



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

Report to: Leeds Health and Wellbeing Board

Date: 14 June 2019

Subject: Reviewing the 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). Work has been underway to ensure it continues to meet the needs of the changing health and care landscape.
2. This paper provides an update on the review, success of the plan to date, alignment with the West Yorkshire and Harrogate Integrated Care System and the NHS Long Term Plan and recommendations for how the plan will develop.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress and process to review the Leeds Plan to ensure it continues to meet the needs of the changing health and care landscape.
- Note further development to occur in the context of the NHS Long Term Plan and West Yorkshire and Harrogate draft 5 year strategy.
- Support the outcomes focused approach to reviewing the Leeds Plan.
- Support the 'obsessions' led approach and to further engage and develop the three proposed 'obsession' areas.
- Support the further strengthening of strategic links with other key Boards by developing linking priorities/shared obsessions.

1 Purpose of this report

The purpose of the report is to provide an update on progress on the review of the Leeds Health and Care Plan (Leeds Plan) following on from the previous HWB on 28 February 2019.

2 Background information

2.1 The Leeds Health and Wellbeing Strategy is our blueprint for how Leeds will become the Best City for Health and Wellbeing; a city where the poorest improve their health the fastest. Working together as a joined up health and care system is essential in delivering our Strategy, which alongside Inclusive Growth, is recognised as the key driver to achieving our Best City ambitions.

2.2 Our Leeds Plan¹ is key in delivering the health and care components of the Strategy by looking forward to what the city wants health and care to look like in the future and bringing together a set of transformational actions to achieve this. It is owned by the HWB with delivery monitored by PEG. The approach taken in Leeds, rooted in the values and ambitions of the Strategy of 'working with' our citizens has had a range of successes in delivery of the Leeds Plan to date (see Appendix).

2.3 In order for the Leeds Plan to continue to be transformational and responsive to the needs of the city, it was agreed at HWB (28 Feb) for it to be reviewed. This is in recognition of changing local, regional and national contexts:

Local Context

2.4 From our Joint Strategic Assessment² we know that Leeds is changing:

- Our population is growing, however, this is most acute for older adults and children and young people within our most deprived communities. Over 170,000 people in Leeds live in areas ranked amongst the most deprived 10% nationally. One in five children in Leeds lives in poverty with childhood poverty having lifelong implications for health and wellbeing.
- People living in poverty continue to have poorer health outcomes. Whilst there have been some improvements (smoking continues to reduce, more people are surviving for longer with long term conditions) in other cases progress has slowed and the gaps have widened.
- A reduction in social and economic mobility influenced by increasing numbers of people in private sector housing and minimum wage work.

¹ Leeds Health and Care Plan on a Page (<http://inspiringchangeleeds.org/wp-content/uploads/2018/08/MASTER-Leeds-Health-and-Care-Plan-PoP-20180313-V6.pdf>)

² Leeds Joint Strategic Assessment Summary (<https://observatory.leeds.gov.uk/wp-content/uploads/2019/04/Leeds-JSA-2018-Summary-Report.pdf>)

Our review of the Leeds Plan is reflective of this as well as the diverse range of evidence that requires a wider determinants of health and wellbeing approach to better support our most deprived communities.

- 2.5 Our Care Quality Commission Local System Review (CQC LCR) of Leeds and our action plan emphasised the need to develop a greater understanding of capturing people's experiences of care and ensuring the dignity and wellbeing of people using services. The report also challenged our ability to describe and report collectively on key system measures to assess the impact of our strategic actions, particularly in relation to journeys of care into and through our hospital system.
- 2.6 In October 2018, we held our first Big Leeds Chat event, a new approach to hear what people in Leeds are saying about health and wellbeing as a single health and care system. In Leeds, we have committed to ensuring that citizen voice is at the centre of our work and we want to ensure that the findings of the Big Leeds Chat are incorporated into the review of the Leeds Plan.³
- 2.7 We have successfully delivered against a number of our actions in our current Leeds Plan, which have become business as usual requiring a new set of transformational actions for the system to progress.

Regional and National Context

- 2.8 Leeds has been part of the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) since it began in March 2016 guided by the agreed principles of subsidiary and primacy of place and that work regionally would only occur where there is an added value, a wicked issue or best practice to share. Our Leeds Plan is our place based plan that contributes to the WYH HCP.
- 2.9 The publication of the NHS Long Term Plan includes the commitment that every Integrated Care System, including the WYH HCP, will develop a new 5 Year Strategy for Health and Care. As agreed by HWB on 28 Feb, through the strategic leadership of the HWB, the review of the Leeds Plan provides a valuable opportunity to continue to influence the development of a community focused approach to health and care in the draft WYH HCP 5 Year Strategy. This exemplifies the Leeds approach and the emerging and an increasingly strong regional partnership.
- 2.10 There still remains uncertainty nationally, but a strong Leeds Plan will enable our collective ambitions and make best use of our Leeds £. For example:
- The NHS financial settlement linked to the NHS Long Term Plan is welcome but social care and local government more generally are still subject to austerity settlements. The Autumn 2019 Spending Review may help clarify the wider partnership resource picture.

³ Big Leeds Chat Report (<https://healthwatchleeds.co.uk/wp-content/uploads/2019/02/BLC-report.pdf>)

- The national strategy for the future of social care remains in development. There is an opportunity for Leeds to continue to develop a local integrated vision which can help to inform national debate.

3 Main issues

3.1 The Leeds Plan was developed through extensive partnership, political and public engagement and regular support and challenge by the HWB. It successfully brought together the health and care partnership around a single plan. In our review, we want to ensure we keep the strengths of the Leeds Plan that made this possible:

- Rootedness in our Leeds Health and Wellbeing Strategy and leadership of the HWB.
- An organic approach shaped by a wide range of partners working across four programmes to accelerate partnership working for specified projects and drawing together of our collective resources that enable transformation (workforce, finance, digital, innovation linked to the Leeds Academic Health Partnership and estates).
- Consistent language and governance promoting distributed leadership and ownership of transformation across the health and care partnership.
- An approach founded in trust, values, connections and collective ambition rather than governance and process alone.
- ‘Our cultural conditions of change’ captured through principles, qualities and behaviours that have wide implications for how we all ‘work with’ people. These include citizens at the centre of all decisions, strength based approaches listening to what matters most to people, investing more in prevention, neighbourhoods as a starting point to integrate services, a holistic approach across mental, social and physical wellbeing and continuing our strong hospital offer.
- A forwarding thinking transformation plan that is already strongly aligned to the NHS Long Term Plan.

3.2 As agreed at HWB on 28 Feb, the review of our Leeds Plan has been led by a steering group with representation from all partners who have delivered a series of workshop sessions with the health and care system (e.g. PEG, Forum Central Leadership Group, conversation with elected members, etc.). From these sessions, we know that there is an overwhelming support for the next iteration of the Leeds Plan to be grounded in an outcomes focused approach through:

- A set of proposed ‘obsessions’ that we think will have the greatest impact on the wider Leeds health and care system if we collectively focus on them.
- Strengthening and embedding joint partnership working across our key citywide strategies/ partnership boards through linking ‘obsessions’/ priorities.

Our outcomes focused approach in Leeds

3.3 In Leeds, we want to build on our already strong culture of focusing on outcomes and the impact of our work. This has been evident through our:

- Approach of the Leeds Health and Wellbeing Strategy, which has a clear set of outcomes and measures and are reported annually to the HWB with work ongoing to further develop them and align with Inclusive Growth, Children & Young People's Plan and Safer Leeds Community Safety Strategy where possible.
- Children & Young People's Plan (CYPP), which is grounded in an OBA (Outcomes Based Accountability) methodology approach credited as a key component of the improvement journey of children's services since 2010 with Leeds now rated as Outstanding by Ofsted for children's social care services.
- Outcomes focused approach to people living with frailty.
- Outcomes based commissioning across Leeds City Council and NHS Leeds CCG.

3.4 Moreover, using learning from the CYPP, we know that it pays for a city to obsess on a small number of indicators that will have the biggest impact on a range of measures. The CYPP has three key indicators/priorities known as 'obsessions', which are '*safely and appropriately reduce the number of children looked after*', '*reduce the number of young people not in education, employment and training*' and '*improve achievement, attainment, and attendance at school*'. This approach has allowed for the following:

- Creating a collective ambition for the city focusing on three obsessions through consistent communication and engagement.
- Enabling quality conversations at a citywide to locality level on how organisations, partnerships and people can contribute. This is further strengthened through regular monitoring and wide circulation of a 'weekly obsessions tracker' that shows changes to the previous week and a 12 month trend.
- Ability to measure progress of the obsessions and indicators over a longer period of time acting as a set of proxy measures for improvement across the city for children and young people.

3.5 In reviewing the Leeds Plan, we have engaged with the health and care system and used learning from the Big Leeds Chat, range of health data sets and from outcome focused approaches to date to co-produce a set of proposed 'obsessions'. These are the three areas with suggested indicators we think will have the greatest impact on the wider Leeds health and care system if we collectively focus on them.

Leeds Plan: Proposed Obsessions

1. Prevent ill health and reduce inequalities by increasing the health and social care contribution to the prevention of ill health

- **Increase the number of people leading a healthy lifestyle in Leeds**
- **Reduce the number of people with long term illness in our communities**

In Leeds more than 50% of deaths are as a consequence of a health condition related to the way we live our lives, with certain groups and populations more likely to experience lifestyle related ill health. Whilst the city has demonstrated reductions in smoking and some risks of diabetes there remains a wide opportunity to do more to encourage healthy lifestyles throughout the life course. There are a number of interrelated behavioural risks that need to be considered collectively including smoking, stressful lifestyle, inactivity, excess alcohol use and poor diet. These can be measured via primary care and increasingly via LCPs. There is also a need to better understand the 'causes of the causes' and link clearly to wider priorities around the social determinants of health.

2. That people live well in their own homes and communities

- **Increase the number of people who live well in their own homes and communities**
- **Safely and appropriately increase the number of people who live well in their own homes and communities**

There is increasing evidence that helping people to manage their health in their own community with less disruptions such as going to hospital is not only preferred by them, but frequently leads to better outcomes. Long stays in hospital can adversely affect people's wellbeing and ability to return to their normal lives. Historically Leeds has had more people staying in hospital for extended periods than other cities. It has also had a longer average length of stay than some comparators. This was highlighted by the CQC LSR report which noted Leeds needed to do more to instil a 'home first' culture across our workforce, which we are committed to. There are opportunities to invest in community services to reduce the need to travel to hospital, to use technology to ensure hospital services are accessible closer to home and to plan using data to identify who may be at risk of ill health and thereby intervening earlier. Doing this in a safe and appropriate approach where people are in hospital only when they need to be is the second proposed obsession.

3. Leeds will be a mentally healthy city for all ages

- **Improve the mental health of people living in Leeds**

The condition of mental wellbeing and tackling mental ill health are recognised equally as critical to the overall health of Leeds. Inequalities are stark. Leeds has significantly greater numbers of people from a Black and Minority Ethnicity (BAME) who are admitted into acute settings such as a hospital or inpatient unit for mental ill health needs. This number is disproportionate in comparison to the number of people who come from a BAME in Leeds overall. Surveys of children and young people demonstrate increasing concerns with stress and happiness and related depression and anxiety. Early indications of mental ill health frequently follow from childhood into adulthood. However proportionate early help and investment is required to stop this progression, particularly for children with Adverse Childhood Experiences. The role of families and adults on childhood wellbeing requires greater emphasis and 30% of children who become children looked after in Leeds do so because of the behaviour of adults in relation to a mental health condition and services need to "Think Family".

The proposed obsession in relation to a mentally healthy city is aligned to the development of Leeds Mental Health Strategy.

3.6 It is important to note that these are proposed draft 'obsessions' with further development work to occur to ensure that they are the right areas and indicators to focus on for the Leeds health and care system. Importantly, an 'obsessions' led approach will not limit the breadth and focus of the next iteration of the Leeds Plan. They will be considered alongside a range of indicators that will aim to act as proxy measures for an improving health and care system.

3.7 We are already working to develop headline and supporting indicators for the above areas utilising what is currently available in a timely way. However, we want to make sure that the indicators we use are the right ones for Leeds and not just based on what is currently available. This means that we may explore new approaches to measuring change for the Leeds health and care system.

Our linking 'obsessions'/ priorities: Strengthening joint partnership working across our key citywide strategies/ partnership boards

3.8 In addition to the above, there has also been discussion about how best to develop linking priorities/obsessions that add value to existing programmes by managing them in a more integrated manner. This is part of a longer term ambition of the HWB to further strengthen joint partnership working across the different strategic boards in Leeds. HWB has led the way in this approach through workshop style discussions from Safer Leeds and Inclusive Growth and a focus on key shared priorities. Likewise, a number of reports (e.g. Leeds Community Safety Strategy, Domestic Homicide and Serious Case Review, impending review of street homelessness deaths, national Homelessness Review) have focused on closer strategic working between different strategic partnership boards. The implications of this is the opportunity to also further align commissioning and service delivery. Recently, the NHS Leeds CCG have joined the LCC People's Commissioning Group to support this objective.

3.9 Through recent conversations, HWB has worked to embed a more focused approach to the wider determinants of health and wellbeing, particularly those that are relevant to shared priorities and different strategies/boards. These have included:

- A presentation from Safer Leeds noting the need for integrated approaches to homelessness and dual diagnosis.
- A discussion of the Inclusive Growth Strategy that resulted in a subsequent focus on employment for vulnerable groups and commitment to the 'anchor institutions' programme from LTHT, LYPFT and LCH.
- Focus on employment as part of the draft Leeds Mental Health Strategy.
- Discussion on how best to improve outcomes for children living in 'Priority Neighbourhoods' as part of the findings of the Joint Strategic Assessment.

3.9.1 Poverty has also been a focus of a number of discussions as part of the review of the Leeds Plan and at HWB. Poverty is a huge negative drag on both health and the economy of the North of England and has lifetime consequences for children growing up in deprived neighbourhoods (Northern Health Science Alliance,

2018). Leeds City Council has recognised the role of HWB and the emerging Inclusive Growth Partnership Board in tackling poverty and its impact. However, there is currently no strategic infrastructure specifically designed to lead the poverty agenda so further discussions are needed, particularly with key elected members and officers across the system.

3.10 This is part of a wider set of ongoing conversations with:

- Elected members around employment and health and homelessness.
- Inclusive Growth on employment and health.
- Safer Leeds on community safety and health implications.
- NHS Leeds CCG Clinical leads on children's health and wellbeing, health inequalities and long term conditions.
- Some Local Care Partnerships on employment, mental health and dementia.
- Children & Families Trust Board to develop a joint session with HWB on 11 July 2019 exploring how we can better work together to enable Leeds to be a child friendly, healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

3.11 It is proposed that we continue these conversations with relevant boards and elected members to clearly shape linked obsessions/priorities around:

- Increasing the number of people with mental health problems accessing employment, training and education (shared with Inclusive Growth, also outlined in the draft Leeds Mental Health Strategy).
- Reducing the number of street homeless people in Leeds (shared with Safer Leeds, subject to findings of Adult Safeguarding review of street deaths).
- Safely and appropriately reducing the number of children looked after (led by Children & Families Trust Board through the CYPP).

Next Steps

3.12 It is important to note that development of an obsessions led approach for the Leeds Plan is only one aspect of the review. Significant development and engagement will continue over the summer period to bring a draft version of next iteration of the Leeds Plan to HWB in Autumn 2019.

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). 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. It also promotes moves to ensure the health and care workforce reflects the diversity of Leeds and acts to promote equality and social mobility via close working with partners across education, employment and economy.

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 or 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 Local System Review.

5.2 The opportunity to consider the priorities for health and care for at least the next 5 years has brought forward three areas for the partnership to focus on/ improve outcomes. The Leeds Plan will be flexible enough to adapt to new priorities as they emerge.

5.3 Leeds is well placed in regards to alignment with the WYH ICS and NHS Long Term Plan. Key priorities within the plans are already priorities in Leeds with active work programmes and the majority of these are already in the Leeds Plan.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress and process to review the Leeds Plan to ensure it continues to meet the needs of the changing health and care landscape.
- Note further development to occur in the context of the NHS Long Term Plan and West Yorkshire and Harrogate draft 5 year strategy.
- Support the outcomes focused approach to reviewing the Leeds Plan.
- Support the 'obsessions' led approach and to further engage and develop the three proposed 'obsession' areas.
- Support the further strengthening of strategic links with other key boards by developing linking priorities/shared obsessions.

7 Background documents

7.1 None.



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.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
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