

Report of: Director of Public Health, Director of Children & Families and Director of Adults and Health

Report to: Executive Board

Date: 17 July 2017

Subject: Leeds Health and Care Plan: A Conversation with Citizens

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| Are specific electoral wards affected? If relevant, name(s) of ward(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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Summary of main issues

1. The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is a Leeds vision for health and care and moves beyond the limited agenda outlined in national Sustainability and Transformation Plans (STPs).
2. The Leeds Health and Care Plan is the city's approach to closing the three gaps that have been identified by health, care and civic leaders. These are gaps in health inequalities, quality of services and financial sustainability. It provides an opportunity for the city to shape the future direction of health and to transition towards a community focused approach, which understands that good health is a function of wider factors such as housing, employment, environment, family and community.
3. Perhaps most importantly, the Leeds Health and Care Plan provides the content for a conversation with citizens to help develop a person-centred approach to delivering the desired health improvements for Leeds to be the Best City in the UK by 2030. It is firmly rooted in the 'strong economy, compassionate city' approach outlined in the Best Council Plan 2017-18.

Recommendations

The Executive Board is asked to:

1. Consider the contents of the draft narrative for the Leeds Health and Care Plan and provide feedback which can be incorporated into future iterations and in our conversation with citizens about the future of health and care in Leeds.
2. Support plans to progress a conversation with the public, based around the content of the summary report, and delivered in conjunction with the 'Changing Leeds' discussion.
3. Note that the Leeds Health and Wellbeing Board will continue to provide strategic leadership for the Leeds Health and Care Plan.
4. Note the continued availability of staff and resources from Leeds City Council to support and inform the development and implementation of the Leeds Health and Care Plan.

1 Purpose of this report

1.1 The purpose of this report is to provide Executive Board with an overview of:

- The draft A3 version of the 'Leeds Health and Care Plan on a Page' (Appendix A) and accompanying narrative (Appendix B) as the approach taken to engage citizens in the future development and delivery of our plans. The plan has been continuously improved through conversations with a wide range of stakeholders, and we envisage this process will continue.
- Proposals to begin the next phase of our conversation with citizens, in partnership with the 'Changing Leeds' programme.

1.2 Seek agreement from Executive Board that it supports:

- Consultation to be undertaken on the draft narrative by officers within the Health Partnerships team (and wider partners) and to undertake a conversation with citizens, delivered through the 'Changing Leeds' platform.

2 Background information

This report updates Executive Board on the report submitted in July 2016 "Overview of the health and care Sustainability and Transformation Plans (STP)". The most important change is that Leeds has now asserted and progressed towards a locally partnership owned, locally developed and user centred approach to planning that is right for Leeds. Leeds is a third of the West Yorkshire and Harrogate STP footprint, and if considered alone has three times the population of the smallest STP footprint. West Yorkshire and Harrogate STP footprint is the third largest STP footprint in the UK. There has been considerable progress in how the Leeds Health and Care Plan is being created through discussion with local citizens, third sector organisations, service user groups, Community Committees and front line clinicians.

Nationally, the NHS funding position has deteriorated with a significant deficit reported in 2016/17. In response, the NHS has moved away from an offer of significant financial support for system transformation to smaller more targeted initiatives. Nationally, NHS organisations and Clinical Commissioning Groups (CCGs) considered significantly out of balance in 2017/18 are increasingly subject to significant direct intervention to enact measures which cut costs in year. Throughout the funding reduction since 2010, Leeds City Council has successfully managed where possible to protect front line services and protect the vulnerable. The approach has been led through an ongoing conversation with communities including third sector and community services about how neighbourhoods meet citizen's needs.

Local picture

2.1 Leeds has an ambition to be the Best City in the UK by 2030. A key part of this is being the Best City for Health and Wellbeing and Leeds has the people, partnerships and placed-based values to succeed. The vision of the Leeds Health and Wellbeing Strategy 2016-2021 is: 'Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest'.

A strong economy and realising the potential of the 'Leeds £' is also key: Leeds will be the place of choice in the UK to live, for people to study, for businesses to invest in, for people to come and work in and the regional hub for specialist health care. Services will provide a universal offer, but will tailor specific offers to the areas that need it the most. These are bold statements, in one of the most challenging environments for health and care in living memory.

- 2.2 Since the first Leeds Health and Wellbeing Strategy in 2013, there have been many positive changes in Leeds and the health and wellbeing of local people continues to improve. Health and care partners have been working collectively towards an integrated system that seeks to wrap care and support around the needs of the individual, their family and carers, and helps to deliver the Leeds vision for health and wellbeing. Leeds has seen a reduction in infant mortality as a result of a more preventative approach; it has been recognised for improvements in services for children; it became the first major city to successfully roll out an integrated, electronic patient care record, and early deaths from avoidable causes have decreased at the fastest rate in the most deprived wards.
- 2.3 We have made significant progress on health coaching, adopting the house of care model and pioneered the use of restorative approaches with vulnerable families, with Leeds City Council now recognised as a Department for Education Partner in Practice.
- 2.4 These are achievements of which to be proud, but they are only the start. The health and care system in Leeds continues to face significant challenges; namely the ongoing impact of the global recession and national austerity measures, Brexit, together with significant increases in demand for services brought about by both an ageing population and the increased longevity of people living with one or more long term condition(s). Leeds also has a key strategic role to play in West Yorkshire with the sustainability of the local system intrinsically linked to the sustainability of other areas in the region.
- 2.5 Leeds needs to do more to change conversations across the city and to develop the necessary infrastructure and workforce to respond to the challenges ahead. As a city, we will only meet the needs of individuals and communities if health and care workers and their organisations work together in partnership. The needs of patients and citizens are changing; the way in which people want to receive care is changing, and people expect more flexible approaches which fit in with their lives and families.
- 2.6 Leeds will continue to change the way it works, becoming more enterprising, bringing in new service delivery models and working more closely with partners, public and the workforce locally and across the region to deliver shared priorities. However, this will not be enough to address the sustainability challenge. Future years are likely to see a reduction in provision with regard to services which provide fewer outcomes for local people and offer less value to the 'Leeds £'.
- 2.7 Much will depend on changing the relationship between the public, workforce and services. There is a need to encourage greater resilience in communities so that more people are able to do more themselves. This will reduce the demands on public services and help to prioritise resources to support those most at need. The views of people in Leeds are continuously sought through public consultation and

engagement and prioritisation of essential services will continue, especially those that support vulnerable adults, children and young people.

National picture

- 2.8 In October 2014, the NHS published the Five Year Forward View, a wide-ranging strategy providing direction to health and partner care services to improve outcomes and become financially sustainable. On 22nd December 2015, NHS England (NHSE) published the 'Delivering the Forward View: NHS planning guidance 2016/17-2020/21', which is accessible at the following link:

<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

- 2.9 The planning guidance asked every health and care system to come together to create their own ambitious local blueprint – Sustainability and Transformation Plan (STP) – for accelerating implementation of the Five Year Forward View and for addressing the challenges within their areas. STPs are place-based, multi-year plans built around the needs of local populations ('footprints') and should set out a genuine and sustainable transformation in service user experience and health outcomes over the longer term.

NHS England has provided further subsequent guidance as to expectations of greater involvement and consultation with local populations as to the content of plans.

- 2.10 Since the last report provided to Executive Board, NHS England has also recognised that to develop truly partnership place based plans requires time to properly engage and co-produce with citizens and their original timelines of agreed finalised plans by the end of 2016 have been relaxed.

3 Main issues

- 3.1 The Leeds Health and Care Plan narrative sets out ideas about how we will improve health outcomes, care quality and financial sustainability of the health and care system in the city. The plan recognises the Leeds Health and Wellbeing Strategy 2016-2021, its vision and its outcomes, and begins to set out a plan to achieve its aims.

The Leeds Health and Wellbeing Board through 2016 has provided a strong steer to the shaping of the Leeds Health and Care Plan at formal board meetings on 12th January and 21st April 2016 and two workshops held on 21st June and 28th July 2016. The Board has held a further workshop on 20th April 2017 and more recently at a formal board meeting on 20th June 2017 where it reviewed and provided comment on the draft narrative to support the plan.

- 3.2 The plan recognises and references the collaborative work done by partners across the region to develop the West Yorkshire and Harrogate STP, but is primarily a Leeds based approach to transformation, building on the existing strategies that promote health and inclusive growth in the city. Whilst the financial challenge is a genuine one, the Leeds approach remains one based on long term planning including demand management, behaviour change and transition from

expensive acute services towards community based approaches that are both popular with residents and financially sustainable.

- 3.3 A transition towards a community focused model of health is outlined in the plan. This is the major change locally and will touch the lives of all people in Leeds. This 'new model of care' will bring services together in the community. GP practices, social care, third sector and public health services will be informally integrated in a 'primary care home'. Our hospitals will work closely with this model and care will be provided closer to home where possible, and as early as possible. New tools, known as 'Population Health Management' will be used to ensure the right people get the right services and that these are offered in a timely fashion. This is designed to prevent illness where possible and manage it in the community.
- 3.4 The development of the Leeds Health and Care Plan has been supported by partners and stakeholders from across various health and care providers and commissioners, as well as Healthwatch Leeds, third sector and local area Community Committees. Conversations have also taken place over the last year about how best to align the citizen conversation about health and care in Leeds with 'Changing Leeds'.
- 3.5 A significant amount of engagement activity has taken place when the Leeds Health and Wellbeing Strategy was being refreshed. This is alongside ongoing engagement activity on strategic decision making which occurs across the activity of the Leeds Health and Wellbeing Board and its constituent members. All of this has helped shape the Leeds Health and Care Plan.
- 3.6 The Leeds Health and Care Plan narrative presents information for a public and wider staff audience about the plan in a way that that citizens and staff can relate to and which is accessible and understandable.

The Leeds Health and Care Plan narrative (when published) will be designed so that the visual style and branding is consistent with that of the Leeds Health and Wellbeing Strategy 2016-2021 and will be part of a suite of material used to engage citizens and staff with.

The narrative contains information about:

- The strengths of our city, including health and care
- The reasons we must change
- How the health and care system in Leeds works now
- How we are working with partners across West Yorkshire
- The role of citizens in Leeds
- What changes we are likely to see
- Next steps and how you can stay informed and involved

- 3.7 The final version will contain case studies which will be co-produced with citizen and staff groups that will describe their experience now and how this should look in the future.

It will enable us to engage people in a way that will encourage them to think more holistically about themselves, others and places rather than thinking about NHS or Leeds City Council services. Citizen and stakeholder engagement on the Leeds Health and Care Plan has already begun in the form of discussions with all 10 Community Committees across Leeds in February and March 2017.

- 3.8 The final Leeds Health and Care Plan will have to describe the financial and sustainability gap in Leeds and demonstrate that the proposed changes will ensure that we are operating within our likely resources. In order to make these changes, we will require national support in terms of local flexibility around the setting of targets, financial flows and non-recurrent investment.
- 3.9 As part of the development of the West Yorkshire and Harrogate STP, the financial and sustainability impact of any changes at a West Yorkshire level and the impact on Leeds will need to be carefully considered. It is envisaged that Leeds may be able to capitalise on the regional role of our hospitals and attract new specialist services to the city.
- 3.10 In order to progress the thinking and partnership working that has been done to help inform the Leeds Health and Care Plan to date, the next stage is to begin a broader conversation with citizens. The conversation we would like to have with citizens will be focussed on the ideas and general direction of travel outlined in the Leeds Health and Care Plan. It will ask citizens what they think about the plan and will invite them to comment and provide their thoughts.

Our preparation for delivering a conversation with citizens about plans for the future of health and care in Leeds will be reflective of the rich diversity of the city, and mindful of the need to engage with all communities. Any future changes in service provision arising from this work will be subject to equality impact assessments and plans will be developed for formal engagement and/or consultation in line with existing guidance and best practice.

4 Corporate considerations

4.1 Consultation and engagement

- 4.1.1 As referenced earlier in this report, the Leeds Health and Care Plan builds on the significant engagement activity which has taken place to refresh the Leeds Health and Wellbeing Strategy. It has also taken advantage of the significant engagement activity across the activity of the constituent partners of the Leeds Health and Wellbeing Board.
- 4.1.2 Recently, the emerging Leeds Health and Care Plan has been discussed this year at:
- All 10 Community Committees (February-March)
 - Team Leeds (17th March)

- Scrutiny Board (Adult Social Services, Public Health, NHS) (28th March)
- Forum Central Health and Care Leaders Network (29th March)
- Healthwatch (29th March & 29th June)
- Scrutiny Board Working Group (Adult Social Services, Public Health, NHS) (9th May)
- Youthwatch (13th June)
- Leeds Older People's Forum (21st June)

4.1.3 Leeds City Council is shortly to launch "Changing Leeds". Changing Leeds is an engagement with the whole city on issues arising from the changing 'social contract', civic enterprise, and the future role of the council and other public services. Conversations have also taken place over the last year about how best to align the citizen conversation about health and care in Leeds with 'Changing Leeds'.

4.1.4 The overall purpose of 'Changing Leeds' is to help people who live, work and study in the city think differently about their relationship with local public services, and ultimately do things differently as well.

4.1.5 It is proposed that through joint working and using the 'Changing Leeds' platform a consultation on the Leeds Health and Care Plan will form part of the wider discussions in Leeds.

4.1.6 In order to progress the thinking and partnership working that has been done to help inform the Leeds Health and Care Plan to date, the next stage is to begin a broader conversation with citizens.

4.1.7 Case studies will be co-produced with citizens and staff groups which will describe their experience now and how this should look in the future. The conversation with citizens will then be focussed on the ideas and general direction of travel outlined in the Leeds Health and Care Plan and whether these are in line with the case studies. We will also invite them to comment and provide their views and opinions on what the specific changes need to occur that will deliver the desired outcomes. Where the work of the Leeds Health and Care Plan develops firm proposals for service changes, then, specific plans would be developed for formal engagement and/or consultation in line with the relevant partner(s) organisational governance and best practice.

4.1.8 A detailed communication and engagement plan is currently being developed and will be shared with the Leeds Health and Wellbeing Board for comment.

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

4.2.1 Any future changes in service provision arising from this work will be subject to an equality impact assessment.

4.2.2 Consultations on the Leeds Health and Care Plan have included diverse localities and user groups including those with a disability.

4.3 **Council policies and best council plan**

4.3.1 The Joint Strategic Needs Assessment (JSNA) and the Leeds Health and Wellbeing Strategy 2016-2021 have been used to inform the development of the Leeds Health and Care Plan. The Leeds Health and Wellbeing Strategy 2016-2021 remains the primary document that describes how we improve health in Leeds. It is rooted in an understanding that good health is generated by factors such as economic growth, social mobility, housing, income, parenting, family and community. This paper outlines how the emerging Plan will deliver significant parts of the Leeds Health and Wellbeing Strategy 2016-2021 as they relate to health and care services and access to these services.

4.3.2 The Leeds Health and Care Plan will directly contribute towards achieving the breakthrough projects: 'Early intervention and reducing health inequalities' and 'Making Leeds the best place to grow old in'.

4.3.3 The Leeds Health and Care Plan will also contribute to achieving the following Best Council Plan Priorities: 'Supporting children to have the best start in life'; 'preventing people dying early'; 'promoting physical activity'; 'building capacity for individuals to withstand or recover from illness', and 'supporting healthy ageing'.

4.4 **Resources and value for money**

4.4.1 The final Leeds Health and Care Plan will have to describe the financial and sustainability gap in Leeds, the plan Leeds will be undertaking to address this and demonstrate that the proposed changes will ensure that we are operating within our likely resources. With the current resources available this will be challenging and in order to make these changes, we will require national support in terms of local flexibility around the setting of targets, financial flows and non-recurrent investment.

4.4.2 As part of the development of the West Yorkshire and Harrogate STP, the financial and sustainability impact of any changes at a West Yorkshire level and the impact on Leeds will need to be carefully considered and analysis is currently underway to delineate this.

4.4.3 It is envisaged that Leeds may be able to capitalise on the regional role of our hospitals using capacity released by delivering our solutions to support the sustainability of services of other hospitals in West Yorkshire and to grow our offer for specialist care for the region.

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

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

4.6 **Risk management**

4.6.1 Failure to have robust plans in place to address the gaps identified as part of the Leeds Health and Care Plan development will impact the sustainability of the health and care in the city.

- 4.6.2 Two key overarching risks present themselves given the scale and proximity of the challenge and the size and complexity of both the West Yorkshire and Harrogate STP footprint and Leeds itself.
- 4.6.3 Potential unintended and negative consequences of any proposals as a result of the complex nature of the local and regional health and social care systems and their interdependencies. Each of the partners has their own internal pressures and governance processes they need to follow.
- 4.6.4 Ability to release expenditure from existing commitments without de-stabilising the system in the short-term will be extremely challenging as well as the risk that any proposals to address the gaps do not deliver the sustainability required over the longer-term.
- 4.6.5 The effective management of these risks can only be achieved through the full commitment of all system leaders within the city to focus their full energies on developing and delivering a robust Leeds Health and Care Plan within an effective governance framework.

5 Conclusions

- 5.1 As statutory organisations across the city working with our thriving third sector and academic partners, we have come together to develop, for the first time, a system-wide plan for a sustainable, high-quality health and social care system. The plan has been improved through engagement with a wide range of stakeholders and will continue to develop through further conversations with citizens. We want to ensure that services in Leeds can continue to provide high-quality support that meets, or exceeds, the expectations of adults, children and young people across the city: the patients and carers of today and tomorrow.
- 5.2 Our Leeds Health and Care Plan is built on taking our asset-based approach to the next level to help deliver the health and care aspects of the Leeds Health and Wellbeing Strategy 2016-2021. It is a plan that will strive to improve health and wellbeing for all ages and for all of Leeds, but where people who are poorest improve their health the fastest. This is enshrined in a set of values and principles and a way of thinking about our city, which:
- Identifies and makes visible the health and care-enhancing assets in a community and sees citizens, families and communities as the co-producers of health and wellbeing rather than the passive recipients of services.
 - Promotes community networks, relationships and friendships that can provide caring, mutual help and empowerment.
 - Identifies what has the potential to improve health and wellbeing the fastest including what already works well in an area and the opportunities provided by digitalisation to improve connections and promote integration.
 - Further develops prevention and early intervention and uses neighbourhoods as a starting point to help integrate social care, hospital, third sector and community services to provide care closer to home and a rapid response in time of crisis.

- Supports individuals' mental health and wellbeing through self-esteem, coping strategies, resilience skills, relationships, friendships and services working to tackle physical and mental health together.
- Values, empowers and helps grow our own workforce from our diverse communities and involves them in the co-production of any changes.
- Understands the importance of the economy, housing, employment and environment in generating health.

6 Recommendations

The Executive Board is asked to:

- 6.1 Consider the contents of the draft narrative for the Leeds Health and Care Plan and provide feedback which can be incorporated into future iterations and in our conversation with citizens about the future of health and care in Leeds.
- 6.2 Support plans to progress a conversation with the public, based around the content of the summary report, and delivered in conjunction with the 'Changing Leeds' discussion.
- 6.3 Note that the Leeds Health and Wellbeing Board will continue to provide strategic leadership for the Leeds Health and Care Plan.
- 6.4 Note the continued availability of staff and resources from Leeds City Council to support and inform the development and implementation of the Leeds Health and Care Plan.

7 Background documents¹

- 7.1 N/A

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.