Health and care in Leeds

An information handbook
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The best city for for health and wellbeing

This document provides information about the current and future health and care offer in the city, the structures that bring partners together to improve health, care and wellbeing in the city, and the approaches that will help to get us there.

Health, care and wellbeing all sound like very simple terms, but they aren’t always clearly defined and often cover very complex subjects.

**Health:** used in the context of an individual’s mental or physical health, whether they have any illnesses or long term conditions. It is also used to refer to statutory services (required by law to be in place) which are delivered by the NHS.

**Care:** most commonly thought of as social care, which is the provision of social work, personal care, protection or social support services to children or adults, provided by statutory services such as local councils or community care providers. However, it can also be used to describe how people (including the third sector and volunteers) work with others to keep them well in their own community or home.

**Wellbeing:** is about feeling good and functioning well. Wellbeing is influenced by many factors in our lives and the conditions in which we live.

A simple statement of intent in our Leeds Health and Wellbeing Strategy 2016-21 captures the connectivity between the multiple factors that contribute to people living healthier, fulfilling lives.

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

**DIVERSITY**
- 17% BME (137,000) is black and minority ethnic
- 170 languages spoken across Leeds
- 2nd city with the largest local authority area in the UK
- 15% growth in population over next 25 years (775,000 in 2011)
- 180,000 children and young people
- 10,000 births a year

**EDUCATION AND ECONOMY**
- 407,000 work in the city
- 25m day visitors in 2016 worth £1.12bn to the local economy
- 29% of entrepreneurs are female (highest in UK alongside Cambridge and Liverpool)
- 10,000 university students on health and care courses
- £21 billion per annum estimated value of economy in Leeds centre (GVM)
- 6% in jobs within private sector in 2014-2015 (highest of any UK city)

**REGENERATION AND INFRASTRUCTURE**
- 22% of all digital health jobs in England
- 18% of all med-tech patents are in Leeds
- 50% of all research in Leeds is in health and care
- World leading digital health and innovation
- 407,000 work in the city
- 52,000 new homes in Leeds proposed up to 2033
- Fastest growing regional airport in the UK
- Leeds hospitals
- LTHT is one of the largest in Europe
- Top 5 shopping destination
- 5 leading universities including One Russell Group

**INNOVATION**
- 17% of the population (137,000) is black and minority ethnic
- 17% of the population (137,000) is black and minority ethnic

**HEALTH AND CARE SECTOR**
- £1.9 billion expenditure on health and social care
- 12.7% of all jobs in Leeds are in this sector
- 15% growth over next 25 years (775,000 in 2011)
- 29% of entrepreneurs are female (highest in UK alongside Cambridge and Liverpool)
- 10,000 university students on health and care courses
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Leeds Health and Wellbeing Board

**Role**

Strategic, place-based leadership to improve the health and wellbeing of people in Leeds

- Operating as **one organisation** around a shared vision, as set out in the Leeds Health and Wellbeing Strategy 2016-21
- **Spending the Leeds £ wisely** to drive change across the local health and care system.
- Relentlessly focusing on reducing health inequalities and creating a high quality and sustainable health and care system
- **Statutory functions** include assessing population need in the locality through regular publication of a Joint Strategic Needs Assessment (JSNA) and an assessment of sufficiency of pharmacy provision in a locality through a pharmacy needs assessment (PNA).

**Responsibilities**

- Improving the health of the poorest the fastest
- Overseeing Leeds Health and Wellbeing Strategy 2016-21
- Overseeing the financial sustainability of the Leeds system
- Providing strategic direction and leadership for the Leeds Health and Care Plan
- Staying focused on the wider determinants of health

**Representatives**

- Chaired by the Executive Member for Adults, Health and Wellbeing
- Cross-party elected members Leeds City Council
- Directors of Adults and Health, Public Health and Children’s services
- Chief Executive or Accountable Officers of the Leeds statutory health and care organisations
- Healthwatch Leeds
- Safer Leeds representative
- Third Sector advocates
- NHS England
Leeds Health and Wellbeing Strategy

The Leeds Health and Wellbeing Strategy is our city’s blueprint for creating the best conditions for people to live fulfilling and healthy lives. It guides the work of all the partnership structures as we work together to build on our strengths and assets.

Leeds is ambitious; we want to be the best city for health and wellbeing. The Health and Wellbeing Strategy sets out the five outcomes and 12 ambitions we all focus on to help us get there.

Health and care partners across the city have committed to working as if they are one organisation. The Leeds Health and Wellbeing Strategy connects partners, staff and citizens together around common goals.

The Strategy’s reach, influence and credibility has grown significantly since its release - locally our health and care partners use it to prioritise work and test progress, staff use it to shape their work, and the Strategy has also been shared with health and care colleagues as far as Norway and Japan.

The full Leeds Health and Wellbeing Strategy 2016-21 document can be found at www.inspiringchangeleeds.org

Annual Review 2017/18

An annual review was commissioned by the Health and Wellbeing Board to understand progress made towards the Leeds Health and Wellbeing Strategy.

Find the full Annual Review at www.inspiringchangeleeds.org

The review indicates how well established the Leeds Health and Wellbeing Strategy has become since its refresh in April 2016. It has shaped priorities and activity, brought people together around common goals, and has reinforced partnership working.

2017-18 has seen the HWB reassert its focus on the wider and social determinants of health, whilst emphasising its role in locally shaping the future of health and care services.
Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition: ‘Leeds will be the best city for health and wellbeing’.

And a clear vision: ‘Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest’.

5 Outcomes

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

12 Priority areas

1. A Child Friendly City and the best start in life
2. An Age Friendly City where people age well
3. Strong, engaged and well-connected communities
4. Housing and the environment enable all people of Leeds to be healthy
5. The best care, in the right place, at the right time
6. A strong economy with quality, local jobs
7. A stronger focus on prevention
8. Maximise the benefits from information and technology
9. Support self-care, with more people managing their own conditions
10. Promote mental and physical health equally
11. A valued, well trained and supported workforce
12. In Leeds, as we grow up and as we grow old, the people around us, the places we live in, the work we do, the way we move and live

In our city… wellbeing starts with people and everything is connected

Indicators

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

For many years, people have said that they would prefer to access more of their health and care support closer to home, in the communities they live in.

The Leeds Health and Care Plan describes key actions we are taking as a partnership to contribute to the delivery of our Leeds Health and Wellbeing Strategy. The Plan sets out how we will improve health and wellbeing for all ages and for all people in Leeds which will...

- Protect vulnerable people and reduce inequalities
- Improve quality and reduce inconsistency
- Build a sustainable health and care system within the resources available

The Plan has an overarching principle that requires the city’s community health and care service providers, GPs, local authority, hospitals and commissioning organisations to work together with people (citizens), elected members, voluntary, community and faith sectors and our workforce to design local solutions.

The Leeds Plan is about designing local solutions that...

1. Have people at the centre of all decisions and change the conversation around health and care

2. 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

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

4. Use neighbourhoods (or localities) as a starting point to further integrate our social care, hospital and voluntary, community and faith sector around GP practices providing care closer to home and a rapid response in times of crisis.
# Leeds Health and Care Plan

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

<table>
<thead>
<tr>
<th>What this means for me...</th>
<th>Prevention at scale: “Living a healthy life to keep myself well”</th>
<th>Self-Management and Proactive Care: “Health and care services working with me in my community”</th>
<th>Optimising Secondary Care: “Go to a hospital only when I need to”</th>
<th>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”</th>
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<tr>
<td>1. We will ensure a Best Start for all children. We will do this by promoting good maternal health and providing healthy living support pre-conceptually, throughout pregnancy and to new parents.</td>
<td>1. We will improve outcomes for people living with frailty and their carers. We will focus on things that matter to people such as being active, socially connected and focus services to maximise the time spent at home.</td>
<td>1. We will work with health professionals to reduce the number of unnecessary routine appointments for patients, both before and after hospital treatments.</td>
<td>1. We will provide clear information to people on how to access the right urgent healthcare for themselves. This will support people and professionals to make good choices from a comprehensive range of high-quality services.</td>
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<td>2. We will support and sustain longer term behaviour change by the provision of healthy living services, activities and assets which work in a more integrated approach.</td>
<td>2. We will provide training for health and care professionals who work with people, to help them support people to work on personal goals to better manage conditions such as diabetes and respiratory conditions.</td>
<td>2. We will improve the way in which we provide care for people with mental health conditions by reducing the number of people sent outside Leeds to have treatment, and through increasing provision within the Leeds community.</td>
<td>2. We will look at where and how people’s needs are assessed when they are in urgent need. We want to support the move of more urgent care needs being met in a community-based setting.</td>
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<td>3. We will put prevention at the heart of client care and use every appropriate opportunity including: healthy living services to support behaviour change throughout health and social care organisations in Leeds.</td>
<td>3. We will make health and care easier to access through developing extended services based in the community. Front line workers across organisations will work together in their local neighbourhood area so that people can have all their needs met by a single team.</td>
<td>3. We will work to ensure that money spent on prescribed medicines is evidence-based, clinically appropriate and consistent through better working with patients, health professionals and all providers.</td>
<td>3. We will make sure that there is a good range of services for people needing urgent and unplanned care that promote self-management but also provides a swift response in a crisis.</td>
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<td>4. We will promote the benefits of being physically active and increase the opportunities to build physical activity into everyday life (including through creating healthy environments)</td>
<td>4. We will continue to reduce the harm from tobacco and alcohol through promoting smoke free and safe alcohol consumption as the norm. We will reduce access to tobacco and alcohol by young people and provide and promote alternative routes to encourage changes in for those people who would prefer to self-help.</td>
<td>4. We will provide more advice from consultants to the patient’s GP (and primary care team) so they can manage more of the patient’s needs in the community.</td>
<td>4. We will change the way we organise services by connecting all urgent health and care services together to meet people’s mental, physical and social needs, ensuring that people can use the right services at the right time. This will make the system simpler and, when people do require urgent care, that their journey through services is smoother.</td>
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<td>5. We will continue to reduce the harm from tobacco and alcohol through promoting smoke free and safe alcohol consumption as the norm. We will reduce access to tobacco and alcohol by young people and provide and promote alternative routes to encourage changes in for those people who would prefer to self-help.</td>
<td>5. We will make the quality and safety of care for all patients, we will work to reduce their length of stay in hospital by ensuring processes and systems are better streamlined whilst still meeting their needs.</td>
<td>5. We will maintain the quality and safety of care for all patients, we will work to reduce their length of stay in hospital by ensuring processes and systems are better streamlined whilst still meeting their needs.</td>
<td>5. We will improve the ways in which we test for cancer, provide treatment and offer support to patients after they have had a cancer diagnosis.</td>
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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.

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.

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

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

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

Local Care Partnerships (LCPs) is the term adopted in Leeds to describe our vision for the future of health and care. It is a model of joined-up working, with teams delivering ‘local care for local people’; ‘working in and with local communities’.

Local Care Partnerships build on a strong history of working together and the notion of ‘place’ is central. What works in one part of the city may not work elsewhere, so there will be a number of LCPs (approximately 18 across Leeds) that will respond to local need and the features of the communities they serve, recognising the diversity that exists across our city.

Operationally, the key feature is a range of people working together, regardless of the employing organisation, to deliver joined-up collaborative care that meets the needs of the identified population. Each Local Care Partnership includes statutory and Third Sector (community) organisations and elected members, alongside local people, to develop services that support people to self-care and thrive using their individual and community assets.

Developing Local Care Partnerships is not an organisational restructure – more a way of working to provide joined-up, person-centred, coordinated care around local communities.

Local Care Partnerships are now in development and leadership teams are starting to emerge around 18 LCPs. Success will depend on a cultural shift that can only be brought about by allowing time focussed support for the development of networks and trusting relationships.

Key features of Local Care Partnerships

1. Based on local areas and communities that have similar needs, recognising local diversity

2. Services offered in a locality including general practices; the full breadth of primary care; community services; council services; and the Third Sector

3. Accountable for health and wellbeing outcomes for their local population

4. Evolving to respond to local change over time
Better conversations: A whole city approach to working with people

Working ‘with’ means...

Focus on ‘what’s strong’ rather than ‘what’s wrong’

Put people at the centre of all decisions

Actively listen to what matters most to people

Start with people’s lived experience

Work as partners to achieve individual goals

Build on the assets in ourselves, our families & our communities

Be ‘restorative’. Offer high support and high challenge

In Leeds we believe wellbeing starts with people: The connections, conversations and relationships between services and citizens and between people in their families and communities have a huge impact on us all.

Quality conversations make a difference, especially when used positively by services to work ‘with’ people to find solutions rather than things being done ‘to’ people or ‘for’ them.

Our commitment to working with people is about bringing these beliefs to life, by developing the skills and mind-set across Leeds’ health and care workforce to use solutions that work with people wherever it is safe, appropriate and the right thing to do.
Better Conversations

In Leeds, we believe wellbeing starts with people. Better Conversations is the name for our person-centred approach of ‘working with’ citizens across a number of health and care programmes. It is a culture change program which enables citizens through an equal partnership between worker and citizen.

Health coaching helps people gain the knowledge, skills, tools and confidence to become active participants in their care and reach their self-identified health goals. Since 2016, Leeds has had a Health Coaching Innovation Lead, 9 licensed trainers, and approx. 500 multidisciplinary, multiagency staff trained in health coaching.

Clinicians (and peer coaches) are provided with new skills that help people identify what’s most important to them. Evidence shows health coaching can address health inequalities, improve health behaviours including medication compliance and reduce avoidable admissions.

With strengths based social care, the starting point is always to look first at what someone can do, not what they can’t do. Moving from ‘what’s wrong?’ to ‘what’s strong?’

There is no longer a focus on eligibility criteria and assessments, but quality conversations with someone to understand their concerns, see what they have tried already, and try to get them to the right place to help them. That ‘right place’ may be a conversation with one of the social work team at a local community venue, but it may be some peer support or a community group.

Making Every Contact Count is an approach to behaviour change that utilises the millions of day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

It has been delivered within Leeds since 2012 and since June 2017, MECC has been part of the Leeds City Council’s corporate induction introducing the ‘working with’ approach to staff.

Restorative practice is a key element of Leeds’ ambition to become a child friendly city. Restorative practice is a term used to describe behaviours, interactions and approaches which help to build and maintain positive, healthy relationships, resolve difficulties and repair harm where there has been conflict. When we work with and alongside people, there is strong evidence to say that outcomes for children and their families are improved.

For further information click here
**Better Lives Strategy**

**What is the Better Lives strategy?**

The Better Lives strategy is Leeds City Council’s strategy for people with care and support needs.

The Better Lives Strategy doesn’t talk about everything we do. It focuses on what we think are the most important things we need to improve on.

It helps us deliver the Leeds Health and Wellbeing Strategy which aims for Leeds to be:

“A healthy and caring city for all ages, where people who are the poorest improve their health the fastest”.

Read the full Better Lives Strategy here

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The Better Lives Strategy is founded on a set of key commitments to citizens for a reformed care and support system. This is strongly rooted in the ‘working with’ approach.

**Our five key aims:**

- To promote well-being and increase personal and community resilience
- To maximise recovery and promote independence so people can live independently in their own communities for as long as possible
- To improve the quality of life for people with care and support needs
- To provide choice and control for people who have care and support needs
- To ensure value for money and the best use of the Leeds pound

**Our three priorities**

- Better Lives through better conversations
- Better Lives through better living
- Better Lives better connection

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The ambition of the Better Lives strategy is:

*To ensure that people with care and support needs are able to have a fulfilling life*
What we want to achieve

5 KEY AIMS
1. Promote well-being and personal and community resilience
2. Maximize recovery and promote independence so people can live independently in their own communities for as long as possible
3. Improve the quality of life for people with care and support needs
4. Provide choice and control for people who have care and support needs
5. Ensure value for money and the best use of the Leeds £

5 OUTCOMES
- “I have access to information and support to live the life I choose for myself”
- “I am able to build on my personal strengths and realise the opportunities that exist within my community to lead a fulfilling, healthy and active life”
- “I am in control of my life and feel safe and as well as possible”
- “I can choose where I live and who I live with”
- “I have confidence in the people and organisations who provide me with support”

5 PRIORITIES
1. To work with people with care and support needs in a way that builds on their strengths and those of their family, friends and communities through a transformed model of social work and social care
2. To stimulate and harness community assets
3. To enable family carers to remain well, active and energised in their caring role with access to a range of short breaks
4. To increase the opportunities for people to recover and maximise their independence thereby reducing the number of people admitted to permanent care
5. To promote a range of models of care and support to increase the number of people choosing direct payments
6. To increase the amount of Extra Care housing and other models of Accommodation – with support to reduce the number of people needing a care home placement
7. To support and develop social care providers and the social care market within the city to provide high quality services
8. To work with our partners in an integrated way to improve the health and well-being of people within the City
9. To reduce inequalities in health and well-being and to ensure equality of access to social care services

Health and Wellbeing strategy: Leeds will be a healthy and caring city for all ages. Where people who are the poorest improve their health the fastest.

Vision of the Better Lives strategy: To ensure that people with care and support needs are able to have a fulfilling life.

How we’ll do it

Better Conversations
- Reformed social work model
- Improved front door
- Rapid response
- “Talking Points”
- Less paperwork

Better Living
- Support to carers
- Extra care and other housing solutions
- Shared Lives
- Quality of Care Team
- Direct payments & Individual Service Funds

Better Connections
- Further integration at city-wide and neighbourhood level with NHS & council partners
- Proliferate ABCD approaches
- Citizen driven technology
- Leeds Academic Health Partnership
- Business & enterprise

A clear budget strategy:
- Meeting people's needs
- Helping people to help themselves
- Those who can afford it make a contribution

How we'll know if we've made a difference

Better Conversations
1. % of new referrals for social care which were resolved at initial point of contact or through accessing universal services
2. % of adult social care assessments completed in the month within 28 days (all assessments)
3. Numbers / % of carers using social care who receive self-directed support as a direct payment

Better Connections
4. The ratio of people who receive community-based support vs people who are supported in care homes
5. The number of people completing a re-ablement service
6. Delayed discharges from hospital due to social care (per 100,000 population)

Better Living
7. The % of CQC registered care services in Leeds rated as “good” or “outstanding”
8. % of people who use social care who receive self-directed support as a direct payment (including mixed budgets)
9. Number of permanent admissions to residential and nursing care homes for people aged 18-64 including 12 week disregards
10. Number of permanent admissions to residential and nursing homes people aged 65+ including 12 week disregards
11. Number of new units of extra care housing

Safeguarding
12. The percentage of people with a concluded safeguarding enquiry for whom their outcomes were fully or partially met

Finance
13. Forecast expenditure of Directorate
Leeds’ 2017/18 DPH Report is entitled **Nobody Left Behind: Good health and a strong economy**. It focuses on what lies behind a fall in life expectancy for women and a static life expectancy in men.

Improving the socioeconomic position for individuals, communities and neighbourhoods is central to reducing health inequalities in our city. Leeds does have a strong economy and has been named best city in Britain for quality of life. However latest figures show that more of our neighbourhoods are in the worst 10% of neighbourhoods nationally – and also in the best 10% nationally.

The report describes how Leeds City Council’s new Inclusive Growth Strategy must contribute to reversing the worsening socioeconomic position of many of our neighbourhoods.

The DPH Report covers four key reasons for our worrying life expectancy figures in Leeds:

- infant mortality
- alcohol-related deaths in women
- drug-related deaths in men
- suicides in men

There is also a section on the concerning picture around self-harm in women. There are specific recommendations for these areas but also broader recommendations around gender and health.
Public Health in Leeds

Improving health and reducing health inequalities

Helping people to enjoy happier, healthy, and active lives is a priority in the Best Council Plan and an important part of our ambition to be Best City. We want Leeds to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest; how we will do this is set out in the Health and Wellbeing Strategy 2016-2021 and the Leeds Health and Care Plan.

Our priorities for public health are:

1. Improving the health and wellbeing of children and young people:
   - Best Start (*0-5 mandatory responsibilities)
   - Children and young people emotional health and wellbeing
   - Healthy weight (*National Child Measurement Programme)
   - Drugs and alcohol
   - Oral health

2. Improving health and wellbeing of adults and preventing early death:
   - Early death from Cardiovascular Disease, (*NHS Health Check) respiratory disease, cancer
   - Tobacco control
   - Mental health and wellbeing
   - Healthy ageing
   - Drugs and alcohol
   - Healthy eating and physical activity

3. Protecting health and wellbeing (*protect the health of the local population):
   - Outbreaks and transmission of infection
   - Anti-microbial resistance
   - Excess seasonal deaths
   - Air quality
   - Sexual Health (*Sexually transmitted infections testing and treatment and contraception)
   - Suicide and self-harm

4. Support NHS to provide effective and equitable health care service:
   - *Public Health advice to NHS Commissioners – Leeds CCG’s

5. Developing community health capacity and the wider public health workforce:
   - Training and development programmes
   - Local community health development
   - City wide health determinants

6. Improving the use of Public Health Intelligence in decision making by organisations and the public:
   - Health profiling
   - Needs assessment
   - Social marketing and insight

*Mandatory functions
Children and Young People’s Plan 2018-23

The Child Friendly Leeds initiative’s ambition is to make Leeds the best city in the UK for children and young people to grow up in. To help us make this happen we have a Children and Families Trust Board, and a Leeds Safeguarding Children Partnership. They bring senior people together from the main organisations working with children and young people to make sure the work we do keeps children safe, and has a positive impact on improving outcomes. We work with schools, governors, police, the youth service, the youth offending service, children’s centres, housing services, third sector, health, and local councillors, amongst others, to help make a difference to the lives of children and young people who live in Leeds.

The way we work

Making connections
Developing quality connections, conversations, and relationships with children, families, and professionals is how we work in Leeds

Valuing families
- Children live in families
- Families create communities
- Communities create cities
- Three mindsets

Always remember…
Do the simple things better
The child is the client
Safeguard and promote the welfare of children

Four behaviours
1. Listening to the voice of the child
2. Working restoratively: doing things with families instead of to them, for them or doing nothing
3. Using outcome based accountability to measure our progress and challenge whether anyone is better off
4. We support and prioritise children and young people to have fun growing up

And a relentless focus on the question...
What is it like to be a child or young person growing up in Leeds and how do we make it better?
Leeds Children and Young People’s Plan 2018-2023

What we’ll do

1. One vision
   Our vision is for Leeds to be the best city in the UK and the best city for children and young people to grow up in. We want Leeds to be a child friendly city. Through our vision and obsessions we invest in children and young people to help build an increasingly prosperous and successful city. We aim to improve outcomes for all our children whilst recognising the need for outcomes to improve faster for children and young people from vulnerable and deprived backgrounds.

2. Five outcomes
   Conditions of well-being we want for all our children and young people:
   1. are safe from harm
   2. do well at all levels of learning
   3. Support families to give
   4. have fun growing up
   5. are active citizens who feel they have a voice and influence
   6. Improve at a faster rate

3. Eleven priorities
   1. Help children and parents to live in safe, supportive and loving families
   2. Ensure that the most vulnerable are protected
   3. Support families to give children the best start in life
   4. Increase the number of children and young people participating and engaging in learning
   5. Improve achievement and attainment for all
   6. Improve at a faster rate educational progress for children and young people vulnerable to poor learning outcomes
   7. Improve social, emotional, and mental health and wellbeing
   8. Encourage physical activity and healthy eating
   9. Support young people to make good choices and minimise risk-taking behaviours
   10. Help young people into adulthood, to develop life skills, and be ready for work
   11. Improve access to affordable, safe, and reliable connected transport for young people

4. Three obsessions
   1. Safely and appropriately reduce the number of children looked after
   2. Reduce the number of young people not in education, employment and training
   3. Improve achievement, attainment and attendance at school

How we’ll do it

1. Help children and parents to
   live in safe, supportive and
   loving families

2. Ensure that the most
   vulnerable are protected

3. Support families to give
   children the best start in
   life

4. Increase the number of
   children and young people
   participating and engaging in
   learning

5. Improve achievement and
   attainment for all

6. Improve at a faster rate
   educational progress for
   children and young people
   vulnerable to poor learning
   outcomes

7. Improve social, emotional,
   and mental health and
   wellbeing

8. Encourage physical
   activity and healthy eating

9. Support young people to
   make good choices and
   minimise risk-taking
   behaviours

10. Help young people into
    adulthood, to develop life
    skills, and be ready for work

11. Improve access to affordable,
    safe, and reliable connected
    transport for young people

Behaviours that underpin everything we do

1. Use Outcome Based Accountability, and ask the question: is anyone better off?
2. Use restorative practice to work with people, not do to or for them
3. We listen and respond to the voice of the child
4. We support and prioritise children and young people to have fun growing up

How we’ll know if we’ve made a difference

1. Number of children looked after
2. Number of children subject to a child protection plan
3. Number of parents that have had more than one child enter care at different times
4. Number of children in need
5. Pupils achieving a good level of development at the end of the Early Years Foundation Stage (end of reception year)
6. Infant mortality rates
7. Newly created school places in good and outstanding schools
8. School attendance
9. Fixed-term exclusions from schools
10. Pupils reaching the expected standard at the end of Key Stage 2 (end of year six)
11. Progress 8 score for Leeds at the end of Key Stage 4 (end of year 11)
NHS Leeds Clinical Commissioning Group (CCG) is a statutory body responsible for commissioning the majority of health care services for the people of Leeds. It invests its annual budget of £1.2bn to ensure people have good access to high quality health services in primary, community and hospital care settings, aiming to improve the health and wellbeing of the city’s people and reduce health inequalities.

In April 2018, the CCG was formed from the merger of Leeds North, Leeds South and East and Leeds West CCGs which had been in place since April 2013.

The CCG is a commissioning organisation which focuses its resources to:
- Deliver better outcomes for people’s health and well-being
- Reduce health inequalities across our city

By working with health and care partners, the CCG:
- Supports a greater focus on prevention and the wider determinants of health
- Increases people’s confidence to manage their own health and well-being
- Delivers more integrated care for the population of Leeds
- Creates the conditions for health and care needs to be addressed around local neighbourhoods

What is NHS commissioning?
Commissioning is the continual process of planning, agreeing and monitoring services. Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.

The NHS Leeds Clinical Commissioning Group Strategic Plan can be found at www.leedsccg.nhs.uk
Other partners

Leeds Teaching Hospitals NHS Trust

One of the largest teaching hospitals in Europe, a regional and national centre for specialist treatment, a world renowned biomedical research facility, a leading clinical trials research unit and also the local hospital Leeds. LTHT employs around 18,000 people, has a £1 billion budget, and provides local and specialist services for our immediate population and regional specialist care for up to 5.4 million people.

Leeds and York Partnership NHS Foundation Trust

Leeds and York Partnership NHS Foundation Trust is the main provider of specialist mental health and learning disability services in Leeds. We also provide specialist services across York, the Yorkshire and Humber region, and some highly specialised national services. LYPFT employs around 2,600 staff to work with over 25,000 people, offering support and treatment for a wide range of mental health conditions, including depression, dementia, schizophrenia, and eating disorders.

Leeds Community Healthcare NHS Trust

LCH’s 3000 members of staff provide a wide range of services, including community nursing, health visiting, community dentistry, primary care mental health, sexual health services, and many more. These are provided in a range of setting, including people’s own home, a local health centre, or a community hospital. The organisation also offers health promotion and education services to improve the health and well-being of all the people in Leeds.

Forum Central

Forum Central is the collective voice for the health and social care Third Sector in Leeds. Established in April 2016, it is a partnership bringing together the members of Leeds Older People’s Forum, PSI Network (Physical and Sensory Impairment), Tenfold (Learning Disability Forum) and Volition (Mental Health Forum). Our combined membership stands at almost 300 organisations – large and small.

Healthwatch Leeds

Healthwatch Leeds helps local people get the best out of their health and care services by bringing their voice to those who plan and deliver services in Leeds. Healthwatch gathers views, works with health and social care partners to identify improvements, influences resources, checks that local people have been heard within plans or changes to services, and provides an information, advice and signposting service for the public about finding and accessing health and care services.

Leeds GP Confederation

A not for profit social enterprise working to improve health for people in Leeds by strengthening and sustaining primary care. The Confederation is designed to deliver improvements across GPs in Leeds and the wider health and care system. The Confederation is one of the main provider entities, representing the 101 GPs within the city whilst also acting as a strategic lead in the shaping of the Leeds health and care system.
Further information

Leeds

- Best City Priorities / Best Council Plan
- Leeds Inclusive Growth Strategy
- Children and Young People’s Plan
- Leeds Best Start Plan 2015-2019
- Leeds Maternity Strategy 2015-2020
- Leeds Mental Health Framework
- Future in Mind Leeds Strategy
- Leeds Learning Disability Partnership ‘Being Me’ Board Strategy
- Leeds Commitment to Carers
- Director of Public Health Annual Report 2017-18
- NHS Leeds CCG Strategic Plan

West Yorkshire and Harrogate

- West Yorkshire & Harrogate Health and Care Partnership: Our next steps to better health and care for everyone (January 2018)
- West Yorkshire & Harrogate Health and Care Partnership: Our Workforce Strategy

National

- The structure of the NHS in England
- How does the NHS in England work? (Video)
- Making sense of integrated care system, integrated care partnerships and accountable care organisations in the NHS in England
- Next Steps on the NHS Five Year Forward View
- NHS England commissioning
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| Integrated Care System | As part of an approach to integrating care locally, an Integrated Care System (ICS) is a partnership that is given flexibility and freedoms in return for taking responsibility for the delivery of high quality services now and in the future. It brings together some elements of NHS regulatory functions with health and care commissioning and service provision. With these new governance and accountability arrangements in place, our West Yorkshire and Harrogate Health and Care Partnership will be able to take on greater responsibility for:  
- The planning and design of the change programmes that need to be driven once across West Yorkshire and Harrogate and overseeing delivery locally  
- Managing transformation funding and capital; and oversight and delivery of milestones set out in the WY&H plan. |
| Integrated Neighbourhood Teams | The Health and Social Care Integration Programme has led to the development of 13 Integrated Neighbourhood Teams across Leeds. The aim of the teams, which consist of adult community health services, adult social care and aligned General Practices, is to improve and coordinate care and support around the needs of older people and those with long term conditions.  
In Leeds, Neighbourhood Teams are form the basis of the future delivery models to be built on, with teams working together around clusters of GP Practices to provide proactive input to prevent ill health and deterioration of health. |
| New Models of Care (NMoC) | New Models of Care (NMoC) were first described in the NHS Five Year Forward View. They represented new forms of more integrated service provision to deliver better quality outcomes for patients. Locally, the term NMoC has also been used within the Leeds CCGs to describe pilot projects where Primary, Community, Acute and Third Sector providers have worked together to develop and test integrated care that responds to local population needs. |
| NHS England (NHSE) | NHS England commissions specialised services, primary care, some public health services, offender healthcare and some services for the armed forces. It has four regional teams but is one single organisation operating to a common model with one board. |
| NHS Improvement (NHSI) | NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. They offer the support to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, they help the NHS to meet its short-term challenges and secure its future. |
| Place-based Care | Place-based care describes the delivery of care, by a group of health and care providers who collaborate to address the challenges and improve the health of the populations they serve. The focus is on the needs of the population as opposed to needs of individual provider organisations. |
| **Population Health Management (PHM)** | The definition for Population Health Management (PHM) adopted by Leeds recognises that health and wellbeing is more than just being ‘without disease. It moves away from managing disease in silos to an approach based on defined populations of people, who may have multiple ‘disease conditions’ or life challenges. It provides a framework for the whole population across all age groups. In Leeds, PHM is described as:
- Improving population outcomes through a whole system approach where commissioners and providers work together to define, measure and improve population outcomes.
- Designing, organising and integrating the full cycle of care around the needs of a population group by moving away from organisational silos towards jointly accountable care.
- Supported by a strategic approach to commissioning which measures and values delivery of key outcomes for defined population segments, rather than the traditional emphasis on processes, pathways and activities.
- Fully utilising data and informatics solutions to direct care interventions to where they are most needed, and better support professionals in joint working. |
| **Proactive care** | Proactive Care is the new way that we support people who have complex long-term health conditions and social care needs. This includes support with daily living with a focus on providing care in the places where people live, surrounded by familiar things. This helps people get the right help and support to continue to live as independently as possible for as long as possible. Our local health and social care services are now working together in new ways to help make this happen. |
| **Primary Care Home** | Primary Care Home is an innovative approach to strengthening and redesigning primary care. Developed by the National Association of Primary Care, the model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community. |
| **Segmentation** | Segmentation refers to the grouping of populations according to similar characteristics. |
| **Self-management** | Self-management is about empowering people to manage their own health. Health and care professionals work with people who have long-term conditions to support them to recognise and build on their own strengths and resourcefulness. This is a co-production philosophy that helps people understand the various options available to them, both within themselves, the NHS and beyond ‘usual’ NHS provision. |
| **Strategic Commissioning** | Strategic commissioning encompasses the funding and planning of services in addition to holding providers to account for the delivery of agreed outcomes. Strategic commissioning is quite different to how commissioning is currently understood and practised in the NHS. In Strategic commissioning many of the functions currently undertaken by NHS commissioners become the responsibility of providers e.g. needs analysis, engagement, service planning, measurement and evaluation. |
| **Sustainability and Transformation Plan (STP)** | A local plan that tries to deliver the Five Year Forward View by addressing three gaps that exist in health and care – inequality, quality and sustainability. The West Yorkshire and Harrogate STP is made up of 6 local, place based plans (of which the Leeds Health and Care Plan is one) that represent each of the local areas in the partnership. |
| **System Integration** | System Integration is the term used to describe the function which brings together commissioners and providers within a defined health and care system to achieve local aims and ambitions. |
| **System Relationships** | This is a local term used to describe the relationships between leaders of health and care organisations across Leeds to ensure good working relationships for the whole system to work efficiently. |
| **Test-beds** | This is a local term used to describe areas in Leeds that are piloting or testing areas of innovation including locally developed New Models of Care. |
| **West Yorkshire Association of Acute Trusts (WYAAT)** | The West Yorkshire Association of Acute Trusts (WYAAT) is an innovative collaborative which brings together NHS trusts delivering acute hospital services from across West Yorkshire and Harrogate to drive forward the best possible care for our patients. |
| **West Yorkshire & Harrogate Health and Care Partnership** | The West Yorkshire & Harrogate Health and Care Partnership is made up of organisations working together to plan health and care services across the area. The Partnership is not a new organisation. It is a new way of working for the 2.6 million people who live in Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield. |