



Report of: Paul Bollom (Head of the Leeds Health and Care Plan, Health Partnerships)

Report to: Leeds Health and Wellbeing Board

Date: 16 September 2019

Subject: Leeds Health and Care Plan: Continuing the Conversation

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

Summary of main issues

1. There has been significant engagement to date on the refresh of the Leeds Health and Care Plan (Leeds Plan) with local people and elected members, which supported by local connections, assets and knowledge, have an invaluable role in helping us developing high quality, safe and sustainable health and care services in Leeds.
2. The connections and strong partnership working of the organisations who are members of the Health and Wellbeing Board have led to the development of a draft Leeds Plan.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the engagement and progress to date in developing a draft Leeds Plan
- Provide strategic consideration and feedback on the draft Leeds Plan

1 Purpose of this report

- 1.1 In order for the Leeds Plan to continue to be responsive to the needs of the city, it was agreed at Health and Wellbeing Board (28 Feb 19) for a process of review and refresh to be undertaken. The purpose of this report is to respond to this request and provide an overview of the significant engagement to date which has supported its development.
- 1.2 A draft Leeds Plan will be a late supplementary appendix to this report. A summary of the contents of the Plan will be provided in this report.

2 Background information

- 2.1 We want Leeds to be the best city for health and wellbeing and be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. The Leeds Health and Wellbeing Strategy is our blueprint for how we will achieve that. Working together as a joined up health and care system is essential to reducing health inequalities, promoting inclusive growth and tackling climate change.
- 2.2 Our Leeds Plan sets out the transformational actions that our health and care partnership will take to help realise our ambitions. It is owned by the Health and Wellbeing Board (HWB) with delivery delegated to the Partnership Executive Group (PEG).
- 2.3 The refreshed Leeds Plan aims to build on what we have done well and respond to the changing local, regional and national contexts as highlighted in previous papers to the Board. As such the refresh will include our Leeds response to the NHS Long Term Plan. The refresh is wholly aligned with the development of the West Yorkshire and Harrogate Health and Care Five Year Strategy (which sets out a whole ICS response to the Long Term Plan). The draft West Yorkshire and Harrogate Health and Care Five Year Strategy is also on this Board's agenda.

3 Main issues

- 3.1 There has been significant engagement which has supported the development of the refreshed Leeds Plan since the HWB in February 2019. We recognise and value the significance of ensuring peoples' voices are at the very heart of all we do and remain fully committed to actively listening and working with people in developing our plans and we are providing more opportunities for people to do so.
- 3.2 In drafting our refreshed Leeds Plan we analysed the feedback that we have received from local people through various engagement platforms and a summary of this analysis, in line with the Leeds Plan priorities. This will also be provided in the supplementary appendix alongside the Plan narrative published as a late item. Recent examples of engagement include:

3.3 *Big Leeds Chat*

Understanding the assets and preferences of local people is essential to developing high quality, safe and sustainable health and care services in Leeds. The Big Leeds Chat was the first time that organisations in Leeds have come

together to listen to local people, as one system. People were connected to senior decision makers and Leeds Plan Senior Responsible Officers, many of who are members of the HWB, to listen to their views. The themes raised through the listening event cover both health and care related issues and wider determinants of health, such as education and housing.

The next Big Leeds Chat will be held on 7th November 2019 to ensure that local people are involved in ongoing conversations about health and care in Leeds and we continue to hear people's views and this shapes the way we plan, design, deliver and evaluate our services.

3.4 *Healthwatch Report, 'What would you do'*

Led by Healthwatch Leeds, Healthwatch's latest report #whatwouldyoudo gives insight into what people in West Yorkshire and Harrogate think about the NHS Long Term Plan and key areas such as digital, mental health, prevention, urgent care, children and young people's health and more. People's voices captured in the report have shaped the West Yorkshire & Harrogate 5 year strategy for health and care and the Leeds Health and Care Plan.

Healthwatch colleagues reached over 1,800 people and coordinated over 15 focus group sessions across the region with seldom heard people from different groups such as those with mental health conditions, dementia and carers, LGBTQ, disability, faith groups and young people.

3.5 *Ward Conversations*

Elected members, supported by local conversations and data, have a diverse and invaluable role in connecting the power of the community for local solutions to health and care challenges. This is why conversations were convened by Cllr Charlwood (Chair of HWB / Executive Lead Member for Health, Wellbeing and Adults) on a ward by ward basis. Local health data was reviewed and discussed and members shared how health and care feels in their wards.

3.6 *Community Committees*

A strength in Leeds is our commitment to regular local community and democratic engagement. That is why we have engaged all ten Community Committees (local meetings led by elected members) during June and July 2019 on the Leeds Plan to date and the refresh. These were attended by senior health and care leaders alongside a local GP representative to talk about health and care in their locality. From these we know that an approach of linking elected members to the emerging Local Care Partnerships was welcomed and some common themes were identified including access to GPs and Mental Health Services and the link between healthcare services and the wider determinants of health such as housing and green spaces.

3.7 *Developing our plans across the Leeds health and care partnership*

The value of our health and care partnership in Leeds lies in the diversity and inclusivity of all health and care partners, the connections, and the strong

relationships between us. To develop the refreshed Leeds Plan we have collaborated with our partners in the city regularly through a number of mechanisms. These include:

- Discussions at Health and Wellbeing Board (Feb and June 2019)
- HWB: Board to Board sessions (Mar and July 2019)
- Ongoing conversations at PEG, Integrated Commissioning Executive (ICE) and Leeds Plan Delivery Group
- Discussions at leadership groups of third sector leaders
- Leeds Plan Review Task & Finish Group that is representative of the wider partnership.
- A series of partnership wide workshops

Refreshed Leeds Plan

3.8 Through our conversations outlined above we have:

- Set out the Leeds Plan high level goals for the next 5-10 years.
- Developed greater clarity on the differences we are seeking from transformation through co-producing three obsession areas focusing on prevention, care closer to home and mental health.

3.9 Using what we learned we have developed a draft Leeds Plan narrative to describe the context of the Leeds Plan, the continuous improvement and transformational actions that will help us realise our ambitions and meet the commitments in the NHS Long Term Plan as a single health and care system in Leeds. The document will remain iterative and will be further designed and refined as our commitment to engagement with people continues.

3.10 The Plan sets the context for the an iteration of the Leeds Plan within a broader understanding of our challenges and opportunities as a city in relation to the Leeds Health and Wellbeing Strategy, Inclusive Growth and Climate Change within the framework of ensuring a sustainable Leeds The opening of the document brings together a number of conversations that have taken place to date to articulate our vision for Leeds in the future.

3.11 The Plan also emphasises the ownership of the Leeds Plan by the HWB and connections to the West Yorkshire and Harrogate Health and Care Integrated Care System (ICS). The Plan comprises one of six place based plans across the local authority areas within the ICS footprint. It is envisaged the majority of resourcing and change that the ICS promotes is facilitated through these local place based plans.

3.12 The heart of the plan restates our agreed health and care system principles and sets out our goals, our approach, the focussed action we will take to accelerate transformative change and the enablers required to support sustainable change. As a result of the actions we will take, it describes how transformed services will look in 3-5 years' time and the measures we will use to tell if we are improving outcomes for the people of Leeds.

- 3.13 The plan captures our requirements for service change. In an appendix to the Plan there will be a more extensive local response to the NHS Long Term Plan. It should be noted there is no requirement for this to be submitted to either the ICS by any partner to NHS England/ Improvement, but is an important statement of Leeds' intentions. Not least in helping project what are the ICS and local options and proposals to invest the NHS budget uplift associated with the Long Term Plan.

Governance and progress reporting

- 3.14 The refreshed Leeds Plan will require updated governance arrangements to support its implementation which will continue through PEG delegation. These arrangements are in discussion and will be brought forward in full to a later HWB meeting.
- 3.15 Work is currently ongoing to explore a more flexible and targeted approach to governance which builds on the current governance arrangements in the city. Proposals will therefore agree a reporting approach for specific projects with a series of deep dive discussions. Overall progress monitoring will be supported through an agreed dashboard and a system wide plan will be introduced and maintained outlining what will be happening and when. Impact measures (our 'obsessions' approach) will be provide regular data feedback on progress on key measures in the context of a wider suite of operation indicators. Ongoing feedback on people's journeys of care will be integral to this in line with CQC recommendations.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

- 4.1.1 As referenced in section 3 significant engagement has been done to support the refreshed Leeds Plan. Fuller details will be provided in the supplementary appendix when published. Further engagement will be done throughout Autumn 2019 to further design and refine the plan with people and partners. There is a timeline for continued engagement with partnership strategic boards including subsequent meetings of this Board. There are also engagements planned with partners Boards and leadership groups.
- 4.1.2 A programme of public and staff engagement is in development based on the Big Leeds Chat as an opportunity to listen and align the Plan with public views.
- 4.1.3 Following from previous engagements with Community Committees further public facing community workshops are planned in some areas. Further joint development is planned between Elected Members and Local Care Partnership leads (comprising local GPs).

4.2 Equality and diversity / cohesion and integration

- 4.2.1 We are committed to working with people every step of the way, listening to the voices of those who experience inequality, and using the strengths of communities, services and our wider partnerships to respond accordingly.

4.3 Resources and value for money

- 4.3.1 The Leeds Plan demonstrated how we will work together across health, care and community organisations to focus resources where they can make the biggest difference. We are committed to using our collective buying power and resources to get the best value for our Leeds £, to enable a sustainable, high quality health and social care system fit for the next generation.

4.4 Legal Implications, access to information and call in

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

4.5 Risk management

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

5 Conclusions

- 5.1 To focus on ensuring robust engagement across the health and care partnership, not all the information to complete the draft version of the refreshed Leeds Plan will be in place at the time of publication of papers for HWB (16 September 2019). This cover paper will be followed by the draft Leeds Plan as a late supplementary appendix.
- 5.2 Following strategic steer from the Board on the draft Leeds Plan we will further develop and engage with wider partnership stakeholders on the draft Leeds Plan throughout autumn to ensure the plan fully reflects and is owned by our health and care partnership.
- 5.3 We have a commitment to developing shared priorities which provide additional focus on the citywide partnership between Leeds Plan, Inclusive Growth, Poverty, Children and Young People and Safer Leeds.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the engagement and progress to date in developing a draft Leeds Plan
- Provide strategic consideration and feedback on the draft Leeds Plan

7 Background documents

- 7.1 None

THIS PAGE IS LEFT INTENTIONALLY BLANK



How does this help reduce health inequalities in Leeds?

The Leeds Plan enacts the Health and Wellbeing Strategy ambition to reduce health inequalities through transformation actions aligned to that purpose. The NHS Long Term Plan response in Leeds is framed within a clear partnership understanding of reducing health inequalities and for people who are the poorest to improve their health the fastest.

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

The Leeds Plan provides an agreed basis for transformation and system change in which shared partnership ambitions and roles are described and agreed collectively and publically. The Plan supports the development of clearer measures of quality and reporting which increases partnership assurance of high quality experiences for people using services.

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

The Leeds Plan provides a shared approach which agrees investment opportunities and supports collective partnership projection of financial risks and their management. It supports an approach of aligning financial incentives across commissioners and providers. It promotes creative investment in evidence based actions that reduce the proportionate usage of higher cost interventions.

Future challenges or opportunities

The Leeds Plan has a positive aspiration for improving outcomes for citizens in Leeds through jointly agreed changes to our health and care system. Our challenge is to ensure that the Plan is “real” and guides commissioning, financial investment, partnership development and staff communications to make the changes outlined in the Plan.

National NHS and Social Care strategy and funding continue to change with Government policy. Most pressingly the Social Care Green Paper promised shortly by the Government will have a significant impact on our understanding of available resources in the partnership and their likely medium term direction. The Spending Review will have implications across NHS and local government funded services and for children there are consequences for changes in education funding.

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	X
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