



**Report of Director of Adults and Health**

**Report to Scrutiny Board Adults, Health and Active Lifestyles**

**Date: 22<sup>nd</sup> October 2019**

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

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<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
Will the decision be open 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**

**1. Main issues**

- 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 develop high quality, safe and sustainable health and care services in Leeds.
- Local and national developments such as the implications of the NHS Long Term Plan have been presented to the Scrutiny Board previously and provide the context for the refresh of the Leeds Plan.
- 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. Best Council Plan Implications** (click [here](#) for the latest version of the Best Council Plan)

- The Leeds Plan supports the Health and Wellbeing priorities in the Best Council Plan, to help Leeds be the best city for health and wellbeing where the health of the poorest improves the fastest.

### **3. Resource Implications**

- There are no direct resources and value for money implications arising from this report.

### **4. Recommendations**

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

- a) Note the engagement and progress to date in developing the Leeds Plan.
- b) Consider the current draft Leeds Plan and agree any specific comments and/or feedback.
- c) Note that the Leeds Health and Wellbeing Board will continue to provide strategic leadership for the development of the Leeds Plan.
- d) Identify and agree any specific scrutiny actions and/or activity.

## **1. Purpose of this report**

- 1.1 The purpose of this report is to provide Scrutiny Board with an update on the review and refresh of the Leeds Plan and provide an overview of the significant engagement to date which has supported its development.
- 1.2 A draft Leeds Plan has been provided as an appendix to this report, a summary of the contents is provided in the main body of this report.

## **2. Background information**

- 2.1 The Council's ambition is for Leeds to be the best city for health and wellbeing: 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 the blueprint for how this will be achieved. 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 There has been significant engagement which has supported the development of the refreshed Leeds Plan since the last update at Scrutiny Board in April 2019. The Council recognises and values the significance of ensuring peoples' voices are at the very heart of all the Council and its partners do; and remains fully committed to actively listening and working with people in developing plans. More opportunities are being provided for people to be actively engaged and involved.
- 2.3 In drafting the refreshed Leeds Plan, an analysis of the feedback received from local people through various engagement platforms has been undertaken and a summary of this analysis, in line with the Leeds Plan priorities is provided in the supplementary appendix to this report alongside the Plan narrative.
- 2.4 The refreshed Leeds Plan aims to build on what has been done well and respond to the changing local, regional and national contexts as highlighted in previous papers to the Scrutiny Board.

## **3. Main issues**

- 3.1 Through significant consultation and engagement, including the constructive challenge and support from Scrutiny Board, we have:
  - Set out the Leeds Plan high level goals for the next 5-10 years.
  - Developed greater clarity on the differences being sought from transformation through co-producing three obsession areas focusing on prevention, care closer to home and mental health.
- 3.2 Using what has been learned a draft Leeds Plan narrative has been developed to outline the continuous improvement and transformational actions that will help realise the stated 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 the commitment to engagement with people continues.

- 3.3 The narrative sets the context for the Leeds Plan within a broader understanding of the challenges and opportunities for the 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 the vision for Leeds in the future.
- 3.4 The Plan emphasises the ownership of the Leeds Plan by the Health and Wellbeing Board (HWB) and connections to the West Yorkshire and Harrogate Health and Care Integrated Care System (ICS). The Leeds 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.
- 3.5 The heart of the Leeds Plan restates the agreed health and care system principles and sets out Leeds' goals and approach; alongside the focussed action needed to accelerate transformative change and the enablers required to support sustainable change.
- 3.6 As a result of the actions to be taken, the Leeds Plan describes how transformed services will look in 3-5 years' time and the measures that will be used to demonstrate the improved outcomes for the people of Leeds.
- 3.7 The plan captures the 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 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*

- 3.8 The refreshed Leeds Plan will require updated governance arrangements to support its implementation which will continue through Partnership Executive Group (PEG) delegation. These arrangements are in discussion.
- 3.9 Overall progress monitoring will be supported through an agreed dashboard and a system wide plan will be introduced and maintained, to outline what will be happening and when. Impact measures (the '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.

*Update on matters raised by Scrutiny Board previously*

- 3.10 The following table provides a summary of progress against matters raised by Scrutiny Board when previously discussing the Leeds Plan.

<b>Feedback from previous Scrutiny Boards</b>	<b>Update</b>
Members sought clarification on Local Care Partnership	The LCP core development team has been recruited. The team will work with LCP's on the ground to make them a reality. The initial focus has been to

<b>Feedback from previous Scrutiny Boards</b>	<b>Update</b>
<p>footprints and future commissioning responsibilities.</p>	<p>understand the maturity of the LCP in order to co-produce a development plan tailored to each LCP. As a city we have committed to commissioning for outcomes and LCP's will have a key role in making this happen.</p> <p>The appointment of Councillors to each LCP took place at Community Committees in Summer. Elected members' roles in LCPs will develop as the LCPs mature, but will help to shape and influence local health and care services to address local needs.</p>
<p>The Big Leeds Chat. The Board supported the 2018 Big Leeds Chat. Both Scrutiny and the Health and Wellbeing Board requested further community based conversations with local people.</p>	<p>The Board are invited to be part of The Big Leeds Chat 2019 which will take place on 7<sup>th</sup> November in Kirkgate Market.</p> <p>In addition, local community chats are being arranged in the week leading up to the Big Leeds Chat following feedback from Scrutiny and Health and Wellbeing Board.</p>
<p>Members previously queried whether the changes being made in secondary care were resulting in improvement in outcomes for people.</p>	<p>There has been extensive partnership development and support for the 2018-19 System Resilience Plan. As a result Leeds significantly shifted the experience of people needing hospital care in winter 2018. Actions challenged growth in admissions and a more proactive bed planning strategy and improved discharge arrangements which helped ensure no person was required to stay in a non-designated bed area in the hospital. Analysis of the winter response is being used to refine and improve plans for 2019-20 to ensure progress is maintained and improved upon.</p> <p>Despite an increase in demand, further examples of improvement include:</p> <ul style="list-style-type: none"> <li>• Maintaining the standard of having no greater than 12 hour trolley waits.</li> <li>• Achieved 58 fewer beds occupied by super-stranded (people who have been admitted for more than 21 days) patients by November 18.</li> <li>• The Trust cancelled less operations on the day in 2018/19 than 2017/18, despite carrying out more activity.</li> </ul>
<p>Members were keen to see partnership work between health partners and neighbourhood planning.</p>	<p>Discussion between health partners and Planning, through the city's Health &amp; Care Strategic Estates Group, have been ongoing for some time, a result of which is a joint 'Health &amp; Planning' workshop to be held on 14th October 2019. The purpose of the workshop is two-fold: Firstly, to provide clarity on</p>

<b>Feedback from previous Scrutiny Boards</b>	<b>Update</b>
	<p>what and who is the 'health' system of Leeds (as Planning have referenced that they have consulted with 'health' but this is more often than not just one element of the city's health system), and reversely what is Planning, what can it do/not do and is there scope within local policy change to do things differently; Secondly, to begin to consider how going forward the health system has a collective voice in working with Planning, whether that be on policy matters or specific developments (by way of pre-app engagement or application consultations). From a health perspective the workshop incorporates both consideration of physical infrastructure in terms of capacity and quality, as well the design of new developments for health and wellbeing. The two relevant Executive Members and Chairs of the city's Plans Panels have all been invited to the workshop.</p>
<p>Members noted the lack of GP provision within city centre wards and hoped that this would improve with relationships built through LCPs.</p>	<p>The Estates team in Health Partnerships is leading an exercise to map GP provision across the city, overlaid with future housing growth sites and sites which have either planning approval or live applications. For a number of reasons this work is focusing on inner city areas in the first instance: 1) Priority neighbourhoods primarily fall within this area and there are specific opportunities within Lincoln Green, Holbeck and the Clifton &amp; Nowells in particular, to work collaboratively to influence and/or create improved quality and capacity of primary care health estate; 2) In light of projected city centre housing growth, e.g. Southbank set for 16,000 new homes, GP provision both within the city centre and inner city peripheries are being looked at in terms of where these new city centre residents could access GP services.</p> <p>This work is now connecting with LCPs in terms of planning for future demand, the impact that adoption of new digital healthcare access may have, and the increase in workforce being driven by Primary Care Networks (estimated to be c.10 extra staff per PCN within the next 12 months).</p>

## 4. Corporate considerations

### 4.1 Consultation and engagement

4.1.1 Significant engagement has been done to support the refreshed Leeds Plan. An analysis of the feedback received from local people through various engagement platforms has been undertaken and a summary of this analysis, in line with the Leeds Plan priorities is provided in the supplementary appendix to this report alongside the Plan narrative.

4.1.2 Recent examples of engagement are summarised in the table below.

Engagement	Summary
Big Leeds Chat	The Big Leeds Chat was the first time that organisations in Leeds have come together to listen to local people, as one system. 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.
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 Plan.
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.
Community Committees	A strength in Leeds is our commitment to regular local community and democratic engagement and we have engaged all ten Community Committees during June and July 2019. 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.

4.1.3 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 all partners. To develop the refreshed Leeds Plan the Council

has collaborated with partners across the city regularly through a number of mechanisms. Recently these include:

- Discussions at Health and Wellbeing Board (Feb and June 2019)
- HWB: Board to Board sessions (Mar and July 2019)
- Scrutiny Board discussions (Sept 18 and April 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

- 4.1.4 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.
- 4.1.5 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.
- 4.1.6 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 The Council and partners 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 Council policies and the Best Council Plan**

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

### Climate Emergency

- 4.3.2 The draft Leeds Plan sets out at the beginning a clear and up to date summary of the context of health and care within our city priorities, including climate change.

## **4.4 Resources, procurement and value for money**

- 4.4.1 There are no direct resources and value for money implications arising from this report.
- 4.4.2 The Leeds Plan demonstrated how the Council and its partners will work together across health, care and community organisations to focus resources where the biggest difference can be made. The Council and its partners are committed to



using collective buying power and resources to get the best value for the Leeds £, to enable a sustainable, high quality health and social care system fit for the next generation.

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

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

#### **4.6 Risk management**

4.6.1 Through our strong health and care system governance arrangements, Leeds is well placed to manage risks as they rise through our Leeds Health and Wellbeing Board and other partnership board/groups.

### **5. Conclusions**

5.1 This cover report introduces the draft Leeds Plan in appendix 1 which has been developed through the significant engagement outlined in this report.

5.2 Following consideration from Scrutiny Board on the draft Leeds Plan, there will be further development and engagement with wider partnership stakeholders on the draft Leeds Plan throughout the autumn. The aim being to ensure the plan fully reflects and is owned by all partners that make up Leeds' health and care partnership.

5.3 The Council has 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**

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

- (a) Note the engagement and progress to date in developing the Leeds Plan.
- (b) Consider the current draft Leeds Plan and agree any specific comments and/or feedback.
- (c) Note that the Leeds Health and Wellbeing Board will continue to provide strategic leadership for the development of the Leeds Plan.
- (d) Identify and agree any specific scrutiny actions and/or activity.

### **7. Background documents<sup>1</sup>**

7.1 None

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