

INNER NORTH EAST COMMUNITY COMMITTEE

7TH MARCH 2017

COMMUNITY WORKSHOP PRESENTATION

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Leeds Health & Care Plan and the West Yorkshire & Harrogate Sustainability and Transformation Plan

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Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition:

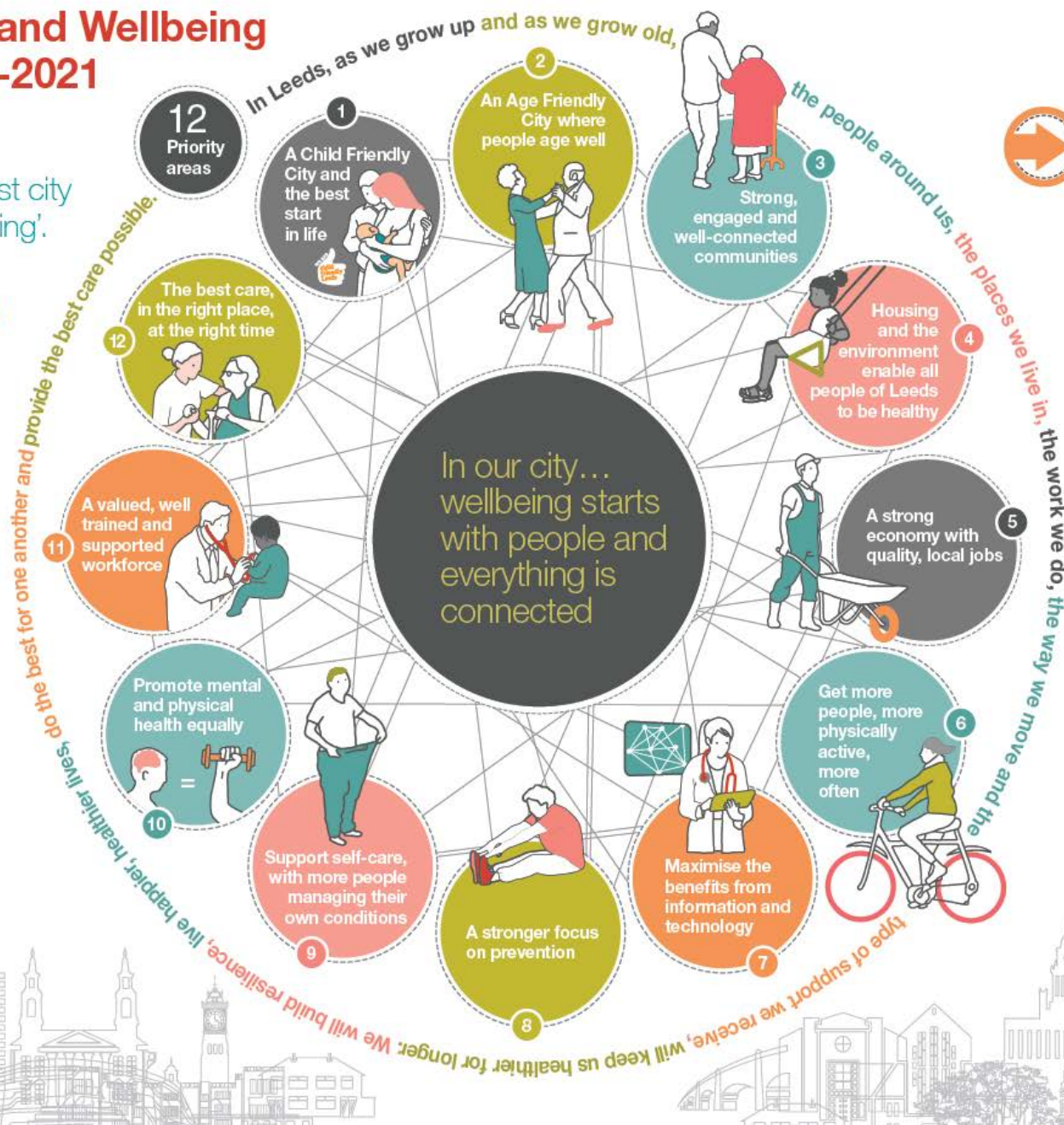
'Leeds will be the best city for health and wellbeing'.

And a clear vision:

'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'.

Page 2 Outcomes

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



Indicators

- Infant mortality
- Good educational attainment at 16
- People earning a Living Wage
- Incidents of domestic violence
- Incidents of hate crime
- People affording to heat their home
- Young people in employment, education or training
- Adults in employment
- Physically active adults
- Children above a healthy weight
- Avoidable years of life lost
- Adults who smoke
- People supported to manage their health condition
- Children's positive view of their wellbeing
- Early death for people with a serious mental illness
- Employment of people with a mental illness
- Unnecessary time patients spend in hospital
- Time older people spend in care homes
- Preventable hospital admissions
- Repeat emergency visits to hospital
- Carers supported

What is the Leeds Health & Care Plan?

- A progression from our citywide Health and Wellbeing Strategy that serves the twin aims of: feeding into the West Yorkshire & Harrogate STP; and providing a delivery plan for our citywide health and care ambitions in Leeds.
- A 'roadmap' for how we will improve health and wellbeing, improve care and quality and work towards more financial sustainability, providing a focus for services to work together.
- Currently it's the culmination of considerable work across the partnership, summarised in Leeds' three slide submission to the West Yorkshire & Harrogate STP, with more detailed programme management materials to support it in the background.
- The Leeds plan has four main themes underpinned by a commitment to culture change built on 'working with' people wherever possible in all aspects of their health and care.
 - o ***Prevention***
 - o ***Self-management, proactive & planned care***
 - o ***Optimising the use of secondary care resources and facilities***
 - o ***Urgent care/ rapid response in times of crisis***



Three gaps

Health and Wellbeing Gaps

Life expectancy for men and women remains significantly worse in Leeds than the national average. The gaps that we need to address are:

HW1 - Cardiovascular disease (CVD) mortality is significantly worse than for England

HW2 - Cancer mortality is significantly worse than the rest of Yorkshire and the Humber

HW3 - Deaths from cancer are the single largest cause of avoidable PYLL in the city, accounting for 36.3% of all avoidable PYLL

HW4 - PYLL from cancer is twice the level in the deprived Leeds quintile than in Leeds non-deprived

HW5 - Suicides have increased

Care and Quality Gaps

The following NHS Constitutional KPIs have been identified as the areas to focus on to reduce the care and quality gap:

CQ1 - Mental Health (including IAPT)

CQ2 - Patient Satisfaction

CQ3 - Quality of Life

CQ4 - A&E and Ambulance Response Times

CQ5 - Delayed Transfers of Care (DTOC)

CQ6 - Hospital admission rates

CQ7 - Capacity gap created by difficulties in recruiting and retaining staff, coupled with a rising demand

CQ8 - Difficulties in providing greater access to services in and out of hours

Finance and Efficiency Gaps

The financial gap facing the city under our 'do nothing' scenario is £723 million. It reflects the forecast level of pressures facing the 4 statutory delivery organisations in the city and assumes that our 3 CCGs continue to support financial pressures in other parts of their portfolio whilst meeting NHS business rules.



What is health and wellbeing like in Inner North East?

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Life Expectancy At Birth

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Community	Female	Male	Persons
Inner South	80.3	75.5	77.8
Inner East	80.2	76.2	78.1
Inner West	81.4	76.7	79.0
Inner North West	80.9	79.5	80.3
Outer West	82.7	78.8	80.8
Inner North East	82.5	79.3	80.9
Outer East	83.0	79.6	81.3
Outer South	83.3	80.5	82.0
Outer North West	85.1	81.2	83.2
Outer North East	87.0	83.5	85.4
Leeds Average	82.8	79.2	81

Under 75 Cardiovascular disease (CVD) Mortality *

*(Per 100,000)

Community	Female	Male	Persons
Inner South	82.2	191.3	137.7
Inner East	93.3	167.7	131.0
Inner West	74.1	153.4	114.3
Inner North West	68.3	121.5	94.7
Outer West	48.8	121.5	84.1
Inner North East	41.4	126.2	81.7
Outer East	50.0	109.5	78.5
Outer South	47.4	104.9	75.6
Outer North West	42.2	85.0	62.9
Outer North East	29.4	65.4	46.7
Leeds Average	57.7	124.6	90.7

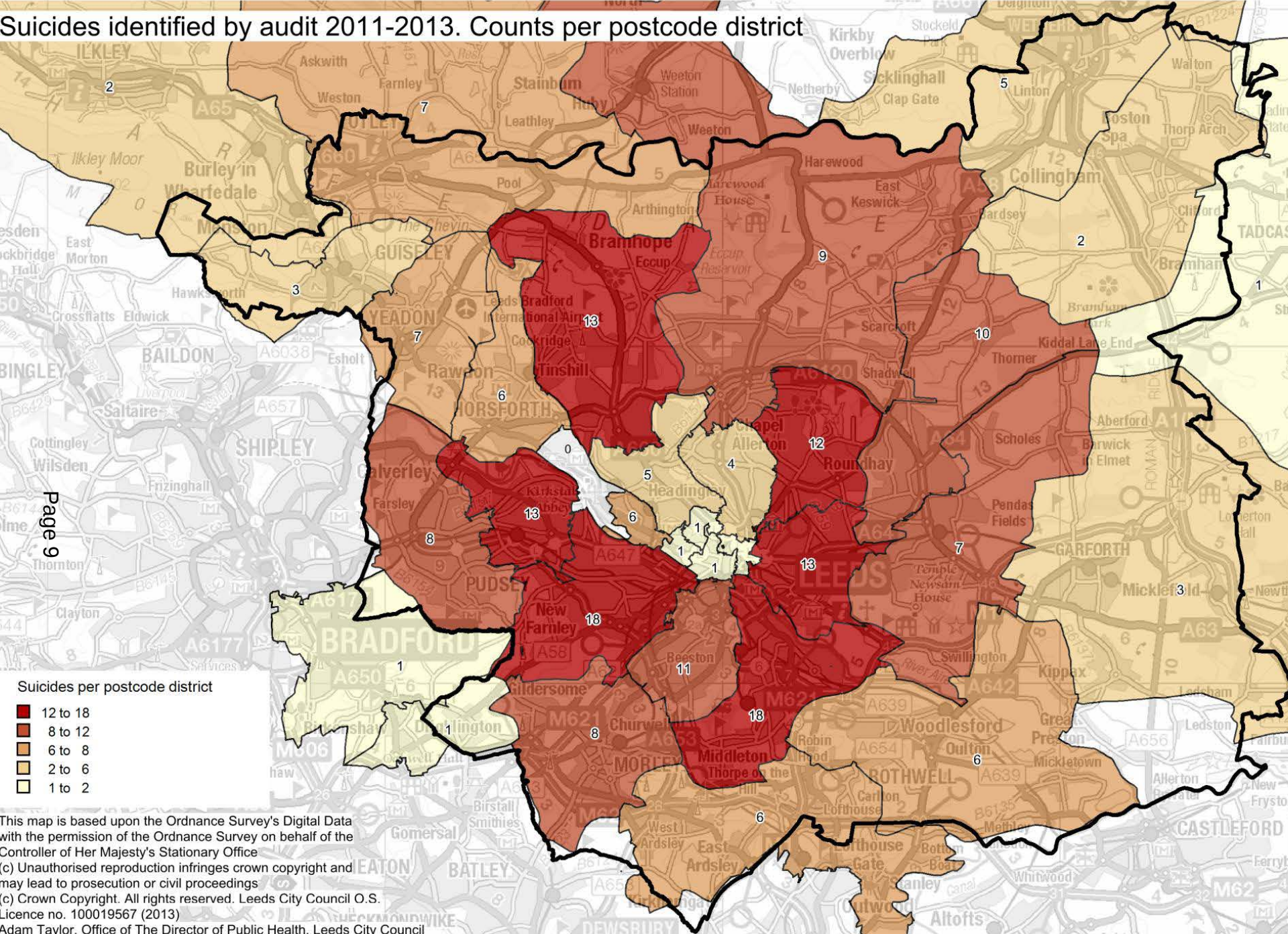
Under 75 Cancer Mortality*

*(Per 100,000)

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Community	Female	Male	Persons
Inner East	177.7	236.3	206.5
Inner South	179.3	208.9	193.9
Inner West	152.8	228.9	190.0
Outer West	146.8	161.1	153.3
Outer East	134.9	165.9	149.5
Inner North West	167.7	133.6	149.3
Outer South	127.6	160.8	143.5
Outer North West	116.3	153.6	133.9
Inner North East	114.6	146.9	129.7
Outer North East	106.2	131.0	118.0
Leeds Average	128.7	156.9	142

Suicides identified by audit 2011-2013. Counts per postcode district



What does it feel like for a GP in Inner North East?

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Better conversations: A whole city approach to working with people

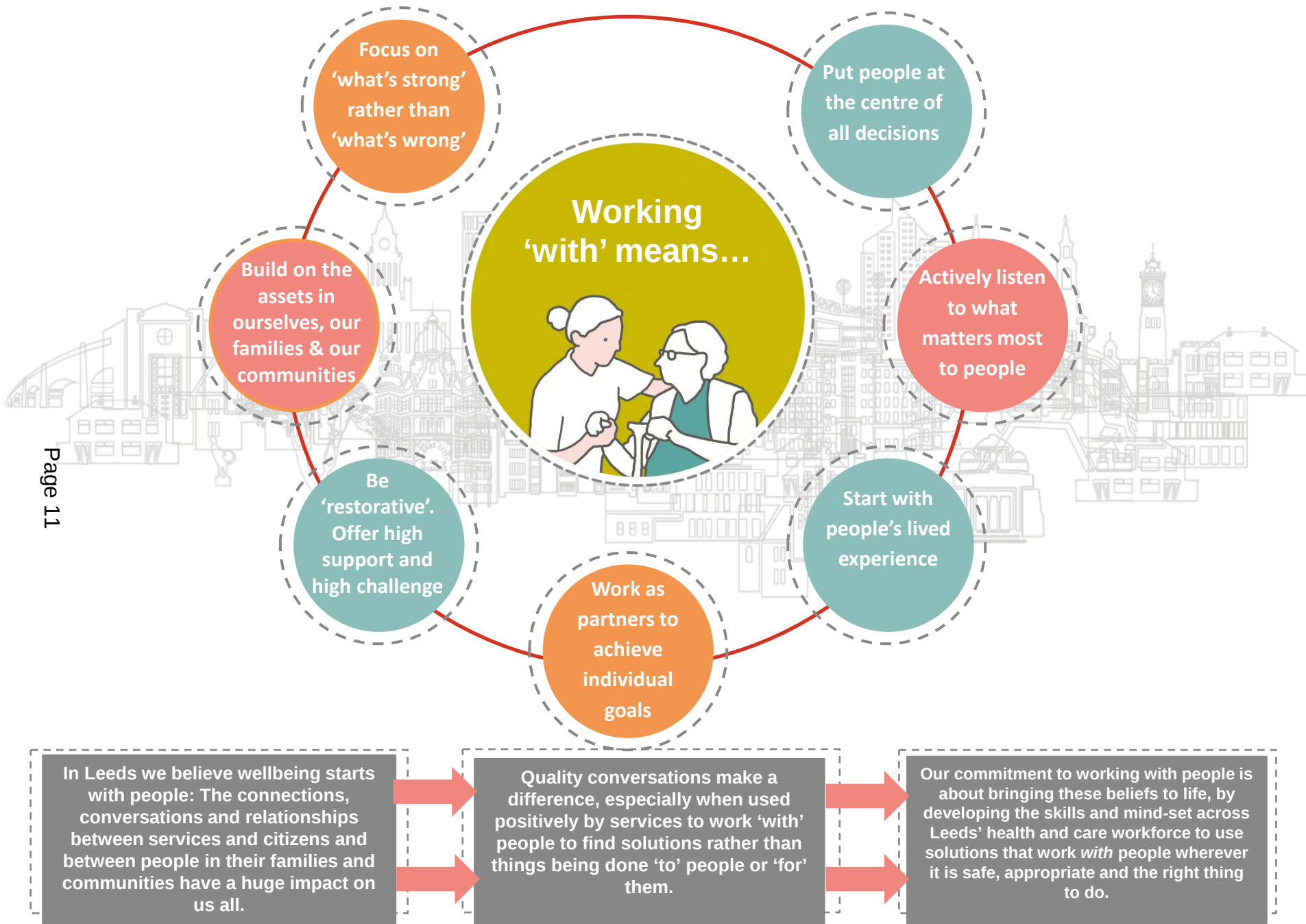


Table Discussion

- What do you think are the three key priorities that would help reduce the Health and Wellbeing Gap?
- Working with citizens is key to addressing the gaps. How do you think we can ensure that this is meaningful, open and honest?
- How would you like your Community Committee area to be part of the conversation as the Leeds Health & Care Plan develops?

