



Report of: Paul Bollom (Interim Executive Lead, Leeds Health and Care Plan)

Report to: Leeds Health and Wellbeing Board

Date: 28 September 2017

Subject: Continuing a conversation with citizens: Leeds Health and Care Plan

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

Summary of main issues

1. The purpose of this paper is to provide Leeds Health and Wellbeing Board with an overview of the progress to date in shaping the Leeds Health and Care Plan (Appendix 1) following the previous meeting on 20 June 2017 and proposals to progress a conversation with the public, based around the content of the summary report, and delivered in conjunction with the 'Changing Leeds' discussion.
2. 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).
3. 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.
4. 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 also firmly rooted in the 'strong economy, compassionate city' approach.

Recommendations

The Health and Wellbeing Board is asked to:

- Endorse and support the consultation plans outlined in this paper to be undertaken on the draft narrative by officers with citizens and staff.

1 Purpose of this report

- 1.1 The purpose of this paper is to provide Leeds Health and Wellbeing Board with an overview of the progress to date in shaping the Leeds Health and Care Plan following the previous meeting and to seek support proposals to progress a conversation with the public.

2 Background information

- 2.1 The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is a Leeds vision for health and care and moves beyond the limited agenda outlined in national Sustainability and Transformation Plans (STPs).
- 2.2 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.
- 2.3 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.
- 2.4 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.
- 2.5 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 a formal board meeting on 20th June 2017 where it reviewed and provided feedback on the draft narrative to support the plan.
- 2.6 The plan recognises and references the collaborative work done by partners across the region to develop the West Yorkshire and Harrogate Health and Care Partnership (formerly known as 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.

- 2.7 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.
- 2.8 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.
- 2.9 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

- 2.10 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.
- 2.11 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 Main issues

- 3.1 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 and Youthwatch 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'.

3.2 The previous iteration of the Leeds Health and Care Plan was presented to the Leeds Health and Wellbeing Board on 20 June 2017. Using the feedback received the Leeds Health and Care Plan has been updated as outlined below:

Leeds Health and Wellbeing Board feedback (20 June 2017)	Action taken
<p>Acknowledged and welcomed the opportunity for the Community Committees to have had early discussions on the Leeds Health and Care Plan during the Spring 2017. A request for an update to the community committees was noted.</p>	<p>The success of these sessions have been held up as a good practice example across the region of the value of working 'with' elected members and our local communities. We recognise that an ongoing conversation with elected members is key to this building on the sessions that took place.</p> <p>In addition to local ongoing conversations since Spring 2017, there are a number of engagement opportunities with elected members outlined throughout the report under para 3.6 including a second round of Community Committee discussions taking place during autumn/winter.</p>
<p>The need to emphasise the value of the Leeds Pound to the Health and Care sector and the need to acknowledge that parts of the health economy relied on service users not just as patients but buyers.</p>	<p>There is a greater emphasis to the Leeds Pound within the narrative document and it is now highlighted within the Leeds Health and Care Plan on a page through "Using our collective buying power to get the best value for our 'Leeds £'".</p>
<p>Emphasising the role of feedback in shaping the finished document.</p>	<p>The narrative in its introduction emphasises the engagement that has taken place to shape the document from conversations with patients, citizens, doctors, health leaders, voluntary groups and local elected members. The narrative also invites staff and citizens to provide feedback through various forums and mechanisms. Further work is needed to make this process easier and this will take place during October/November.</p>
<p>A review of the language and phrasing to ensure a plain English approach and to avoid inadvertently suggesting that areas of change have already been decided.</p>	<p>The narrative has been amended for plain English and emphasises the importance of ongoing engagement and co-production to shape the future direction of health and care in the city.</p>
<p>The narrative to also clarify who will make decisions in the future</p>	<p>The narrative makes greater reference to decision making in 'Chapter 10: What happens next?' highlighting that:</p> <ul style="list-style-type: none"> • The planning of changes will be done in a much more joined up way through greater joint working between all partners involved with health and care partners, staff and citizens. • Significant decisions will be discussed and planned through the Health and Wellbeing Board. • Decision making however will remain in the formal bodies that have legal responsibilities for services in each of the individual health and care organisations.
<p>The Plan to include case studies. Acknowledged the need to broaden the scope of the Plan in order to "if we do this, then this how good our health and care services could be" and to provide more detail on what provision may look like in the future.</p>	<p>Case studies are being co-produced with citizens and staff groups which will describe their experience now and how this should look in the future. These will be incorporated in the future iteration of the Plan as well as used in engagement sessions with communities.</p>

References to the role of the Leeds Health and Wellbeing Board and the Leeds Health and Wellbeing Strategy 2016-2021 to be strengthened and appear earlier in the Plan.	The narrative in its introduction and throughout the document emphasises the role of the Leeds Health and Wellbeing Board. It also articulates that the Leeds Health and Care Plan is a description of what health and care will look like in the future and that it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021.
References to taking self-responsibility for health should also include urgent care/out of hospital health	Narrative has been updated to reflect this. In addition, the engagement through the autumn will be joined up around Leeds Plan, plans for winter and urgent care.
Assurance was sought that the Plan would be co-produced as part of the ongoing conversation	Plans outlined in this paper for ongoing conversation and co-production during the autumn.
A focus on Leeds figures rather than national	Work is ongoing with finance and performance colleagues and will feed into the engagement through the autumn.
Requested that a follow up paper with more detail, including the extended primary care model, be brought back in September.	The narrative has a greater emphasis on the transition towards a community focused model of health and is highlighted on the Leeds Health and Care Plan on a Page. A separate update on the System Integration will be considered by the Board on 28 September 2017.

3.3 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.

3.4 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.

3.5 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)
- Working Age Provider Forum (12th July)
- CCG Patient Assurance Group (23rd August)

3.6 Over the coming months, engagement will occur through a number of mechanisms outlined below. Where engagements occur this will be through a partnership approach involve appropriate representation from across the health and care partnership.

- Staff engagement through briefings, newsletters, team meetings, etc
- *Member Development Session – October / November*
Member Development Sessions are open to all 99 elected members and are a valuable way of ensuring that they are fully briefed on issues through workshops/ information sessions so that they can be prepared to champion them when engaging with the public or through their various roles.

The session will be led by the Chair of the Leeds Health and Wellbeing Board, Chair of the GP Provider Forum and the SROs/Leads of the Leeds Health and Care work programmes.

- *Community Committees - November / December*
Representatives from the Partnership Executive Group, Health Partnerships Team, local GPs will attend each of the Community Committee meetings in keeping with previous commitments to re-visit Committees as work progresses. To ensure the success of these local conversations there will also be:
 - A citywide session will be arranged for the Community Committee Champions for Health and Wellbeing.
 - An update on the Leeds Health and Care Plan will be presented at the Community Committee Chairs Forum on 16 November 2017.
- *'Working Voices' engagement - November*
We will work with Voluntary Action Leeds to deliver a programme of engagement with working age adults, via the workplace.
- *13 public events across city - November*
Working with Leeds Involving People (LIP) we will deliver a series of events in each of the Neighbourhood Team areas for citizens to attend and find out more about the future of health and care in Leeds. These will be in the style of public exhibition events, with representation and information from each of the 'Programmes' within the Leeds Plan and some of the 'Enablers'. To maximise the benefit of these events, they will also promote messages and services linked to winter resilience and other health promotion / healthy living and wellbeing services.
- *Third Sector engagement events - November*
We will work with Forum Central Leeds and others to deliver a workshop(s) to encourage and facilitate participation and involvement from the third sector in Leeds in the discussion about the Leeds Plan and the future of health and care in the city.
- *'Engaging Voices' Focus Groups, targeted at Equalities Act 'protected Characteristic Groups' - November*

We will work with VAL to utilise the 'Engaging Voices' programme of Asset Based Engagement to ensure that we encourage participation and discussion from seldom heard communities and to consider views from people across the 'protected characteristic' groups under the Equalities Act.

- 3.7 Leeds City Council is launching “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’.
- 3.8 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.
- 3.9 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.
- 3.10 Case studies are being 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. Any future changes in service provision arising from this work will be subject to an equality impact assessment.
- 3.11 The conversation with the public, workforce and elected members will also include the direction of travel in relation to accountable care and what citizens can do to prepare themselves for winter. The aim is to coordinate and join up as much of the messages across the health and care system.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 A key component of the development and delivery of the Leeds Health and Care Plan is ensuring consultation, engagement and hearing citizen voice. The approach to be taken has been outlined within para 3.5 and 3.6.

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 Resources and value for money

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 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 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.

4.5.2 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 Health and Care Partnership footprint and Leeds itself.

4.5.3 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.

4.5.4 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.

4.5.5 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 partners 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 Leeds Health and Care 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.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Endorse and support the consultation plans outlined in this paper to be undertaken on the draft narrative by officers with citizens and staff.

7 Background documents

- 7.1 None.

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How does this help reduce health inequalities in Leeds?

The Leeds Health and Care Plan (Leeds Plan) is the city’s collective plan for addressing the three gaps that have been identified by health, care and civic leaders. These are gaps in: health inequalities; quality; and, financial sustainability. The Leeds Plan builds on the vision and objectives of the Leeds Health and Wellbeing Strategy 2016-21, and begins to develop the thinking about how these will be achieved. The Leeds Plan will provide the content for a discussion with citizens to help progress the planning that will be required to develop a citizen-centred approach to delivering the changes required for Leeds to be the best city for health in 2030.

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

See above

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

See above

Future challenges or opportunities

Opportunity to undertake a wide ranging and open conversation with the public as part of the ‘Changing Leeds’ programme and other engagements. This will enable us to engage people in a way that encourages them to think more holistically about themselves, others and places rather than thinking just about NHS or Leeds City Council services in isolation.

The conversation will help to inform the next phase of changing, improving and implementing the Leeds Plan.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21

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