



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

Report to: Leeds Health and Wellbeing Board

Date: 11th December 2019

Subject: Leeds Health and Care Plan (2020 – 2023)

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 purpose of this paper is to provide the Leeds Health and Wellbeing Board with an outline summary of the successes of the first iteration of the Leeds Health and Care Plan (Leeds Plan). It also describes the process of developing the revised Plan and presents the final draft of the Summary on a Page for the Board to sign-off.
2. This follows a number of previous Health and Wellbeing Board sessions, particularly the September Board that reviewed and provided feedback on the draft narrative and confirmed the key areas of focus for the refreshed Plan.
3. The Leeds Health and Care Plan is the description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
4. This paper also describes proposed governance and a communications and engagement plan.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress and successes of the Leeds Plan to date (section 3.1).
- Confirm that the Leeds Plan summary reflects the priorities that the Board previously agreed (16 September 2019) should be given additional focus (section 3.2.2).
- Identify actions that each partner will take to deliver the refreshed Leeds Plan.
- Support the development of a system-wide approach to communications and engagement (section 3.4).

1 Purpose of this report

- 1.1 It was agreed at Health and Wellbeing Board (28 Feb 19) that the Leeds Plan should be reviewed and refreshed. The purpose of this report is to respond to this request and provide the final draft Leeds Plan summary on a page for approval as well as outlining the progress to date.
- 1.2 This paper also outlines governance for overseeing the delivery of the Leeds Plan and describes the proposed approach to engagement and communication.

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 how we will achieve that.
- 2.2 Our Leeds Plan is a declaration of what our health and care system will do to help realise the ambitions of the Leeds Health and Wellbeing Strategy. It clearly states our goals and how we'll get there by working with people, communities and as a partnership. It is owned by the Health and Wellbeing Board (HWB) with delivery delegated to the Partnership Executive Group (PEG) and relevant subgroups.
- 2.3 The refreshed Leeds Plan aims to build on what we have done well and respond to the changing local, regional and national context as highlighted in previous papers to the Board. The Board through 2019 has provided a strong steer to the shaping of the refreshed Leeds Plan at formal board meetings on 28th February and 14th June, Board to Board workshops in March and July. At the public Board meeting on 16th September the Board reviewed and provided feedback on the draft narrative to support the plan and confirmed the key areas of focus for the refreshed Plan.
- 2.4 The refresh is 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 Success of the Leeds Plan

To date we have achieved many successes. The following covers strategic and operational successes as well as tangible improvements in outcomes for people.

3.1.1 Strategic successes

Aspect	Successes
People at the heart of what we do	<p>Fundamental shift in language and perception from 'patients' and 'service users' (consumers of health and care) to people as active leaders and participants in their own, their families and their community health and wellbeing.</p> <p>We have developed the Big Leeds Chat as an approach and brand of starting with and listening to what matters most to people and what helps keep them well.</p> <p>For the first time we are collectively listening to people's journey of care as a whole through our 'how does it feel for me?' approach.</p> <p>There is greater understanding of 'think family' as an approach which recognises that children and adults lives are connected together through family relationships.</p>
Co-production	<p>Leeds Plan is both our programme of change as well as our ongoing conversation with citizens and staff.</p> <p>For the first time in health and care in Leeds we have a transformation plan that is recognised as being by citizens, staff, elected members and partners from across the health and care sector.</p> <p>It has set the foundations for an ongoing conversation with citizens, staff and those that make decisions about how health and care services need to change to ensure our health and care services are person-centred, sustainable and fit for the future.</p>
Strong community model	<p>We have broadened our previous neighbourhood health and social care model to a much broader community model which includes GPs, housing, elected members, citizens, mental health and the 3rd sector via Local Care Partnerships, Harnessing the Power of Communities and stronger third sector links, for example to Leeds Community Foundation.</p>
Democratic leadership	<p>Leeds plan has been a revolution in how elected members and democratic voice can support more effective local services in the context of wider determinants of health.</p>

Aspect	Successes
Leading the way in person, family and community centred approaches	Our approach in Leeds has significantly influenced regional and national policy, strategies and approaches for example: our approach to working with the third sector as equal strategic partners; national Population Health Management approach; Strength Based Social Care; national extension of the Family Valued programme; system leadership; the NHS People Plan; West Yorkshire and Harrogate Integrated Care System strategy; and the development of an all age working including a specific children’s programme at the WY&H ICS level.
Quality judgements	Leeds has been assessed to be operating at high standards across care homes, GPs, NHS providers, Council services and the CCG. This was also recognised as a strength and good practice by the CQC Local System Review in 2018.
Whole system approach	In addition to people’s voice at the heart of our approach, we have broadened our health and care partnership approach to include the 3 rd sector, academia, Healthwatch, businesses, primary care, a refreshed Clinical Senate. Work underway to broaden this even further with care homes.
Leeds £	<p>One of our Leeds Plan approaches commits us to making best use of the Leeds £, by working together across health, care and community organisations to focus resources and prioritise those areas where we can make the biggest difference in outcomes for people.</p> <p>Regular system publication of partnership financial position and a radical shift from a projected deficit to maintained financial balance across partners.</p>
Established core central joint partnership resources	<p>We developed jointly funded policy, project and enabler resources which have accelerated system working.</p> <p>This has included a partnership employment model which includes risk share.</p> <p>This has facilitated the development of the LCP Development Team, Academy Team and Citywide Digital Team.</p>
Clarity of purpose and a common direction of travel	<p>The Leeds Plan clearly states our ambitions, our approach and our actions to guide what we do locally and ensures we have a strong story to tell regionally and nationally.</p> <p>It sets out the transformational actions we will work on together, to make significant and lasting change in Leeds.</p> <p>This connected narrative with a strong focus centred around people and improving the health and wellbeing of people who face the greatest inequalities has inspired and reinvigorated a sense of purpose.</p>

Aspect	Successes
Building relationships across organisational boundaries and being system leaders ‘from any seat’	<p>The Leeds Plan is helping to build the culture and conditions required to make significant improvements in the way we deliver health and care.</p> <p>By developing greater partnership working beyond organisational boundaries, as ‘Team Leeds’, it has significantly strengthened our relationships and allowed us to take bold steps to move the system further and faster towards our ambitions.</p>
Joint enabler system strategies and priorities agreed	<p>We now have an agreed: Communities Estates Strategy principles; Citywide Workforce Strategy; Citywide Digital Strategy; Innovation Strategy; Frailty Strategy; Citywide Mental Health Strategy and Carers Strategy.</p>
Citywide approaches to working with people and staff	<p>We have developed and signed-up to the Better Conversations, Home First; Think Family.</p>
Systems leadership	<p>We have developed a programme of system leadership development including a two day programme, half day module which has been rolled out to all partners including universities and shadow Board programmes. These have helped develop system leaders across the partnership.</p>
Wider determinants of good health and wellbeing	<p>Raised awareness and understanding of how wider determinants are connected and influence good health and wellbeing through closer alignment with the Inclusive Growth Strategy, Climate Emergency, Industrial Strategy, work in Priority Neighbourhoods and arts and culture. As a result health and care partners are increasingly active agents in these agendas.</p>
Raised profile of Leeds on a national and international stage	<p>Worked with national partners to design and deliver a number of high profile visits and conferences, positioning Leeds as a Best City for Health and Wellbeing and bringing learning from other areas to the city. These include The King’s Fund ‘Community Is the Best Medicine’ where we shared our strategic narrative for ‘wellbeing starts with people: a whole city approach to creating strong, resilient and healthy communities in Leeds’ and heard from a number of exciting community-based projects making a difference to people’s lives in Leeds.</p> <p>Hosted national visits from Ministerial and NHS leads for Digital, Workforce and NHS X.</p> <p>We have also hosted visits from international health and care systems including China, India and Korea.</p>

3.1.2 **System-wide operational successes**

Some of the operational highlights include:

- Data released by Public Health England shows that smoking rates in Leeds are continuing to fall and are now at the lowest in West Yorkshire.
- The work of the Best Start programme and Children and Young People's Plan has led to Leeds bucking the trend in child obesity rates among four and five year olds. Leeds is the only English City to achieve this. The drop in obesity has been seen primarily among the most disadvantaged areas in the city. In general obesity levels fell from 9.4% to 8.8% in reception age children with levels falling from 11.5% to 10.5% in the most deprived areas.
- 2018/19 winter not a single patient was cared for in a non-designated area - this is where someone is being treated in a space that's not dedicated for patient care.
- We also made significant strides in 2018/19 winter in reducing delayed transfers of care so that patients aren't staying longer than they need to within a hospital based setting. This fits in with our 'Home First' ethos which means that people will be supported to remain or return quickly to their own beds, and their own home (including a care home if that is their usual place of residence) wherever possible.

3.1.3 **Programme and enabler successes**

The Plan to date has four programmes and a set of enablers to organise delivery. Successes highlighted below are shown against these current programme and enablers.

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

Successes under this programme include:

Initiative	Successes
<p>Better Together</p> <p>The programme focusses on the issues that lead to poor health, such as social isolation, and use a community development approach to work with individuals, groups and communities to help them improve their situation and live longer, healthier lives.</p>	<p>Outreach work has engaged over 18,000 people from the 10% most deprived communities into community groups and programmes to improve general health and wellbeing.</p>
<p>'One You Leeds' (OYL)</p> <p>OYL is designed to support Leeds residents to start and maintain a healthy lifestyle. It has a key aim to support the ethos of 'improving the health of the poorest the fastest'. There is a specific aim around increasing access by specific target populations (eg. people living in deprived Leeds, people at risk of long term conditions, pregnant women and emerging migrant populations).</p>	<p>OYL continues to achieve high levels of referrals into the service.</p>
<p>Alcohol Programme</p> <p>This programme aims to continue to reduce harm from alcohol through:</p> <ul style="list-style-type: none"> • promoting safe alcohol consumption as the norm • reducing access to alcohol by young people and providing; and • Promoting alternative routes to behaviour change for those people who would prefer to self-help. 	<p>There has been a significant amount of activity over the last year aimed at alcohol awareness, including;</p> <p>The 'No Regrets' campaign, an online responsible drinking campaign aimed at 18-25 year olds.</p> <p>Forward Leeds holding a series of events across the city, where people were able to make positive pledges to change their drinking behaviour.</p> <p>There has also been a focus on secondary prevention for people who may be attending health services for a condition and present an opportunity to discuss smoking and alcohol use. For example, the Nursing Specialist Assessment 'e-form' is now live on all inpatient wards throughout Leeds Teaching Hospitals NHS Trust (LTHT). This means alcohol and tobacco screening is now being undertaken as part of every inpatient's admission into the hospital as they come onto the wards.</p>

Initiative	Successes
<p>Tobacco Programme</p> <p>This programme aims to continue to reduce the harm from tobacco through promoting smoke free as the norm, reducing access to tobacco by young people and providing and promoting alternative routes to behaviour change for those people who would prefer to self-help.</p>	<p>Smoking prevalence across the city is now at an all-time low of 16.7%. Progress continues to be made towards the aim to create a smoke free generation, with over 35,000 less smokers in Leeds than there were in 2011. Data released by Public Health England shows that smoking rates in Leeds are continuing to fall and are now at the lowest in West Yorkshire.</p>
<p>Best Start</p> <p>The programme has a key aim to give every child the best start in life, specifically the crucial period from conception to the age of 2.</p>	<p>Food and activity for a Healthy Pregnancy sessions have been made available for pregnant women with a BMI over 25 (and their partners). The sessions use the HENRY strengths based approach – building on participant’s current knowledge and begins with an activity looking at what they think a healthy pregnancy looks like.</p> <p>The work of the Best Start programme has led to Leeds being the first city in the UK to report a drop in childhood obesity.</p> <p>There is also a lot of ongoing work with the maternity voices group, ongoing engagement with young people and their families. There has been a focus on mental health, and support for breastfeeding.</p>

3.1.5 Self-Management and Proactive Care - “Health and care services working with me in my community”

Successes under this programme include:

Initiative	Successes
<p>Better conversations</p> <p>Better conversations is a culture change programme moving the conversation between worker and citizen from a paternalistic dynamic where the worker is viewed as the 'expert' and has a role to 'fix' the citizen, towards an equal partnership where the worker looks to enable the citizen</p>	<p>Over 1200 attendees from 52 different health and care organisations across the city including both the statutory and third sector.</p> <p>Specific skills sessions have taken place for Seacroft and Crossgates LCPs. Intention is to roll out LCP-wide.</p> <p>89% of attendees agreed or strongly agreed that they will use the skills practiced in their role.</p>
<p>The Diabetes Structured Education Programme</p> <p>To improve uptake for Type 2 Diabetes education courses with an emphasis on targeted groups (men over 40 and BME) with the overall outcome that people feel well supported and confident to manage their condition.</p> <p>Self-Management support is now part of the ICS Universal Personalised care plan programme detailed by NHS England (NHSE).</p>	<p>Diabetes education sessions have increased from 33 to 125 per annum.</p> <p>100% of people reporting an improved confidence to manage their condition after the course.</p> <p>Targeted groups: Men over 40 years (52% of attendees), deprived areas (62%) and people from BAME groups (51%).</p>
<p>National Diabetes Prevention Programme (NNDP)</p> <p>The programme aims to help people reduce their risk of developing Type 2 diabetes, by offering them a referral to an intensive lifestyle intervention programme (diet, weight loss and physical activity).</p>	<p>Between April 1 2018 and March 31 2019 5,542 people have been referred for the National Diabetes Prevention Programme (NNDP).</p>
<p>Breathe Easy</p> <p>The project aims to develop an integrated network of respiratory peer support groups in Leeds which will result in higher quality and more consistency in terms of how patients with COPD manage their condition.</p>	<p>The 10 Breathe Easy groups in Leeds in Bramley, Middleton, Gipton, Hunslet, Yeadon, Beeston, Allerton Bywater, Harehills, Richmond Hill and Osmondthorpe.</p> <p>All groups are now operating from low/no cost venues and the numbers attending are growing. This project has led to a wider programme of developing peer support networks with people with long term conditions.</p>

Initiative	Successes
<p>Collaborative Care Support Planning (CCSP)</p> <p>CCSP annual reviews form a collaborative discussion between professional and person, focusing on “what is important to the person” enabling person centered goals to be agreed to support people to self-manage their condition.</p>	<p>There have been 85,859 CCSP Annual reviews performed in Leeds between April 1st 2018 and March 31st 2019. This programme is part of the ICS Universal Personalised care plan programme as detailed by NHSE. Leeds has been recognised by the ICS and NHSE as meeting the quality markers for personalised care planning.</p>
<p>Social Prescribing</p> <p>Social Prescribing offers activity, social and cultural interventions in communities as an alternative to or adjunct to medical intervention.</p>	<p>The city is on track to meet the target of 5,000 referrals for 2019/20. Following reprocurement by the CCG there will now be one provider (a consortia) covering the whole of the city, ensuring that all LCPs have social prescribers.</p>
<p>Virtual Respiratory Ward</p> <p>Leeds Community Healthcare NHS Trust’s virtual respiratory ward was expanded to cover Armley to help patients with long-standing respiratory conditions.</p>	<p>The virtual respiratory ward is designed to help those with Chronic Obstructive Respiratory Disease (COPD) exacerbations avoid being admitted to hospital and support earlier discharges for those that have been admitted.</p>
<p>Frailty Unit</p> <p>A multi-disciplinary team work on the unit providing medical and holistic care for patients over the age of 80, or from 65 if they have particular frailty needs.</p> <p>The Frailty Unit is set away from the main emergency department, so it’s a lot quieter and a much better environment for our older patients to be while they’re being assessed.</p>	<p>In a sample of nine months the frailty unit at St James’s Hospital has prevented 951 admissions which equates to around 1902 bed days.</p>

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

Recent successes under this programme include:

Project and Description	Successes
<p>Cancer Programme</p> <p>The objective of the programme is to achieve the best in cancer care for the people of Leeds.</p> <p>The programme is centred around four areas of focus:</p> <ul style="list-style-type: none"> • Prevention awareness and screening • Early diagnosis • Living with and beyond cancer • High quality modern services 	<p>Over 1000 additional people have completed a bowel screening test since April 2018 after being contacted by practice champions.</p> <p>The Accelerate Coordinate Evaluate (ACE) pilot pathway is for patients with non-specific but concerning symptoms has now been mainstreamed and the 1000th patient has just recently been referred on this pathway. Early evaluation indicates ACE provides faster diagnosis and clarity to patients and physicians, improves diagnostic findings of other significant but non-cancer conditions and as equally or more cost effective than previous approaches.</p>
<p>Care Navigation</p> <p>Leeds and York NHS Partnership Foundation Trust (LYPFT) have appointed a nurse as a Care Navigator role based at The Mount. She attends operational delayed discharge forums at Leeds Teaching Hospital Trust (LTHT) to co-ordinate arrangements for people with complex needs in dementia, regardless of hospital setting.</p>	<p>The role has become a valued member of the LTHT Operational Discharge Group, ensuring people are referred to the LYPFT Enhanced Care Homes Team.</p> <p>The role works in partnership with commissioners to invite interested providers to discuss individual needs, develop the care home market and support individuals to leave hospital.</p>
<p>Enhanced Care Home Team</p> <p>The initiative aims to reduce avoidable delays that older people with complex dementia needs face when being placed from hospital beds to suitable long-term care home placement. They do this through proactively pursuing care home placement options as well as then providing care homes with rapid access to intensive short term input/care.</p>	<p>Between July and December 2018, successfully placed 42 service users to care homes who otherwise would have been in hospital for longer.</p> <p>This service has now received recurrent funding.</p>
<p>Medicines and Consumables</p> <p>The objective of this programme is for patients to receive the medicines that are the best value for them and for Leeds.</p>	<p>Significant progress has been made in making the best use of the Leeds pound whilst improving service in the following areas;</p> <ul style="list-style-type: none"> • Stoma care • Oral nutritional supplements • Silk Garments • Wound Dressings

3.1.7 **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”**

Recent successes under this programme include:

Project and Description	Successes
<p>Urgent Treatment Centres (UTC)</p> <p>This programme will develop UTCs across the city. UTC’s offer urgent primary care for minor injury and minor illness. The proposal is to develop five UTC’s in Leeds. Three UTC’s will be in the community (St Georges, Middleton, Wharfedale, Otley and potentially in Seacroft) and two will be co-located at the A&E departments (St James University Hospital and Leeds General Infirmary)</p>	<p>The St Georges Centre in Middleton, South Leeds was formally designated as an UTC in December 2018 by NHS England. A formal 12 week public engagement programme which sought views on the proposals for UTC’s in Leeds was undertaken during May 2019.</p> <p>The development of Urgent Treatment Centres are underway at the Wharfedale site and at St James’s Hospital.</p>
<p>Clinical Assessment Service (CAS)</p> <p>This project aims to provide a Clinical Assessment Service for the Leeds population. People who ring NHS 111 will receive a clinical assessment over the telephone, reducing the number of people who need to receive a face to face appointment.</p> <p>The ambition is for all single points of access to link into the CAS, and for the CAS to book appointments into services when a face to face appointment is required. This will standardise and simplify access into health and care services</p>	<p>The 6 month pilot has been evaluated. Findings show that 50% of all calls to the Leeds CAS were dealt with over the phone.</p> <p>The learning from the pilot is helping to inform how the service can expand for Phase 2.</p>
<p>High Intensity Users Project</p> <p>The service provides tailored support to people who attend A&E frequently to address underlying social, medical and mental health issues and supporting them to access the services they most need rather than A&E.</p>	<p>Emergency Department attendances and ambulance conveyances were reduced by 53% over the 12 months for the 72 people the service worked with in the last year.</p>
<p>Yorkshire Ambulance Service (YAS)</p> <p>YAS are now able to refer patients directly into the Leeds Frailty Unit at St James’s hospital. This means patients may bypass a potentially delaying and stressful period in the hospital Emergency Department.</p>	<p>The project allows ambulances to take people straight to the most appropriate place for their care giving them the best chance of avoiding admission.</p>

3.1.8 **Collective resource areas that enable transformation**

3.1.9 **Estates successes include:**

- Closer working with LCC Planning officers on ensuring sustainable community health provision in light of housing growth. This will entail outlining actual and target figures in Site Allocations Plans.
- Focused work on priority neighbourhoods, linking closely with the Neighbourhood Improvement Programme and LCC Localities team, as well as the third sector and private sector (for example Arup, the engineering and design firm).
- Master planning with Regeneration and Communities officers to deliver significant recalibration of community, commercial and housing offer in Lincoln Green.
- Commitment from LCC Planning to work in partnership on embedding health and wellbeing into policy and process of determining planning applications.
- Asset mapping tool developed, providing contextual information on LCPs/PCNs and housing growth.

3.1.10 **Digital successes include:**

- Introduced significant shared IT services between LCC, CCG, LCH and GP Practices.
- Added children's data in to the Leeds Care Record.
- Introduced a new way of sharing child protection information between urgent and emergency care services and social care.
- Increased the number of GP Practices taking appointment bookings directly from the 111 service.

3.1.11 **Workforce successes include:**

- 130 people from Lincoln Green, Burmantofts and Richmond Hill and surrounding areas attended recruitment events held in the local community in April. All attendees signed up for courses or interviews and 3 nurses from overseas are joining Leeds Teaching Hospitals Trust.
 - 28 people given jobs at LTHT, 23 of these are within the Estates and Facilities Team, portering and ward housekeeper roles
 - 5 are now part of the nursing workforce and will be doing retraining qualifications that will eventually transition them into the LTHT nursing staff

- 7 people live in Priority Neighbourhoods – 6 Lincoln Green and 1 Clifton and the Nowells
- 16 are from Burmantofts and Richmond Hill and 7 live in Gipton and Harehills.
- Around 500 of the Leeds 'One Workforce' have already attended the two day System Leadership Programme
- The first Leeds wide Health and Care Careers and Recruitment Event was held on 14 May 2019.
- The Academy team has received significant support from the 2 workforce managers hosted in the Health Partnerships Team.

3.1.12 **Communications and engagement successes include:**

- Big Leeds Chat – one system, one engagement, bringing senior decision-makers to hear from the people of Leeds, impacted the priorities of the Leeds H&C Plan.
- Commitment to a partnership communications, engagement and marketing strategy.
- Promotional launch of the Health and Care Academy, including supporting the Washington DC trip.
- Winter communications – coordinated approach across all partners
- Get Set Leeds – Brand development and launch.
- Partnership based newsletter and co-ordinated press releases on a number of issues from helping publicising Kings Fund events to supporting the Care Quality Commission and international visits.
- Leeds Digital Festival – supporting healthcare events

3.2 **Refreshing the Leeds Plan**

In order to refresh the Leeds Plan the partnership took stock of what we have achieved to date, agreed what we wanted to achieve out of the refresh process and agreed which aspects we felt we wanted to give extra attention to as a partnership.

3.2.1 **Engagement undertaken**

As highlighted at the Board 16th September 2019, significant engagement has supported the development of the refreshed Leeds Health and Care Plan.

To develop the refreshed Leeds Plan we have collaborated with partners across the city regularly through a number of mechanisms. These include:

- Scrutiny Board discussions (September 2018 and April 2019)
- Community Committees (June 2019)
- GP Confederation Executive Group(September 2019)
- Leeds City Council Commissioning Managers Meeting (September 2019)
- Leeds CCG Governing Body(September 2019)
- Leeds Teaching Hospitals Trust Executive meeting (October 2019)
- Leeds Community Healthcare Executive Group (October 2019)
- Leeds and York Partnership NHS Foundation Trust Board (October 2019)
- Palliative Care and End of Life Board (October 2019)
- Big Leeds Chat (November 2019)
- Palliative Care and End of Life Network (November 2019)
- Strategic Estates Board (November 2019)
- Strategic Workforce Board (November 2019)

Ongoing conversations at:

- Partnership Executive Group (PEG)
- Integrated Commissioning Executive (ICE)
- Leeds Plan Delivery Group (LPDG)
- Discussions at 3rd sector leadership groups
- A series of partnership wide workshops

3.2.2 **Key themes that emerged**

In Leeds we start with the voices of local people which are at the heart of the future of health and care. The views of local people have helped inform the refreshed Leeds Plan.

In developing the refreshed Leeds Health and Care Plan, we used the key findings of some of our most recent engagement across the city, including the findings of the Big Leeds Chat event in 2018, engagement on the NHS Long Term Plan, and engagement as part of a 2019 scrutiny inquiry into whether Leeds is a child friendly city.

It should be noted the following summary does not aim to outline how we have used all of the engagement insight that we have collected in the city, but just the headline feedback that has impacted the Leeds Health and Care Plan.

Promoting good health	
What people told us	Our response
More support is required from the NHS and its partners to make it easier and affordable for people to live healthier lives.	<ul style="list-style-type: none"> • Integrating prevention into all clinical pathways. • Our estates strategy will provide green spaces, promote active travel and mitigate against air pollution. • Social prescribing services are connecting people to non-medical services and activities in their local area.
Barriers to improving lifestyle choices include a lack of time and motivation, and poor health.	<ul style="list-style-type: none"> • Better Conversations approach is helping local people use their strengths and assets to make healthy lifestyle changes. • The new physical activity ambition for the city is being co-produced by local people, and changing the conversation on what being active means. • Links in with the wider determinants of health through the Leeds Health and Wellbeing Strategy, and other city-strategies and boards including Inclusive Growth.
Supporting mothers during pregnancy, supporting families with new-born babies, early diagnosis of conditions and support through childhood.	<ul style="list-style-type: none"> • Best Start is a preventative programme from conception to age 2, aiming to ensure a good start for every baby, with early identification and targeted support for vulnerable families early in the life of the child. • Children's Hubs are bringing organisations together to improve the health and wellbeing of children and families, with more focussed support in areas of highest need. • Maternity Strategy - sets out city action for high quality, safe and personalised maternity services. • Children and Young Peoples Plan - our plan for Leeds to be the best city for Children and Young People to grow up in and to become a child friendly city. • Improved perinatal mental health provision through the Mental Health Strategy. • Think Family approach recognises the impact that adult mental health needs can have on children's health and wellbeing
Better promotion of activities in local communities.	<ul style="list-style-type: none"> • Social prescribing services are connecting people to non-medical services and activities in their local communities. • Building prevention into our clinical pathways will help health professionals to better signpost people to activities and services in their local communities. • Targeted communication campaigns, co-designed with local people, will strengthen the outcomes of our promotional activity. • A continued commitment to the Leeds Directory, which is used by local people and professionals, and promotes local activities and community groups.

Connected care closer to people in their communities

What people told us	Our response
<p>People's additional needs and personal circumstances need to be taken account when accessing services.</p>	<ul style="list-style-type: none"> • Our Better Conversations approach will enable health and care professionals to work with local people to help them better utilise their strengths and assets. • Implementation of personalisation will ensure people with long-term conditions or illnesses receive support that is tailored to their individual needs and wishes. • We are improving the lives of people living with frailty by taking a population outcomes approach and overseeing the implementation of an integrated model which has been developed by providers. This programme includes the implementation of virtual frailty wards. • Our work on patient experiences will help us understand what it feels like to be a patient in our services, including for those with additional needs. • We will continue to use data and insight through our various satisfaction and complaints processes to inform service design.
<p>Digital technologies have an important role to play, but digital services need to be better joined-up and easier to use, and we need to be mindful of digital inclusiveness.</p>	<ul style="list-style-type: none"> • We continue to be committed to the Leeds Care Record, which enables health and care providers to link people's data, and provider better and safer services and advice. • HELM is the city's personal health record that is currently being developed. It will be tested with a small cohort of users & developed in an iterative way to ensure it is easy for people use. • The city's Smart City approach is committed to achieving a 100% digitally enabled population. • The Leeds Repository will bring together health and care information onto one platform, meaning it will be easier for people and professionals to access. • Digital choices for appointments will be introduced, particularly for GP and outpatients appointments.
<p>Patient-driven and patient-managed care, enabled by more empowered patients.</p>	<ul style="list-style-type: none"> • Our Population Health Management approach means we will bring together health-related data to identify specific populations which will allow us to prioritise our services to meet their needs and deliver personalised services. • HELM is the city's personal health record which is currently being developed. This will give people greater access to credible health information, data and knowledge, meaning they can better improve their health and manage their health conditions. • Our Better Conversations approach enables health and care professionals to work with local people, to empower them to live healthier lives, and better manager their health conditions.

Connected care closer to people in their communities

What people told us	Our response
<p>A wider range of professionals from NHS, local authority, private health and social care organisations, and the community and voluntary sector, working closer together to plan and deliver health and care services.</p>	<ul style="list-style-type: none"> • We will continue to develop the 18 Local Care Partnerships across Leeds, which bring together professionals from the health and care sector, third sector, and decision-makers who influence the wider determinants of health. LCPs will enable a more person-centred care model, closer to a person's home.
<p>Access to GP surgeries and specialist services.</p>	<ul style="list-style-type: none"> • Digital choices for appointments will be introduced, particularly for GP and outpatients appointments. • Specialist services will be a core part of the Local Care Partnerships, meaning these services can better accessed in communities. These services will be based on the needs of the local communities that the LCPs serve. • The Urgent Treatment Centres will provide specialist services for urgent care in communities. • We are developing new services in GP surgeries, such as Cancer screening, meaning people can access these services closer to home. • LCPs, UTCs, and new services in GP surgeries (e.g. cancer screening) will help improve waiting times at hospitals.
<p>Health services to embrace digital technologies.</p>	<ul style="list-style-type: none"> • Digital choices for appointments will be introduced, particularly for GP and outpatients appointments. • Online booking systems have been introduced at GP surgeries, and these will continue to be promoted. Online bookings will also be explored in other health settings.
<p>There are concerns that moving outpatient appointments into community settings could impact quality of service, particularly when engaging on cancer services.</p>	<ul style="list-style-type: none"> • Services will be co-produced with people, so that they are person-centred. • Community based services will be subject to risk assessment, and only implemented when appropriate.
<p>People find it confusing which services to use for unplanned care, for example whether to attend Minor Injury Units, A&E Departments, or Walk-In Centres.</p>	<ul style="list-style-type: none"> • Five Urgent Treatment Centres will be introduced across the city. These will make it easier for people to know where to go for unplanned care. • In implementing the UTCs we will continue to engage with people using the services to better understand their experiences, which will help improve communication within the centres – for example through signage. • Robust referral pathways and communication mechanisms will be implemented, aligning the LCPs and PCNs to the UTCs.

Mentally healthy city for all

What people told us	Our response
<p>More prevention of mental ill health.</p>	<ul style="list-style-type: none"> • In our Health and Wellbeing Strategy, one of the key priorities is to promote good physical and mental health equally. This is reflected in our Plan goal of promoting good health, which includes mental health as well as physical health. • Connecting with the Best Start programme and the Future in Mind plan we recognise that getting it right for children benefits the whole population throughout the life course. • We address the wider determinants of mental health targeting communities with the poorest mental health through good accessible information, self-care, peer support and social prescribing. • Targeted support for people from BAME communities to reduce hospital admission for mental health issues.
<p>More investment in community mental health services.</p>	<ul style="list-style-type: none"> • As part of the Community Mental Health service redesign that is being implemented across the city, home-based treatments are being introduced where it is safe for them. • Developing more community based crisis support services. • Intention to reduce of the numbers of people from BAME backgrounds who are detained under the Mental Health Act. • IAPT services continue to provide valuable mental health services in local communities and have been recommissioned to improve the service offer
<p>Mental Health needs to be given greater attention and focus</p>	<ul style="list-style-type: none"> • We are currently finalising the Mentally Healthy City Strategy which is a city strategy which all partners have shaped and are signed-up to delivering. • The Leeds Plan is a plan in which both mental and physical health are implied and considered throughout. We also have a set of specific actions to improve mental health services and experiences for specific groups that can experience inequalities in mental health outcomes.
<p>Children's mental health services need to be easier to access.</p>	<ul style="list-style-type: none"> • Improving the social, emotional, mental health and wellbeing of children and young people is a priority of the Mental Health Strategy. • Think Family approach recognises the impact that adult mental health needs can have on children's health and wellbeing • One of the core passions of the Mental Health Strategy is to increase the numbers of people with mental health needs in education, training and employment
<p>Addressing street drinking, drugs and mental health.</p>	<ul style="list-style-type: none"> • A new Leeds Drug and Alcohol Strategy has been launched. The new strategy has a number of priorities, including providing better health support for people misusing alcohol and drugs, and reducing crime and disorder as a result of misuse. The Leeds Alcohol and Drug Strategy will help achieve some of the priorities identified in the Leeds Health and Wellbeing Strategy.

Key themes that emerged from partnerships boards / groups include:

What people told us	Our response
<p>There is a need to describe what the Left Shift is.</p> <p>Need to ensure the Left Shift becomes real action.</p>	<p>The updated plan sets out characteristics of the left shift shared by partners across boards and conversations.</p> <p>The refresh process has invited partners to give initial actions to support a left shift.</p> <p>The refresh recognises the further work required to develop the commissioning and partnership actions to collectively develop a shared approach to a left shift.</p>
<p>Need to be clear what the actions partners will take in response to the plan</p>	<p>The approach has consulted widely with partner leadership groups and meetings including leadership groups to develop and share initial actions in response to the plan by partners.</p>
<p>Commissioning needs to adapt to support the Plan including development of joint commissioning and flexible approaches to support the left shift.</p> <p>Commissioning will need to be adaptive to differences between PCNs</p>	<p>Commissioning wording in plan has been updated to indicating role of joint commissioning</p> <p>Role and terms of reference for Integrated Commissioning Executive are being reviewed and updated to reflect joint commissioning and population health management approaches.</p> <p>Joint commissioning development programme is in place.</p>
<p>We need to ensure a wider understanding of the refreshed Leeds Plan ambitions across staff teams. The Leeds Plan on a page needs to be simple to support wider staff understanding</p>	<p>The Plan on page has been simplified. There is planned test engagement with staff groups which will determine final wording and presentation to maximise staff understanding. There is a communications plan to support dissemination of the Plan.</p>
<p>Needs assurance that Left Shift will not increase waiting times for hospital procedures</p>	<p>Assurance given that there are no planned reductions in funding for hospital based care through Left Shift. Approach will support earlier help and aims to create faster local responses to need.</p>
<p>GP capacity needs increasing if the Left Shift approach is to be effective</p>	<p>The Leeds Plan transformation action for Local Care Partnerships has significant development support already in place. Plans will be further developed and shared on the next stages of support for the NHS Primary Care Network programme.</p> <p>Strategic Workforce programme includes Primary Care group supporting overall needs for primary care services.</p>

Key themes that emerged from partnerships boards / groups include:

What people told us	Our response
<p>Crucial role of workforce and digital in driving transformation not reflected strongly enough</p>	<p>Plan presentation and wording has been changed to give more prominent status to transformative aspects of workforce, digital and other enabling areas.</p> <p>Supporting strategy for workforce and associated governance has been updated to give greater prominence and leadership to this area.</p>
<p>Make clear the Leeds Plan link to wider determinants of health and wellbeing.</p>	<p>The plan on a page has been changed to make it clearer that it is rooted within the wider Health and Wellbeing Strategy.</p>
<p>Ensure protected characteristics outside BAME are in the plan.</p>	<p>The plan has an overarching requirement to reduce health inequalities in all forms and the wording has been strengthened to emphasise this.</p> <p>Specific actions are underway to improve the recognition, involvement of and leadership by people with a Learning Disability in the plan including development. Workshops and development is planned for early 2020 for HWB and Plan support teams.</p> <p>Supporting plans for workforce include career development for women and BAME to increase mobility into leadership roles.</p>
<p>Need to be clearer how resources flow to support Left Shift – particularly where issues of wider public health or food poverty which are salient to core wellbeing.</p>	<p>The Leeds Plan is set in the context of a strategy to make economic growth in Leeds more inclusive. The strategy includes actions to promote shared investment in health and wellbeing across the wider economy via initiatives such as the Anchors Programme, itself rooted within the Inclusive Growth Strategy.</p> <p>Commissioning will increasingly reflect Leeds Plan priorities.</p>
<p>How does this link to the West Yorkshire and Harrogate Integrated Care System (ICS) and the NHS Long Term Plan?</p>	<p>The Leeds Plan links to the NHS Long Term Plan and is our place based contribution to the WY&H ICS 5 Year Plan.</p>

3.3 Leeds Plan summary on a page

3.3.1 Using the learning from the approach to date, the key themes that have emerged from engagement activities and discussions, as well as the successes to date, it is recommended that the refreshed Leeds Plan is organised as described in the proposed Leeds Plan summary on a page (see the follow page).

It is important to understand that the attached summary:

- Has been developed to summarise the key areas of partnership focus
- Sets out the aspirations for health and wellbeing in our city and connects the actions we must take to improve outcomes
- Behind each of the specific actions and approaches exists detailed information, much of which has been presented or discussed with the Health and Wellbeing Board and other strategic or statutory Boards. For example, plans for Local Care Partnerships.
- Is not an exhaustive list of initiatives, changes or areas of work that partners will undertake. These are captured in other documents and will be covered during the production of more detailed Programme Initiation Documents (PIDs) and communications and engagement materials.
- A communications plan has been developed. This outlines how the current summary on a page will be translated into public facing and easy read versions for all staff and citizens.

Our Leeds Health and Care Plan

Informed, developed and delivered together as Team Leeds for all people of all ages: by citizens; carers; elected members; volunteer, community and faith sector; our community health and care service providers; GPs; local authority; hospitals; commissioning; and academic organisations.



Delivering our Leeds Left Shift

A friendly, healthy, compassionate city with a strong economy, where we reduce health inequalities, promote inclusive growth and tackle climate change

Our outcomes

What we want to achieve, contributing to the five outcomes in the Leeds Health and Wellbeing Strategy

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

Our approach

In everything we do

We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.

- Have 'Better Conversations' –equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge, and listening to what matters to people
- 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family
- Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so

We deliver – prioritising actions over words. Every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.

- Make decisions based on the outcomes that matter most to people
- Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care
- Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well

We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.

- Unify diverse services through a common culture
- Be system leaders and work across boundaries to simplify what we do
- Individuals and teams will share good practice and do things once

Our collective effort

Start, design, work and evaluate with citizens and staff. Listening to people's journeys and experiences of care and using this to drive improvements.

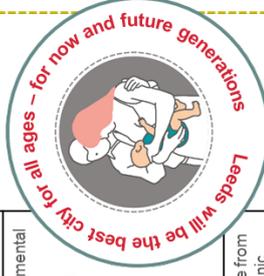
Goals	Promoting good health	Connected care closer to people in their communities	Mentally healthy city for all
Priorities	<ol style="list-style-type: none"> 1. Build prevention into everything we do 2. Get more people, more physically active, more often 	<ol style="list-style-type: none"> 3. Embed person centred care through delivering the universal personalised care model and through taking a strengths and asset based approach to working with people and their communities 4. Develop and embed Local Care Partnerships, our integrated community health and care model around GP practices 	<ol style="list-style-type: none"> 5. One system of coherent mental health services 6. <-action from BAME MH workshop TBC>>
Measures	<p>Increase the number of people receiving lifestyle advice in primary care including brief advice offered and onward referral to services e.g. smoking, weight management, physical activity and alcohol use</p> <p><<Moving more measure TBC>></p>	<p>Safely and appropriately reduce the number of hospital bed days utilised per 100,000 people</p> <p>Increase self-reported wellbeing in communities including that for children, young people, adults and older people</p>	<p>Reduce the number of people from Black, Asian and Minority Ethnic (BAME) backgrounds who are detained under the Mental Health Act</p> <p>Increase recovery rates of children, young people and adults in community settings</p>

How does it feel for me? – listening to people's journey of care

Helping us get there

We will...

- Recruit people from communities of greatest inequality by providing opportunities for skills and jobs and inspiring the next generation of health and care workforce
- Learn together through our Health and Care Academy, ensuring our workforce is delivering 21st century care
- Prioritise service delivery in our buildings which offer fit for purpose, flexible space in communities
- Transfer cutting edge research and innovation into practice on the ground
- Digitally connect our whole system (information, people, systems) and act on digital opportunities to redesign the way we deliver health and care
- Work with people and staff to develop and evaluate collaborative city campaigns that improve health outcomes for all



Results we want include:

- ← Better health and wellbeing through all stages of life
- ← Greater focus on the whole person, not just on individual health conditions taking into consideration the circumstances in which we are born, grow, live, work and age
- ← Social and medical models of health and wellbeing brought closetogether
- ← A shift of resources to protect the vulnerable and reduce inequalities

- ← More professional support happens in the community, closer to where people call home
- ← Redesigned processes and pathways, so that people, families and carers have the skills and confidence to manage their own conditions where it is safe and appropriate to do so
- ← System is more joined up and staff and citizens find their way around the system more easily
- ← Citizens have greater access to their own data and information
- ← Decisions we take now will benefit our current and future generations

3.3.2 Explaining each component of the Leeds Plan:

3.3.3 The Leeds Plan contributes to delivering the Leeds Health and Wellbeing Strategy. The Plan represents a further shift towards outcome based working – both for the whole population of Leeds and also for populations within Leeds of people with similar needs – such as those living with frailty.

A friendly, healthy, compassionate city with a strong economy, where we reduce health inequalities, promote inclusive growth and tackle climate change

Our outcomes	What we want to achieve, contributing to the five outcomes in the Leeds Health and Wellbeing Strategy	<ol style="list-style-type: none">1. People will live longer and have healthier lives2. People will live full, active and independent lives3. People's quality of life will be improved by access to quality services4. People will be actively involved in their health and their care5. People will live in healthy, safe and sustainable communities
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3.3.4 The Leeds Left Shift has proved a helpful concept in uniting the commonly held themes of moving to a more preventative approach that delivers better outcomes, takes the pressure off acute services and moves care closer to people's homes. There are ongoing discussions about the meaning and interpretation of the term and the detail of what it implies for different services.

Our Leeds Health and Care Plan	Informed, developed and delivered together as Team Leeds for all people of all ages: by citizens; carers; elected members; volunteer, community and faith sector; our community health and care service providers; GPs; local authority; hospitals; commissioning; and academic organisations.
Delivering our Leeds Left Shift	



3.3.5 'Our approach' guides the way we expect all staff to work. Some of the tangible partnership actions that will bring our approaches to life are outlined in the bullets.

Our approach

In everything we do

We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.

- Have 'Better Conversations' – equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge, and listening to what matters to people
- 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family
- Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so

We deliver – prioritising actions over words. Every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.

- Make decisions based on the outcomes that matter most to people
- Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care
- Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well

We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.

- Unify diverse services through a common culture
- Be system leaders and work across boundaries to simplify what we do
- Individuals and teams will share good practice and do things once



3.3.6 'Our collective effort' outlines three interconnected goals and the transformational actions we will prioritise as a partnership to achieve system wide impact. We will measure our progress on key indicators to tell if we're making a difference.

Our collective effort		Start, design, work and evaluate with citizens and staff. Listening to people's journeys and experiences of care and using this to drive improvements.	
Goals	Promoting good health	Connected care closer to people in their communities	Mentally healthy city for all
Priorities	1. Build prevention into everything we do 2. Get more people, more physically active, more often	3. Embed person centred care through delivering the universal personalised care model and through taking a strengths and asset based approach to working with people and their communities 4. Develop and embed Local Care Partnerships, our integrated community health and care model around GP practices	5. One system of coherent mental health services 6. <<action from BAME MH workshop>>
Measures	Increase the number of people receiving lifestyle advice in primary care including brief advice offered and onward referral to services e.g. smoking, weight management, physical activity and alcohol use <<Moving more measure TBC>>	Safely and appropriately reduce the number of hospital bed days utilised per 100,000 people Increase self reported wellbeing in communities including that for children, young people, adults and older people	Reduced the number of people from Black, Asian and Minority Ethnic (BAME) backgrounds who are detained under the Mental Health Act Increase recovery rates of children, young people and adults in community settings
How does it feel for me? – listening to people's journey of care			



3.3.7 'Our collective effort – helping us get there' outlines some of the key actions that will enable us to deliver sustainable change, by working differently and collectively on; workforce, digital, communications and engagement, innovation and estates.

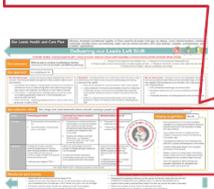
Our collective effort

Start, design, work and evaluate with citizens and staff Listening to people's journeys and experiences of care and using this to drive improvements.

Helping us get there

We will...

- Recruit people from communities of greatest inequality by providing opportunities for skills and jobs and inspiring the next generation of health and care workforce
- Learn together through our Health and Care Academy, ensuring our workforce is delivering 21st century care
- Prioritise service delivery in our buildings which offer fit for purpose, flexible space in communities
- Transfer cutting edge research and innovation into practice on the ground
- Digitally connect our whole system (information, people, systems) and act on digital opportunities to redesign the way we deliver health and care
- Work with people and staff to develop and evaluate collaborative city campaigns that improve health outcomes for all

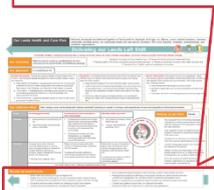


3.3.8 A summary of results we expect from delivering the Leeds Plan.

Results we want include:

- ← Better health and wellbeing through all stages of life
- ← Greater focus on the whole person, not just on individual health conditions taking into consideration the circumstances in which we are born, grow, live, work and age
- ← Social and medical models of health and wellbeing brought closer together
- ← A shift of resources to protect the vulnerable and reduce inequalities

- ← More professional support happens in the community, closer to where people call home
- ← Redesigned processes and pathways so that people, families and carers have the skills and confidence to manage their own conditions where it is safe and appropriate to do so
- ← System is more joined up and staff and citizens find their way around the system more easily
- ← Citizens have greater access to their own data and information
- ← Decisions we take now will benefit our current and our future generations



3.4 Communications Plan

3.4.1 A communications plan will ensure there is a consistent and robust approach to raising awareness and understanding of the Leeds Health and Care Plan. Between December 2019 and February 2020, communication leads from across the system will work together with a local creative agency to develop a series of communication assets for local people and our workforce.

3.4.2 The objectives of the communication plan are to:

- Develop further the consistent narrative for the Leeds Health and Care Plan
- Equip communications teams with the assets they need to promote the Leeds Plan internally and externally
- Utilise a wide-range of communications tools to promote key messages
- Ensure our communications is meaningful and audience-specific
- Ensure we have processes in place to celebrate successes

3.4.3 Communications assets will include: a new website, a short animation, slide decks, and some printed materials (such as leaflets and banners). Communication leads will also work on compelling content for social media and traditional print and other local media as part of a public 'launch' of the Plan in March 2020.

3.4.4 The following table provides an overview of the different assets that are proposed will be produced.

Asset	Detail
Website	A new partnership website will be developed, which will host information about the Health and Wellbeing Strategy and the Leeds Health and Care Plan. It will be used to demonstrate impact through the use of case studies, provide up-to-date information through a blog and other tools.
Social media	Partners have established social media channels, which will be used to share key messages about the Leeds Plan, and to drive traffic to the website for further information. Infographics and GIFs will be developed to make content on social media more compelling.
Printed materials	Including the plan/summary on a page, the longer narrative, postcards and banners. These will be designed to have a consistent look and feel, and will be used in various settings, including supporting our internal and external communications.
Interactive documents	The plan/summary on a page will be created as an online interactive format, whereby people can click on particular elements of the plan to find further explanation – for example to find more information about workforce priorities.
Case study documents	These will be two-sided documents, each will be dedicated to a particular priority (such as digital), and will briefly outline the ambition for the priority, as well as providing a case study of impact. These will be created as PDFs, and made available on the website, and will be updated with progress on a regular basis.
Slide decks	Slides will be designed, to enable consistent presentation of the Leeds Plan.

Asset	Detail
Animation	A short animation will be developed as an effective way to explain what the Leeds Plan is and what it is aspiring to achieve. This will be made available on the website, and shared through social media.
Internal communications	Communication leads will use existing internal communication channels to cascade messages about the Leeds Plan through their organisations.
Media	We will engage with local media about the new Leeds Health and Care Plan, issuing press releases, and inviting media outlets to interview senior leaders.

3.5 Governance / delivery framework

3.5.1 Leeds has a proud history of partnership working as ‘Team Leeds’. Effective governance arrangements are essential to achieving the ambition and driving the collective actions required to deliver the Plan and link to wider strategies and organisational governance.

3.5.2 It is proposed that the Leeds Plan should continue to be strategically steered by the Leeds Health and Wellbeing Board with executive functions delivered through the Partnership Executive Group. Rather than adding additional layers of governance it is proposed that current boards/groups are used or repurposed if necessary after conversations with Senior Responsible Officers (SROs).

3.6 Next Steps

3.6.1 As with the current Leeds Plan, Programme Initiation Documents will be produced for each transformational initiative during the first quarter of 2020.

3.6.2 It is recognised that initiatives within the plan are at different levels of maturity, with some having existing delivery plans and some requiring new delivery plans. The partnership will use tools like Outcome Based Accountability, Logic Models or other relevant approaches to ensure delivery plans clearly describe the intended change, key milestones, timescales and risks. Governance and resource implications will also be factored into the delivery plans.

3.6.3 In the appendix is a draft initial high-level key milestones for 2020. This will be developed in more detail alongside the development of the PIDs.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 In Leeds, the voices of local people are at the heart of how we work. We have used the insight collected from a series of consultation and engagement activities including the Big Leeds Chat, consultation on the NHS Long-Term Plan, and mental health engagement carried out by Healthwatch Leeds. We will continue to work in partnership with local people in implementing the changes outlined in the Leeds Plan, with the People’s Voices Group championing robust and high-quality consultation and engagement across the health and care system.

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 demonstrates how we will work together across health, care and community organisations to focus resources where they can make the biggest difference and get the best value for our Leeds Pound.

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 via Partnership Executive Group and the Health and Wellbeing Board as appropriate.

5 Conclusions

- 5.1 The paper outlines the successes of the current plan and how our refreshed Leeds Plan has been shaped by partners and people.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress and successes of the Leeds Plan to date (section 3.1).
- Confirm that the Leeds Plan summary reflects the priorities that the Board previously agreed (16 September 2019) should be given additional focus (section 3.2.2).
- Identify actions that each partner will take to deliver the refreshed Leeds Plan.
- Support the development of a system-wide approach to communications and engagement (section 3.4).

7 Background documents

- 7.1 None.

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

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?

Leeds Plan provides an agreed basis for transformation & 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

Transformational Initiatives – High Level Milestones - 2020

	January – March 2020		April – June 2020		July – September 2020		October – December 2020	
1. Building prevention into everything we do	Identify PCN to undertake the healthy living pilot in	Planning of Healthy Living Services within Pilot Locality including - Workforce and Digital enablers		Implementation of Healthy Living Services within pilot locality				Evaluation and benefit analysis
							Identification of roll out plan - Including within the hospital setting	
2. More people more physically active more often								
	Development of a draft shared vision / ambition for physical activity	Physical activity ambition action planning			Physical activity ambition implementation			
3. Embed the universal personalized care model								
	Establish Action Plan for Personalised Care			Deliver Priority Workstreams				
4. Develop our integrated community health and care model*								
	All LCPS meeting	Cases studies collated outlining benefits of partnership working	Final wave of LCPs commence Population Health Management	All integrated care services being tested in LCPs	Each LCP progressing 2 priorities – including demonstrating how to tackle the wider determinants of health			
						Each LCP demonstrate positive movement on maturity framework vs Sep 2019	Exemplar LCPs evidence system thinking and creative use of resources	
5. Mentally Healthy City for all								
	Complete the Mental Health strategy, agree and implement governance arrangements, identify related initiatives to add to Leeds Plan priorities							

* There are outputs from particular projects in the Population Health Management work and in some of the partnership work that the LCPs are beginning to undertake. Some of our key deliverables (fostering effective relationships, supporting culture change) will be captured through the maturity framework but do not lend themselves well to defining as milestones.

Enablers – High Level Milestones - 2020

	January – March 2020	April – June 2020	July – September 2020	October – December 2020	
1. Recruit people from communities of greatest inequality	Leeds Health and Care careers fair	Leeds Apprenticeships fair	Widening nursing pipeline project commences		
	Develop strategy to recruiting people with greatest inequality		Implement strategy to recruiting people with the greatest inequality		
2. Learn together - health and care academy	Delivery of springboard programme 1		Delivery of springboard programme 2		
	Implement rolling programme of long term conditions training			Delivery of springboard programme 3	
	One workforce health and care careers ambassador programme (quarterly)				
	System leadership event		System leadership event		System leadership event
3. Service delivery in fit for purpose, flexible space	Health engagement in planning process established		Health engagement in planning process implemented and on-going monitoring		
	PCN / LCP engagement to contribute towards Community Estates Strategy			Community Estates Strategy developed and begin delivery	
	Business case Bangladeshi Centre Completed		Vacant space policy Agreed	Lincoln Green Investment Plan Agreed	Bangladeshi Centre refurbishment works
4. Cutting edge research and Innovation	Enhancing and continuing the conversation with Bradford regarding joint opportunities		Commission work to develop a be better understanding of demographic changes in Leeds		
	Review and adapt LAHP strategy to ensure continued delivery of LCPMH, Academy and Living in Leeds		Develop new shared LAHP priorities that enable the university sector to work closely with LCC, NHS and Third Sector		Work to align health and economic growth priorities, particularly those that develop and grow the health-tech sector
	Integration of university research priorities and city research priorities				
5. Digitally connect whole system	External advice on digital transformation opportunities and revised roadmap				
	Delivery Leeds Repository – improved search facilities for service and pathway information,			Deliver Leeds Care Record Business Case to 2020	
	Deliver ongoing programme to improve digital within public sector buildings e.g. Council House of the Future				
		70% of care homes with NHSMail and IG compliance		HELM CCSP Care Plan Functionality in place	
6. Work with people and staff to develop campaigns	Development of Leeds Health and Care Plan narrative And communication collateral		System wide scoping to identify campaigns	Engagement with local people to gather insight to shape the programme	Campaign Development
	Implementation of programme of campaigns				