Interview and appoint remaining partnership roles to support programmes and enablers • Working with Citywide Workforce to develop approach for resource pooling and funding staff • Ensure partners e.g. 3rd sector, Healthwatch, YAS, etc. are appropriately linked into programmes • Summer – agree and implement consistent decommissioning approach