

Report of Director of Adults and Health

Report to Scrutiny Board Adults, Health and Active Lifestyles

Date: 18 September 2018

Subject: The Leeds Health and Care Plan: Position Update

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

1. Summary

- 1.1 The purpose of this paper is to provide Scrutiny Board (Adults, Health and Active Lifestyles) with an overview of the progress made so far within the Leeds Health and Care Plan ('Leeds Plan') and some of the key developments in progress.
- 1.2 It sets out the actions that have been progressed to date and considers where there is emerging evidence of improved indicators for health and care. The Leeds Plan is the placed based contribution to the West Yorkshire and Harrogate Health and Care Partnership (WY&HHCP). Recent strategic and funding developments are presented.

2. Recommendations

- 2.1 Scrutiny board is invited to note and comment on the progress made with the Leeds Health and Care Plan.

3. **Background**

- 3.1. The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is rooted in the values and ambitions of the Strategy and collates the key actions that local health and wellbeing services will take to progress these.
- 3.2. The purpose of the Plan is a triple aim. The first is of improving health outcomes in Leeds through protecting the vulnerable and reducing health inequalities. This will be through ensuring we meet the Leeds Health and Wellbeing Strategy's ambition of improving the health of the poorest the fastest. The second is of maintaining the quality of our health and care services and reducing unwarranted variation. Finally the plan must ensure services are sustainable.
- 3.3. The Leeds Plan is a local plan and it has been developed through extensive political and public engagement, discussions at city forums and regular support and challenge from the Adults, Health and Active Lifestyles Scrutiny Board. This update builds on the previous discussions at this board on 13th March and on the 9th May 2018.
- 3.4. Leeds as a city is part of the wider West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) identified by the NHS as the geographical basis of planning improved services. The WY&H HCP supports a principle of 'subsidiarity'. This principle recognises that planning and improvement happen best at the most local geography that is appropriate. The approach starts with where people live – their neighbourhood or locality. Second the approach uses the power of "place" (Leeds for example) where we can have the best influence over many wider determinants of health such as housing, employment, environment and skills. It then recognises for certain key service improvements they may happen best working across a wider geography. The WY&H HCP supports the importance and primacy of the Leeds Plan as one of six 'place' based plans within the overall geography.
- 3.5. The development of collective confidence in a 'bottom up' approach with a strong emphasis on the public values in West Yorkshire has prompted submission of an expression of interest to NHS England (NHSE) for WY&H to become an 'Integrated Care System' (ICS). The consequences of this are envisaged to be greater local autonomy and freedom to innovate, a reduced regulator burden and more resources applied to frontline service change. To support further working towards the maturity of an ICS approach, NHSE has provided within 2018/19 a small discretionary fund to support accelerated progress of aspects of the Leeds and WY&H ambition.

4. **Main issues**

- 4.1. Since the last report there has been significant progress in developing the Leeds Plan conversation across the city, in the actions explicitly identified to take forward

and in developing the infrastructure and reporting required. The Leeds Plan summary is set out in Appendix 1.

4.2 **Prevention at scale – “Living a healthy life to keep myself well”**

4.3 Progress is being made to reducing the future burdens on the NHS and social care resources. Focus includes the reduction of harm from tobacco and alcohol through the promotion of smoke free and safe alcohol consumption as the norm, ensuring a Best Start for all children, supporting and sustaining longer term behaviour change and promotion of the benefits of being physically active, with opportunities to build physical activity into everyday life.

4.4 Highlights of progress in the last quarter include:-

- Finalisation of a new approach for alcohol and tobacco screening in hospital. A baseline audit has been completed. Patients entering hospital will now receive advice and support at an early stage.
- Progress made with the City’s approach to increasing physical activity using the principles of a social movement campaign.
- “Active 10” is live in Leeds with targeted physical activity for 40-65 year olds.
- Research now underway to evaluate the smoking pregnancy pathway with Leeds Beckett University.

4.5 **Self-Management and Proactive Care - “Health and care services working with me in my community”**

4.6 With a key aim of improving the quality of services by thinking about physical, emotional and mental health needs; progress continues to be made with regards to improving local access to services that use technology and focus on recovery, reablement and self-management. This progression includes making health and care easier to access and the implementation of training provision for health and care professionals to ensure that they are able to support people to work on personal goals and to better manage their conditions.

4.7 Highlights of progress in the last quarter include:

- 83 people active within Breathe Easy support groups, promoting physical and mental health as well as building confidence and skills to better manage respiratory conditions;
- Collaborative Care and Support Planning offering patients with long term conditions the opportunity to have an annual review at their GP practice with the aim of ongoing support and coaching to enable patients to look after their own health – 17992 in Q1;
- Shared Decision Making within Muscular Skeletal services is improving communication, access to self-management resources and promoting a greater understanding of patients condition and ability to self-manage;

- o Almost 1000 referrals into Social Prescribing. Social Prescribing offers activity, social and cultural interventions in communities as an alternative to or adjunct to medical interventions.

4.8 **Optimising Secondary Care - “Go to a hospital only when I need to”**

4.9 Progress is being made with activities that focus on improved support and in communities, ensuring that people stay the right time in hospital, and reducing the number of hospital visits patients are required to make before and after treatment. Reducing the length of time people stay in hospital will mean that they can return to their homes sooner.

4.10 Highlights of progress in the last quarter include:

- o Swifter access to hospital help through the full roll out of e-referral and e-triage in Leeds Teaching Hospitals Trust (LTHT) for all routine services; paperless ‘switch off’ is progressing.
- o An 8.7% reduction in total waiting for Leeds patients at LTHT - (Leeds patients all providers data not yet available) between March ‘17 and March ‘18 exceeding the set ambition.
- o 4% reduction in Leeds GP referrals to our main hospital (year to February ‘18 vs year to Feb 18).
- o Holistic responses to mental health and physical health are being supported by an improved “Liaison Psychiatry Service”. The service is now an all age model (vs adults only) operating a 7 day 24 hour service from May 2018.
- o Swift access to mental health support when needed in A&E has been achieved with nearly half of patients receiving help where a need has been identified within 1 hour.
- o Public engagement is underway on the costs and benefits of medicines that are readily and cheaply available over the counter. Medicines Optimisation has saved £2 million by replacing biological medicines with biosimilar equivalents.

4.11 **Urgent Care and Rapid Response - “I get rapid help when needed to allow me to return to managing my own health in a planned way”**

4.12 With an emphasis on talking to citizens about how they can develop their own strengths, building the capability and capacity to promote self-care: there is a need to change the way we organise services by connecting all urgent health and care services together. By reviewing the ways that people currently access urgent health and social care services, including the current range access routes; progress is being made in making the system simpler which will support a more timely and consistent responses and, when necessary, appropriate referral into other services.

4.13 Successes in the last quarter include:

- A pilot has started of the Leeds Clinical Advisory Service (CAS). Primary care services working together to understand and test alternative services to A&E;
- A regional procurement of a new 111 service led by the West Yorkshire & Harrogate HCP is now underway. This is intended to include access via 111 to more locally relevant information on the alternatives for help in addition to A&E;
- Leeds has implemented its first Urgent Treatment Centre on the St George's Centre site. Access numbers are increasing. Second and subsequent sites are being supported through an implementation group and regular discussion with Scrutiny;
- Leeds has held a workshop across the number of telephone and other access points that the public may use to first access services. The ambition is to create a consistent and improved offer across these;
- A communication and engagement strategy for unplanned health and care has been completed. This will provide professionals and the public more joined up information and services for when there is a need for rapid unplanned help.

4.14 **Improving Locality and Neighbourhood Integrated Working**

4.15 Improving outcomes in localities by integrating and making best use of community assets is at the heart of the Leeds Plan. The Plan is mandated on a neighbourhood approach as the basis to integrate health and care, building on the strengths already existing in communities and community working in Leeds. The Leeds model of local integration is called Local Care Partnerships (LCP). This involves aligning in an inclusive model of primary care, community health, social care and voluntary sector led resources in communities - working as if they were one organisation.

4.16 The city is working to a geography of 18 LCPs with an additional (“+1”) LCP focused on students registered at the Student Medical Practice. Appendix 1 provides a map of the geography of LCPs and population figures for each.

4.17 The approach is coordinated locally by a multi-disciplinary, multi-agency leadership meeting. It is recognised the full scale delivery of care through LCPs will take several years to implement. Currently LCPs are in the initial stages of development and progress varies across the city.

4.18 Leaders from General Practice have been identified in all of the 18+1 areas.

4.19 There is an ambition to establish these leadership teams in all LCPs over the next year, as well as to engage and involve all relevant staff. Several are already operational where they comprise of at least General Practice, Adult Social Care, Leeds Community Health Trust, Leeds and York Partnership Foundation Trust and the Voluntary Sector. There are existing and evolving models for Elected Member involvement. In some areas there is additional support from local pharmacy

providers. There is an ongoing approach in place to assess the functioning and development of each LCP (a maturity assessment). This will help identify where there are the greatest needs to support LCP progress

- 4.20 There is a significant resource requirement to stimulate and enable this approach. This requires combining leadership development, organisational development, governance and service design to make the vision real and provide a robust framework for this way of working. Monies allocated for Primary Care Network Development (see below) will be allocated against these requirements. Planning is underway to invest in a core support network comprising administration, organisational development and support colleagues to be released from other work in the city to help develop the leadership teams and LCP working. Further resources will be allocated to LCPs directly where they demonstrate they are sufficiently operational to allow them to invest in local initiatives which directly address local health outcomes.
- 4.21 The LCP approach builds on the already established thirteen neighbourhood teams which for a number of years have brought together social care and community health services into integrated teams. This is a solid foundation for further integrated working. A draft delivery plan for the LCP programme has been produced.
- 4.22 There is enthusiasm to identify LCP areas to be early implementers for new ways of working, however it is critical that staff engagement now takes place to share more broadly the vision and what the opportunities and implications may be. This needs to build on the staff engagement that has already been underway in several forums including GP leadership groups, Community Nurses through their training programme, through sharing of the overall Leeds Plan approach to date and through internal council discussions.
- 4.23 Front-line staff are beginning to ask for more information on LCPs and some have expressed nervousness that an organisational restructure of services is being planned. Therefore there is some urgency to begin the staff engagement to provide reassurance that this is not the case – the focus is on new ways of working. It is critical that consistent messages are given across all partner organisations to avoid the risk of confusion and misunderstandings. A key message for staff is that Local Care Partnerships represents a new way of person-centred, coordinated neighbourhood working, building on previous integration work.
- 4.24 Engagement with staff is planned to commence from September 2018. A core script and slide set has been under development with key stakeholders and the opportunity will be taken to iteratively test and develop the LCP vision and model with staff as engagement progresses. A draft document is also under development which starts to describe the LCP model and what working in an LCP will mean for different parts of our health and care system.
- 4.25 **Leeds Plan Support Resources**
- 4.26 The strength of partnership activity in Leeds has been supported by appropriate investment in infrastructure. The Health Partnerships Team hosted in the Adults and Health directorate in Leeds City Council has been a critical part of supporting the development of the effective Health and Wellbeing Board, joint commissioning and

executive partnership infrastructure in the city. It was recognised in developing and prosecuting the Leeds Plan there would be a requirement for further joint resourcing. This is in line with international learning from other health and care economies where investment in core resources have been a characteristic of effective progress in quality, outcome and efficiency improvements.

- 4.27 Statutory partners in Leeds committed collectively circa £600k to ensure cohesive planning and partnership support. The initial appointment of a Head of Leeds Plan has been followed by a round of wider recruitment to an expanded support team. 300 applications were received across 10 roles. This pleasing response reflecting the attraction of working in partnership roles. There has been completed the appointment and induction of two Project Leads, two Project Officers, a Programme Manager for the Citywide Estates Programme and a Project Manager for the citywide Workforce Programme. A communications, Engagement and Marketing lead and lead for the Project Management Office are scheduled to start by the end of September. The next recruitment round is scheduled to commence in September/October 2018 to finalise the agreed posts with the appointment of two additional Project Officers and a second Communications, Engagement and Marketing lead.
- 4.28 It is clear however, the resources which have been centrally funded are being matched, complemented and enhanced by increasing aligned support from colleagues across Leeds partnership organisations. This includes, for example, Leeds Clinical Commissioning Group (CCG) colleagues working towards system integration, colleagues working in Third Sector infrastructure and by resources identified by the CCG to support transformation.
- 4.29 Future plans in the city are to build further on the above resources where appropriate and increasingly to “do things once” in partnership in the city. Therefore the approach is being considered for further developments including the ongoing leadership and staffing needs of the developing Leeds Health and Care Academy.
- 4.30 **Big Leeds Chat**
- 4.31 The Leeds Plan has placed conversation with the public as integral to health and care planning. It has been raised by the Adult, Health and Active Lifestyles Scrutiny Board previously that there is further work necessary to be undertaken to raise the profile of the health and care reforms required in the city, to engage with the public and refine the plan based on their views.
- 4.32 The Health and Wellbeing Board in Leeds has committed to leading a change in conversation with people. The People’s Voices Group (PVG), established at the request of Leeds Health and Wellbeing Board and convened by Healthwatch Leeds, brings together public engagement leads from health and care partners across the City. The PVG exists to ensure that people’s voices are heard by decision makers, and reinforces the City’s commitment to involving local people in the design and delivery of strategies and services.
- 4.33 The PVG, working in partnership with Leeds Plan colleagues, is designing an engagement event for the public on 11 October 2018. A team of staff, volunteers, and Leeds Plan Delivery Group members will be located in Leeds Markets. They

will all be asking people to get involved with a Big Leeds Chat about their Leeds, their health. The questions will be simple and open ended to facilitate a conversation, which will be recorded by the volunteer, collated into a report and presented to the Leeds Plan Delivery Group, the 4 individual Leeds Plan Boards, the Health and Wellbeing board, the Board to Board and any other relevant place.

- 4.34 Colleagues leading aspects of the Leeds Plan and wider decision makers and influencers will have an opportunity to hear people's views and direct those views into the ongoing development of the Leeds Plan.
- 4.35 This is the first event of its kind where health and care organisations will be engaging with the public and listening 'as one system'; all staff and volunteers will be part of the Big Leeds Chat team. This is a notable change in the way we engage collectively with people in Leeds. We are ambitious about this and are not aware of any other local area taking this approach. As such, this event is also about testing this out, gaining and then applying learning to further engagement processes.
- 4.36 Consequently, it is important to note that this is not a one off mechanism for listening to citizens' views on the Leeds Plan. It is bringing a new mechanism into a continuing dialogue. We know that this event won't reach and reflect our City's diverse communities, but it's a start. The ambition is for the Big Leeds Chat to grow and take place across the City, reaching a wide, all-age demographic. Through the work of the People's Voices Group, we aim to see a greater programme of joint public engagement with citizens of Leeds. The Big Leeds Chat could develop into a programme that covers a broad range of topics that are important to local communities.
- 4.37 **West Yorkshire and Harrogate Health and Care Partnership Funding Opportunities**
- 4.38 **Discretionary Funding – Leeds Position**
- 4.39 As part of the Integrated Care System development programme, West Yorkshire and Harrogate have been given an indication that the Partnership will be allocated £8.75m in discretionary funding.
- 4.40 The West Yorkshire and Harrogate System Leadership Executive (WYHSLE) Group agreed at its meeting on 3 July 2018 that the funding should be split between the priorities of:
- Primary Care Network Development £2.6m – of which £844,000 would be for Leeds
 - Rapid implementation of improvements in urgent and emergency care delivery £4m of which in the region of £1m would be for Leeds
 - Harnessing the power of communities £1m – of which £324,000 would be available for local Leeds priorities
 - Extended capacity to deliver Partnership programmes £1m – allocations to different programmes TBC.

- Unallocated as at 21st August 2018 - £150,000

**4.41 Primary Care Network Development – Leeds Local Care Partnerships
£844,000**

4.42 £2.6m was allocated to this across West Yorkshire and Harrogate area – based on the rough formula of £1 per head of population and WYHSLE have agreed to make this sum available to each of the six Places on a GP list registered population basis.

4.43 The WY&H Senior Leadership Executive (CEOs from partners across WY&H) also agreed that this should be aligned to the work of the Primary & Community Programme, and, in particular, its plan to ask each Place to undertake a baseline assessment against a nationally created assessment of local primary care working: “The Primary Care Network Maturity Model”.

4.44 It is recognised that each network and each Place is at a different stage in the development of their model of local working. In Leeds Primary Care Networks are developing through the formation of the Leeds GP Confederation and the model of Local Care Partnerships and therefore this resource will be targeted as appropriate to move forward our local model on from their current state.

4.45 The proposal for Leeds is under development across the Leeds Plan partnership in line with the Leeds Plan and will be agreed by the Leeds Partnership Executive Group (PEG).

4.46 West Yorkshire Acceleration Zone “2” (WYAZ 2) – Leeds proportion circa £1m

4.47 £4m was allocated to improving Urgent and Emergency Care targets. This includes the delivery of rapid implementation of improvements in urgent and emergency care delivery across the West Yorkshire and Harrogate footprint. The funding is intended to aid in the delivery of the required levels of performance across the range of Urgent and Emergency Care metrics, particularly Accident and Emergency, Delayed Transfers of Care and 111 non-emergency support.

4.48 The money is allocated to the approaches developed in 2017/18 WYAZ “1” that were demonstrated to work and that recognise the full range of issues that can cause delays in our systems.

4.49 Leeds proposals will be agreed by the local System Resilience and Assurance Board (SRAB) and will support city plans for resilience and improvement.

4.50 Harnessing the Power of Communities – Leeds Plan priorities £324,000

4.51 In recognising the key role that communities and community organisations can make to the system, £324,000 was allocated to Leeds Plan priorities. It is up to each local place to make proposals on where the money is best invested in their local context but WY&H Senior Leadership Executive has asked local places ensure

that they are recognising the importance of tackling loneliness and carer support in helping people to remain independent, reducing health inequalities, and improving system performance (particularly Accident and Emergency, Delayed Transfers of Care, “super-stranded” patients).

4.52 WY&H Senior Leadership Executive has also advised places that the money can be used as match-funds to attract new monies or to accelerate the pace of existing work on harnessing the power of communities but that each place is responsible for making proposals that fit with existing plans and can show clear evidence of impact.

4.53 **Capacity to Deliver Partnership Programmes - £1m across West Yorkshire and Harrogate programmes.**

4.54 WY&H Senior Leadership Executive recognised that there is limited capacity to deliver transformation programmes across West Yorkshire and Harrogate. Further work is being undertaken to identify how the £1m reserved for this work can achieve the best progress. Factors being taken into account include:

- the relative maturity of the programme
- the extent of existing funding this year and prior year programme capacity funding
- the outcomes that can be delivered by additional capacity
- the identification of innovative ways of progressing the partnership’s objectives

4.55 **Workforce Transformation Funding – Leeds Position**

4.56 In addition to the discretionary funds allocated above, further national funding has been allocated to the WY&H HCP to specifically develop workforce transformation. Leeds has been given the provisional news that it has been successful in two proposals made to the West Yorkshire and Harrogate workforce transformation programme. These are subject to confirmation on how they will be sustainable beyond the initial funding and how they can transfer knowledge.

4.57 £108,000 has been allocated to the Leeds proposal to develop new models of occupational therapy delivery. This would deploy two Occupational Therapists and two Technical Instructors to work directly in GP practices. The intention of this 12 month pilot is to deploy staff across 2 sites with practices that have different demographics and needs, to fully test and evaluate the model. The practices will be identified in consultation with Primary Care colleagues. Leeds Beckett University will undertake the monitoring and evaluation of the pilot which will include data collection to demonstrate proof of concept including outcome measures for patients and reduction in the number of referrals or attendances at A&E or other provision.

- 4.58 £200,000 has been allocated to a West Yorkshire and Harrogate collaborative proposal to encourage people to train for or take up careers in health and social care. This will include developing an infrastructure that will connect existing careers promotion activity and enable us to promote careers in a systematic and in a targeted way. This supports the Leeds Plan aim “to develop and widen access to our future workforce” - the premise being that in order to fulfil the employment demands of the sector- we must widen access across a range of groups- especially amongst those communities where access is compromised through deprivation, isolation and/or lack of educational opportunities.
- 4.59 The projects would be overseen by the city wide Workforce Workstream Board and co-ordinated through the Future Workforce Workstream of the Leeds Health & Care Academy (which reports into the city wide Workforce Workstream). Funding of £80k was sought for a Project Co-ordinator and a Project Administrator to be located within the Academy in order to manage and administer two schemes over a 12 month period. The first infrastructure scheme is to provide 24 supported (paid) internships to Year 12 students from target communities interested in a career in health or care. This will provide an opportunity for to gain experience and ambition to work in the sector with a paid incentive. The aim will be to increase uptake in Further and Higher Education after the internship. The second scheme is to support health and care colleagues to become Health and Care Ambassadors who can champion and promote careers in health and care across a range of settings and opportunities. The aim is to recruit 100 ambassadors.
- 4.60 **Integrated Commissioning**
- 4.61 Supporting an integrated approach to transformation in the Leeds Plan requires a background of integrated commissioning. Leeds Health and Wellbeing Board have requested and supported work to further develop proposals for Integrated Commissioning.
- 4.62 A shared framework is now being developed between local government and the NHS recognising the substantial progress already made to date in aligning planning and activity. This will provide a common basis for commissioning approaches. It is envisaged this will include a holistic move to more outcome focused and strategic commissioning. The framework will help define relative commissioning responsibilities, how commissioning and financial planning are linked and how commissioning closely supports strategic plans.
- 4.63 A self-assessment is underway against the Integrated Commissioning for Better Outcomes guidance issued by the LGA and NHS Clinical Commissioners.
- 4.64 **Strengthening our Leeds Health and Care Workforce**
- Progress has been made across a broad range of areas:
- **Leeds Health and Care Academy:** The Academy will create integrated learning and development for an estimated 57,000 strong workforce across the health and care sector in the city, by people in training and development working together across organisational and professional boundaries. This will

promote systems thinking and leadership, and embed research and innovation. The Academy is now developing resources and learning programmes aligned to city priorities.

- **Organisational Development Partnership Hub (the OD Hub):** The OD Hub facilitates and role models system leadership to enable people across the health and social care system to co-create work with an emphasis on the relationship aspects of the work to enable culture change. This is being achieved through facilitating partners to come and work together to tackle system change.
- **System leadership events:** Leeds recognises system leadership as ‘working beyond the boundaries of my own organisation to deliver the best health and wellbeing outcomes for the people of Leeds’. Skills in this areas have been developed through citywide System Leadership events, which includes attendees from a “diagonal slice” of organisations (i.e. senior management through to operational staff). The approach supports building connections across the partnership including Third Sector, primary care, statutory services, and regionally.
- **Developing a Citywide Health and Social Care Workforce Strategy for Leeds -** A conference took place in May 2018 to help inform the development of a clear workforce strategy and workforce plan for the future. It brought together around a hundred attendees from across the Leeds health and care system. Feedback from the workshop will ensure the approach has a strong significant focus on staff mental health and wellbeing in addition to supporting staff with new skills across digital and community working. The strategy will also consider the wide workforce in the city (including voluntary and independent sectors) and include consideration of how support to carers may be improved through access to training and support.

5 Corporate Considerations

- 5.1 The Leeds Health and Care Plan supports the Leeds Health and Wellbeing Strategy and Best Council Plan.

6 Conclusions

- 6.1 The Leeds Health and Care Plan has demonstrated significant progress in moving from discussion to an implementation approach. It continues to become effective in co-ordinating and aligning resources, activity and change into a single conversation for the city. It is resourced to track activity and progress and support partners in the city to act in an increasingly cohesive way.
- 6.2 Public engagement on the Leeds Plan needs to continue and be enhanced and there are concrete plans in place to take the next steps towards this.
- 6.3 The bottom up approach that is characteristic of the Plan has supported progress in working at locality, city and WY&H scale. This has supported the draw-down of national NHS resources to support the local priorities in the Plan.

6.4 There are indicators that the Leeds Plan is making an impact on indicators of progress in the city. Further work needs to be undertaken to provide a regular reporting mechanism and dashboard to support the evidence of the improvements it is making in outcomes in the city.

7 **Recommendations**

7.1 Scrutiny board are invited to note and comment on the progress made with the Leeds Health and Care Plan.

Appendix 1 – Summary Leeds Health and Care Plan

Examples of our successes in delivering our Leeds Health and Care Plan - June – Aug 2018

By 2021, Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest

A plan that will improve health and wellbeing for all ages and for all of Leeds which will...

Protect the vulnerable and reduce inequalities

Improve quality and reduce inconsistency

Build a sustainable system within the reduced resources available

Our community health and care service providers, GPs, local authority, hospitals and commissioning organisations will work with citizens, elected members, volunteer, community and faith sector and our workforce to design solutions bottom up that...

Have citizens at the centre of all decisions and change the conversation around health and care

Build on the strengths in ourselves, our families, carers and our community; working **with** people, actively listening to what matters most to people, with a focus on what's strong rather than what's wrong

Invest more in prevention and early intervention, targeting those areas that will make the greatest impact for citizens

Use neighbourhoods as a starting point to further integrate our social care, hospital and volunteer, community and faith sector around GP practices providing care closer to home and a rapid response in times of crisis

Takes a holistic approach working with people to improve their physical, mental and social outcomes in everything we do

Use the strength of our hospital in specialist care to support the sustainability of services for citizens of Leeds and wider across West Yorkshire

What this means for me...	Prevention at scale “Living a healthy life to keep myself well”	Self-Management and Proactive Care “Health and care services working with me in my community”	Optimising Secondary Care “Go to a hospital only when I need to”	Urgent Care and Rapid Response “I get rapid help when needed to allow me to return to managing my own health in a planned way”
Key actions that will be undertaken:	<p>Some examples of success in the last quarter:</p> <ul style="list-style-type: none"> ○ A new approach is being finalised for alcohol and tobacco screening in hospital. A baseline audit has been completed. Patients entering hospital will now receive advice and support at an early stage. ○ A city approach to increasing physical activity using the principles of a social movement campaign is underway. ○ Active 10 is live in Leeds with targeted physical activity for 40-65 years olds. ○ Research now underway to evaluate the smoking pregnancy pathway with Leeds Beckett University. 	<p>Some examples of success in the last quarter:</p> <ul style="list-style-type: none"> ○ 83 people are now active within Breathe Easy support groups promoting physical and mental health as well as building confidence and skills to better manage respiratory conditions. ○ CCSP offering patients with LTC the opportunity to have an annual review at their GP practice with the aim of ongoing support and coaching to enable patients to look after their own health – 17992 in Q1 ○ Shared Decision Making within Muscular Skeletal services is improving communication, access to self-management resources and promoting a greater understanding of patients condition and ability to self- 	<p>Some examples of success in the last quarter:</p> <ul style="list-style-type: none"> ○ Swifter access to hospital help has been achieved through full roll out of e-referral and e-triage in Leeds Teaching Hospitals Trust (LTHT) for all routine services; paperless ‘switch off’ is progressing. ○ Total waiting list size reduced for Leeds patients at LTHT reduced by 8.7% (Leeds patients all providers data not yet available) between March 17 and March 18 exceeding the set ambition. ○ Leeds GP referrals to our main hospital have reduced by 4% (year to February 18 vs year to Feb 18). ○ Holistic responses to mental health and physical health are being supported by an improved “Liaison Psychiatry 	<p>Some examples of success in the last quarter:</p> <ul style="list-style-type: none"> ○ A pilot has started of the Leeds Clinical Advisory Service (CAS). Primary care services working together to understand test alternative services to A&E ○ A regional procurement of a new 111 service lead by the West Yorkshire STP is now underway. This is intended to include access via 111 to more locally relevant information on the alternatives for help in addition to A&E. ○ Leeds has implemented its first Urgent Treatment Centre on the St Georges Centre site. Access numbers are increasing. Second and subsequent sites are being supported through an implementation group and regular discussion with Scrutiny ○ Leeds has held a workshop across the number of telephone and other access points that the public may use to first access services. The ambition is to create a consistent and improved offer

manage

- Almost 1k referrals into Social Prescribing. Social Prescribing offers activity, social and cultural interventions in communities as an alternative to or adjunct to medical interventions.
 - Service". The service is now an all age model (vs adults only) operating 7 days 24 hour service (vs 5 day a week) from May 2018.
 - Swift access to mental health support when needed in A&E has been achieved with nearly half of patients receiving help where a need has been identified within 1 hour.
 - Public engagement is underway on the costs and benefits of medicines that are readily and cheaply available over the counter. Medicines Optimisation has saved £2 million by replacing biological medicines with biosimilar equivalents.
- across these.
- A communication and engagement strategy for unplanned health and care has been completed. This will provide professionals and the public more joined up information and services for when there is a need for rapid unplanned help.

Together these actions will deliver a new vision for community services and primary care in every neighbourhood. These will be supported by...

Working as if we are one organisation and growing our own workforce from our diverse communities, supported by leading and innovative workforce education, training and technology.

Some examples of success in the last quarter:

- Note main body of report



Making Leeds a centre for good growth becoming the place of choice in the UK to live, to study, for businesses to invest in, for people to come and work

Some examples of success in the last quarter:

- Integrated Innovation Strategy for the city developed.
- Test Bed bid submitted.
- Key academics linked to each Leeds Plan programme boards.

Using existing buildings more effectively, ensuring that they are right for the job

Some examples of success in the last quarter:

- Prioritisation agreed around primary care provision in Burmantoffs.
- St Mary’s Hospital project board formed.
- Full business case for Burley Willows Learning Disabilities centre developed.

Using our collective buying power to get the best value for our ‘Leeds £’

Having the best connected city using digital technology to improve health and wellbeing in innovative ways

Some examples of success in the last quarter:

- Secured £7.2M over the next two years to provide the regional capacity and capability to join up digital care records through Local Health and Care Record Exemplar.
- Supporting working as if we are one organisation through diary, access and network access and Skype across partners.