



**Report of:** Leeds People's Voices Group  
**Report to:** Leeds Health and Wellbeing Board  
**Date:** 20 February 2020  
**Subject:** People's Voices Group Update

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. In Leeds, we know that to be the Best City for Health and Wellbeing it means putting the people of Leeds at the centre of our thinking. That is why one of the five outcomes of the Leeds Health and Wellbeing Strategy is that 'People will be actively involved in their health and their care'.
2. The Leeds People's Voice Group (PVG) was established as one of the key mechanisms to contribute to this outcome. This report provides an update on the work of the PVG, an overview of their key initiatives and some of our longer-term ambitions about how we collectively and individually want to put people's voices at the centre of health and care decision making.

### Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress of and continue to support the work of the People's Voices Group.
- Consider how the People's Voices Group can further evolve strengthening its connection with the HWB.
- Note the findings of the Big Leeds Chat 2019 and agree actions to respond to what people have told us.
- Continue to support the work of the 'How does it feel for me?' Group and discuss the opportunities.
- Support the establishment of the Inclusion for All Action Group.

## 1 Purpose of this report

- 1.1 The purpose of this report is to provide an update on the work of the Leeds People's Voices Group, overview of key initiatives and some of our longer-term ambitions about how we collectively and individually want to put people's voices at the centre of health and care decision making.

## 2 Background information

- 2.1 In Leeds, we know that to be the Best City for Health and Wellbeing means putting the people of Leeds at the centre of our thinking. That is why one of the five outcomes of the Leeds Health and Wellbeing Strategy is that 'People will be actively involved in their health and their care' and one of our agreed partnership principles in the Leeds Health and Care Plan is that: '**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.'
- 2.2 As a city, this means starting all our work thinking about people as a whole person, with mental health and physical health, with medical and social needs and living in an environment which impacts directly on their health and wellbeing outcomes:

- We need to design all our plans, strategies and services with people.
- We need to work with them in a different person-centred way, as co-partners rather than passive recipients of care.
- We need to communicate with them to let them know and be part of the journey about what the options, changes and offers are.
- We need to also evaluate services by what people tell us about their experiences rather than simply levels of activity.



- 2.3 In the Local Government Association report *What a difference a place makes: The growing impact of health and wellbeing boards* (2019) states that HWBs should be driving for continuous improvement and continually 'identifying ways to engage with a wide range of people from local communities'. In Leeds, we are already well placed having a range of good practice occurring in organisations and as a system through the strategic steer of the HWB.
- 2.4 A key driver for this in Leeds, has been the Leeds People's Voices Group (PVG), which was established in 2014 and reviewed in 2018 to improve the ways that the city collectively listens to the voices of our communities with people driving our work – connecting people with senior decision makers. Chaired by Healthwatch Leeds, the group brings together the engagement leads of the health and care system to work together as one team, to work collaboratively, reduce duplication and think creatively how we do that in Leeds. Its vision is to put people's voices at the centre of health and care decision making in Leeds, with a strong priority on the voice of people with the greatest health inequalities. A number of key pieces

of work have developed over the past 18 months aimed to support the PVG's vision.

### 3 Main issues

#### 3.1 *Big Leeds Chat – designing with the people of Leeds*

##### **What is the Big Leeds Chat?**

In 2018, the PVG designed a new way of listening to the people of Leeds as a whole health and care system in the form of the Big Leeds Chat (BLC). The BLC seeks to turn the regular engagement approach on its head: it goes to where people are, instead of expecting them to come to us, it focuses on hearing the voice of inequalities, it doesn't go with a set agenda and, importantly, it is the senior decision makers directly doing the listening.

The first Big Leeds Chat happened in October 2018 bringing all the health and care senior leaders together into Kirkgate Market to have Big Leeds Chats with the people of Leeds. The premise was simple and focused on asking three opening questions and then the objective was to listen and see where the conversation went:

- What do you love about Leeds?
- How do you stay healthy?
- How do we become the best city for health and wellbeing?

The BLC has two main outcomes. It allows us to understand what is important to people and what their ideas and thoughts are around health and wellbeing in Leeds, but it also supports informed decision making in Leeds by bringing decision makers and real people together. An emerging outcome is that it also provides an annual opportunity for the health and care system to be accountable to the people of Leeds as reporting back to people about how we are moving on the issues that people told us matter is key.

From each Kirkgate Big Leeds Chat a report has been developed to identify the key themes and ideas that people have shared with us (see Appendix 1 for the emerging messages from the BLC 2019). These themes and the subsequent key messages drawn from these are designed to be used in decision making across health and care in Leeds throughout 2020/21.

##### **How did we develop the Big Leeds Chat for 2019?**

For BLC in 2019, we further developed the concept and were ambitious in our thinking. It should be noted that minimal additional budget has been allocated to the development of the BLC with it occurring on top of existing workloads for the partners involved to date. Despite the resource constraints we wanted to see local Big Leeds Chats happening across Leeds. A month when local health and care decision makers together, both at citywide and locally, listened to the people of Leeds to understand what was important to people in our communities.

The aim was to link into the emerging Local Care Partnerships (LCPs), and this happened in Wetherby, Morley and Otley. We also engaged our third sector partners and others so Big Leeds Chats also happened at a food bank, Corpus Christi, Leeds City College, Young Carers organisation and Rutland Lodge GP practice amongst others. At all of these BLCs, a senior decision maker was there to listen directly to people in communities.

### **What did we learn our Big Leeds Chat in 2019?**

At the second BLC in Nov 2019, when we asked ‘How do we become the best city for health and wellbeing?’ a number of themes were identified.

Understandably, the quality of health and care services came out as a key theme for ways to achieve our ambition, with 24% of residents referring to that. However, reflecting our Leeds Health and Wellbeing Strategy and the focus of the Leeds Health and Wellbeing Board, it is clear local people also recognise the importance of the wider determinants of health and wellbeing in achieving our ambition – with transport (31%) and community relations and inclusivity (22%) been the other top themes that emerged from the chats.

Other responses were

- Look after the environment (16%)
- More health education and promotion (15%)
- Improve community facilities/public spaces (15%)
- Tackle poverty and homelessness, and improve housing (7%)
- Make gyms, exercise classes and other services more affordable (7%)
- Deal with crime (6%)
- Less unhealthy food (4%)

### **How can the Health and Wellbeing Board support us further?**

Based on the key themes that have emerged from the Big Leeds Chat 2019,

- How can the HWB use its position and influence to ensure the findings from the BLC are being considered in decision making across the city, both within health and care structures, but also wider (i.e. transport, environment, poverty).

## 3.2 *‘How does it feel for me?’ Group – experiences of care in Leeds*

### **Why did we establish the ‘How does it feel for me?’ Group?**

A key way that we ask for people’s input into health and care is around their experience of care. The CQC Local System Review of Leeds, that took place in Autumn 2018, on how services are working to care for people aged 65 asked “How are you assured that older people experience high quality, person-centred care as they move across different parts of the health and social care system(s)?” HWB earlier in the year recognised that while it was clear there were mechanisms in place within individual organisations to understand citizens’ experience of care, there was not a comprehensive mechanism in place to understand citizens’ experience of care from a systems’ perspective and was highlighted as a key focus for the CQC Leeds Action Plan.

In response to this, the ‘How does it feel for me?’ Group was developed to respond to this challenge alongside a broader piece of work to establish a ‘whole system performance and oversight assurance framework for citizens’ experience of using the health and care system’ using the range of intelligence that exists (see para 3.9-3.10 of the *Leeds Health and Wellbeing Board: Reviewing the Year 2019 and next steps* report being considered at HWB 20 Feb).

### **What does the ‘How does it feel for me?’ Group do?**

Chaired by Healthwatch Leeds, the group brings together all health and care organisations and has identified four areas of work:

- Follow the real-time experiences of a number of older people living in Leeds and who experience a number of health and care services. This is done on a monthly basis via video or as a written testimonial with examples attached as Appendix 2 and a video to be shown at the meeting.
- Quarterly case note reviews which examine the notes of a number of people in Leeds and their experiences of health and care.
- Citywide complaints group findings which identify the learning from complaints which cut across health and care settings.
- And finally the fourth strand which seeks to ask how do we systematically hear the experiences of people in Leeds moving in and out of health and care services, particularly those with the greatest health inequalities and feed them into the decision making processes of Leeds.

From this work each individual organisation is being asked to use, share and act on the intelligence and then as per the CQC Action Plan for this to be reported to Partnership Executive Group on a quarterly basis.

In addition, there are a number of cross health and care themes that have emerged which will inform priority action for all partners to improve citizen experience as people move across health and care settings in Leeds.

### **How can the Health and Wellbeing Board support us further?**

- How do we further bring people’s experiences into everyday decision making across health and care in Leeds and as a HWB?
- How can we move further and faster with the cross-cutting themes that are being identified within this work?

## **3.3 “Working with” – Inclusion for All Action Group**

### **Why are we establishing the Inclusion for All Action Group?**

In order to deliver on the vision of the Leeds Health and Wellbeing Strategy to improve the health of the poorest the fastest, hearing the voice of inequalities is essential and a priority for the members of the PVG.

In summer 2019, Healthwatch Leeds undertook a piece of listening work to hear the voice and experiences of the visually impaired community of Leeds. One of the key findings was that in many settings, particularly in health services, visually impaired people were not being asked about their communication needs, which is a legal requirement in the Accessible Information Standard (AIS). The standard also covers all sensory impairment and learning disability. Not having their communication needs met was potentially having a serious impact on their health and wellbeing, including not receiving the health and care interventions that they needed as well as increased unnecessary anxiety created by the health and care system itself. If people’s basic communication needs are not being met then we maybe inadvertently excluding those with the greatest health inequalities from services. As we started to talk with partners, it was clear that both commissioners and providers wanted to do something on this key issue. Additionally, there was a driver from the CQC, who now include the AIS in their inspection work.

### **What will the Inclusion for All Action Group do?**

Led by Healthwatch Leeds, in partnership with health and care partners, a new action hub is being developed. This will focus in the first instance on the AIS, but is aiming to in time look at other communities who are excluded from services due to language and / or literacy.

The Inclusion for All Action Group aims to ensure that there is a consistent approach, across all health and care services in Leeds, specifically but not solely, in relation to:

- Compliance with the requirements of the Accessible Information Standard
- The provision of reasonable adjustments relating to disabled people
- The provision of interpretation and translation services for people whose first spoken language is not English
- Work collaboratively to find innovative solutions to improve inclusive care for all communities
- Share good practice and learn from each other's successes

### **How can the Health and Wellbeing Board support us further?**

- How can the HWB work with the group and take forward this important issue of inclusion for all?

#### *Next Steps*

- 3.4 Following the review of the PVG in 2018, it has gone from strength to strength to deliver on our outcome that 'People will be actively involved in their health and their care' with Leeds held up as a best practice example and learning from the Big Leeds Chat shared nationally, regionally and with other HWBs across the country. However, we are always aiming to further develop our work knowing that we can only become the Best City for Health and Wellbeing if we put people's voices first and continually challenge ourselves on what this looks like.
- 3.5 As well as the initiatives mentioned above the PVG would like to develop an integrated way of working as one listening health and care system that makes better sense for people and actively encourages citizen voice, particularly those from communities with the greatest health inequalities. This includes exploring:
- Development of the BLC concept so Leeds becomes a city where people actively give their feedback / input and explore including the importance of health and social care staff voice as well.
  - One network to join where people can have their voice heard, rather than on an organisational basis.
  - An agreed citywide approach / mechanism that focuses on hearing the voice of inequalities.
  - Strengthening the connection between the PVG and HWB, and with the wider determinants of health and wellbeing.

3.6 HWB members in their roles as system and organisational leaders are asked to support the future ambition of the PVG and consider how they can further put people's voice at the centre of their own organisational health and care decision making as well as a collective health and care system.

## **4 Health and Wellbeing Board governance**

### **4.1 Consultation, engagement and hearing citizen voice**

4.1.1 The Health and Wellbeing Board has made it a city-wide expectation to involve people in the design and delivery of strategies and services. People's Voices Group is one of the key mechanisms for the health and care system meet the fourth outcome of the Leeds Health and Wellbeing Strategy is; 'People will be actively involved in their health and their care' through a citywide approach to engagement and hearing citizen voice as highlighted throughout the report.

### **4.2 Equality and diversity / cohesion and integration**

4.2.1 Each of the pieces of work highlighted in this report is aligned to priorities of our Leeds Health and Wellbeing Strategy 2016-2021 and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest and is further enabled through the work of the PVG.

### **4.3 Resources and value for money**

4.3.1 Each of the pieces of work highlighted in this report evidences how the Leeds health and care system are working collectively with the aim of spending the Leeds £ wisely. It also recognises that putting people's voices at the centre of strategies, plans and decisions and responding to them is a key component of ensuring value for money.

### **4.4 Legal Implications, access to information and call In**

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

### **4.5 Risk management**

4.5.1 Processes are in place to effectively manage risks identified through the work of the People's Voices Group with escalation to Partnership Executive Group and individual organisations as required.

## **5 Conclusions**

5.1 Following the review of the PVG in 2018, it has gone from strength to strength to deliver on the Leeds Health and Wellbeing Strategy outcome that 'People will be actively involved in their health and their care'.

5.2 However, further work is needed to evolve our work knowing that we can only become the Best City for Health and Wellbeing if we put people's voices first and challenge ourselves on what this would like.

## **6 Recommendations**

The Health and Wellbeing Board is asked to:

- Note the progress of and continue to support the work of the People's Voices Group.
- Consider how the People's Voices Group can further evolve strengthening its connection with the HWB.
- Note the findings of the Big Leeds Chat 2019 and agree actions to respond to what people have told us.
- Continue to support the work of the 'How does it feel for me?' Group and discuss the opportunities.
- Support the establishment of the Inclusion for All Action Group.

## **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 focus of this work to hear people's voices in Leeds and make them an integral part of health and care decision making is particularly focused on hearing the voice of people with the greatest health inequalities. Hearing those voices is a fundamental element of how we will be able to achieve the ambition to improve the health of the poorest the quickest and reduce the gap in inequalities in Leeds.

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

Enabling people voice into health and care decision making means that we are designing health and care services that meet people's needs but also we are evaluating the effectiveness of the services we provide against the real time experiences of the people in receipt of services. This then enables us to focus on the right priorities in terms of service improvements and developments.

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

By enabling people to be at the centre of service design and evaluation it means that we will be better meeting the needs of people and therefore reducing cost inefficiencies of offering services that do not meet people's needs.

### Future challenges or opportunities

There are multiple opportunities for this work to really contribute to making Leeds the best city for health and wellbeing and be one of the essential components in the transformational work we want to see happen as identified in the Leeds health and Care Plan. The opportunities lie both within individual health and care organisations and collectively as a health and care system. The challenges are around the understanding and buy-in of the importance of this agenda, moving from being simply being around meeting legal requirements around engagement and consultation to truly putting people's voices at the centre of health and care decision making in Leeds.

### 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