

Report of Director of Adults and Health

Report to Scrutiny Board Adults, Health and Active Lifestyles

Date: 2 April 2019

Subject: Leeds Health and Care Plan Update

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

Summary of main issues

1. The Leeds Health and Care Plan (the plan) focuses on four key areas of transformation across the health and care system of Leeds:
 - Prevention at scale;
 - Self-management & Proactive Care;
 - Optimising Secondary Care; and
 - Rapid Response & Urgent Care.
2. Within the context of delivering the vision and outcomes of the Health & Wellbeing Strategy 2016-21 the plan describes what its four areas of focus will look like in the future and what needs to change. The plan is rooted in the values and ambitions of the Health & Wellbeing Strategy and covers the key actions that the Leeds system will take to deliver these.
3. There has been significant development in cross cutting initiatives within the plan, such as Local Care Partnerships, Better Conversations and using data more effectively to understand need in communities.
4. There are compelling local and national reasons for continuing the priorities in our approach and a process is underway for refreshing the Leeds Plan to enable further progress with these.

Recommendations

Scrutiny Board (Adults, Health and Active Lifestyles) is asked to note:

- a) The overall progress in delivery of the Leeds Health & Care Plan;
- b) Specific progress in cross cutting initiatives such as Local Care Partnerships; and
- c) The current refresh being undertaken by the Health Partnerships Team in conjunction with key partners across the health and care system.

1. Purpose of this report

- 1.1 The purpose of this report is to update on the progress made in actions contained within the Leeds Health and Care Plan (the Leeds Plan).
- 1.2 The reports details progress in the four strands of the Leeds Plan and the cross cutting initiatives such as Local Care Partnerships (LCPs).
- 1.3 The paper considers the need to continue to identify the priorities for the future of health and care in Leeds and how the Leeds Plan can continue to capture these.

2. Background information

- 2.1 The Leeds Plan was designed to deliver transformation programmes across four key areas of focus:
 - Prevention at scale;
 - Self-management & Proactive Care;
 - Optimising Secondary Care; and
 - Rapid Response & Urgent Care.
- 2.2 The plan describes what the health and care system across these areas of focus will look like in the future, what needs to change and how, in the context of the Health & Wellbeing Strategy, these changes will contribute to delivery of its ambitions, vision and outcomes.
- 2.3 The purpose of the Leeds Plan, in terms of its three areas of focus, is three fold:
 - Contributing to reduction in health inequalities, through improving the health of the poorest the fastest;
 - Maintaining the quality of health and care services and reducing unwarranted variation; and
 - Ensuring services and initiatives are financially sustainable.
- 2.4 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 Scrutiny Board on 13th March, 9th May and 18th of September 2018.
- 2.5 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.
- 2.6 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.

- 2.7 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.
- 2.8 The Leeds Plan has recognised throughout that it will evolve as our city conversation on the priorities for health and care service changes. There has been an agreement from Leeds Health and Wellbeing to evolve the Leeds Plan over the coming months. The strategic context for committing to this is compelling and includes:- completion of a number of Leeds Plan actions contained in the original plan; a need to respond to local changing need through the revised Joint Strategic Analysis; responding to the NHS strategic direction in the 10 Year Long Term Plan; to provide support to the West Yorkshire and Harrogate Partnership board as a revised place based plan; to respond to the Big Leeds Chat findings and to continue to include changes require in Leeds to meet rising demand in peak times such as winter.

3. Main issues

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

3.1.1 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; and
- Supporting and sustaining longer term behaviour change and promotion of the benefits of being physically active.

Highlights of progress in the last quarter include:

- 3.1.2 Leeds community health development and improvement service (Better Together), celebrated the first year's performance figures. During this first year, outreach work has engaged over 18,000 people from the 10% most deprived communities into community groups and programmes to improve general health and wellbeing.
- 3.1.3 The newly commissioned integrated lifestyle service 'One You Leeds' (OYL) continues to achieve high levels of referrals into the service and is on track to achieve the target of 12,000 referral in the first full year. After the first 3 quarters, OYL had received over eight thousand referrals (self and formal). The service has been particularly focussing on a programme of GP engagement and saw GP referrals increase from quarter 2 to quarter 3 by 163 (an increase of 32%).
- 3.1.4 Alcohol awareness week held from the 19th to the 25th November saw significant alcohol related health promotion. This included the 'No Regrets' campaign, an online responsible drinking campaign aimed at 18-25 year olds. Forward Leeds also held a series of events. Stalls based at a number of locations across the city, where people were able to make positive pledges to change their drinking behaviour. Both Tom Riordan, Chief

Executive Leeds City Council, and Ian Cameron, Director of Public Health for Leeds, both made pledges and the Chief Executive's was used on the regional BBC News website.

- 3.1.5 There has also been a focus on secondary prevention for people who may be attending health services for a condition and present an opportunity to discuss smoking and alcohol use. For example, the Nursing Specialist Assessment 'e-form' and is now live on all inpatient wards throughout Leeds Teaching Hospitals Trust. This means alcohol and tobacco screening is now being undertaken as part of every inpatient's admission into the hospital as they come onto the wards.
- 3.1.6 Further planning to develop a city approach to greater physical activity as a "Social Movement" has been undertaken. Work to design and enable the conversation with the people of Leeds through targeted imagery and messaging is underway. Resourcing has been secured to provide practical resources, communication and project support for this approach

3.2 **Self-Management and Proactive Care - "Health and care services working with me in my community"**

3.2.1 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 includes progress on a number of key programmes putting people at the centre of decisions about their health and wellbeing, supporting them to live a good life. This includes:

- training for health and care workforce to enable them to have the skills and confidence to work with people on what matters to them;
- Better Conversations (see 3.13); and
- Support for people to have the skills, knowledge and confidence to manage their own condition e.g. diabetes education, breathe easy and NDPP.

Highlights since last report to Scrutiny Board include:

- 3.2.2 "Better Conversations" skills sessions have been taking place across the city. Training is taking place across LCP areas such as Seacroft and Crossgates to ensure that focused localities develop skills together at the same time. In addition there is take up of the training within city health and care providers such as Leeds Community Health NHS Trust. Over 270 staff have now accessed the skills day and comments continue to be very positive. An additional 46 skills programmes are booked for the 4th quarter and impact assessment and evaluation is built into the programme.
- 3.2.3 In the last quarter of 2018 there have been 347 referrals into the Diabetes Structured Education Programme. Completion of the course continues to be above the target (77% accumulative total against a target of 60%) with the percentage of people reporting an improved confidence to manage their condition after the course sustained at 100%. Uptake of sessions run on a Saturday remains high. Representation in those attending of the targeted groups for the programme remain strong – Men over 40 years (52%), proportion of attendees from deprived areas (62%) and people from BAME groups (51%).
- 3.2.4 Referrals for the National Diabetes Prevention Programme (NDPP) continued to exceed the target profile, for example in January there was

562 referrals against a profile of 325. The present uptake rate (from primary care referrals) is 39%. Positive feedback has been gained from service users noting that they feel much better and found the NDPP course extremely beneficial. Feedback includes reported lifestyle changes attributable to NDPP. The programme aims to help people reduce their risk of developing Type 2 diabetes by offering them a referral to an intensive lifestyle intervention programme. The intervention consists of improved diet, weight loss and increased physical activity. Outcome data currently gained is around weight loss and showing a 2.8kg decrease as a result of undertaking the programme.

- 3.2.5 The British Lung Foundation have worked intensively to ensure each of the 10 Breathe Easy groups in Leeds are in a position of sustainability. Breathe Easy groups support people to self-manage breathing conditions. All groups are now operating from low/no cost venues and the numbers attending are growing. With particular focus on disadvantaged groups and areas with high prevalence of COPD, establishment of these groups has ensured that people with COPD, across all social groups, receive safe and effective care, minimising progression, enhancing recovery and promoting independence.
- 3.2.6 The volume of people having a Collaborative Care Support Plan (CCSP) has continued to increase. This collaborative discussion between professional and patient, focusses on “what is important to the person” enabling person centred goals to be agreed to support self-management. Over 10K more people had a Collaborative Care and Support Plan in Q3 than in Q1. All GP practices are now engaged in this process, incentivised through the CCG Quality Improvement scheme.
- 3.2.7 By quarter 3 there has been 3749 referrals to the Social Prescribing service. Social Prescribing offers activity, social and cultural interventions in communities as an alternative to or adjunct to medical interventions. The city is on track to meet the target of 5,000 referrals for the year. The current schemes have evaluated well with significant increases in mental wellbeing and self-reported wellbeing, health related quality of life, management of long term conditions and patient experience. The service is highly regarded by staff who refer into the service and has shown positive impact on primary care activity. Evaluation highlights the attributes of the link worker, flexibility and duration of the service and understanding of the voluntary and community sector as key to success.

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

3.3.1 Progress is being made with activities that focus on:

- Improved support and services in communities;
- Ensuring that people stay the right length of time in hospital; and
- Reducing the number of hospital visits patients are required to make before and after treatment.

Highlights since last report to Scrutiny Board include:

- 3.3.2 Within the Cancer Programme 704 additional people have completed a bowel screening test since April 2018 after being contacted by practice champions. This exceeds the number anticipated. There has been confirmation of further funding for the Accelerate Coordinate Evaluate (ACE) service for one year from April 2019/20 through Leeds CCG. The ACE pilot pathway is for patients with non-specific but concerning symptoms and is part of the Early Diagnosis workstream within the Cancer Programme. The 1000th patient has just recently been referred on this

pathway. Early evaluation indicates ACE provides faster diagnosis and clarity to patients and physicians, improves diagnostic findings of other significant but non-cancer conditions and as equally or more cost effective than previous approaches.

3.3.3 Older People's Care Navigator Role has been funded on an ongoing basis from late 2018. This service is focused on supporting older people to live independently in the community as part of improving city responses to mental health conditions in communities.

3.4 **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"**

3.4.1 There is a need to change the way services are organised 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 of 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.

Highlights since last report to Scrutiny Board include:

3.4.2 The St Georges Centre in South Leeds is now formally designated as an Urgent Treatment Centre (UTC) by NHS England. This means it meets NHS criteria for a UTC setting providing open access to minor urgent treatment needs in an enhanced GP led setting. Further sites are being explored through an implementation group and there is regular discussion and support from this Scrutiny Board in relation to these.

3.4.3 The Clinical Assessment Service (CAS) pilot is now in evaluation phase which will help inform next steps and the agreed scope of expansion of service 19/20. This involves primary care services working together to understand and test alternative services to A&E.

3.4.4 A review has found that people helped by the High Intensity Users Project (provided by BARCA) has demonstrated reductions in emergency department attendances across 49 service users of 77% from April 2018 to January 2019. The service intervenes by providing tailored support to people who attend A&E frequently to address underlying social, medical and mental health issues. Those that use the service for three or more months have been found to have better experiences of care compared to a pattern of regular attendance at A&E and better outcomes.

3.4.5 Yorkshire Ambulance Service (YAS) are now able to refer patients directly into the Leeds Frailty Unit at St James's hospital. This means that ambulance staff can assess patients they are called to attend to with a 'frailty score' and determine if they may be best supported in a specialist unit that supports people with similar conditions. This means patients may bypass a potentially delaying and stressful period in the hospital Emergency Department. Instead ambulances may take people straight to the most appropriate place for their care giving them the best chance of avoiding admission. In the first 15 days 18 people benefitted from this pathway.

3.5 **Big Leeds Chat**

3.5.1 The Big Leeds Chat is a new 'one partnership, one city' approach to engagement with citizens on the broad issues of health and care. On the 11 October 2018 the first Big Leeds Chat took place in Kirkgate Market. The listening event was focused on three questions: what do you love about Leeds, what do you do to keep yourself healthy and lastly what can we do to make Leeds the best city for health and wellbeing? This was

followed, where appropriate, by detailed conversations between people and decision makers on the topics that mattered to people related to health and care in the city.

3.5.2 In addition there was a marketplace where people could get information about three themes of the Leeds Plan, how to stay healthy in Leeds, what's on offer to self-care if you do have a condition and how might technology further support us. This was supplemented with activities to support good mental health and a map where people could talk about what was happening locally for them, again following the Leeds Plan theme of 'left shift' into communities.

3.5.3 The principles of the Big Leeds Chat approach were:

Go to where people are

3.5.4 The event took place at Leeds Kirkgate Market which has a footfall of over of 25,000 on a Thursday and brings together people from many different communities, geographic, socioeconomic and communities of interest from all over Leeds.

One health and care team

3.5.5 We asked people to imagine that we were working for a coordinated health and care system and therefore there was a no jargon, no lanyard approach and everyone wore yellow Big Leeds Chat t-shirts.

Senior decision makers

3.5.6 There was significant attendance from senior decision makers and policy makers. This meant that people could speak directly with people that make things happen as well as giving real insight to decision makers of the everyday lives and experiences of people in Leeds.

3.5.7 The following were key themes raised during the event. Themes cover both health related issues a wider determinants of health such as education and housing:

Theme	Key Points
Diet	People told us that their diet is an important part of keeping healthy. Almost a third of the people we spoke to told us that they keep themselves healthy by eating well. For some people this was about cooking fresh food at home, for others it was about eating less and reducing the amount of alcohol they drink.
Exercise	Keeping fit and active was identified by many people as important. Walking, running and gardening are seen by many people as an easy and cheap way to keep fit and healthy. People also told us that activities such as going to the gym, cycling and yoga help them to keep themselves healthy.
No time for self-care	Some people also told us that a lack of time and motivation makes it difficult to take part in healthy activities. Poor health was another reason why people find it harder to get involved in healthy activities.

Theme	Key Points
Cost	45 people told us that leisure facilities are too expensive and that free or affordable activities would encourage more people to stay fit and active. Some people also said that it was too expensive to buy healthy food and that public transport was not affordable.
Transport	21 people told us that they would like to see public transport improved by providing better bus routes, cheaper fares and a more reliable service. Many people also raised concerns about congestion in the city and suggested that less cars in the city centre and more pedestrian areas would make Leeds a better city for health and wellbeing.
Information	Some people told us that information about healthy activities in the city should be easier to find. People also want more information about how to self-care and stay healthy.
Environment	People told us that the environment they lived in was important to them and that they want more green spaces nearby. Some people raised concerns about smoking and asked for more smoke free areas in Leeds.
Healthcare	Many people are happy with the health services they receive in Leeds, but some people are unhappy with access to specialist services and waiting times (especially for GP surgery appointments). Many people told us that they want better mental health services in the city with improved access to counselling and shorter waiting lists.
Education	Some people told us that they would like to see local schools being more involved in promoting health and wellbeing with young people and parents.
Employment	Some people told us that they feel that there are not enough jobs in Leeds and that more should be done to create employment opportunities.
Housing	Some people told us that they want better housing in Leeds, especially for deprived communities and the homeless.

3.5.8 Programme boards for the four workstreams within the Leeds Plan have had the output of the Leeds Big Chat present to them and are encouraged to build these findings into their programmes as they develop. The Big Leeds Chat will be a key consideration in the development of the refreshed Leeds Plan.

3.6 Local Care Partnerships

3.6.1 Local Care Partnerships were identified in the previous Leeds Plan update report as being:

- Integral to the basis of the Leeds vision of locally integrated care based in communities, using a bottom up approach to improving health and care outcomes;
- Based on 18 geographies which are based on natural communities, GP practice lists of patients and existing relationships between GPs;

- A multi-agency approach drawing upon staff and resources including those impact on the wider determinants of health such as housing or employment;
- Formative, with identified GP leadership in place but emergent wider partnership membership;
- Aligned to existing 13 Neighbourhood Teams; and
- In need of resources to support their development and likely to take a number of years to achieve their full potential.

- 3.6.2 The NHS 10 Year Long Term Plan has provided a significant impetus to local multi agency working with GPs. The Plan mandates a model of multidisciplinary integration through expanded primary care teams based on neighbouring GP practices that work together typically covering 30-50,000 people; known nationally as Primary Care Networks (PCNs).
- 3.6.3 This development makes formal requirements through GP contractual relationships for development of expanded community multidisciplinary locality-based teams which will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and allied health professionals (AHPs) such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector.
- 3.6.4 National support for PCNs will include additional innovation funding. The support will allow accelerated integration of a of particularly NHS community services that will enable local partnerships to flourish. In Leeds, we recognise the impact that delivering in this way would have on the way people access and experience care outside of hospital. Locality based networks of general practice have been in place for some time.
- 3.6.5 It is clear that Local Care Partnership forming around PCNs will capitalise on this but will also bring together leaders from statutory health and care services with third sector; housing; employment; planners; elected representatives; and local people to deliver the ambition of the Leeds Health and Wellbeing Strategy and to ensure that the wider determinants of health can be tackled through a broad and inclusive focus on collaboration and realising the full range of assets within a local community.
- 3.6.6 Resource requirements for the development of LCPs are being addressed with additional support being put in place. The need for the development of neighbourhood models has been recognized within the Integrated Care System arrangements for West Yorkshire and Funding has been provided for two years (up until 31 January 2021) to accelerate the development of LCPs across Leeds. This is by establishing a dedicated programme team which will provide hands on improvement and project support to LCPs and ensure strategic alignment with other city wide programmes of work that will help drive progress. The programme is hosted by Leeds Community Healthcare NHS Trust on behalf of health and care partners across the city and Thea Stein is the Senior Responsible Officer.
- 3.6.7 To date this has resulted in the appointment of the programme lead who will be seconded for two years into the Head of LCP Development role. She will be supported in turn by a small project team. Specific consideration has also been made to ensure that voluntary sector organisations are supported to engage with and work alongside partners in LCPs. A dedicated role is being recruited to support this work with the intention that further resources may be required in time.
- 3.6.8 Population Health Management (PHM) is an approach to healthcare founded on a collective understanding, across organisations, of the needs and behaviours of the defined population they are responsible for. It uses data to understand where the greatest opportunities to improve health outcomes, value and patient experience

can be made; and then using available resources to plan, design and deliver care solutions to achieve better outcomes for the defined population. PHM is a data driven approach which focuses resources on preventative and proactive care.

3.6.9 Reflecting the significant progress Leeds has made in establishing Local Care Partnerships, developing outcomes for people living with frailty and establishing linked data, Leeds has been selected as one of four 'leading edge' sites to participate in a national 20 week PHM programme which will run from January to May 2019. The programme is being delivered by NHS England and their partner Optum Alliance who are providing dedicated expertise. The programme will focus on progressing a PHM approach to improve outcomes for people living with frailty. The two main aims of the programmes are changes in care delivery to achieve demonstrably better outcomes and experience for people living with frailty, and, advancing the capability of the Leeds system's to use a PHM approach in the future. Locally four selected LCPs will participate intensively in the programme (Woodsley, Seacroft, Kippax and Garforth and Pudsey) with workshops focussing on facilitated review of data and identification of interventions that will have the biggest impact on outcomes within the frailty outcomes framework. The benefits of the programme will be maintained and shared across LCPs in Leeds and extended to other needs beyond those of people living with frailty. Leeds will also share the findings across the West Yorkshire and Harrogate (WYH) Partnership.

3.7 Refreshing the Leeds Plan

3.7.1 To date, through the strategic leadership of the HWB, including holding the Leeds system to account, the Leeds Plan has driven a number of successes that are to be celebrated. These include:

- A first plan for Leeds spanning the health and care system;
- 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 a 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; and
- A governance framework that is being led by connections, relationships, trust and a collective ambition rather than processes and strict governance.

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

3.7.2 Progress achieved

Aspects of the current Leeds Plan have been completed therefore some actions may no longer need to be included, or alternatively through delivery have become embedded as business as usual.

3.7.3 Local context

The emerging headlines from our Joint Strategic Assessment (JSA) 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.

3.7.4 Care Quality Commission Local System Review

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 some system challenges that required addressing. We have developed a robust action plan owned by the Health & Wellbeing Board with cross system actions embedded within our existing partnership boards / groups.

3.7.5 National and regional context

The NHS Long Term Plan, published in January 2019 states that all regional Integrated Care Systems (ICS), such the West Yorkshire and Harrogate Health and Care Partnership (WYH Partnership) that Leeds is part of, will have a central role going forward.

Leeds continues to play a lead role in the region and continues to influence the development of a community focused approach to health and care integration. One that promotes investment across the system and that increases the proportion of funding devoted to community, primary care and mental health services.

The WYH Partnership is required to develop its own local five year strategy that incorporates a response to the NHS Long Term Plan but also includes the wider systems strategy for integration across all the organisations that work jointly on health and care, including local authorities and the third sector. It will also aim to look more widely at the factors that influence wellbeing and good health. There is an aim to have a draft WYH ICS 5 year strategy in the public domain to coincide with the first public WYH Partnership Board in June 2019 and to have a draft strategy by early autumn 2019.

The WYH 5 year strategy will be developed in line with the existing practice of primacy of place, democratic involvement and based on subsidiarity, focusing only on those aspects of work that need to be done at the regional footprint level because it requires a critical mass to achieve the best outcomes, where there is unacceptably high variation in outcomes currently, or where it is a long-term, complex or intractable problem that would benefit from collaboration to improve outcomes.

Therefore the majority of the work of the WYH Partnership will be in the health and care plans from each place (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds, Wakefield). So for Leeds, the refreshed Leeds Plan will be the key component.

3.8 Continuing the Conversation

3.8.1 There is therefore an opportunity to build on the strong foundations and priorities in the 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?

3.8.2 A number of early workshops discussions with health and care partners have been held asking a number of questions on the priorities for health and care in the future to inform a review of the Leeds Plan.

3.9 Sustainable Development

3.9.1 Work is underway, via the Estates enabler, to establish a procedure to ensure commissioners of health and care services are linked in with the Local Planning Authority in terms of proposals for new housing development. Giving commissioners the opportunity to comment on any impact on primary care provision, and specifically general practice.

3.9.2 An analysis of existing GP capacity across the city is underway, which will be overlaid with housing projections from the Site Allocations Plan (SAP), highlighting any potential future 'pinch-points' in terms of future capacity v's demand. This will be revised against regular SAP monitoring reports showing the progress of sites in terms of stages of developments.

3.9.3 The matter of sustainable development was the subject of a scrutiny inquiry by the Infrastructure, Investment & Inclusive Growth Scrutiny Board in March 2018. One of the recommendations of the inquiry was how within the planning system health services can better collaborate with regards to planning strategies, programmes and individual planning applications. An update on this is will form part of a wider report back to Scrutiny Board (Infrastructure, Investment & Inclusive Growth) in April 2019 on all its Sustainable Development inquiry recommendations.

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 The Big Leeds Chat outcomes in this report are a new approach to city consultation and engagement.

4.1.2 The refresh of the Leeds plan will build on the outcomes of this consultation and consider how consultation and engagement runs throughout the programme, both as a whole and for specific projects.

4.1.3 A communication strategy is in development for Leeds which will address wider public communication needs and staff communication needs in relation to the plan.

4.2 Equality and diversity / cohesion and integration

4.2.1 The Leeds Plan purpose is to improve the health of the poorest the fastest.

4.2.2 The refresh of the plan is based on the Joint Strategic Assessment which identifies inequalities across population

4.3 Council policies and best council plan

4.3.1 The Leeds Health and Care Plan supports the Health and Wellbeing Strategy in ensuring Leeds is the best city for health and wellbeing where the health of the poorest improved the fastest.

4.4 Resources and value for money

4.4.1 The Leeds Health and Care Plan is resourced through partnership contributions. A small support team provides support for the key strands of work and cross cutting initiatives. Additional resources have been secure via the ICS to support the development of LCPs and other key areas of the plan. Additional resources have

been secured nationally to trial a Population Health Management approach to improving frailty in four identified LCPs.

4.5 Legal implications, access to information, and call-in

4.5.1 There are no legal implications.

4.6 Risk management

4.6.1 Risk management of the Leeds Health and Care Plan is through regular progress reporting to Partnership Executive Group as oversight partnership body and to Health and Wellbeing Board as sponsoring board.

4.6.2 Risk assessment approaches continue to be developed appropriate to operation and strategic aspects of the plan.

5. Conclusions

5.1 The Leeds Plan has made significant progress in moving forward collective action against the Plan ambitions.

5.2 There has been significant progress in the cross cutting them of the development of Local Care Partnerships but it is also clear that the impact of additional resources will not be felt for at least a further quarter

5.3 There is a compelling rationale to continue the conversation on the priorities for the future of health and care in Leeds. A process is underway overseen by the Health and Wellbeing Board to ensure the Leeds Health and Care Plan captures and supports these priorities in future.

6. Recommendations

6.1 Scrutiny Board (Adults, Health and Active Lifestyles) is asked to note:

- a) The overall progress in delivery of the Leeds Health & Care Plan;
- b) Specific progress in cross cutting initiatives such as Local Care Partnerships; and
- c) The current refresh being undertaken by the Health Partnerships Team in conjunction with key partners across the health and care system.

7 Background documents¹

7.1 None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.