

# Leeds Health and Wellbeing Board

## Reviewing the year

2017 – 2018





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# Foreword

**By Councillor Rebecca Charwood**  
Chair of Leeds Health and Wellbeing Board



The last year has been one of significant progress, equally matched by distinct health and care challenges for partners, staff and citizens. For the Leeds Health and Wellbeing Board, this has meant continuing to work closely together, as if we were one organisation, to speak openly and honestly, to share our successes, and make best use of resources to meet the challenges we face.

Achieving consistently high quality care for everyone, responding to demographic change and achieving long-term financial sustainability across the health and care system means we must do things differently. Whilst new ways of working ensure Leeds is well placed to achieve its ambitions, it's not without difficulties. National and local pressures mean there is no doubt that this is a tough time for our health and care staff at all levels.

But Leeds is rising to these challenges and we have huge amounts working in our favour; our decision making bodies are working more closely than ever before; we have a thriving third sector and inspiring community assets; we have clear ideas of what change is needed and steps are made with collective action. Most importantly, however, we have you – the citizens of Leeds. You have an important part to play in helping the city achieve its ambition to be the best city for health and wellbeing.

These assets and strengths are reaping great rewards and Leeds now ranks highest amongst the Core Cities according to recently released analysis from the What Works Centre for Wellbeing. This is testament to the hard work, dedication and commitment to excellence across our city. These results clearly reflect our approach to 'working with' others to create effective and local solutions that really work.

Our Health and Wellbeing Strategy continues to guide the way we work to ensure we create the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. Its reach, influence and credibility has grown significantly over the last year. Locally our health and care partners use it to prioritise work and test

progress, but the Strategy has also been shared with health and care colleagues as far as Norway and Japan.

The Health and Wellbeing Board has taken a number of steps towards the Strategy's five outcomes and twelve priorities. Many of these are captured below, with progress reported against more than 30 sets of recommendations made over the last 12 months. These cover a wide range of topics, considering action to support and work with some of our most vulnerable communities.

The quality of the Board's conversations cannot be underestimated. Tackling broad and challenging topics has demonstrated the strength of the partnership and played a crucial role in driving action, integration and engagement.

2017 has seen the Board reassert its focus on tackling the wider and social determinants of health, whilst influencing and overseeing planning for the future of health and care services and ensuring effective engagement with partners, staff and citizens.

Throughout the year the Board has had oversight of the Leeds Health and Care Plan, making sure partners, politicians and citizens shape the design and delivery of services. We've been well sighted on and influenced the winter planning process, resulting in an accompanying clear narrative explaining plans and proposed changes. A Safer Leeds representative has joined our membership and we now hold as many of our meetings as possible in community venues.

As well as rounding up the Board's recommendations, this report also captures progress made towards the Strategy by partners represented on the Board. But this is only part of the story of our Health and Wellbeing Strategy. The invitation still stands for you to play your part in making Leeds a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

# Introducing...

## The Leeds Health and Wellbeing Board

### What is the Leeds Health and Wellbeing Board?

The Health and Wellbeing Board (HWB) is a group of senior representatives from organisations across Leeds, including Leeds City Council, the NHS, the community sector and Healthwatch, which represents views of the public. There is cross-party political representation, with meetings Chaired by the Executive Member for Adults, Health and Wellbeing.

The Health and Wellbeing Board helps to achieve our ambition of Leeds being a healthy and caring city for all ages, where people who are the poorest, improve their health the fastest. The Health and Wellbeing Board works collectively, with the strengths and assets of Leeds people, to oversee, influence and shape action to ensure Leeds is a healthy city with high quality services.

The Board has been meeting since April 2013 and was set up as part of a national policy, called the Health and Social Care Act.

### Members

There are 21 members of the Health and Wellbeing Board; some are mandatory appointments to adhere to the national requirements for all Health and Wellbeing Boards and some are additional members.

### Why does the Health and Wellbeing Board exist?

The Health and Wellbeing Board creates the space for senior leaders to come together to develop strategic oversight and direction for health and care.

In Leeds, the Board takes a place-based approach to tackling the 12 priorities set out in the Leeds Health and Wellbeing Strategy 2016-21 and, through collective leadership around a shared vision, sets the direction for our city to reach its 5 outcomes.

The Board has a relentless focus on reducing health inequalities and creating a high quality and sustainable health and care system.

### The Leeds Health and Wellbeing Strategy 2016-21

Our Health and Wellbeing Strategy sets out our vision for Leeds and is our blueprint for how we will achieve that.

So many factors contribute to our health and wellbeing, meaning our challenge is to reflect the breadth of the agenda, whilst being specific about the areas we need to focus on to make the biggest difference. The Health and Wellbeing Board's work plan has helped guide our collective activity, as well as the work going on in our individual organisations. The updates captured in this report aim to demonstrate progress towards the 12 priorities of the Strategy, supporting our statement of intent that:



**In Leeds, as we grow up and as we grow old, the people around us, the places we live in, the work we do, the way we move and the type of support we receive, will all help keep us healthier for longer. We will build resilience, live happier, healthier lives, do the best for one another and provide the best care possible to be the best city for health and wellbeing.**

# Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition:

'Leeds will be the best city for health and wellbeing'.

And a clear vision:

'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'.

## 5 Outcomes

1. People will live longer and have healthier lives
2. People will live full, active and independent lives
3. People's quality of life will be improved by access to quality services
4. People will be actively involved in their health and their care
5. People will live in healthy, safe and sustainable communities



## Indicators

- Infant mortality
- Good educational attainment at 16
- People earning a Living Wage
- Incidents of domestic violence
- Incidents of hate crime
- People affording to heat their home
- Young people in employment, education or training
- Adults in employment
- Physically active adults
- Children above a healthy weight
- Avoidable years of life lost
- Adults who smoke
- People supported to manage their health condition
- Children's positive view of their wellbeing
- Early death for people with a serious mental illness
- Employment of people with a mental illness
- Unnecessary time patients spend in hospital
- Time older people spend in care homes
- Preventable hospital admissions
- Repeat emergency visits to hospital
- Carers supported





# Making a difference

## Our individual and collective contribution

### About this report

This report serves as a roundup of activity commissioned or directed by the Health and Wellbeing Board and guided by the Leeds Health and Wellbeing Strategy. It covers the time period of January 2017 to January 2018 and is constructed from perspectives of the organisations represented on the Board, actions and updates from those who have brought items to the Board over the last year, and self-assessments of the Board's function and purpose from Board members.



### Progress towards the Leeds Health and Wellbeing Strategy

This Strategy's outcomes, priorities and indicators gives us a framework to test out whether the work we do is making a difference. How we as Board members view our progress is also an important factor in reviewing the way we work together for the people of Leeds. This report also helps capture how other strategies, action plans and projects are helping to achieve specific parts of the citywide vision. It is clear that there is a huge amount going on within organisations and by partners working together and working with citizens. Therefore, much of what is provided here is just a snapshot of activity that contributes towards the Leeds Health and Wellbeing Strategy 2016-21.

### HWB agenda items aligned to priorities

To ensure that the HWB has a relentless focus the priorities set out in the Leeds Health and Wellbeing Strategy 2016-21, report authors are asked to identify which priorities their items align to. The graph below shows how the 21 public items considered by the Board in 2017 are aligned.

### Number of public HWB items aligned to priorities



### Acronyms explained

LCC – Leeds City Council  
CCG – Clinical Commissioning Group  
LCH – Leeds Community Healthcare NHS Trust  
LTHT – Leeds Teaching Hospitals NHS Trust  
LYPFT – Leeds and York Partnership NHS Foundation Trust

# **Progress towards the Leeds Health and Wellbeing Strategy**



**Collated from the organisations  
represented on the Health and  
Wellbeing Board**



## A Child Friendly City and the best start in life



The best start in life provides important foundations for good health and wellbeing throughout life. This means the best start for every Leeds baby from conception to age two, providing high quality, joined-up maternity and antenatal care guided by the mother's needs for supported families, strong attachments and positive infant wellbeing. It means ensuring solutions are coordinated around needs and assets in families and the wider community.

### Highlights from the last 12 months include:

- Progressing strategies in partnership e.g. Future in Mind Strategy and the 5 year Maternity Strategy resulting in improvements in mental health and maternity pathways
- Community midwifery teams aligned with health visiting and children centre teams
- Support for Positive Behaviour Service via Spring Budget Monies
- Further developing inter-generational work, e.g. connecting a nursery with a care home
- Best start a recognisable brand following the development of a logo and resources
- North of England Breast Feeding Impact Study enables early access to support
- Tooth decay amongst children in Leeds continues to decrease
- CCG investment in most deprived areas to increase knowledge of infant mortality risk factors
- Recognised offers for health visiting ('outstanding' status in terms of the UNICEF Baby Friendly Initiative), school nursing and infant mental health services (outstanding award)
- Alignment of community midwifery teams and health visiting (early start) with named obstetrician means more personalised care planning for women
- Improvements in safeguarding and inclusion e.g. for children with disabilities, reduction in waiting times for speech and language therapy for children over the summer
- Improved choice of place of birth and access to support initiatives such as Baby Box

- The HAAMLA service provides support for pregnant women, and their families, from minority ethnic communities, including asylum seekers and refugees
- The NSPCC pregnancy in mind programme is now a local, standard offer
- Healthwatch Leeds undertook user engagement on their experience of the Health Visiting service in November 2017 to bring local people's voices to influence provision and possible commissioning





We want Leeds to be the best city in the UK to grow old in. Being an Age Friendly City means promoting ageing positively and maximising opportunity for older people to contribute to the life of Leeds. We must build on the strengths of older people and recognise first and foremost their roles as employees, volunteers, investors and consumers. Our built environment, transport, housing must all promote independence and social inclusion.

**Highlights from the last 12 months include:**

- 10 health grants in this priority area
- Refresh of Better Lives Strategy
- The Think Delirium Initiative helps identify patients at risk of/showing signs of delirium
- Investment, commissioning activity and partnership working support older people e.g. falls prevention, 'Time to Shine', Neighbourhood Networks, cancer diagnosis, dementia support, frailty unit
- Approx. 3610 activities were provided to reduce social isolation, with Neighbourhood Networks and the Time to Shine programme delivering a huge number of volunteer hours
- Partnership projects e.g. Ageing Well Breakthrough Project, partnership with Centre for Ageing Better, and engagement in Eurocities Urban Ageing Network - covering housing, transport, environment, social inclusion, employment, learning and skills
- Around 100 people referred this year through the Falls Prevention Programme and over 100 organisations have signed up to Winter Friends
- Connecting communities to services that support people and families living with dementia - 45 Memory Cafes, 13 singing groups, and Memory Support Workers integrated into GP practices, Neighbourhood Teams and specialist Memory Services
- Ensuring better access and appropriate support through Live Well Leeds, Physio First, Stroke Early Supported Discharge, and rehabilitation programmes for diabetes, coronary heart disease and respiratory conditions
- A lead nurse for older people coordinates work to improve care of older patients across Leeds Teaching Hospitals NHS Trust
- Patients attending for surgery are actively screened to identify frailty risk factors
- Review and publication of people's experience of homecare to inform providers and commissioners on quality and delivery with action plans
- Spot checks on care homes
- User experience engagement on supported housing

## Strong, engaged and well-connected communities



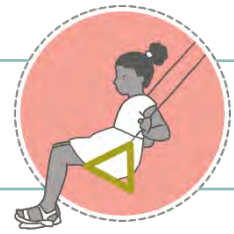
The relationships and resources in communities are building blocks for good health. Leeds has brilliant and diverse communities, well-established Neighbourhood Networks and a thriving third sector. There are vulnerable groups and areas of the city which experience health inequalities, including people in poverty, migrants, refugees and asylum seekers, the homeless and people with disabilities. People's health outcomes can also depend on specific characteristics, such as ethnicity, gender and sexuality, amongst others. Carers are also crucial to our communities.

### Highlights from the last 12 months include:

- Connecting primary care to local communities and investment to improve patient and public engagement structures, mostly via the role of 'champions' and participation groups
- 77 grants across 50 third sector organisations reaching 20,000 people living in Leeds through the Leeds CCGs third sector health grants programme
- Continued development of 'working with' approaches and initiatives to use community strengths e.g. Asset Based Community Development
- Joint work with Financial Inclusion Team on problem gambling recognised as innovative good practice by Public Health England
- 7000 people across the 10% most deprived areas in Leeds engaged through 'Better Together' community-based health and wellbeing activities
- Strong patient and public engagement in our services e.g. Leeds Children's Hospital Youth Forum, 25,000 people engaged in medicine for members, significant social media following
- Improved pathways, staff knowledge and practice from LYPFT led partnership work in research, action planning and programmes of development
- Memory Support Workers won Working in Partnership Award and nominated for HSJ award
- Events supporting people with disabilities e.g. 2nd annual conference on Co-production delivered by Touchstone and Leeds Learning Disability week



- Healthwatch Leeds annual stakeholder events to raise awareness on a specific topic e.g. 'Good Endings' event on people's information, choice and support needs when life expectancy is limited
- People's Voices Group ensures better reach to people and communities and consistent shared engagement across the health and care sector
- Using health visitors as important community link to other services



To be a healthy city, our environment must promote positive wellbeing. This means Leeds houses are affordable, warm, secure, and support independent living. Green space, leisure provision and walking and cycling opportunities promote health and happiness. Areas of Leeds with the lowest overall green space provision are predominantly inner city, high density housing areas. Considerations about future growth must consider health inequalities and ensure adequate provision.

Highlights from the last 12 months include:

- Strategies and initiatives to improve and develop local housing offer e.g. £30m for Development of Extra Care, Homeshare pilot
- 50% reduction in Residential & Nursing Placements for Working Aged Adults
- Steps to implement our environmental strategy include having one of the greenest NHS fleets in the country and taking part in Clean Air Day campaign
- A number of initiatives across the sector provide support, particularly in diverse and/or deprived areas of the city e.g. Healthy Lives Healthy Homes
- 2016/17 saw 3,306 new/converted homes and nearly 2,000 empty homes back in use
- A 63% decrease on landfill is estimated compared to 2015/16
- Close partnership working on a range of health and wellbeing factors e.g. housing and environment and vulnerable elderly people, fuel poverty



## A strong economy with quality local jobs



A good job is really important for good health and wellbeing of working age people. Reducing social inequalities means creating more jobs and better jobs, tackling debt and addressing health related worklessness. With collaboration across private, public, academic and community organisations, Leeds is perfectly placed to be a great location for health innovation. We must also recognise that health and care organisations employ a huge number of people in the city.

### Highlights from the last 12 months include:

- Fastest private sector jobs growth of any UK city in recent years, amongst highest rates of business start-ups and scale-ups, a top five UK tourism destination (over 26 million visitors a year), and Lonely Planet names Leeds in top 10 European destinations for summer 2017
- Business rate growth increased 0.93% (compared with the 2012/13 baseline) and the regeneration of Leeds' South Bank is making good progress. The size of the city centre will double and the scheme aims to provide over 35,000 jobs and 4,000 homes
- Improving standards e.g. Ethical Care Charter, 'Leeds Living Wage' amongst care providers
- Above inflation Fee uplifts for Care Homes/Home Care providers for local sustainability
- Improving Health and Work Outcomes project, focusing on disabled people in employment
- Ensuring a developed workforce with good opportunities e.g. new roles including apprenticeships, integrating nursing workforce, Living wage employer, recruitment processes
- Initiatives also in place to support people with autism and learning disabilities into work e.g. Supported Internship Programmes and apprenticeships
- Working with partners to plan and progress towards the Innovation District
- LTHT committing to principles of inclusive growth as an anchor institution and supporting the digital eco system and integration agenda through development of electronic care record PPM+
- Third sector employ and recruit volunteers in areas with greatest health inequalities

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## Get more people, more physically active, more often

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We want Leeds to be the most active big city in England. If everybody at every age gets more physically active, more often, we will see a major improvement in health and happiness. We can reduce obesity, improve our wellbeing, become more socially connected and recover better from health problems. One in five adults in Leeds is inactive. As a general rule, the more we move, the greater the benefit. The biggest benefit will be for those who are currently inactive.

### Highlights from the last 12 months include:

- Funding of Conservation Volunteer Project from Spring Budget monies
- Working with Sport and Active Lifestyles to develop Healthy Living Centre in East Leeds
- Physical activity levels in primary and secondary age continue to rise with involvement in the 'Active Schools' partnership meaning local, regional and national initiatives. Enhanced Physical Education and sport premium planned for 2018
- Working on the physical activity workstream of the breakthrough project together with Sport and Active Lifestyles, planning, regeneration, transport, parks and countryside
- Promoting the Active 10 campaign in partnership with Public Health England in 2017
- LYPFT healthy living service provides support around physical activity as well as healthy lifestyle, diet, etc
- Other Initiatives to support citizens e.g. Live Well Leeds, investing in diabetes education team



- Supporting a healthy workforce through gym access, staff activity clubs, provision for and promotion of active travel and challenges for both staff and citizens e.g. the NHS 1000 miles campaign
- A wide range of third sector partnership/community programmes from gardening to wellness groups

## Maximise the benefits of information and technology



New technology can give people more control of their health and care and enable more coordinated working between organisations. Joined-up information enables people to tell their story once and choose the channel they use to communicate. We want to make better use of technological innovations in patient care, particularly for long term conditions management. This will support people to more effectively manage their own conditions in ways which suit them.

### Highlights from the last 12 months include:

- Continued development of nationally acclaimed Leeds Care Record, which has seen a 25 % increase (to 5000) users
- Full implementation of Electronic Patient Record in neighbourhood teams
- Integrating digital solutions across organisations e.g. Templates within electronic patient records have been developed for use by primary care
- Roll out of digital initiatives e.g. electronic prescribing (which reduced the number of medicine related incidents) as well as new projects e.g. Scan4Safety technology
- Partner projects such as the EU funded Activage (Samsung) and Telecare (Tunstall)
- Capital resources prioritised for integrated health and care IT solutions
- LYPFT has deployed public wireless internet access across all buildings in the Trust
- Creating and promoting websites/apps e.g. MindWell, Safe Places
- CCGs funded post at Forum Central to research the use of the data by the health and care third sector
- Support through Citywide Communications Group, Digital Literacy and Health Information for Patients Groups



## A stronger focus on prevention



Targeting specific areas can make a really big difference to preventing ill health, such as obesity, smoking, and harmful drinking. Cancer prevention, early diagnosis and successful therapy will reduce inequalities and save money. Focusing on these issues requires a whole-city approach to help people remain healthy and independent for longer. Local and regional partnerships protect the health of Leeds' communities around infection prevention and control, and environmental hazards such as air quality and excess seasonal deaths.

### Highlights from the last 12 months include:

- The CCG re-evaluating resource allocation to promote preventative, safeguarding and proactive care services, as well as investing in local initiatives. These are complemented by revised policies and processes
- 20 health grants support this priority
- Range of initiatives to increase support services e.g. Community Bed Strategy, Reablement, Telecare 'Smart rooms' as well as Dementia information and advice
- A wide range of strategic measures to support prevention e.g. NHS Local System Delivery Plan (winter plan), improved pathways, planning policies
- Operational preventative measures e.g. 10,000 people attending an NHS Health Check in 6 month period, 4391 people referred to National Diabetes prevention programme, reduction in smokers to 17.8%, One You Leeds launched
- Preventative measures resulting in a reduction in seasonal deaths
- Raising awareness and using champions e.g. cancer, TB, antibiotic resistance, alcohol, flu
- LYPFT re-evaluating resource allocation towards prevention and proactive care services in adult mental health services and for vulnerable groups e.g. homeless, Gypsies and Travellers
- Preventative work with patients in LTHT focuses on falls, pressure ulcers and Urinary Tract Infections and is done with a health coaching approach and changing the conversation

- LTHT have successfully piloted a better value healthcare initiative to ensure patients do not receive diagnostic imaging tests that are not required for their care
- Maintaining existing investment and attracting new funding e.g. Leeds Third Sector Health Grants benefitted approximately 16,000 people, Big Lottery funding awarded, The Leeds Fund impacted 17,406 people – all benefited a diverse range of communities across the city





## Support self-care, with more people managing their own conditions



Long term conditions are the leading causes of death and disability in Leeds and account for most of our health and care spending. Cases of cancer, diabetes, respiratory disease, dementia and cardiovascular disease will increase as the population of Leeds grows and ages. This means it is important to support people to maintain independence and wellbeing within local communities for as long as possible. People need to be more involved in decision making, with person-centred care, coordinated around individuals.

### Highlights from the last 12 months include:

- Local investment and national funding directed towards this priority, supporting people with a wide range of conditions e.g. respiratory conditions, dementia, diabetes, poor mental health
- Our citywide approach of 'working with' people also supports self-care e.g. Strengths Based Social Care, 'Better Conversations' and support for carers, Peer support and increased collaborative care/support planning for long term conditions
- Progressed in partnership with asset-based approaches, across all ages, e.g. piloting self-care teams across neighbourhood teams, integrating nursing teams and long term conditions teams
- Consultation on re-design and re-commissioning of Leeds Directory
- 'Better Conversations' shortlisted by the HSJ for Local Authority and Health partnership working
- 12 health grants support this priority
- Mindwell website for adults launched in accessible format and getting 5000 hits per month
- LYPFT and LCH jointly improving interface between services, integrating some service components with a local focus and linked to the emerging Local Care Partnerships (LCPs)
- LTHT's "Sit up, Get dressed, Keep moving" campaign helps people feel more independent, empowered with less loss of muscle strength and quicker recovery
- Initiatives to support those with diabetes, including staff changes and training e.g. recruitment for inpatient diabetes, training for practice nurses and structured education for the newly diagnosed
- Unique improvements launched in the third sector e.g. Cancer Awareness service, Battlescars support groups for people who self-harm, diabetes support groups
- In work programmes on prevention with representation in sub-groups promoting the importance of co-production and early engagement



## Promote mental health and physical health equally



Our ambitions for mental health are crucial for reducing health inequalities. Good employment, opportunities to learn, decent housing, financial inclusion and debt are all key determinants of emotional wellbeing and good mental health. Improving mental health is everyone's business. We want to see this led by employers, service providers and communities alongside improved integration of mental and physical health services.

### Highlights from the last 12 months include:

- The Leeds approach to working in partnership enables a holistic focus, incorporating both physical and mental health requirements, embedded in the Strategy and the Leeds Plan
- Good outcomes from continued CCG investment in mental health services and initiatives to improve pathways, access and self-management, reducing referrals, including in maternity
- MindMate Champion programme has wide sign up with recruited Ambassadors and a social media campaign
- Crisis operational group established and applying for national funding to support creation of a Safe Space for young people in the city
- Regional Time to Change Hub committed to reducing mental health stigma
- 'Leeds in Mind 2017' assessed mental health needs and possible improvements
- Suicide prevention initiatives and bereavement services nationally recognised
- LYPFT continued successful service user employment support model with Leeds Mind WorkPlace Leeds with good outcomes
- Development of initiatives to support and promote good mental health e.g. MindMate, children's eating disorder services and reduction in wait times for autistic spectrum disorders
- MindMate lessons provide high quality, evidence-based content to reduce stigma and raise awareness of mental health
- 17 health grants support this priority
- Conservation Volunteers Project supported via Spring Budget Monies
- Re-Commissioning in 2018 of Mental Health Third Sector
- Nurses employed with both skills sets in key settings, e.g. policy custody suites and CAMHS
- Ensuring supportive environments e.g. dementia friendly wards and services, counselling line for staff, expanded perinatal mental health team
- Contributed to research into pain management for patients with dementia
- Significant mental health support within the third sector e.g. Converge Leeds partnership programme of adult university courses, Time to Change Hub to tackle stigma, Young Dementia Leeds, merge of Volition and PSI Network
- Funding for phase two of LGBT+ Mapping Project, feeding into the Mental Health Needs Assessment

## A valued, well-trained and supported workforce



Leeds is one of the best places in the UK to work in health and social care. We have a highly motivated, creative and caring workforce, working hard to deliver high quality care. This workforce, many of whom live as well as work in the city, are a huge asset for making change happen. Working as one workforce for Leeds, with shared values and collaborative working, supports joined-up services. The third sector and those in caring and volunteer roles in the community will be crucial to make the most of our city wide assets.



### Highlights from the last 12 months include:

- Significant investment to develop the primary care workforce through support, advice and training with initiatives to further integration e.g. training programmes for GP practices/practice nurses, nursing
- Investments in internships to support people with learning disabilities into employment
- Apprenticeship levy offers opportunities to invest in the health and care workforce
- New initiatives to support workforce training and development e.g. Health and Care Academy, Integrated Occupational Therapy workforce
- During 2017, public health has trained 3,859 people from across the wider workforce in Leeds to support them in their health and wellbeing roles
- New and innovative work with private sector partners, e.g. John Lewis in their first year in the city
- A partnership 'One City' approach to delivering high quality care in care homes
- Steering workforce development plans through the Partnership Executive Group (PEG) to ensure scope is correct
- A number of partnership events have demonstrated good cross city working. The second Baby Week, for example was an excellent demonstration of what can be achieved
- LYPFT is paying the foundation for living wage and ranked 34/50 top inclusive employers nationally
- Promotion of Mindful Employer and mentally healthy workplaces, with Touchstone winning Top Inclusive UK employer, Community Links in 9th, launch of Leeds Working Carers Initiative and all NHS providers in the city remain committed and signed up to the Mindful Employer standard
- LCH offering training and development for staff, including the Preceptorship Programme, alongside OD work around creating a good working life. Staff making Feel Good Pledge and offered flu jab (with 75% uptake)
- Staff survey results at LTHT improved again and new staff supported e.g. apprenticeships and new training programmes (including nursing)
- Healthwatch staff and volunteer development programmes in place
- 17 health grants support this priority

## The best care, in the right place, at the right time



More effective, efficient health and care means moving more services from hospitals to community settings, with services closer to home will be provided by integrated teams. This kind of integration, designed with people at the heart, helps to keep people out of hospital whilst providing care in the most appropriate setting. These teams will be rooted in neighbourhoods and communities, with coordination between primary, community, mental health and social care.

### Highlights from the last 12 months include:

- Initiatives to reduce waiting times and bed days, including the development of the partnership winter plan, mental health and dementia services, and investment to increase community bed capacity by 26%
- Commissioning local social prescribing services for citizens
- Improving local access e.g. Integrated Community Based Health and Social Care Teams, Leeds Centre for Independent Living Services (LCIL), Talking Points, Rapid Response, and local pilots
- Redevelopment of learning disability service, Crisis support and health facilitation teams
- LCH was awarded “Good” status with “outstanding” for Caring in adult services and St Gemma’s Hospice was awarded “Outstanding” in their 2017 CQC inspections
- Range of initiatives to improve support e.g. integrated nursing, integrated clinics, extended hours, single points of access for services, increase in end of life care and patients dying in their preferred place of death
- The frailty unit ensured that 65% of frail people attending A&E were able to return home rather than be admitted
- 2017 saw 31% less inpatient cardiac arrests than 2015 and 7% less than 2016
- Challenge and strategic system leadership for the health and care system and piloting initiatives on the ground e.g. Age UK Leeds Hospital to Home service
- Advice and signposting service provided via telephone, post or email on any health or care issues about Leeds health and care, reporting themes to providers and commissioners
- A complaints lead group convened to improve consistency, share handling and learning, and improve experience





# Roundup of Health and Wellbeing Board activity



Recommendations and progress updates from the last 12 months

# January 2017

## Workshop session

### 1. Improving citizen health: what good looks like

#### Actions for Consideration:

- Health and Wellbeing Board to consider their role as employers and influencers of the workforce by:
  - Signing up to Mindful Employer
  - Ensuring wellbeing of public sector staff (50,000) in the city
  - Holding ourselves, each other and those we commission to account
- Design/develop a viable, local alternative to IAPT and use this as grounds to challenge national policy (maybe in conjunction with other West Yorkshire HWBs)
- Establish neighbourhood networks for young people
- Push for culture change – Health and Wellbeing Board to pull all mental health activity together and determine how resource is used and what our narrative is for the city
- Influence city planners/developers/housing colleagues and exerting pressure to ensure decision making helps to improve the mental health of our deprived communities
- Link this into the prevention strand of the Leeds Health and Care Plan (Leeds Plan)

#### Update:

*In Leeds we are working towards more integrated health and wellbeing, enabling us to focus holistically on physical and mental wellbeing requirements of citizens. An action plan has been created and progressed, linked to the Leeds Health and Care Plan as this has developed. All HWB providers and commissioners are committed and signed up to the Mindful Employer standard and LYPFT are ranked 34 out of the top 50 employers nationally for being an inclusive employer. Our emerging Local Care Partnerships are key to this new service delivery. This is based on the 13 neighbourhood teams. The Future in Mind Strategy has introduced 5 young MindMate champions to help spread the word online and with peer groups in schools and community youth centres.*

# February 2017

## Public meeting

### 2. Reducing Health Inequalities through Innovation and System Change

#### Recommendations:

- Commissioners to review their procurement mechanisms after raising concerns that Leeds CCGs (and providers) did not procure Leeds made products.

#### Update:

*The Inclusive Growth Strategy reflects this commitment and now includes a commitment to link procurement opportunities to job creation. This includes securing better outcomes for the Leeds economy in terms of jobs, skills and supply chains from procurement by the public and private sectors, and through major development and infrastructure projects*

*The Leeds Academic Health Partnership (LAHP) is developing its Health Innovation Leeds proposal to include a closer working relationship between collaborative trialling and local adoption of products (this includes working with local innovators and suppliers).*

### 3. Reducing Health Inequalities through Innovation and System Change

#### Recommendations:

- To identify which organisations will lead and progress the roll-out of various innovation initiatives and to ensure that localities with historical health challenges are included.

#### Update:

*In November 2017 the LAHP Board approved a Strategy identifying 6 collaborative work programmes which align closely with the Leeds Health and Wellbeing Strategy, Leeds Health and Care Plan and Inclusive Growth Strategy. Based on extensive consultation, the selection of the programmes was based on their potential to support reductions in inequality (e.g. deprivation/socio-economic impact; ethnicity) and positive impact on citizens and sustainability.*

### 4. Introducing the Leeds Commitment to Carers

#### Recommendations:

- Endorse the Leeds Commitment to Carers
- That the Leeds Carers Partnership is tasked with promoting the Leeds Commitment to Carers and reviewing all action plans
- That HWB receive a progress report from the Leeds Carers Partnership in 2018

#### Update:

*Completed action plans have been received from 10 organisations in Leeds. The Commitment to Carers was launched to Leeds Employers at the Carers Rights Day event, hosted by Carers Leeds, which generated great interest.*

## April 2017

### Short public meeting

### 5. Draft NHS Leeds Clinical Commissioning Groups (CCGs) Annual Reports 2016-2017

#### Recommendations:

- That the CCGs provide timescales in relation to next year's report along with proposals for involving the Board in its development and agreement

#### Update:

*As part of their annual reports, CCGs have a statutory requirement to include a review of how they have contributed to the delivery of any joint health and wellbeing strategy and to consult with the Health and Wellbeing Board in preparing it. The HWB will be engaged in February 2018 in the 2018 reporting cycle. The CCG Partnership is working to an initial deadline for a draft annual report to be prepared and submitted to NHS England by midday, 20 April 2018.*



# April 2017

## Workshop session

### 6. Leeds Health and Care Plan

#### Actions for Consideration:

- To provide a basic explanation about what the Leeds Plan is, what it aims to do, what the format is and how the components all fit together
- To articulate outcomes for people/the whole person - articulating what is going to change for the individual, their families, and communities, what services will look like and what they will offer, how resources (money and staff) will be used differently to make this happen, and what people can do for themselves (population behaviours) to support this
- To make sure this reads as a plan specifically for Leeds
- To simply describe how the Leeds Health and Care Plan fits with other strategies and plans e.g. LHWS, STP, Mental Health Framework, air quality strategy, etc

#### Update:

*A basic explanation of the Leeds Plan has been developed in a narrative document, with a Leeds focus, which has been shared and agreed with HWB. This included format and details of change, with other resources e.g. video stories in production. How strategies link is part of an ongoing conversation and there is more to do to align these as plans develop.*

### 7. iBCF (Spring Monies)

#### Actions for Consideration:

- Proposals for BCF investment to
  - Be used wisely and to help system flow
  - Join up with the Leeds Health and Care Plan ambitions
  - Concentrate on and use the strength in our communities
  - Deliver return on investment (ROI) rather than prop up services in the extreme short term
  - Consider integrated hubs and estates benefits e.g. buying out costly spaces/building and bringing in neighbours and integrated teams to support service redesign and delivery
- Next steps
  - Develop a financial plan
  - Partners to provide any other ideas and proposals
  - Go to BCF Delivery Group, BCF Partnership Board and ICE and then back to Health and Wellbeing Board

#### Update:

*As 'Team Leeds' we submitted our iBCF 2017-19 improved Better Care Fund (iBCF) Plans to NHS England with approval received on 30th October 2017. Next steps have included reviewing the business cases for each of the schemes by a cross-partner panel to ensure they will address the challenges we face (health and wellbeing, care quality and finance and efficiency). Schemes are also assessed and refined around expenditure, benefits realisation, and impact on partners. Some of the approved bids are for schemes which directly support the Leeds Local Delivery Plan (our preparations for winter). Work is underway to streamline the reporting and governance for the schemes by merging the BCF Delivery Group and the Leeds Plan Delivery Group and aligning each of the schemes to a Leeds Plan programme.*

# June 2017

## Public meeting

### 8. Being the best city for health requires the best workforce

#### Recommendations:

- HWB to support discussions about the Living Wage and attend the Low Pay Seminar when arranged
- Oversee/raise the profile of the Supporting Disabled People into Employment Project to ensure it remains consistent with the city's health and wellbeing priorities and participate in a 'health, wellbeing and employment workshop' in October 2017
- Continue to note and support the development of Leeds Health and Care Academy and to receive regular updates on progress
- The City Workforce Workstream to be used to understand and plan responses to these challenges and keep the Board up to date with progress

#### Update:

*A piece of work undertaken to understand levels of Living Wage being paid across the health and care organisations in the city was followed by a verbal agreement through the Partnership Executive Group to move to Leeds Living Wage as standard. The HWB held a workshop in October 2017 to consider the Supporting Disabled People into Employment Project (see item 25). The Leeds Health and Care Academy goes live on the 1<sup>st</sup> April 2018.*

### 9. Leeds Health and Care Quarterly Financial Reporting

#### Recommendations:

- To further develop a shared system-wide response and assurance that the financial challenge will be met
- As part of the Boards' role to provide clear guidance to the Leeds Health and Care Partnership Executive Group on the possible actions required to achieve financial sustainability, the Board asked that PEG:
  - Convene a workshop to consider and identify the opportunities for collaboration and budget sharing
  - Undertake a piece of work to gather and understand savings and Return on Investment

#### Update:

*A series of workshops have taken place in each of the areas across the West Yorkshire and Harrogate patch (facilitated by York Health Economics Consortium and KD Network Analytics) aiming to ensure that there is a consistent approach to understanding the financial position in each area. The Leeds workshop was attended by Directors of Finance and PEG members. Work is currently underway between the Directors of Finance and planning leads to share plans for 18/19 financial year to help ensure they line up.*

## 10. Leeds Health and Care Plan: Progressing a conversation with citizens

### Recommendations:

- To take an update back to Community Committees
- Add wording to Leeds Plan to recognise the interaction between Leeds £ and inclusive growth / business.
- To make the language more accessible (and one of the personas could be about someone with a personal budget)
- Clarify who will make the decisions
- Edit the description of Health and Wellbeing Board
- Include more Leeds based rather than national figures
- To explain the extended primary care model in more detail in the September meeting of the Health and Wellbeing Board

### Update:

*Community Committees have been updated and engaged on Leeds Plan. Wording that links Leeds £ to growth in the city is now part of an accessible narrative that has been drafted and circulated. Clarity of decision making and the HWB description has been updated and HWB profile raised in the document. Targets in the Plan and details of the financial challenge are based on Leeds figures. The HWB has had presentations on the Local Care Partnership model.*

## 11. System Integration

### Recommendations:

- Endorse the process to develop a blueprint for system integration in Leeds as a key element of the Leeds Health and Wellbeing Strategy
- Confirm how the Board would like to be engaged with this work going forward. It is proposed that a session occurs with Health and Wellbeing Board members to provide strategic steer as the work develops.

### Update:

*HWB requested that this item return to the Board to be shared and discussed in a public meeting. This item was presented to HWB on 28<sup>th</sup> September 2017 (see recommendations 18). The HWB supported the direction of travel in the emerging Population Health Management Blueprint and asked for the item to be presented and signed off at the public meeting in September.*

## 12. HWB membership

### Recommendations:

- Invite Sam Millar to join Health and Wellbeing Board as Safer Communities representative.

### Update:

*As part of the HWB's commitment to tackling the wider determinants of health, Board members invited Superintendent Sam Millar to join the Board as a Safer Communities representative.*

# July 2017

## Workshop session

### 13. Reflections on HWB visits to A+E (Jan 2017) and agreeing future visits to other front line services

#### **Actions for Consideration:**

- Thea Stein stated that LCH will lead on the planning of a HWB session (approximately October) that will be part seminar and part citizen story. This will likely be in the form of citizen and staff presentations, such as District Nurses.
- Cath Roff highlighted the need for something that captures the balance of risk, how decisions impact on and a children and young people's focus too. Healthwatch and Leeds Older People's Forum could also be involved.

#### **Update:**

*Work is being progressed, based on the suggestions of HWB Board members, to arrange a seminar to provide an insight into Neighbourhood Teams, what a typical day or evening shift looks like, and to hear from a service user about their experience of the service.*

### 14. Leeds Local Delivery Plan

#### **Actions for Consideration:**

- Health and Wellbeing Board wants practical examples of what will be different and will it work:
  - The Plan to be re-written or to have an accompanying narrative so that it can easily be explained or passed on to others
  - A different and brave conversation is needed with the public that is linked with the Leeds Health and Wellbeing Strategy and the Leeds Health and Care Plan that the Health and Wellbeing Board can steer.
- To strengthen the involvement of the third sector in the process and invite a representative to the 1st August testing
- Primary Care needs to have a stronger reference
- Needs linking at a West Yorkshire level as we can't do this in isolation

#### **Update:**

*An accompanying narrative was developed with various forums and groups and returned to the Board. A third sector representative attended the 1<sup>st</sup> August testing. There has also been third sector involvement at various testing points, including the formal monitoring of the plan at Systems Resilience Assurance Board (SRAB) which has third sector attendance. To progress action, the system is working with NHS England to develop a recovery plan, which will contain additional actions and process changes to strengthen our delivery and improve services for patients during the winter period. In addition, we have reviewed our system wide reporting and escalation processes and have already been testing these. Further refinement of escalation action is ongoing. Daily reporting has been implemented for sample GP practices and there is close working with GPs around GP streaming in A+E, out of hours and additional clinics. Leeds colleagues attend the West Yorkshire urgent care programme delivery board, and we liaise with other colleagues around 999, 111 and ambulance response services.*

## 15. Leeds Autism Strategy

### **Actions for Consideration:**

- That the Strategy be taken forward and that elements discussed are picked up with the relevant organisations and services.
- To take the opportunity to further improve flagging across systems (in particular primary care and secondary care) to allow staff to better respond to a person's needs.
- That autism needs factoring in to the mental health services that wrap around our 13 neighbourhood teams.
- That the funding situation regarding mental health services (a number are non-recurrent) is factored into our challenging conversations.
- Continue work to explore how IAPT and community mental health services can be better integrated. Thea Stein and Dawn Hanwell to check how autistic people with mental health issues are reflected within this, particular, around access to services.
- Children's autism waiting list and the scrutiny response could be considered at a future meeting of the Health and Wellbeing Board.

### **Update:**

*The Autism Partnership Board (APB) has developed an action plan and is prioritising the 4 areas of training, mental health, the criminal justice system and travel training. The APB continues to meet on a quarterly basis to work on the various strands of the agreed action plan. Improvements to the flagging need to be rolled out to other parts of the system. Both LCH (i.e. IAPT) and LYPFT are beginning a process of monitoring the numbers of autistic people using their services and providing awareness training for their staff. A training session day for elected members is organised for 29th Jan 2018.*

## 16. Unhealthy Attitudes

### **Actions for Consideration:**

- To have a one city approach to tackling these issues (with education, crime/safety and other partners), linked to our compassionate city ambitions.
- That the Board consider an action plan at a future meeting, developed through the LGBT+ Hub Sub Group on Health and Social Care, working with representatives from all the key organisations and partners.
- Possibility of developing a kitemark for LGBT appropriate services and providers, which would include appropriate bespoke training for care staff that is co-produced.
- To have a conversation with NHS England about waiting lists for specially commissioned gender identity services.
- Explore the use of new models of care under the Leeds Health and Care Plan to trial training in new teams on this issue, using posts that centre on better conversations to engage with this issue across the city.
- Explore opportunity for GP practices to strengthen the quality and consistency of peer training on this issue, building on training provided by LCH.

### **Update:**

*The Health and Wellbeing Board agreed that this item return to the September public meeting for formal commitment to the recommendations (see item 22 for details). Additional recommendations from the Board such as the development of a Kitemark will be developed together via the Working Group.*

# September 2017

## Public meeting

### 17. Continuing a conversation with citizens: Leeds Health and Care Plan

#### Recommendations:

- Endorse and support the consultation plans.
- To consider the role of the public sector more widely to contribute to Leeds Plan ambitions and the changing conversations with staff and citizens.
- The future role of hospitals in community care.
- Involve young people, third sector and targeting people who were hard to reach or usually do.
- Design solutions from the bottom, up and include a focus on individual responsibility for keeping myself well.

#### Update:

*Consultation plans have been endorsed and are progressing, including targeted and broader public engagement. Wider public sector is being engaged through developing staff conversations, but further engagement is required, e.g. with national public bodies that have staff in Leeds. The role of hospitals in community care is being made clearer through the frailty and musculoskeletal (MSK) programmes in the Leeds Plan. Young people have been consulted, but greater alignment is needed between the Children and Young People's Plan and Leeds Plan. The third sector is helping to reach seldom heard groups and community involvement is emphasised through funded 'better conversations' training for significant staff numbers.*

### 18. System Integration – a Blueprint for Leeds

#### Recommendations:

- HWB to champion Population Health Management principles as a key delivery vehicle for the system to deliver the Leeds Health and Wellbeing Strategy and endorse the Blueprint for Population Health Management.
- To do further work to clarify if and how the Cluster partnerships ensure join up between responding to needs of children and needs of the parent. The HWB to receive a report on proposals.

#### Update:

*As a result of the HWB discussion meetings have continued between children's commissioners and providers to progress and align work. The children and families commissioners are due to present at the Accountable Care Development Board in January with a focus on how the community approach could align with the emerging neighbourhood geography. Population Health Management will ultimately facilitate a joining-up of the adults approach with the children and families agenda in response to feedback that this is currently largely misaligned.*

## 19. Leeds Health and Care Local System Delivery Plan 2017-18

### Recommendations:

- Reinforce our shared ownership and collective action as 'Team Leeds' as we deliver Leeds Health and Care Local System Delivery Plan 2017-18.
- Agree that the approach taken to plan for winter aligns with our shared city ambitions.

### Update:

*The link to Leeds Health and Wellbeing Strategy has been strengthened in the narrative. The Clinical Senate has now been engaged several times and there has been regular discussion at the Partnership Executive Group and Board to Board. We await news on a funding bid (£2.55m) to support general system flow, mental health and primary care.*

## 20. Integrated Better Care Fund (IBCF) Plan 2017-19 and Spring Monies

### Recommendations:

- Noted and agreed the Plan.
- Board noted that Delayed Transfer of Care (DTOC) targets would be reviewed in November and the Board requested further information when available.

### Update:

*A paper was prepared in partnership for the HWB in November 2017, providing a summary of the term DTOC, how DTOCs are categorised, the current position in relation to number of DTOCs, and the degree of challenge associated with delivery of iBCF target. (see item 30).*

## 21. Annual refresh of the Future in Mind: Leeds Local Transformation Plan for children and young people's mental health and wellbeing

### Recommendations:

- To consider securing GP representation on the Clusters.
- Explore how the offer for children and young people in mental health crisis can be improved (reducing over reliance on out of hours and A+E).
- HWB members to:
  - support, approve and champion the Future in Mind: Leeds strategy and underpinning Local Transformation Plan (LTP)
  - recognise and share the achievements to date (detailed in the plan), progressed in the first years of the Future in Mind LTP funding allocations
  - endorse how the child and young person's voice has been integral in developing the priority work-streams and going forward is embedded in the co-production of their delivery

### Update:

*The HWB has ratified the refresh of our Local Transformation Plan. Since then:*

- *MindMate Champion programme - we now have 74% Primary schools, 78% Secondary schools, 100% SILCs, 93% Children Centres signed up*
- *5 young people with lived experience of mental health (age 16-24) recruited to be MindMate Ambassadors to represent the MindMate website at events, to do inroad work in schools and youth settings and to inform further development of website*
- *MindMate social media campaign underway raising the profile of MindMate and number of visits to the site*
- *Crisis operational group established and applying for national funding to support creation of a Safe Space for young people in the city*

*We will also ensure connections between clusters and the new Local Care Partnerships as they develop.*

## 22. Unhealthy Attitudes – A ‘one city’ approach for Leeds

### Recommendations:

- Support the establishment of a Sub Group of the LGBT+ Hub focusing on Health and Social Care and nominate representatives from each partner organisation to attend this
- Task the LGBT+ Hub Sub Group on Health and Social Care with developing an action plan to deliver the recommendations of the Unhealthy Attitudes Report
- Task the Sub Group with identifying any additional actions that may need to be delivered to ensure Health and Social Care services are fully inclusive for LGBT+ people
- Task the Sub Group with consulting and engaging with the LGBT+ community as required to deliver the action plan
- HWB to receive regular update reports on progress in delivering the action plan

### Update:

*6 meetings are being set for 2018 with each focusing on one of the 5 main areas of the Stonewall action plan. Nominees have been put forward by most of the partnership organisations now and gaps are being filled. The working group will be a mix of senior leaders and operational staff and a review of progress meeting will take place at the year end, with a report on progress being drawn up to bring back to Health and Wellbeing Board.*

# October 2017

## Workshop session

## 23. West Yorkshire and Harrogate Health and Care Partnership: Our next steps

### Actions for Consideration:

- To ensure that the ‘Next Steps’ document reflects:
  - the Leeds approach (e.g. bottom up, community focus, role of the third sector, etc)
  - the importance of targeted pieces of work on small cohorts that have high levels of need and have a high cost to the system
  - the voice of children, young people and families e.g. children and young people with long term conditions, the impact the behaviour/actions of adults have on children and young people
  - young carers e.g. identifying and supporting a young carer for an adult with a long term condition
- To clarify collective action to tackle variation across the region, outlining impact on localities and how change will be measured and communicated
- To remove/define technical language
- To articulate the leadership and process required to identify pilots/examples of good practice across the localities and how they can be implemented regionally at pace

### Update:

*The revised ‘Next Steps’ reflects HWB discussion with more Plain English, ‘all age’, life-course approach, greater focus on tackling health inequalities/social determinants of health, and includes best practice (e.g. Leeds Neighbourhood Networks and Community Committee engagement). It states strong support for an NHS free at the point of delivery and commits to subsidiarity – meaning work is done locally unless it meets a clear test for regional working. A new Communities subgroup has been created, and the third sector and adult social care are now members of the System Leadership Executive Group. Senior officer engagement reflects the priorities in the Health and Wellbeing Strategy and partners have also pushed back where necessary against tight deadlines and top-down approaches. Local engagement supports the ‘left shift’ and the document now outlines a 3-4% increase in resources for primary care and community services over the life of the Next Steps strategy (2018-21).*



## 24. Migrant health and wellbeing

### Actions for Consideration:

- For Ian Cameron to lead the development of a migrant health and wellbeing working group, which would progress the issues raised through representation from the health and care partnership and report progress to the Leeds Health and Wellbeing Board and Strategic Migration Board
- To ensure clear communications with migrant communities, to continue engagement and understanding of who is impacted by charging changes and how they can be supported
- To ensure that plain English is used for public facing information
- Explore opportunity to reflect migrant health and wellbeing within the Leeds Health and Care Plan as part of the wider issues around health inequalities
- Clearly articulate how Leeds will support the most vulnerable as a system
- That data used in relation to migrants has to have clarity around the diversity, show issues impacting specific cohorts and where there are health inequalities
- To consider what more could be done to support migrants when commissioning for primary care in the future, strengthening the relationships between bespoke practices with experience of supporting migrants with wider practices

### Update:

*The membership of the new Migrant Health Board (MHB) is now being considered for its first meeting to progress issues around access, mental health, health protection, housing, abuse and data. A further significant issue concerns the 2017 amendments to the NHS (charges to Overseas Visitors) regulations. The MHB will develop an action plan, informed by front line services and communities, determining how Leeds will support the most vulnerable as a system. A work-stream to explore and improve relevant data collection will form part of the action plan. Good practice from the wide MHB partnerships will ensure processes, including the commissioning cycle, are responsive to the needs of the migrant community.*

## 25. Improving health and work outcomes: Strategic direction and priorities for action

### Actions for Consideration:

- To receive an update at a future meeting/workshop highlighting good practice and areas for progress across the member organisations
- For HWB organisations to improve health and work outcomes for their own workforce and support for those with long term conditions and disabilities
- To raise aspiration and ambition for those with disabilities to access employment, etc. as part of work occurring within the health and care sector (e.g. Leeds Health and Care Academy)
- Explore opportunities to reflect the work within the Leeds Health and Care Plan as part of the wider issues around health inequalities
- To explore further work around practices and organisations responding to people's individual workplace issues (e.g. work related stress pilot where practices acted as an advocate for a person on sick leave to engage with their employer)
- To champion and articulate the benefits to organisations for improving workplace health and wellbeing and sharing learning

### Update:

*A work programme is being developed to take forward recommendations from the Health and Wellbeing Board and as a response to the White Paper: Improving Lives. Initial action will focus on healthy workplaces, workforce development and integration of health and employment support.*

# November 2017

## Public meeting

### 26. Inclusive Growth Strategy - Alignment with Health and Wellbeing Strategy

#### Recommendations:

- Closer alignment of the Health and Wellbeing and Inclusive Growth strategies
- Ensure broader health input from both commissioners and providers into the Inclusive Growth strategy via programmes such as Inclusive Anchors, Leeds Academic Health Partnership and the impending Innovation District and Nexus projects
- Inclusion of specific, place-based targets and priorities that partners could progress (such as reducing poverty, number of people with disabilities in employment)
- That the action plan reflects the needs of Leeds most vulnerable communities
- That Leeds Teaching Hospitals Trust commit to the Inclusive Anchors Programme
- To consider the 'Social Charter' and what action is already being taken by Leeds's Third Sector to support people back into work
- Link IGS and the Leeds Health & Care Plan, joining up with community cohesion and neighbourhood work
- To work with schools to ensure that a variety of roles in the jobs market are promoted to support aspiration and ensure that young people are given opportunities, can meet adults from a variety of skilled jobs
- Partners to use their influence as commissioners and employers to promote apprenticeship opportunities and mechanisms which assist people into and back to work
- Commissioners to influence and contribute as employers and buyers - making sure low paid staff are supported and paid a living wage; seeking high quality and supporting not for profit care for local communities through partnerships with social enterprise. Future commissioning to consider care delivery differently - to be inclusive and framed around local communities

#### Update:

*Stronger links have been made across health and economic development. The health section of the Inclusive Growth strategy has been written by Health Partnerships. Leeds Teaching Hospital NHS Trust (LTHT) and Leeds City Council (LCC) have been working on the inclusive anchors programme. A business breakfast with 9 health businesses has taken place. The Innovation District has been informed by strong partnerships across Universities, LTHT and LCC. Living wage discussions have taken place at HWB and across the City. The Disability and Employment Project is in development to improve access to good work for people with disabilities including mental health. The Leeds Academic Health Partnership Strategy seeks to contribute significantly to inclusive Growth and was presented to HWB in February 2018.*

### 27. Making a breakthrough: a different approach to affect change - Supporting the Inactive to become Active

#### Recommendations:

- That 'physical activity' could be promoted as part of the Leeds Health and Care Plan, noting that any campaign would need to be sustainable with a long term commitment
- That schools, health visitors and parents encourage physical activity
- That the third sector has a key role to play in being able to provide information on what is provided throughout Leeds communities
- That NHS CCG commits to factoring in physical activity in its approach to commissioning pathways of care, particularly for musculoskeletal disorders; and the commitment to build this into health coaching and Making Every Contact Count policies
- To link physical activity to Mindful Employer measures

- Explore opportunities for a campaign of information and signposting on the location of cycle paths, walkways and bridleways alongside information on cycle safety.
- Explore extension of the Leeds Cycleway to link St James's and the Leeds General Infirmary

**Update:**

*NHS commissioning will be picked up in the Leeds Health and Care Plan. LCC has a Health and Wellbeing group chaired by HR and physical activity is already embedded in Mindful Employer. Schools, health visitors and parents are encouraging physical activity through a range of initiatives, including a doubling of the PE and School Sport Premium, an early Years Physical Activity Toolkit, Leeds Urban Bike Park, and City Connect Cycle Superhighway. Conversations are underway to explore a Cycleway to link St James's and the Leeds General Infirmary.*

**28. Making a breakthrough: a different approach to affect change - Air Quality**

**Recommendations:**

- Support an integrated independent living and affordable warmth service to ensure that vulnerable people receive physical improvements to their homes that will allow them to be warm and well at home
- Champion affordable warmth across the health and social care sectors, to ensure that trusted frontline carers continue to refer clients for support
- Consider joint investment in energy efficiency improvements in particularly vulnerable residents where there is a health business case (i.e. to improve hospital discharge processes)
- Participate in the air quality consultation process
- Commitment to provide input in to the Leeds Transport Conversation
- Provide advice and guidance on how best to link through to the city's health professionals to promote key messages on air quality
- Encourage the city's health organisations to lead by example in terms of their own fleet and travel planning
- Consider how best to utilise air pollution data to support vulnerable groups
- Further information on this would be sent directly to Board members and partners to encourage consideration of electric vehicle use
- Both Leeds Community Healthcare NHS Trust and Leeds and York Partnership NHS Foundation Trust representatives expressed an interest in closer working with Leeds Teaching Hospitals NHS Trust to see the work being done there in terms of the vehicle fleet and reducing individual air pollution
- Department for the Environment, Food and Rural Affairs had recommended the use of Clean Air Zones (CAZ) in Leeds to tackle pollution, with 4 key roads requiring action. A further report would be presented to the Board for consultation once CAZ areas are determined

**Update:**

*LCC teams working together to procure the new Home Independence and Warmth Service. Leeds Community Health will promote the Warmth for Wellbeing/Warm Well Homes scheme. Energy efficiency and heating improvements are being provided to private sector residents suffering from cold related illness through these schemes and some will benefit from the Warm Homes Fund. The air quality consultation is now live until 2nd March 2018 and further communications will be developed to raise awareness of the impact of poor air quality. Grants are available to business/organisations/public sector to install EV charge points. LCC Fleet are working with LTHT on vehicle procurement and have trialled EV.*

## 29. Making a breakthrough: a different approach to affect change - Domestic Violence (DV) and Abuse

### Recommendations:

- To continue to identify opportunities to increase capacity at the Front Door Safeguarding Hub
- To identify new opportunities to upskill staff and services to identify and respond to Domestic Violence and in particular issues of coercion and control
- To remove barriers and improve access to appropriate services for people with complex needs who are experiencing domestic violence
- To consider ways to increase services and interventions available to perpetrators of domestic violence
- To encourage more primary care, GP practices and health and care settings to introduce a routine domestic violence enquiry as a general rule
- To consider the long term impact of what children or others have witnessed in a DV environment

### Update:

*As part of a West Yorkshire work programme, Leeds leads on a range of initiatives to improve responses to victims of domestic violence with complex needs with a particular focus on mental health, drugs and alcohol and immigration. Improvements to referral pathways are developing following a series of OBA events on migrant communities, health related issues and LGBT+ issues. Training includes opportunities to upskill a range of services to work with domestic violence perpetrators to increase capacity across the city. Caring Dads supports men who are abusive. Currently (Jan 18), 16 GP surgeries are undertaking routine enquiry with a further 24 expressing interest in doing so. Midwives and Health Visitors currently deliver routine enquiry and it is standard in Leeds services with DV Quality Mark. Conversations with Children and Families Service are exploring potential for considering the long term impact of what children or others have witnessed in a DV environment.*

## 30. Brief overview of Delayed Transfers of Care (DTC) and non-elective admissions

### Recommendations:

- To submitted a letter to NHS England from the Health and Wellbeing Board challenging the current data baseline advocating a revised baseline for Leeds
- To note the challenges and risks faced by the Health and Care System partners in Leeds associated with delivery of the agreed iBCF trajectory
- To request future updates and reports back to HWB

### Update:

*City-wide partners have been working together to understand and develop their action plan around delays. One cause of delays across the system is people awaiting EMI (Elderly Mentally Inform) / Dementia beds so separate work has commenced to strengthen capacity out of hospital to support this group of people with complex needs.*

## 31. Pharmacy Needs Assessment 2018-21

### Recommendations:

- To note that the Pharmacy Needs Assessment is on track and progressing to consultation stage

### Update:

*The pharmaceutical needs assessment is underway and encourages HWB members to participate in the consultation phase. The PNA returned to HWB for discussion in February 2018.*

# January 2018

## Workshop session

In January 2018, the Health and Wellbeing Board held a development session, giving HWB members the opportunity to consider progress to date, what is working well and what improvements can be made. Board members also considered their work plan for the next 12 months. This session was built on the details contained earlier within this report as well as the latest national review of HWBs '[The Power of Place](#)' commissioned by the Local Government Association. A summary of the discussion is provided below.

### Where are we coming from?

HWB Members reflected on highlights from the last 12 months, noting progress has been made amidst ongoing challenges, such as improved mental health pathways, increased workforce training and support, and results of the Frailty Unit. However, the Board also recognised there is more to do and challenged themselves to stretch into areas where more improvements are needed.

The strength of the partnership was also acknowledged, reflecting that the Board now holds conversations as 'one system', works well when tested by winter pressures, and maintains high standards in engaging with staff and citizens.

Two elements were seen to underpin the culture and behaviour of the Board; firstly, that partners are all held together by the clear and credible Leeds Health and Wellbeing Strategy; secondly, by the strength of shared values across the partnership, rooted in a recognition of the assets and strengths of Leeds communities.

The HWB received an update on the indicators of the Leeds Health and Wellbeing Strategy (see p.38-39), which showed positive overall improvements, with opportunities to move further faster. These discussions will feed into the Joint Strategic Needs Assessment process which is starting again soon.

### Where are we now?

The HWB considered its place-based role, reflecting on how it does it work, with whom and the extent of its reach and impact. The Board acknowledged the successes it has had in driving health in all policy and ensuring strong links with other city-wide ambitions e.g. the Inclusive Growth Strategy.

There are numerous examples where the Board has shaped and influenced the direction of work, and ensured a Leeds focus in regional and national processes. However, there were suggestions of where relationships could be strengthened in order to further benefit, such as with the Local Economic Partnership.

Given the sound relationships between health and care leaders, the HWB also provides a space for collective thinking to create very different, local health and care solutions. This means Leeds has the opportunity to combine a focus on place and voice – ensuring that decisions are made with a Leeds focus based on what people and communities are saying.

### Where are we going?

From 2018, the Health and Wellbeing Board will officially convene Board to Board sessions. These meetings bring together a larger number of health and care partners to discuss key strategic topics, share perspectives and agree collective actions. This approach is unique to Leeds and makes sure that everyone is joined up and working towards the same goals for the city and for our citizens.

Suggestions for the 2018/19 HWB work plan, included, specialist housing, commissioning and provide services differently, workforce challenges, mental health, and future planning to support people with dementia and learning disabilities.

# Want to know more?



For more information about the Leeds Health and Wellbeing Board please visit <https://www.leeds.gov.uk/your-council/plans-and-strategies/best-city-for-health-and-wellbeing>