



**Report of:** Leeds Health and Care Partnership Executive Group (PEG)

**Report to:** Leeds Health and Wellbeing Board

**Date:** 28 February 2019

**Subject:** Leeds Health and Care Plan: Continuing the Conversation

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

## Summary of main issues

1. The Leeds Health and Care Plan (Leeds Plan) has been developed through extensive political and public engagement, discussions at city forums and is owned by the Leeds Health and Wellbeing Board (HWB).
2. There is now a valuable opportunity to identify the priorities for the future of health and care services and review the work of the Leeds Plan to ensure it continues to meet the needs of the changing health and care landscape.
3. This paper seeks the view of the HWB of feedback to date on the Leeds Plan, review of the Leeds Plan and next steps.

## Recommendations

The Health and Wellbeing Board is asked to:

- Agree the approach to identifying priorities for the future of health and care and process to review the Leeds Plan to ensure it continues to meet the needs of the changing health and care landscape.
- Note the progress to date and initial feedback on the current Leeds Plan.
- Provide strategic steer on the review of the Leeds Plan and next steps.

## 1 Purpose of this report

The purpose of the report is to provide an overview of progress to date in reviewing the current Leeds Health and Care Plan.

## 2 Background information

- 2.1 The Leeds Health and Care Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. It is owned by the HWB and 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.
- 2.2 The purpose of the Leeds 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 Leeds Plan must ensure services are sustainable.
- 2.3 Leeds as a city is part of the wider West Yorkshire and Harrogate Partnership (WYH Partnership) identified by the NHS as the geographical basis of planning improved services. The WYH Partnership supports a subsidiarity of place and primacy of the Leeds Plan as one of six 'place' based plans within the overall geography.
- 2.4 The Leeds Plan has been developed through extensive political and public engagement, discussions at city forums and regular support and challenge by the Leeds Health and Wellbeing Board. It has successfully brought together the health and care partnership around four work programmes:
- 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”
  - Unplanned Care and Rapid Response - “I get rapid help when needed to allow me to return to managing my own health in a planned way”

There is now a valuable opportunity to review the work of the Leeds Plan to meet the needs of the changing health and care landscape.

## 3 Main issues

### *Progress to date*

- 3.1 To date, through the strategic leadership of the HWB, the Leeds Plan has driven a number of successes that are to be celebrated. It is:
- The first health and care system-wide plan for Leeds

- An organic plan shaped by wide range of partners
- Elected member engagement as central to the changes
- Development of a strong identity and thinking of Leeds as the place
- Developed through continuing significant co-production
- Greater dispersed ownership of 'transformation' working together in a city first way
- Simple yet effective approach with better consistency in language and definition
- Understanding that we have to operate within our means and refocus existing resources to develop and implement change
- A governance framework that is being led by connections, relationships, trust and a collective ambition rather than processes and strict governance

3.2 The HWB Annual Review document, which is to be considered during HWB on 28 February 2019, highlights a range of impacts the Leeds Plan towards progressing its programmes of work and in contributing to a number of the priorities of the Leeds Health and Wellbeing Strategy.

#### *Context for change*

3.3 The strategic context for committing to this forward look and review of the Leeds Plan is compelling. The principal drivers for this are:

#### Progress on our Leeds Plan

3.4 We have completed aspects of the current Leeds Plan therefore a number of actions may not need to be on there or have become business as usual.

#### Local context

3.5 Emerging headlines from our Joint Strategic Assessment (JSA), which was considered at the previous HWB (12th Dec), and highlights the need for a continuing and expanded focus on the wider determinants of health and challenge to reduce health inequalities in Leeds. There are significant emergent changes in need, particularly in our deprived communities that require support to ensure we achieve the 'Leeds Left Shift'. There are also a number of community initiatives which are starting to demonstrate how enhancing local capacity can make impacts but which are not fully captured in the Leeds Plan.

3.6 At the end of 2018, the Care Quality Commission (CQC) undertook a Local System Review (LSR) of Leeds on how services are working to care for people aged 65 and over, including those living with dementia. The LSR recognised a range of strengths in Leeds while recognising system challenges that required addressing. We have developed a robust action plan owned by the HWB with cross system actions embedded within our existing partnership boards / groups.

3.7 In 2018, Leeds (led by the People's Voices Group) held a creative listening event, the 'Big Leeds Chat', to hear what people in Leeds are saying about health and wellbeing. The approach was to bring people and decision makers together and influence the ongoing development of the Leeds Plan. This has provided a wealth of information and further opportunities to ensure that citizen voice is at the centre of the Leeds Plan.

### National and regional context

- 3.8 The NHS Long Term Plan, which is also to be discussed during HWB (28 Feb), continues to identify Integrated Care Systems (ICSs) as having a central role to support local organisation for the planning and accountability of health and care services. Leeds continues to play a lead role in the region, and through sharing the approach embodied in the Leeds Plan has influenced the development of a community first, bottom up development of the West Yorkshire and Harrogate ICS (WYH ICS) based on six local place based plans. The approach is led by the WYH Partnership – represented by health and care partners (incl. local authorities, HWBs, Third Sector, Healthwatch, NHS) across the six local areas of Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 3.9 Local ICS systems are required to provide a plan for the next five years to indicate their response to the NHS Long Term Plan, this is expected by the Autumn of 2019. The WYH ICS are discussing how to develop their response and how this links and coordinates work done in ‘places’ and that which is properly organised on a larger footprint in line with subsidiarity principles. In Leeds, this will be aligned with our review of Leeds Plan. This will allow us to shape the draft five year plan, which will be in the public domain to coincide with the first public WYH Partnership Board in June 2019 and will continue the central aspects of subsidiarity and primacy of place.

### *Continuing the conversation*

- 3.10 There is a positive opportunity to build on our strong foundations and approach of the Leeds Plan to date and continue to energise the health and care partnership. We want to ensure that we maintain all elements that are currently working well and really challenge ourselves to go further and faster:
- Are we being brave enough?
  - Are we using all of our rich data and intelligence effectively?
  - Are the changes the right ones and go far enough to address the challenges/trends we know we likely to face in the future?
  - Are we truly designing a system for the future generation?
  - Are we left-shifting enough?
- 3.11 We have begun a number of early workshops discussions with health and care partners asking a number of questions on the review of the Leeds Plan, with high level feedback captured in the following pages:

**What are the key changes you would expect to see across the system in the next 5 years?**

- Local Care Partnerships will be operational, supporting the integration of services and focusing on improving the health of the poorest the fastest. They should represent a genuine mix of '*social and medical*' also addressing wider determinants of health.
- Continued focus on working towards the shared outcomes across Leeds that we know are making a difference to citizens.
- A stronger sense of people / populations at the centre of the Leeds Plan – with a particular focus on the most vulnerable groups.
- A greater focus on a shift of emphasis and resources towards Prevention and Self-Management.
- Leeds Left Shift seeing increased resources towards community based organisations / groups.
- Data driven decisions through Population Health Management, particularly influencing our commissioning decisions and LCPs.
- Strengthening of 'one workforce' for Leeds through the embedding and delivery of the Leeds Health and Care Workforce Strategy (incl. Leeds Health and Care Academy). In particular, a flexibility of skill mix and enabling people out of poverty.
- Strengthened communications with the citizens and the wider workforce having a share vision and key messages.
- An embedded Integrated Commissioning Framework for Leeds.

**What are the key changes you would expect to see across the system in the next 10 years?**

- Deeper integration with LCPs being fully developed in neighbourhoods and starting to demonstrate a tangible impact on outcomes.
- Digital as a key enabler for promoting self-care and a universal personal record accessed by all health and care partners.
- Evidencing and seeing improvements against outcomes with people in Leeds feeling happier and empowered through system changes and a Better Conversations approach.

**What do you see as the principal threats to our ambition which if not given attention could knock us off course?**

- National and regional threats including the impact of Brexit, political changes, austerity and demographic challenges highlighted in the JSA.
- The availability of workforce and the imperative for our workforce to be utilised in a more flexible way to support the Leeds Left Shift.
- System leadership and our ability to think more widely as a system.
- Funding and our ability to mainstream funding for those projects that prove to be working well.
- Importance of having a wider determinants of health focus, particularly around children and young people (Think Family approach, education, etc.).
- Communication and engagement – How we communicate the left shift to front line staff and how we bring people and staff along with us.

**What elements of the Leeds Plan need to remain to achieve our ambition?**

- Principles are strong.
- Focus on Prevention, Self-Management and Proactive Care.
- Building on and sustaining the Big Leeds Chat and Better Conversations.
- A continued inclusive partnership approach.

**What elements of the Leeds Plan need to change to achieve our ambition?**

- Greater focus on outcomes through shared 'obsessions' similar to the approach taken in the Children and Young People's Plan.
- A stronger focus on people and disadvantaged groups.
- A stronger focus on children and young people, mental health and people with the greatest health inequalities.
- Opportunity for the leadership of the Leeds Plan programmes to be shared more broadly across the health and care partnership with leads from the third sector, etc.
- Strengthening of the Communication and Engagement programme to make the Leeds Plan real for people (e.g. incl. examples / stories to demonstrate impact).
- Strengthen the role of the enabler programmes to provide high support and high challenge to the work programmes.
- Be braver and more creative in our solutions.

## *Next Steps*

3.12 In order to progress the thinking and partnership working that has been done to help inform the Leeds Plan going forward, we are in a process of having a broader conversation with the health and care partnership and citizens in communities with the aim of:

- *Mar-Jun 2019* – Identification of the key priorities for the future of health and care in Leeds and draft a Leeds Plan refresh through engagements with health and care partners (incl. elected members and the public). Ensuring the approach is focused on outcomes and linked to appropriate metrics.
- *Jun 2019* – Draft Leeds Plan refresh agreed at HWB for a conversation with the public to develop further in line with the WYH ICS five year plan.
- *Jun-Sept 2019* – Further development of the draft Leeds Plan refresh through conversations with the public and further engagement.
- *Sept 2019* – Next iteration of the Leeds Plan agreed at HWB.

## **4 Health and Wellbeing Board governance**

### **4.1 Consultation, engagement and hearing citizen voice**

4.1.1 The approach builds on the significant engagement to date which has supported the development of the Leeds Plan. This has included regular conversations at HWB, Community Committees and Scrutiny Board. In addition, consultations with a number of groups representing carers, older adults, the voluntary sector and independent sector was undertaken. Specific engagement has also taken place on elements of the Leeds Plan (e.g. development of Local Care Partnerships).

4.1.2 The Big Leeds Chat has provided a new route to hearing citizen voice and the results of the initial 'chat' are being used to shape the priorities which will be used to take forward planning.

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

4.2.1 The Leeds Plan embodies actions to improve health of the poorest the fastest in line with the Leeds Health and Wellbeing Strategy.

### **4.3 Resources and value for money**

4.3.1 The Leeds Plan has supported collaborative conversations for efficiencies and built a model of shared modest growth assumptions including developing new models of contracts which align performance and financial incentives for commissioners and providers. These have helped manage collective funding constraints such as funding reductions and impact of austerity. The success of this approach is that it promotes an outlook of the collective Leeds £.

#### **4.4 Legal Implications, access to information and call In**

4.4.1 There are no legal, access to information and call in implications from this report.

#### **4.5 Risk management**

4.5.1 Risk will be managed through existing partnership board / groups of the Leeds Plan with escalation occurring the PEG and HWB as appropriate.

### **5 Conclusions**

5.1 The Leeds Plan has provided a successful approach to capturing and sharing partnership priorities. This has allowed for efficient and effective working in the city and linking enabling and supporting programmes together. The strength of the Leeds Plan has been recognised by external review, namely the CQC LSR.

5.2 There is an opportunity to consider the priorities for health and care for at least the next 5 years in light of significant improvements to placing people's voices at the centre of planning. This is also in the context of a NHS Long Term Plan which supports the Left Shift approach of the current Leeds Plan.

5.3 It is desirable to build on the existing Leeds Plan. The approach to do this could better place outcomes and people's experiences at the heart of the plan (this is sometimes termed the 'ends' of the plan). It could also identify clearly the "means" (typically the service changes) that will help achieve these ends.

### **6 Recommendations**

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### **7 Background documents**

7.1 None.





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**How does this help reduce health inequalities in Leeds?**

The Leeds 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. A key ambition of the plan as with the Health and Wellbeing Strategy is to improve the health of the poorest the fastest.

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

A key purpose of the Leeds Plan is of maintaining the quality of our health and care services and reducing unwarranted variation.

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

Another purpose of the Leeds Plan is ensuring services are sustainable.

**Future challenges or opportunities**

This paper discusses a valuable opportunity to review the work of the Leeds Plan to meet the needs of the changing health and care landscape.

<b>Priorities of the Leeds Health and Wellbeing Strategy 2016-21</b>	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	
Get more people, more physically active, more often	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	X
Promote mental and physical health equally	X
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X