



Report of: Tim Ryley (Chief Executive, NHS Leeds CCG)

Report to: Leeds Health and Wellbeing Board

Date: 30th September 2020

Subject: Going further with integration – Progress as a city and the contribution of the NHS Leeds CCG’s Shaping Our Future Programme

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 checked="" type="checkbox"/> Yes	<input 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

- The Leeds Health and Wellbeing Strategy 2016-21 sets a clear vision that Leeds will be a healthy and caring city for all ages where people who are the poorest improve their health the fastest. Achieving this vision and the strategy’s twelve priority areas are dependent on greater **integration** and **person-centred integrated care** across a number of areas including health and social care, physical and mental health care and between primary and secondary care, at both city and neighbourhood level.
- Leeds has a strong foundation of partnership working and collaboration between health and care partners from the statutory and Third Sector at both locality and citywide level.
- Despite work carried out to date, we recognise that further work is required to achieve our vision in Leeds to reduce health inequalities and deliver better health and wellbeing outcomes for our population through person-centred integrated care.
- Through NHS Leeds CCG’s Health Inequalities Framework, targeted work is being undertaken as a city to progress actions to reduce health inequalities. At the same time, we need to fundamentally transform the way we plan and invest in preventative care and targeted support for people with the greatest needs. This will allow us to

deliver person-centred integrated care that improves health and wellbeing outcomes for our populations and reduces health inequalities.

- NHS Leeds CCG recognises its role in commissioning and facilitating change in a way that promotes person-centred integration. This ambition lies at the heart of the CCG's *Shaping Our Future* programme which has been established by the CCG to align its available resources to improve health and wellbeing outcomes and reduce health inequalities through long term population planning (Strategic Commissioning) and facilitating System Integration.
- The Shaping Our Future programme fully aligns with the development of the West Yorkshire and Harrogate Integrated Care System as well as the city's approach to integrated commissioning as reflected within the Leeds Health and Care Integrated Commissioning Framework.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the direction of travel being progressed across the city towards integration, person-centred integrated care and in particular NHS Leeds CCG's *Shaping Our Future* programme
- Discuss whether the ambition for integration and person-centred integrated care is challenging enough.
- Identify what the Health and Wellbeing Board will do to support the delivery of the ambition for integration and person-centred integrated care.

1 Purpose of this report

1.1 The purpose of this background report is to describe

- the central relationship between establishing greater levels of person-centred integrated care and achieving the city's vision to be a healthy and caring city for all ages where the poorest improve their health the fastest.
- the direction of travel as a city towards person-centred integration including the CCG's Shaping Our Future Programme, the Leeds Health and Care Integrated Commissioning Framework and the development of more integrated provider networks.

1.2 For the purposes of this paper, **integration** is defined as individual components, working together as a single system that functions as one. **Person-centered integrated care** is defined, from the service user perspective as "I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me" (National Voices, 2013¹). This is within the context of the NHS England Universal Personalised care model (para 2.2).

2 Background information

2.1 The Leeds Health and Wellbeing Strategy 2016-21 sets a clear vision that Leeds will be a healthy and caring city for all ages where people who are the poorest improve their health the fastest. Achieving this vision and the strategy's twelve priority areas are dependent on greater **integration** and **person-centred integrated care** across a number of areas including health and social care, physical and mental health care and between primary and secondary care, at both city and neighbourhood level.

2.2 Leeds has a strong foundation of partnership working and collaboration between health and care partners from across the statutory and Third Sector. Some progress has been made towards integration and person-centred integrated care and examples include:

- The city's 18 Local Care Partnerships (LCPs) which bring together statutory and voluntary organisations alongside people and elected members to respond to the health and wellbeing needs of the communities they serve.
- Leeds Community Healthcare, the Third Sector and the Leeds GP Confederation working together to deliver an integrated Mental Wellbeing Service for people in Leeds.
- A Population Health Management (PHM) approach with LCPs, initially focussing on the population living with frailty. The approach supports LCPs to review local health and care data alongside their local knowledge about their

¹ National Voices, a national coalition of health and care charities, has developed a person-centred 'narrative' on integration.

local population to identify the biggest opportunities to improve outcomes through person-centred integrated care.

- Led by the Personalised Care Steering Group, Leeds has been at the forefront of the implementation of the 6 components of the NHS England Universal Personalised care model. This has included collaborative care and support planning being embedded in long term conditions reviews; a social prescribing service and link workers in Primary Care Networks; supportive self-management including structured education, peer support and a digital offer is starting to ensure shared decision making is in reality a core component of evidence based clinical practice.
- Children's service partners (commissioners and providers), have a shared vision, value base and agreed obsessions of focus for children in Leeds. The child's voice is central to both service planning and delivery with many strong examples of co-production of integrated care with partners from education, health, social care and Third Sector.
- Integrated commissioning of some health and care services by NHS Leeds CCG and Leeds City Council Adults & Health directorate through the Integrated Commissioning Executive (ICE).
- Establishing systems that enable greater integration such as the Leeds Care Record.

2.3 The city's response to the Covid-19 pandemic has significantly accelerated further integration of health and care across the city. An example is the pivotal role of the Third Sector in working alongside Social Care, Children's Services, Leeds Community Cares Volunteers, the ward hubs and Communities of Interest to support the most vulnerable individuals and communities through the pandemic. Another example is the development of initiatives between General Practices, the GP Confederation and Leeds Teaching Hospitals in the provision of consultant-led outpatient care.

3 Main issues

Progress towards our vision to be a healthy and caring city for all ages where people who are the poorest improve their health the fastest

3.1 Despite strong collaboration, partnerships in place across the city and progress made towards person-centred integrated care, we have yet to fully achieve our vision to be a healthy and caring city for all ages where people who are the poorest improve their health the fastest.

3.2 Whilst there has been some improvements (smoking reduction, people surviving longer with long term conditions), people living in neighbourhoods with the greatest social economic challenges continue to have poorer health outcomes and in some cases, in line with national trends, progress has slowed and the gaps have widened.

- 3.3 To be the best city for health and wellbeing and to achieve our vision to be a healthy and caring city for all ages where the poorest improve their health the fastest, requires improvement, partnerships and integration in our response to the determinants that support healthy lives – economic, social and environmental.
- 3.4 In considering and planning our approach, it is important to consider our own learning and experience as well as learning from places where person-centred integrated care has been delivered to improve health and wellbeing outcomes and reduce health inequalities. The approaches taken by health and care systems in Canterbury, New Zealand, Valencia (Ribera Salud) and New York (Montefiore) are commonly cited as positive examples.
- 3.5 Appendix 1 provides a summary of an article by the Kings Fund (available [here](#)) which describes the significant impact the Montefiore Health and Care System has had by using a PHM approach to proactively identify and support local populations with the greatest needs and individuals with the most complex needs. Central to Montefiore’s success has been its recognition, from the outset, that improving health and wellbeing outcomes is predicated on forming partnerships with non-healthcare organisations.

NHS Leeds CCG: Shaping Our Future Programme and Health Inequalities Framework

- 3.6 NHS Leeds CCG, with partners, is committed to working with the people in Leeds to improve their health and wellbeing whoever they are or wherever they live. The CCG established the **Shaping Our Future** programme in December 2019 to describe how it will need to operate and organise itself going forward to deliver this contribution to the city.
- 3.7 Alongside the Shaping Our Future programme, the CCG has developed a Health Inequalities Framework (see *Item 14: Going further with integration: Working in Partnership to Tackle Health Inequalities*). This ambitious framework sets out four principles which will guide significant investment to achieve a targeted impact on reducing health inequalities across the city. The framework describes the CCG’s intention to devolve resources to tackle health inequalities through Local Care Partnerships and to further develop mechanisms for joint investment in shared priorities around the prevention agenda.
- 3.8 The NHS Leeds Strategic Plan sets out six strategic ambitions that describe the CCG’s unique contribution to the city’s overall vision to deliver “*a healthy and caring city for all ages, where people who are the poorest improve their health the fastest*”. These are:
- The CCG will focus resources to:
 1. Deliver better outcomes for people’s health and well-being
 2. Reduce health inequalities across our city
 - The CCG will work with our partners and the people of Leeds to:
 3. Support a greater focus on prevention and the wider determinants of health

4. Increase their confidence to manage their own health and well-being
5. Deliver more integrated care for the population of Leeds
6. Create the conditions for health and care needs to be addressed around local neighbourhoods

- 3.9 The CCG recognises that at the heart of improving population health and the reduction in health inequalities there needs to be a greater focus on prevention and wider determinants of health as well as a greater confidence in and focus on individuals to understand, have choice and control over their wellbeing; adding value to the lives of each person and to the population as a whole.
- 3.10 To achieve this across a diverse city like Leeds requires much greater integration of services, person-centred integrated care to become the norm and new mechanisms of engagement with communities and individuals. The core building block of this needs to be at the locality level with multi-professionals working together with local people to be able to make decisions in the best way to address the challenges they face. It also requires greater integration between generalists and specialists, between mental and physical health professionals and between Social Care and the NHS at both local and citywide level.
- 3.11 As outlined in section 2, whilst we have made some changes in this direction, the CCG needs to ensure it **consistently commissions and facilitates change in a way that actively promotes the delivery person-centred integrated care**. This ambition is what lies at the heart of the Shaping Our Future programme.
- 3.12 Driven by the importance of implementing the CCG's ambitions (para 3.8) 'Shaping our Future' is primarily the alignment of the CCG's internal resources to these ambitions and this changing operating context. At the heart of this approach is a commitment to Population Health Management (PHM). The programme is designed to strengthen the city's capability in two key strategic areas to aid the development of a strong and vibrant health & social care system: Population Health Planning (Strategic Commissioning) and System Integration.
- 3.13 To achieve our vision and the CCG's ambitions, the CCG must create a health and care system in Leeds where PHM capabilities are used to understand the needs of the population and support the delivery of new integrated person-centred care models to meet those needs, based on a thorough **understanding of value** and clinical risk for different population groups and communities.
- 3.14 **Achieving best value** then is about achieving the best outcomes for populations with our available resources. The aim will be for the CCG to define a set budget for a set population with a specific set of outcomes to be met, with a new, longer-term contractual form that gives providers more freedom on how they deliver those outcomes within the available financial envelope. Focusing on outcomes for people throughout the discussion creates the right incentives across the system.
- 3.15 Through this approach, providers will be incentivised to manage care with personalised interventions that are proactive and preventative in nature. For example, a capitated budget for people with Type 2 diabetes could encourage providers to assess the financial impact of the patient cohort getting worse, and hence investing in behavioural change for these patients to support smoking

cessation and weight loss, which could reduce the incidence of stroke, renal or other cardiovascular events, and also reverse the diagnosis in some of the lower risk in the cohort. This risk management approach over a longer period of time will lead to better care, resulting in better outcomes, which meet the needs of the person, the sustainability of the providers, and deliver the ambitions of the CCG and vision for the city.

- 3.16 This level of integration and understanding will drive a left shift in the way clinical care is delivered, facilitating a movement to more proactive, integrated, personalised, data-driven care, which can deliver better value to individual people. This in turn will improve health inequalities and patient experiences, cut inefficiencies, and achieve better health outcomes. It will require looking at the broader determinants of health and adopting a genuinely partnership based approach across the whole city of Leeds.
- 3.17 The CCG's Strategic Plan and Health Inequalities Framework make clear that we have a philosophical commitment to locality level work building on the long history in Leeds. This is one of the CCG's strategic ambitions (para. 3.8) and the level at which we believe much integration is and will happen through Local Care Partnerships and Primary Care Network (PCN) developments. As demonstrated through the roll-out of the Leeds PHM programme across LCPs (para 2.2), true Population Health Management requires local responses to local challenges and opportunities and the necessity to develop integrated working at this level will be a key feature of our work.

A New Operating Model – Behaviours and Capabilities

- 3.18 Following a lengthy period of engagement and co-production with staff and partners as part of the Shaping Our Future programme, the CCG has described a New Operating Model. The New Operating Model describes how the CCG will change the way it is organised and operates by developing, demonstrating and implementing new **behaviours and capabilities**.
- 3.19 **New behaviours, ways of working and culture** are going to be critical. Creating genuine integration will create the adoption of system-wide ways of working, breaking down the commissioner-provider split and working as one Leeds system with more collective accountability. The desired culture is where transparency and honesty leads to equal relationships across all partners, built on a foundation of trust, creating a culture of collective commitment, with a compelling vision and a track record, frequent communication and clarity on roles, bravery and taking risks and accepting ambiguity, integrity and honesty, and tolerance and empathy.
- 3.20 This will require creating a new commissioning culture that is more values and behaviours-based. The CCG will encourage providers to work together to invest resources in prevention, proactive care and the wider determinants of health so that the system can reduce health inequalities and improve outcomes and people's experience of their care. The CCG recognises the key role and the expert knowledge and capabilities of the Third Sector in Leeds in achieving this and will encourage and enable matrix working across providers in an uncertain and complex environment. The CCG will encourage the building of behaviours, relationships, information sharing and communication between providers. The

CCG will foster a new culture of partnership with a greater emphasis supporting providers rather than contracting with them, bringing organisations from all parts of Leeds together. All partners in the Leeds system will solve problems together.

- 3.21 Some of these behaviours are already firmly present in Leeds. Clinical teams are working together more and more. Senior leaders are on speed dial to each other and talk about Team Leeds with shared partnership principles. Formal (Primary Care Mental Health) and informal provider networks exist. Mind-sets are moving in the right direction, but well established behaviours across the city need a degree of disruption and challenge to further develop. Changing the CCG's operating model to focus on supporting providers and creating genuine integration is aimed to do this.
- 3.22 **The CCG and the system also needs to develop new and different capabilities.** The traditional approaches to contracting, finance and governance have often prevented the ability to ground a PHM approach to understanding value and risk and shifting of recurrent resources accordingly between providers. Indeed financial flows between providers are limited, operational management teams often work in silos, there is limited use of data and long-term population analysis, patient costs across the system are not understood, and there is not a sufficiently enabling infrastructure around digital, estates, and shared information.
- 3.23 It is important to note what we mean by capabilities. A capability is the ability to deliver something drawn from a range of expertise and knowledge. CCG staff and partners have much of the expertise and knowledge already, but these elements need to be blended differently with a set of common goals and in some cases additional skills to deliver the right things for PHM. The route to do this is through working as integrated teams and developing strategic alliances.
- 3.24 The CCG needs to further develop the PHM capabilities that deliver its ambitions. These include recognising that the input and perspective of people is paramount to understanding value and therefore decisions are made as close to people as possible. They also include using modelling and analysis to understanding the long term needs (7-10 years) of our population and then developing and contracting on the basis of the health outcomes we wish to achieve for specific population groups over this time period. There are significant gaps in these capabilities as things stand and therefore there will need to be investment in people and systems to build the capabilities over time.

Next steps for the Shaping Our Future Programme

- 3.25 Through the Shaping Our Future programme, the CCG has now commenced work to change the way it is organised and operates to reflect the New Operating Model. This next phase of the programme will be progressed through a series of supporting workstreams including Organisational Development, Organisational Design, Resourcing and Provider Network Development. However, as befits a complex system environment, the development and implementation of the Shaping Our Future programme and New Operating Model for the CCG will be emergent.

Shaping Our Future and Provider Networks in Leeds

- 3.26 The progression of the Shaping Our Future programme and implementation of New Operating Model will create a citywide System Integration capability which will support and enable the planning and delivery of person-centred integrated care to achieve improved long term population outcomes. This System Integration capability will work with the experts within provider and partner organisations and within the context of emerging provider network arrangements for the city.
- 3.27 Throughout the Shaping Our Future programme the CCG has worked closely with the leaders of partner and provider organisations in Leeds and also the West Yorkshire and Harrogate Integrated Care System (WYH ICS). The New Operating Model has been shaped through these conversations to ensure it aligns with the strategy and ambition of the city and in-particular emerging thinking around the integrated provider networks.

There is strong recognition within the Shaping Our Future programme as well as the Health Inequalities Framework of the key role of the city's Third Sector in the design and delivery of person-centred integrated care. It is also recognised that the diverse and dynamic nature of the Third Sector, and its comparatively different infrastructure to statutory providers, can create challenges in ensuring a strong, representative voice of the Third Sector around the 'table'. Resources have been made available by the CCG to enable the Third Sector in Leeds to scope the priority areas of infrastructure development required to strengthen the voice and influence of the sector in citywide development of person-centred integration to improve health and wellbeing outcomes and reduce health inequalities.

Shaping Our Future and the Integrated Commissioning Framework

- 3.28 In 2019, the Leeds Health and Care Integrated Commissioning Executive (ICE) developed an Integrated Commissioning Framework (ICF) for the city. The focus is to support further investment in prevention and early intervention services and enhance the range, scope and volume of services within local communities, within and close to home. This will be achieved by targeting available budgets and resources at primary and community services in order to support people to live independently in their own homes. Recent examples of integrated commissioning progressed through the ICE include reablement and rehabilitation services including Community Care Beds, equipment and telecare services and Integrated Carers' support services.
- 3.29 The values and commissioning approach set out in the ICF fully align with the direction of travel set out in the Shaping Our Future Programme. These are as follows:

- Develop PHM as the means to identify and deliver population-based outcomes
- Support a strengths-based approach
- Invest in evidence-based prevention and early intervention services
- Invest in services which help reduce health inequalities
- Ensure services are co-produced
- Help develop a sustainable health and care market including Third Sector
- Support the Left Shift by increasing the capability of communities and community provision Promote person-centred, personalised care, enabling choice and control,

3.30 Wherever it makes sense to do so, the CCG and Leeds City Council will look to implement integrated commissioning of health and support services. Where this is not possible the CCG and Leeds City Council will use the principles set out in the ICF to ensure commissioning approaches are consistent with its values and approach (above).

Shaping Our Future & West Yorkshire and Harrogate Integrated Care System (WYH ICS)

3.31 The NHS Long Term Plan sets the context of how the commissioning landscape will change with a move towards more strategic commissioning on the basis of population outcomes alongside the development and delivery of more integrated, personalised care closer to communities. The characteristics of commissioning can increasingly be seen as shifting from organisational focus to system focus, competition to collaboration and from contract enforcer to system enabler. Shaping Our Future and the CCG's New Operating Model fully align with this national direction of travel.

3.32 The WYH ICS is underpinned by distributive leadership and subsidiarity at place, with commissioning being undertaken as a partnership activity at the right footprint for the population. Through the Commissioning Futures programme, WYH ICS have set out a clear vision to reduce health inequalities, improve population health and commission for outcomes. The programme is developing an Operating Model for the West Yorkshire and Harrogate health and care partnership based on a move towards strategic commissioning for improved population outcomes alongside system integration.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 From the outset, the Shaping Our Future programme and design and development of the future Operating Model has been underpinned by a process of engagement and co-production with CCG staff as well as representatives and leaders from across the Leeds health and care system.

4.1.2 Central to the Shaping Our Future programme is the recognition that achieving improved population health outcomes requires much greater integration of services and new mechanisms of engagement with communities and individuals. The core building block of this integration needs to be at the locality level with

multi-professionals working together with local people able to make decisions in the best way to address the challenges they face.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The core building block of the approach to achieving person-centred integration needs to be at the locality level with multi-professionals working together with local people to be able to make decisions in the best way to address the challenges they face and improve outcomes within the context of their community and assets. Using a PHM approach alongside local knowledge will enable a data-driven approach to identifying and directing resources to populations and communities across the city with the greatest needs. The CCG's Health Inequalities Framework provides the mechanism to then direct resources differentially across the city to fund initiatives required to improve outcomes.
- 4.2.2 The Shaping Our Future programme recognises the key role of the Third Sector in understanding, identifying and responding to the needs of people and communities who are at most risk of experiencing health inequalities. A clear voice and 'place around the table' for the Third Sector, (including some of the least heard voices and across the sector and those working with more marginalised communities), is essential in the design and delivery of person-centred integrated care.

4.3 Resources and value for money

- 4.3.1 The Shaping Our Future programme seeks to achieve the best value by achieving the best outcomes for populations and people for the Leeds pound. The aim will be for the CCG to define a set budget for a set population with a specific set of outcomes to be met, with a new, longer-term contractual form that gives providers more freedom on how they deliver those outcomes within the available financial envelope. Focusing on outcomes for individual people throughout the discussion creates the right incentives across the system.

4.4 Legal Implications, access to information and call in

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

4.5 Risk management

- 4.5.1 NHS Leeds CCG has identified a number of risks and mitigations associated with the Shaping Our Future Programme and the associated delivery of the city's vision and CCG ambitions. These include the risk of national regulatory change to the way in which CCG's operate, risks to the ability of the CCG and wider system to adopt the new behaviours and capabilities described within the New Operating Model and the risk to delivery of the programme whilst also responding to the Covid-19 pandemic.
- 4.5.2 All change involves a degree of risks and opportunities. However, it is important that in a complex and evolving environment that equally no-change creates its own risks too. The Shaping Our Future programme has been designed to not only

support delivery of the vision for the city and strategic ambitions of the CCG but to overcome existing weaknesses in the way the CCG and the city work together to design and shape person-centred integrated care for people and populations in Leeds.

5 Conclusions

- 5.1 Leeds has a strong foundation of partnership working and collaboration and has made some progress towards integration of areas of health and care to improve the health and wellbeing of people in Leeds. Despite our best efforts we have yet to achieve our vision that Leeds will be a healthy and caring city for all ages where the poorest improve their health the fastest.
- 5.2 Through the Shaping Our Future programme, the CCG is adapting itself to better deliver the vision for the city, its own ambitions for the health of the people of Leeds and to seize the opportunities that changing national expectations and city partnerships offer.
- 5.3 Working with partners, the CCG will work to ensure it consistently commissions and facilitates change in a way that incentivises this vision of person-centred integration which in turn will enable improved health and wellbeing outcomes for people in Leeds and a reduction in health inequalities in the city. This ambition is what lies at the heart of the Shaping Our Future programme and the New Operating Model for the CCG.

6 Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- Note the direction of travel being progressed across the city towards integration, person-centred integrated care and in particular NHS Leeds CCG's Shaping Our Future programme
 - Discuss whether the ambition for integration and person-centred integrated care is challenging enough.
 - Identify what the Health and Wellbeing Board will do to support the delivery of the ambition for integration and person-centred integrated care.

7 Background documents

None.

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Implementing the Leeds Health and Wellbeing Strategy 2016-21

How does this help reduce health inequalities in Leeds?

Alongside the Shaping Our Future programme, the CCG has developed a Health Inequalities Framework. This ambitious framework sets out four principles which will guide significant investment to achieve a targeted impact on reducing health inequalities across the city. The framework describes the CCG's intention to devolve resources to tackle health inequalities through Local Care Partnerships and to further develop mechanisms for joint investment in shared priorities around the prevention agenda.

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

At the heart of this approach is a commitment to Population Health Management (PHM). The programme is designed to strengthen the city's capability in two key strategic areas to aid the development of a strong and vibrant health & social care system: Population Health Planning (Strategic Commissioning) and System Integration.

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

The Shaping Our Future programme seeks to help enable a financially sustainable health and care system by achieving the best outcomes for populations and people for the Leeds pound. The aim will be for the CCG to define a set budget for a set population with a specific set of outcomes to be met, with a new, longer-term contractual form that gives providers more freedom on how they deliver those outcomes within the available financial envelope. Focusing on outcomes for individual people throughout creates the right incentives across the system.

Future challenges or opportunities

NHS Leeds CCG has identified a number of challenges and mitigations associated with the Shaping Our Future Programme and the associated delivery of the city's vision and CCG ambitions. These include the risk of national regulatory change to the way in which CCG's operate, risks to the ability of the CCG and wider system to adopt the new behaviours and capabilities described within the New Operating Model and the risk to delivery of the programme whilst also responding to the Covid-19 pandemic. The Shaping Our Future programme has been designed to not only support delivery of the vision for the city and strategic ambitions of the CCG but to overcome existing weaknesses in the way the CCG and the city work together to design and shape person-centred integrated care for people and populations 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

Appendix 1

The Montefiore Health System in New York: integrated care and the fight for social justice

This brief article by the [Kings Fund](#) summarises the significant impact the Montefiore Health and Care System has had by using a Population Health Management approach to proactively identify and support local populations with the greatest needs and individuals with the most complex needs.

Central to Montefiore's success has been its recognition, from the outset, that improving health and wellbeing outcomes is predicated on forming partnerships with non-healthcare organisations. The article states:

“To move the dial on population health, let alone make progress towards the higher objectives of greater wellbeing and prosperity, requires action across the panoply of factors that determine whether a society is sick or healthy: support for young children, diet, education, job opportunities, transport, housing, public spaces, care for elders, access to health care among many others. No single organisation has the wingspan to touch more than a handful of these issues on its own. Working in consort within a broad coalition – collective action to achieve collective impact – is both an obligation and an immense challenge”.

The article offers some helpful reflections from Montefiore's experience for other health and care systems wanting to progress greater levels of integration to improve health and wellbeing outcomes and reduce health inequalities

- *“It highlights the benefits of health care organisations adopting a broad perspective on their social purpose: being willing to apply their skills to the most pressing health care or broader problems facing their communities, even when that leads them far outside their own institutional walls*
- *it offers a particularly ambitious objective for consideration: the objective of using the skills and resources of health care to address inequality and achieve social justice. This is what appears to have allowed Montefiore to see past the hospital boundaries, escape the straitjacket of conventional health care and focus on what mattered to its population.*
- *Montefiore's experience (like areas of England such as Wigan or Coventry) says that we need to go out and find [our most deprived populations], connect with them wherever they are, understand the reality of their lives, and offer the services they want, on their terms, where they want them*
- *Montefiore also shows what health care organisations can achieve through sustained strategic partnerships with the other public and voluntary organisations that touch local communities. Health care organisations cannot have a profound impact on wellbeing on their own. They need to work in broad coalitions if the ambition is to tackle intractable social problems*
- *For those with the most complex needs, Montefiore presents a model of care management applied on an industrial scale with precision and determination. It highlights the advantages of bringing doctors, nurses, social workers and others together in a large organisation capable of providing effective support for case managers and investing in rigorous care management processes”*