

Report of the Chief Officer Health Partnerships**Report to Scrutiny Board (Adults & Health)****Date: 13 March 2018****Subject: Leeds Health and Care Plan: Inspiring Change through Better Conversations with Communities**

Are specific electoral wards affected? If yes, 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 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 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.
2. In Leeds, we have a commitment to progressing the Leeds Health and Care Plan through meaningful conversations and engagement with the public and communities. An ongoing conversation with Community Committees is key to this reflecting a bottom up community led approach as the basis for integrating services and integrated working in Leeds. As a result, building on previous conversations, the Leeds Health and Care Plan was discussed in further detail at the each of the Community Committees in Nov/Dec 2017 led by a local GP representative alongside a senior health and care leader with a focus on our progress and engage on emerging model of Local Care Partnerships.
3. Each of the Community Committees:
 - Supported the updated Leeds Health and Care Plan as a basis for conversation with citizens on the future of health and care.
 - Supported widespread conversation and discussion of the Leeds Health and Care Plan to encourage feedback and comment.

- Supported the emerging model of Local Care Partnerships as the model for a system of integrated care and to actively engage with its development in their communities.
4. A number of themes came out from our conversations with Community Committees as outlined in report and our actions taken as a result.

Recommendations

Scrutiny Board (Adults & Health) are asked to:

- Note the feedback received from Community Committees in relation to the Leeds Health and Care Plan and Local Care Partnerships.

1. Purpose of this report

- 1.1 The purpose of this paper is to provide the Scrutiny Board (Adults & Health) with an overview of the progress made in shaping the Leeds Health and Care Plan following the previous conversation at each Community Committee in November / December 2017.

2. Background information

Leeds Health and Care Plan

- 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.
- 2.2 The Leeds Health and Care Plan is the city's approach to closing the three gaps that have been nationally 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 Wellbeing Board (HWB) has a strong role as owner and challenger of the Leeds Health and Care Plan championing an approach of 'working with' citizens throughout engaging communities and shaping it through a number of formal board meetings and workshops since 2016. This role has been complimented through regular engagement with Scrutiny Board(Adults and Health) acting as an independant critical friend to the development of the plan.
- 2.5 The Leeds Health and Care Plan recognises and references the collaborative work done by partners across the region to develop the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP – previously the 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 acute-based services towards community based approaches that are both popular with residents and financially sustainable.

Improving Health and Care within Communities: Local Care Partnerships

- 2.6 The Leeds Health and Care Plan is an ambitious set of actions to improve health and care in Leeds. It requires a new approach to working with people, inspiring change through better conversations and a move towards much more community

based care. To achieve this it includes a significant change to the way our health and care services work, particularly those based in the community.

- 2.7 The starting point to changes in Leeds is the already established pioneering integrated health and social care teams linked to thirteen neighbourhoods (“Neighbourhood Teams”). This means that the basis of joint working between community nursing and social workers and other professionals as one team for people in a locality is already in place.
- 2.8 We have an opportunity to build on this way of working and increase the number of services offered in a neighbourhood team. In order to make this happen we are agreeing with partners what this team may look like and then ensure the organisations that plan and buy health and care services align or join their planning and budgets so that we both create these teams and avoid duplication and gaps in care. This will ensure resources are all focused on making health and care better, simpler and better value.
- 2.9 The plan is therefore for the number of services based around neighbourhoods to increase and jointly work together as what are called ‘Local Care Partnerships’. Building on the current neighbourhood teams Local Care Partnerships will include community based health and care services and possibly some services that are currently provided in hospital such as some outpatient appointments. People will still be registered with their GP practice and the vision is that a much wider range of health and care services will ‘wrap-around’ in a new way of working that emphasises team working to offer greater capacity than the GP alone. It will mean services no longer operating as entirely separate teams as they often do now.
- 2.10 Professionals working within Local Care Partnerships will work as one team avoiding the need for traditional referrals between services and include wide local representation (e.g. GP, nurse, LCH, Adult Social Care, LYPFT, Third sector, LCC and elected members). The approach will be locally tailored to acknowledge how health and care needs vary significantly across Leeds. Working with local people, professionals within Local Care Partnerships will have more opportunities to respond to the needs of local populations and focus on what matters most for local communities.
- 2.11 The ambition is for the majority of peoples’ needs will be met by a single team in their local area in the future making services easier to access and coordinate. If people do need to go into hospital the services will work together to make sure this happens smoothly.
- 2.12 This is the major change locally and will touch the lives of all people in Leeds. These changes will take a number of years to work towards and people are unlikely to start to see any changes until 2019-20 at the earliest. Before this point we will work with local people and stakeholders to make sure the model will deliver what people need.

3. Main issues

- 3.1 During February and March 2017 we engaged with all 10 Community Committees on the development of the Leeds Health and Care Plan and local health issues with

local conversations supported by a local GP alongside a senior health and care leader. 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. These conversations played a significant role in shaping the future of health and care in the city through the development of the Leeds Health and Care Plan.

3.2 In Leeds, we have a commitment to progressing the Leeds Health and Care Plan through meaningful conversations and engagement with the public and communities. An ongoing conversation with Community Committees is key to this. As a result, building on previous conversations, the Leeds Health and Care Plan was discussed in further detail at the each of the Community Committees in November and December 2017 led by a local GP representative alongside a senior health and care leader with a focus on our progress and engage on emerging model of Local Care Partnerships.

3.3 Each of the Community Committees:

- Supported the updated Leeds Health and Care Plan as a basis for conversation with citizens on the future of health and care.
- Supported widespread conversation and discussion of the Leeds Health and Care Plan.
- Supported the emerging model of Local Care Partnerships and to actively engage with its development in their communities.

3.4 A number of themes came out from our conversations with Community Committees as outlined below and our actions taken as a result.

Community Committee Feedback (Nov/Dec 17):	Action Taken / To be taken:
Promoting Inclusive Growth <ul style="list-style-type: none"> • Tackling poverty and employment to improving health and wellbeing • Housing growth needs to be matched by health and care services (in particular medical and GP services). 	<ul style="list-style-type: none"> • Leeds Inclusive Growth Strategy and input into the recently published UK Industrial Strategy has much stronger alignment to health outcomes. • Steps are well underway with health organisations to recognise their "anchor role" as major employers and economic forces in the city. • Apprenticeship routes to health careers are being expanded and organised better as a city through a coordinated approach. • Greater focus has been given to ensure there are sufficient Local Care Partnership teams in high need areas of the city. • Evidence is being taken from other leading local authorities on linking housing growth to health. • Housing growth will be a specific element of the refreshed Joint Strategic Needs Assessment being undertaken for Leeds. • Health and Wellbeing Board are reviewing their links to housing in their forward planning. • CCGs are sharing with elected members locally how housing growth, GP demand and GP availability is being accounted for. • Revised population estimates for Leeds has meant £11m growth in money allocated to Leeds Clinical Commissioning Groups (CCGs)

	for primary care.
Digital and Informatics <ul style="list-style-type: none"> The role of technology and connectivity in future health & care services with considerations around security, choice and recognising different people's familiarity with technology. Promoting the use of systems that can interface with each other across organisations. 	<ul style="list-style-type: none"> Trust is being built through approaches that are based on the principles of "working with" citizens and "better conversations". Examples of this include the Actvage project working with "Internet of Things" technologies and older adults (with Samsung as a partner). Leeds Integrated Care Record is our approach to the managed sharing of information between professionals involved in an individuals health and care reducing duplication and improving services. The approach will be developing further to allow 'write' access across agencies (the approach currently allows read access). This will be a further enabling step for professionals to work more holistically together around citizens because systems that interface between organisations. "Person Held Records" are being developed which will allow individuals to access and increasingly own their own medical records. The approach will have strong emphasis on co-design with citizens, ensuring full regard is given to issues of consent, security and good data governance.
Finances <ul style="list-style-type: none"> Importance of delivering on the "Leeds Left Shift" to maintain funding levels and further invest in preventative services including the Third Sector. Being transparent about funding arrangements and where there are reductions to services and the rationale for this. 	<ul style="list-style-type: none"> The concept of a "Left Shift" towards increasing prevention and early intervention is embodied into leadership conversations across the city. Financial balance will be needed across sectors to create confidence to invest upstream. This is improving with clear progress on coherent financial plans across hospitals/ CCG/ community and council. Increasingly funding and savings schemes such as Better Care Fund and CCG Quality Innovation Productivity Prevention (QIPP) programmes are increasingly aligned to the Leeds Plan and a Leeds Left Shift. A review of commissioning approaches across the Leeds partnership has been mandated by the HWB. This is currently underway and is being led through our Integrated Commissioning Executive (ICE). One of the ambitions is to help address improving transparency of commissioning and the service changes that result from it. The role of Scrutiny Board(Adults and Health) is being promoted and the statutory role it holds in public transparency for health and care service change is being reinforced with each Leeds Plan programme.
Developing relationships locally <ul style="list-style-type: none"> Promoting better connections between elected members with GPs. Better connecting health and community networks, particularly in relation to hard to reach groups. Opportunity for further workshops to discuss and promote local actions around improving health and 	<ul style="list-style-type: none"> Work is underway to develop elected member relationships with GPs and Local Care Partnerships. A programme of work for the coming year is being developed which will include consideration of how links to local democratic structures are reinforced. This will

<p>wellbeing.</p>	<p>need to be refined and actioned as the outcome of local government elections is clear.</p> <ul style="list-style-type: none"> • Further work is planned with harder to reach groups using Voluntary Community Sector (VSC) colleagues as effective brokers of conversations. There is ongoing dialogue with Healthwatch to continue the public and patient conversation. • Workshops will continue to be developed at both city and locality level to continue momentum. • Resources are being recruited to support this work more effectively in future.
<p><i>Making best use of our community assets</i></p> <ul style="list-style-type: none"> • Opportunity to make better use of local assets to create local health and wellbeing hubs. • The need for more medical centres and GPs in some localities (e.g. Burmantofts & Richmond Hill). • Engaging with local people on changes in their localities in relation to assets. • Ensuring that health and wellbeing is considered during the development planning stages. • Importance of maintaining open spaces to promote health and wellbeing. 	<ul style="list-style-type: none"> • Local physical and other assets are being considered for the potential creation of health and wellbeing hubs building on the successful models already in the city. • Local members and local GPs are being brought together to consider how to stimulate better practice particularly in areas which are underserved. • CCGs and LCC working more closely on joint ventures to improve buildings and infrastructure. • CCGs are consulting widely with the public and with elected members on GP changes where they occur. • Public Health colleagues are promoting health considerations throughout city planning processes.
<p><i>Communication and Engagement</i></p> <ul style="list-style-type: none"> • Promoting and increasing awareness around prevention and self-management to the public and wider workforce. • Building confidence in the use of preventative services (e.g. social prescribing, etc.) • Promoting a key message that would have the most impact on health and wellbeing rather than giving too much information to communities. • Greater engagement with the public (in particular hard to reach areas) on the Leeds Plan in a consistent way across the health and care system and in plain English. • The important role of elected members in communicating the changes to the public and encouraging them to participate in the consultation and future services. 	<ul style="list-style-type: none"> • Significant development required of the partnership communication approach. Plans for sharing the Left Shift are initial and need development. Resources are in recruitment to support this. Communication colleagues across city are working to ensure that more consistent communication offer is in place across the Leeds Plan. • HWB has asked for consideration of how physical activity may be a useful common and unifying message. The review of the Active Leeds programme is also considering this. Planned further discussion at HWB will consider this. • Elected members are increasingly recognised as critical partners in the communication and engagement approach across the partners.
<p><i>Workforce & Partnership Working</i></p> <ul style="list-style-type: none"> • Ensuring the health and care wider workforce are engaged and supportive of the changes. • Consistency of communication across health and care system with frontline staff. • Opportunities for 'making every contact count'. • Developing the skillset of the workforce to meet the changes ahead. • Ensuring frontline are aware of services/provisions in localities • Recognising and addressing the pressures faced by the workforce, in particular, GPs. 	<ul style="list-style-type: none"> • Workforce communications require significant development. • The Leeds partnership has agreed to invest a proportion of the iBCF funding in a significant three year staff skills and culture programme 'Better Conversations' which will join key aspects of Making Every Contact Count and Health Coaching to ensure a segmented offer of training in place for up 7000 staff. • A system leadership development offer is being coordinated for the city by the Leeds

	<p>Organisational Development (OD) Hub. This will provide support for GPs and local health professionals and managers and key frontline staff across the city to work increasingly 'as if we were one organisation'.</p> <ul style="list-style-type: none"> The Leeds Plan Urgent Care work will increase the local knowledge and information given by the NHS '111' service. This will include not only better urgent appointments where needed in GPs but information on pharmacies, VCS and council services where appropriate.
<p>Mental Health</p> <ul style="list-style-type: none"> Recognising that mental health continues to be a big challenge in localities with significant impact on health outcomes. 	<ul style="list-style-type: none"> Mental health runs through all the ambitions in the Leeds Health and Care Plan. The partnership has agreed that it maintains an audit of how mental health needs are reflected in Leeds Plan programmes. The H&C Academy will provide the opportunity to increase the skill base across the workforce in addressing mental health needs. The Leeds Plan is sponsoring joint WY working in key areas such as better MH support for Adopted Children and their families.
<p>Local Care Partnerships (LCPs)</p> <ul style="list-style-type: none"> Importance of ensuring LCPs are closely linked to local democracy. Importance of GP practices working in partnership and working together to provide services that they may struggle to provide individually. Opportunity for close working between Community Hubs and LCPs (e.g. learning from Reginald Centre). Ensuring the geographies align with the Integrated Neighbourhood Teams, link to clusters, services and is a geography that makes sense to communities. Structured to meet the needs of local people. 	<ul style="list-style-type: none"> Work will be undertaken to ensure appropriate links between members and LCPs. This will include consideration of how LCPs link to democratic structures. There is a significant investment by the CCGs into supporting collaborative working between GPs. Leeds has recently agreed that the local federations of GPs will work as one 'con-federation' to support GP development and partnership development. There is ongoing work to ensure that developing LCPs are linked to local Children's Services clusters. There remains an unmet challenge of meeting the health needs of children looked after and birth parents who have had children removed. 50% of children looked after are registered in only 10% of our practices. There is now an approach for alignment between our 13 Neighbourhood Teams and the emerging footprints of LCPs. There is ongoing development of LCPs with community consultation events and staff discussions in localities. The Leeds model of bottom up neighbourhood approaches has been promoted in West Yorkshire and Humber NHS planning and is a key part of the recently published 'Next Steps' planning document.
<p>Role of pharmacies</p> <ul style="list-style-type: none"> Greater understanding of the role pharmacies can have in community healthcare and encouraging uptake. Build on the relationships between pharmacies and GP practices. 	<ul style="list-style-type: none"> In response to the request to involve pharmacies meetings have been held with the WY pharmacy network and key priorities within the Leeds Plan will be used for discussion across pharmacy networks to provide practical routes for pharmacies to support the Leeds HC Plan and Left Shift.

- | | |
|--|---|
| | <ul style="list-style-type: none"> • There is an ongoing programme of supporting GPs to work closer with pharmacies. |
|--|---|

Next Steps

- 3.5 In order to progress the thinking and partnership working that has been done to help inform the Leeds Health and Care Plan to date, we are in a process of having a broader conversation with citizens in communities. The conversation will be focussed on the ideas and direction of travel outlined in the Leeds Health and Care Plan and the changes proposed to integrate our system of community services. Citizens and communities will be engaged on what community strengths already exist for health and care, what they think about the plan and ideas to change community services and how they wish to continue to be involved.
- 3.6 Using the feedback received work is ongoing to develop the Local Care Partnership model through partnership wide engagement. As mentioned, this is a major change locally and will touch the lives of all people in Leeds. As a major change this will merit further ongoing and focused consideration by the Board. These changes will take a number of years to work towards and people are unlikely to start to see any changes until 2019-20 at the earliest. Before this point we will work with local people and stakeholders to make sure the model will deliver what people need.

4. Corporate considerations

4.1 Consultation and engagement

- 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 as outlined above.

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 There are significant financial challenges for health and social care both locally and nationally. The Leeds Health and Care Plan is designed to address this gap and is a significant step towards meeting this challenge and ensuring a financially sustainable model of health and care.

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 The proposed model of health based on local health and care partnerships requires support both from communities and the complex picture of 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.
- 4.6.3 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.
- 4.6.4 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 In Leeds, we have a commitment to progressing the Leeds Health and Care Plan through meaningful conversations and engagement with the public and communities. The feedback received from our conversations with Community Committees has allowed us to continue to further refine and develop the Leeds Health and Care Plan and the development of the LCP model.
- 5.2 Our next steps are to continue to build on the positive local conversations that have taken place and engage further with citizens on the future of health and care on the Leeds Health and Care Plan and the emerging model of Local Care Partnerships in

their communities. This is a major change locally and will touch the lives of all people in Leeds. These changes will take a number of years to work towards and people are unlikely to start to see any changes until 2019-20 at the earliest. Before this point we will work with local people and stakeholders to make sure the model will deliver what people need.

6. Recommendations

- 6.1 Scrutiny Board (Adults & Health) are asked to:
- Note the feedback received from Community Committees in relation to the Leeds Health and Care Plan and Local Care Partnerships.

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.