Public Document Pack

Leeds CITY COUNCIL

HEALTH AND WELLBEING BOARD

Meeting to be held in Marjorie & Arnold Ziff Community Centre, 311 Stonegate Road, Leeds, LS17 6AZ on
Thursday, 14th June, 2018 at 12.20 pm

There will a pre-meeting for Board Members from 12.00 noon

MEMBERSHIP

Councillors
R Charlwood (Chair) S Golton P Latty
L Mulherin
E Taylor

Representatives of Clinical Commissioning Groups
Dr Gordon Sinclair - NHS Leeds Clinical Commissioning Group
Phil Corrigan - NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council
Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adults and Health
Steve Walker – Director of Children and Families

Representative of NHS (England)
Moira Dumma - NHS England

Third Sector Representative
Heather Nelson - Black Health Initiative

Representative of Local Health Watch Organisation
Dr John Beal - Healthwatch Leeds

Representatives of NHS providers
Sara Munro - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Representative
Superintendent Sam Millar – West Yorkshire Police

Parking: Limited on-site parking and street parking. Overflow parking is available at Moortown Baptist Church, 204 King Lane, Leeds, LS17 6AA

Agenda complied by: Helen Gray
Governance Services 0113 3788657

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			WELCOME AND INTRODUCTIONS	
2			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded) (*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)	
3			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED** – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-	

4			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration (The special circumstances shall be specified in the minutes)	
5			**DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
6			**APOLOGIES FOR ABSENCE** To receive any apologies for absence	
7			**OPEN FORUM** At the discretion of the Chair, a period of up to 10 minutes may be allocated at each ordinary meeting for members of the public to make representations or to ask questions on matters within the terms of reference of the Health and Wellbeing Board. No member of the public shall speak for more than three minutes in the Open Forum, except by permission of the Chair.	
8			**MINUTES** To approve the minutes of the previous Health and Wellbeing Board meeting held 19th February 2018 as a correct record. (Copy attached)	1 - 8

9			**PRIORITY 2 - AN AGE FRIENDLY CITY WHERE PEOPLE AGE WELL** To consider the report of the Chief Officer / Consultant in Public Health which demonstrates the impact of the Breakthrough project 'Making Leeds the Best City to Grow Old' as one strand of work to achieve the priority of Leeds being an Age Friendly City where people age well. The report specifically aims to review the progress of the partnership with the Centre for Ageing Better and Leeds Older People's Forum, how this could benefit the ambition of the Health and Wellbeing Board to be an 'Age Friendly City' where people age well, and consider what role the Board could have in these partnerships priority programmes (community transport, community contribution research and housing). (Report attached)	9 - 64
10			**LEEDS COMMITMENT TO CARERS** To consider the report of the Leeds Carers Partnership and the Director of Adults & Health which recognises that unpaid carers are crucial both to our communities and to the sustainability of health and social care in Leeds; and emphasises that if Leeds is to be the best city for health and wellbeing, we have to be the best city for carers. (Report attached)	65 - 76
11			**UPDATE ON THE LEEDS CANCER PROGRAMME** To consider the report of the Leeds Integrated Cancer Services Programme Board which presents a progress update on the Leeds Cancer Programme and details the local response to the recommendations within the National Cancer Taskforce Strategy 2015-2020. The report also sets out actions to address the specific inequalities in cancer outcomes in Leeds, last presented to the Board in January 2016. (Report attached)	77 - 94

12			**UNICEF UK BABY FRIENDLY INITIATIVE IN LEEDS** To consider the report of the Director of Public Health on the implementation and progress of the Unicef UK Baby Friendly Initiative in Leeds, and how this supports the Health and Wellbeing Strategy. (Report attached)	95 - 150
13			**ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH** To consider the Annual Report of the Director of Public Health 2017/18 which describes what lies behind a fall in life expectancy for women and a static position for male life expectancy. (Report attached)	151 - 194
14			**WEST YORKSHIRE AND HARROGATE HEALTH AND CARE PARTNERSHIP UPDATE** To consider the report of the Head of Regional Health Partnerships, Health Partnerships Team, setting out the next phase of partnership working within the West Yorkshire and Harrogate Health and Care Partnership (Report attached)	195 - 200
15			**FOR INFORMATION: IBCF (SPRING BUDGET) Q4 2017/18 RETURN AND BCF PERFORMANCE MONITORING Q4 2017/18 RETURN** To note for information, receipt of the joint report from the Chief Officer Resources & Strategy, LCC Adults & Health and the Deputy Director of Commissioning, NHS Leeds CCG, on the contents of the national iBCF return and the Leeds HWB BCF Performance Monitoring return for 2017/18 Quarter 4 which were previously submitted nationally following circulation to members for comment. (Copy attached)	201 - 236

16			**FOR INFORMATION: LEEDS HEALTH AND CARE QUARTERLY FINANCIAL REPORTING** To note, for information, receipt of the report of Leeds Health and Care Partnership Executive Group (PEG) providing an overview of the financial positions of the health & care organisations in Leeds, brought together to provide a single citywide quarterly financial report. (Copy attached)	237 - 244
17			**FOR INFORMATION: NHS LEEDS CLINICAL COMMISSIONING GROUPS PARTNERSHIP ANNUAL REPORTS 2017-2018** To receive and retrospectively note the extract from the NHS Leeds CCG Annual Report 2017-2018 – "CCG's Role in Delivering the Leeds Health and Wellbeing Strategy 2016-2021" (Report attached)	245 - 262
			ANY OTHER BUSINESS	
19			**DATE AND TIME OF NEXT MEETING** To note the date and time of the next meeting as 5th September 2018 at 10.00 am (with a pre-meeting for Board members at 9.30am)	

Third Party Recording

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties– code of practice

a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

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HEALTH AND WELLBEING BOARD

MONDAY, 19TH FEBRUARY, 2018

PRESENT: Councillor R Charlwood in the Chair

Councillors S Golton, G Latty, L Mulherin and E Taylor

Representatives of Clinical Commissioning Groups

Alistair Walling	NHS Leeds South and East CCG
Dr Gordon Sinclair	NHS Leeds West CCG
Nigel Gray	NHS Leeds North CCG
Phil Corrigan	NHS Leeds West CCG

Directors of Leeds City Council
Dr Ian Cameron – Director of Public Health

Representative of NHS (England)
Moira Dumma - NHS England

Third Sector Representative
Heather Nelson – Black Health Initiative
Hannah Munro – Forum Central

Representative of Local Health Watch Organisation
Tanya Matilainen – Healthwatch Leeds

Representatives of NHS providers
Sara Munro - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Representative
Superintendent Sam Millar – West Yorkshire Police

46 Welcome and introductions
The Chair welcomed all present and brief introductions were made.

47 Appeals against refusal of inspection of documents
There were no appeals against the refusal of inspection of documents.

48 Exempt Information - Possible Exclusion of the Press and Public
The agenda contained no exempt information.

49 Late Items
There were no late items of business.

50 Declarations of Disclosable Pecuniary Interests
There were no declarations of disclosable pecuniary interest.

51 Apologies for Absence

Apologies for absence were received from Councillor Coupar, Jason Broch, Cath Roff and Steve Walker. Councillor E Taylor attended the meeting as a substitute.

52 Open Forum

Population Health Management Principles (PHM) - A query was raised regarding PHM and seeking support to pause the process of recognising Accountable Care systems until the outcome of two Judicial Reviews were known was raised.

In response, assurance was provided that the local Leeds Health and Care Plan had adopted a 'bottom up trajectory' approach through Local Care Partnerships and there would be no imposition of a national model. Additionally, health and care sector partners were keen to continue the Leeds integrated working approach which would allow the sector to monitor and challenge provision through collaborative practices; keeping in mind that the sector needed to understand those areas where it was required to procure services in order to provide the best service and value for money.

RESOLVED – To note the matter raised.

53 Minutes

An amendment was made to Minute No.40 'Making a Breakthrough', paragraph 2 Air Quality, to reference Chronic *Vascular* Diseases

RESOLVED – That, subject to the amendment outlined above, the minutes of the meeting held 23rd November 2017 were agreed as a correct record.

54 Leeds Health and Wellbeing Board: Reviewing the Year 2017-2018

The Chief Officer, Health Partnerships, submitted a report introducing a report on a review of the strategic direction provided by the Health and Wellbeing Board (HWB) and providing a look back over the last 12 months of HWB and partnership activity.

The Health Partnerships Manager introduced the report, which included a summary of a HWB self-assessment workshop undertaken in January 2018. This information would inform the future work planning and focus of the HWB into 2018/19. Three key issues for further focus were identified as:

- Mental health
- The workforce
- Hearing the voice of the community.

During discussions the Board considered the following:

- Previous discussions with the West Yorkshire & Harrogate Health and Care Partnership which sought to provide high support and high challenge that partners adopted the same or similar approach to health and care as Leeds as highlighted below;
- Success was predicated on building good working relationships between partners, building challenge into the process and encouraging strong, well-engaged communities within the process;

- Welcomed the sense of 'team Leeds' within the document which was evidenced by the well-connected approach to the health and care sector and service users;
- Acknowledged the work done by Board partners which had ensured that the HWB priorities were encompassed within their individual services and service plans.

RESOLVED

a) To note the collated findings of the report
b) To note the comments made during discussions intended to provide steer, commission or to clarify any future action to make further progress towards the outcomes and priorities of the Leeds Health and Wellbeing Strategy
c) That those matters identified during discussions be included within the HWB work plan as appropriate

55 Joint Strategic Needs Assessment: More Comprehensive Approach to City-Wide Analysis

The Board considered the joint report of the Chief Officer, Health Partnerships and the Head of LCC Intelligence and Policy setting out proposals for a broader, forward-looking approach to the ownership, production and utilisation of the Joint Strategic (Needs) Assessment, which will consider the wider determinants of health and wellbeing and facilitate policy linkages across the health and care system in Leeds.

The Chief Officer, Health Partnerships, introduced the report which highlighted the HWB's statutory responsibility to produce a JSNA to inform the direction and effectiveness of the Health and Wellbeing Strategy. The proposals sought to embed the 'Leeds approach' into the JSNA; be more inclusive of the Third Sector and communities; and included a name change to "Joint Strategic Assessment" (JSA).

The Board heard that officers had researched examples of good practice adopted by other areas of the country and went on to view a short video presentation entitled "Wellbeing of Future Generations (Wales) Act 2015" created by the Welsh Government to provide advice on the aims of the Act. The video was presented as the basis for discussion on a future approach to publicise the aims of the JSA and more widely - the work of the HWB; the Leeds Health & Wellbeing Strategy (HWBS) and Leeds Health and Care Plan. The Board supported the following principles around engagement and made the following comments:

- Emphasis on self-management and care
- Show what Leeds' health and care systems could look like and provide context for the individual
- Sets out a snapshot of need and reflect more of the 'one Leeds' approach

Discussion identified the following matters associated with the JSA for further consideration:

- The context should reference Leeds' focus on secure and happy childhoods to ensure the best start for children and young people
- To reference using community assets within the longer term service delivery proposals
- To be a toolkit for the whole City, including businesses and residents, not just the local health and care partners
- Acknowledged the need to broaden the scope of data collection in order to better inform the Leeds Health and Wellbeing Strategy and encompass the wider determinants of health

RESOLVED -

a) To note the contents of the report and the comments made during discussions on the Wellbeing of Future Generations (Wales) Act 2015 video and the refreshed Joint Strategic Needs Assessment;
b) To endorse the change from a Joint Strategic Needs Assessment to a Joint Strategic Assessment (JSA), reflecting the 'working with' approach and reflecting strengths and assets based approach developed in communities and neighbourhoods;
c) To endorse the extension of the JSA to cover the wider determinants of health in line with the refreshed Health and Wellbeing Strategy/Leeds Plan, Best Council/Best City priorities (paragraphs 3.1-3.3);
d) To actively support and contribute to a strong partnership approach to the JSA (paragraphs 3.6-3.10);
e) To agree the establishment of a partnership task and finish group to drive the JSA (paragraphs 3.11) and to note that the Chief Officer, Health Partnerships, will be responsible for overseeing implementation of the group.
f) Agreement that the JSA includes focus on secure and happy childhoods to ensure the best start for children and young people
g) Agreement that a wide breadth of information is used to inform the JSA including existing data sets where appropriate (e.g. mental health needs assessment framework)

56 Leeds Academic Health Partnership Strategy

The Chief Officer, Health Partnerships introduced a report providing an update on the progress made by the Leeds Academic Health Partnership (LAHP) to establish a Strategic Framework of priorities along with a summary of its programme of active projects to deliver these. The report acknowledged the role of the LAHP within the wider strategic context of the Leeds Health and Well Being Strategy, Leeds Health and Care Plan and the Leeds Inclusive Growth Strategy.

The report identified the strength and skills of LAHP members to drive the main strategic priorities of:

- Support the delivery of partners' own (and shared) strategies and plans –helping to simplify, not add to, complexity;
- Reflect the breadth of the partnership, for example: physical *and* mental health; care provided in *and* out of hospital; health *and* social care; discovery science to applied health research

- Build the reputation of and add value to all partner organisations and the city across the totality of the work programmes.
- Build on and bring together existing strengths across the city and also develop areas of new capability

Discussion focussed on the following key issues:

- The need to identify how the Third Sector will be further involved in the Partnership
- The need to clarify the role of digitalisation and digital innovation in the delivery of the priorities
- The 'one workforce' approach and how training will be delivered across the various partners to ensure this approach is implemented
- As part of a wider piece of work for the health and care partnership, three priorities of apprenticeships; organisational development and the long term future workforce had been identified for 2018, with focus commencing on 1st April 2018. From September, focus would include cultural working conditions and bringing together the workforce.

RESOLVED

1) To note the Strategic Framework priorities and progress made by the Leeds Academic Health Partnership and its programme to deliver better health outcomes, reduced health inequality and more jobs and stimulate investment in health and social care within the City's Health and Wellbeing Strategy.
2) To note that the Chief Officer, Health Partnerships Team will be responsible for overseeing implementation by the LAHP of its programme.

57 Pharmacy Needs Assessment 2018-21

The Director of Public Health, LCC, submitted a report on the new Pharmacy Needs Assessment (PNA) 2018-2021 which had been produced after a thorough and robust process, including a number of consultation measures.

Liz Bailey, Healthy Living and Health Improvement, introduced the summary findings of the report and provided assurance on the following key points:

- Leeds had a good spread and access to pharmaceutical services. No current gaps in provision of necessary services to meet the needs of the Leeds population had been identified;
- The PNA did not identify any future needs which could not be met by pharmacies/providers already on the pharmaceutical list; taking into account likely demographic changes during the three year life of the PNA

The following comments were noted during discussions:

- Welcomed the recognition given to pharmacies and pharmacists for their support to local communities
- Acknowledged a concern regarding access to pharmacies; given that residents were being encouraged to discuss health and wellbeing issues with their pharmacists in the first instance where appropriate

- Sought assurance that where there was no pharmacy service, there was provision of 'distance pharmacy' with 10 miles; noting the continuing residential expansion of Leeds into outlying suburbs
- Noted that the previous PNA included building "Safe Places" provision within pharmacies and this was not included in the 2018-21 document. It was agreed that the PNA 2018-21 would be reviewed to ensure "Safe Places" are incorporated
- Concern over how migrants/new residents to Leeds are enabled to access pharmacies
- Opportunity to progress the 'one healthcare records system'; including pharmacies

RESOLVED -

a) To note the thorough processes undertaken to compile the PNA 2018-2021
b) To note the findings and recommendations contained in the PNA 2018-2021
c) To note that there are no current gaps in the provision of necessary services to meet the needs of the Leeds Health and Wellbeing Board area population.
d) To note that there are no current gaps in the provision of other relevant services to meet the needs of the Leeds Health and Wellbeing Board area population.
e) To note that the PNA has not identified any future needs which could not be met by pharmacies already on the pharmaceutical list, which would form part of related commissioning intentions.
f) To note that as of 1st January 2018, all areas of Leeds have a reasonable choice of pharmaceutical services
g) To notes the follow up actions that have been taken, since the submission of the update paper submitted on 23rd November 2017.
h) To approve the PNA document ready for publication and placing on the Leeds Observatory website http://observatory.leeds.gov.uk/ by 1st April 2018.

58 Progressing the NHS Leeds Clinical Commissioning Groups Partnership Annual Report 2017-2018

The Board considered the report of the Communications Manager, NHS Leeds Clinical Commissioning Groups Partnership, which demonstrated how the Clinical Commissioning Group Annual Report has documented its contribution to the joint health and wellbeing strategy.

The report highlighted that information was previously submitted by the Leeds CCGs Partnership to the self-assessment workshop held for the HWB in January 2018. This submission provided an overview of how the organisation had contributed to each of the 12 priorities within the Leeds Health and Wellbeing Strategy 2016-21. It was proposed that this submission would be used for the Annual Report 2017-18 to evidence the extent that the Leeds CCGs Partnership has contributed to the delivery of the Leeds Health and Wellbeing Strategy.

RESOLVED

a) To support the process for developing the CCG annual report as outlined in para 3.6 to meet the statutory requirement outlined by NHS England.
b) To acknowledge the extent to which the NHS Leeds CCGs have contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
c) To agree to the formal recording of this acknowledgement in the NHS Leeds CCGs' annual reports according to statutory requirement.

59 For Information: iBCF (Spring Budget) Q3 2017/18 Return and BCF Performance Monitoring Q3 2017/18 Return

The Board received for information, a copy of the iBCF Spring Budget and the Better Care Fund 2017/18 Quarter 3 returns.

RESOLVED -

a) To note the contents of the report
b) To note the contents of the Leeds iBCF Quarter 3 return to the DCLG
c) To note the content of the Leeds HWB BCF Performance Monitoring return to NHSE for quarter 3 of 2017/18

60 For Information: Leeds Health and Care Quarterly Financial Reporting

The Board received, for information, a copy from Leeds Health and Care Partnership Executive Group (PEG) which provided an overview of the financial positions of the health & care organisations in Leeds, brought together to provide a single citywide quarterly financial report.

RESOLVED – To note the end of year forecast contained within the Leeds health & care quarterly financial report.

61 Any Other Business

No additional items of business were identified.

62 Date and Time of Next Meeting

RESOLVED – To note the following arrangements:

a) Board workshop – Thursday 19th April 2018 at 9.30 am
b) Formal Board meeting – Thursday 14th June 2018 at 12.30 pm

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Leeds Health and Wellbeing Board

Report author: Lucy Jackson/Joanne Volpe

Report of: Chief Officer / Consultant in Public Health

Report to: Leeds Health and Wellbeing Board

Date: 14th June 2018

Subject: Priority 2 – An Age Friendly City where people age well

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

Leeds Health and Wellbeing Strategy 2016-2021 has an ambition to be 'An Age Friendly City where people age well' (priority 2). Work to achieve this priority includes:

- The action plan of the breakthrough project, 'Making Leeds the Best City to Grow Old in' (Annual Report attached Appendix A).
- A programme of actions on 'healthy ageing' with specific focus on nutrition and hydration; mental health and wellbeing; and active and independent living,
- -The Time to Shine programme led by Leeds Older People Forum, funded by the Big Lottery, to tackle social isolation.
- -The work led by Leeds CCG on 'living with frailty' focusing on commissioning for population outcomes and integrating health and care provision.

This report provides an update specifically on the **Best City to Grow Old** breakthrough project, and the joint work with the Centre for Ageing Better and Leeds Older People's Forum. It is presented as an Annual Report attached as Appendix A to this report. The Annual Report includes an update on the breakthrough project action plan, next steps and details of the council's partnership work both locally, nationally and internationally. This is the second annual report on this breakthrough project.

The Breakthrough project and its key partnership with Leeds Older People's Forum and Centre for Ageing Better are seeing a real impact with work programmes on transport, housing and community contributions. These priority areas for the partnership are progressing to a stage where further involvement of the Health and Wellbeing Board would be beneficial to the Age Friendly ambition.

Recommendations

The Health and Wellbeing Board is asked to:

- Recognise the impact of the Age Friendly programme of work as detailed in the Annual Report.
- Recognise that the Age Friendly programme of work is a good example of cross council and partnership working to maximise impact and outcomes for the citizens of Leeds.
- Consider specifically how the partnership with the Centre for Ageing Better could use the findings from its research on community contribution to support 'Leeds Left Shift' ambition to motivate and boost the abilities of communities to increase wellbeing of local older people from BME communities.
- Consider how the partnership work on community transport could align with and strategically inform any future plans for transport within health.
- Consider what key issues are needed to shape the Information and Advice on Housing Options work programme, and specifically how this can be integrated with health and care services.

1 Purpose of this report

1.1 To demonstrate the impact of the Breakthrough project 'Making Leeds the Best City to Grow Old' as one strand of work to achieve the priority of Leeds being an Age Friendly City where people age well.

1.2 To specifically review the progress of the partnership with the Centre for Ageing Better and Leeds Older People's Forum, how this could benefit the ambition of the Health and Wellbeing Board to be an 'Age Friendly City' where people age well, and consider what role the Board could have in these partnership's priority programmes (community transport, community contribution research and housing).

2 Background information

2.1 The Health and Wellbeing Strategy 2016-21 has 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. Priority 2 is that Leeds will be an Age Friendly City where people age well. To achieve this aim there are many actions taking place across all partners. Three key programmes of action are: The breakthrough project

‘Making Leeds the Best City to Grow Old in’; The Healthy Ageing action plan; and the health and care programme focussing on people living with frailty.

2.2 This paper focusses on the first of these programmes. Leeds has an ambition to be the Best City to Grow Old in, and for Age Friendly Leeds to have the same prominence as Child Friendly Leeds. The vision is for Leeds to be a city where ageing is seen as a positive experience that brings new changes and opportunities and older people have access to the services and resources they require to enable them to live healthy and fulfilling lives.

2.3 The scope of the programme is citizen focussed and defined as one which promotes social capital and participation; age-proofs and develops universal services; reduces social exclusion and works to change social structures and attitudes. It places a strong focus on social networks within neighbourhoods and the city. It recognises the economic value of older people as employees, volunteers, investors, and consumers who can benefit the whole population, rather than just seeing them as users of health and social care services

2.4 The second annual report for this breakthrough project details actions and is attached as appendix A.

2.5 To move further and faster on some specific priorities Leeds City Council and Leeds Older People’s Forum has secured a partnership with the Centre for Ageing Better. The Centre for Ageing Better is an independent charitable foundation with a vision of society in which everyone enjoys later life. Ageing Better’s work is informed by evidence which includes research, lived experience and the views of practitioners. They are funded by an endowment from the Big Lottery and are part of the What Works network.

2.6 Leeds City Council, Leeds Older People’s Forum and Centre for Ageing Better have signed a five year partnership agreement. The memorandum of understanding (MoU) states that the partnership will apply, implement and roll out evidence-based approaches to specific local ageing issues as well as identifying opportunities for innovation and new delivery models within new and existing structures and services.

2.7 The Centre for Ageing Better’s partnership with Leeds is one of two partnership’s nationally, the other being with Greater Manchester. The Centre for Ageing Better also manages the UK Network of Age Friendly Cities.

2.8 The MoU detailed three key areas of work – Transport, Housing and Community Contributions for the partnership to develop.

3 Main issues

3.1 Why is it important?

3.1.1 Ensuring Leeds is an age friendly city was identified as a priority area by older people in Leeds.

3.1.2 Inequalities in health are a key issue for older people with ill health and social impacts affecting the poorest in the city disproportionately. The maps at Appendix B show that whilst there is a higher proportion of older people in the outer areas of Leeds, the proportion of older people experiencing income deprivation is higher in the inner areas of Leeds.

3.1.3 Leeds has an ageing population. The 2011 Census shows that there are almost 150,000 people in Leeds are aged 60 and over (accounting for almost 20% of the total population). This number will continue to increase with the number of people aged 50+ expected to rise to 256,585 by 2021, with those aged 80+ increasing to 39091.

3.2 Our approach

3.2.1. The approach to Making Leeds the Best City to Grow Old in is a citizenship approach, applying to the entire population. The framework for delivering this is the eight World Health Organisation domains which are:

- Outdoor spaces and buildings
- Transport
- Housing
- Civic Participation and Employment
- Social Participation
- Respect and Social Inclusion
- Communication and Information
- Community Support and Health Services

3.2.2. The approach ensures that there is a strong focus on social networks within neighbourhoods and the city; promotes social capital and participation; age-proofs and develops universal services; reduces social exclusion and works to change social structures and attitudes that act as barriers to older people.

3.2.3. It therefore does not include all the programmes of work in relation to health, wellbeing and social care for older people occurring across the city that would come under the Leeds Health and Wellbeing Strategy. Other areas of work can be found within the Leeds Health and Care Plan and related work occurring across the NHS, Adults & Health directorate and partners, whilst recognising that there are obvious links and synchronicities.

3.2.4 The strategic direction for the project is led by a project board chaired by the Executive Member for Health, Wellbeing and Adults and includes chief officers from across the council and representatives from Leeds Older People's Forum.

3.2.5 Wider partnership working takes place through the Age Friendly Leeds Partnership which has good representation from across the Council and partners (including older people, the third sector and universities).

3.2.6 Leeds also actively engages with partner cities in the UK through our membership of the UK Age Friendly Cities Network and across Europe through the Urban Ageing Network, part of Eurocities. Leeds is also a member of the World Health Organisation's network of age friendly cities.

3.3 Breakthrough project action plan

3.3.1 An action plan has been developed based on the World Health Organisation eight Age Friendly City domains, with 'I statements' from older people on each area. Officers from across the council have been identified to lead on the Age Friendly domains, and they provide quarterly updates on progress to the Project Board.

Key examples of work which are detailed in the Annual Report under the relevant headings:

Outdoor spaces and buildings

"When I go out I want to feel safe and enjoy public spaces and buildings that are clean and accessible".
"I want to feel confident that I will be able to take a rest and use a toilet when I need to".

- A Dementia Friendly Garden was launched at Springhead Park in Rothwell on 17 May 2017. Peter Smith of Dementia Friendly Rothwell won 'Partner of the Year' at the LCC Environment and Communities award for his work on this garden. The garden offers people with dementia a tranquil place to go.
- 'Come in and Rest Campaign' launched in Moortown in January 2017 is now being taken on by businesses across the city. Businesses and organisations offer older people a seat they can use if they feel the need to rest. This will enable older people who can only walk short distances to go out in their community and reduce their isolation.

Housing

"When I am at home I want to feel safe and free of anti-social behaviour".
"I want to have the support and advice I need to remain as independent as possible".
"I want to feel financially secure in my home".
"I want to be able to go out when I want to".

- The importance of older people's voices were recognised through a workshop to discuss housing requirements which were fed into the Strategic Housing Market Assessment which was undertaken to understand the housing needs of Leeds up to 2033.
- A new support model and branding for sheltered housing schemes in three areas of Leeds piloted using the branding Retirement LIFE (Living In a Friendly Environment). The model includes a greater staff presence in complex schemes, and a greater focus on developing and promoting wellbeing activities, with greater connections into the local community and neighbourhood networks, to keep people active and connected.

Civic Participation and Employment

"I want to contribute to my community through volunteering, helping family, friends and neighbours, and supporting local businesses".
"I want to be involved in decisions concerning my community".

- The majority of 'In Bloom' volunteers are aged 60+. During 2017 Leeds was very successful in the Yorkshire in Bloom competition including receiving gold medals and being the category wins for the city of Leeds, City Centre, Barwick in Elmet, Kippax and Horsforth.
- Older learners are included as a priority group for the Adult Learning Programme with a particular focus on social isolation and digital inclusion. Since the start of the new 2017-18 academic year in September 450 people aged 50+ have enrolled on Adult Learning courses, which is 33% of the total enrolments recorded this term to date.
- Of the 252 people joining ESIF funded Skills, Training and Employment Pathways (STEP) 99 were aged 50 or over when they started the 12 month programme. Of those starting 33 have already progressed into work, 11 of whom were aged 50+.
- During 2017 Voluntary Action Leeds analysed data it had collected from nearly 700 people volunteering in Leeds, this showed that more than a third of people volunteering in Leeds were aged 55-84 and 68% of these older volunteers were actively volunteering at least once a week.

Social Participation

"I enjoy a range of leisure and social activities".
"I take part in a range of leisure activities".
"I enjoy having time to read, watch TV and do what I choose".
"I don't want to feel lonely".

- The second round of commissioning of Time to Shine projects has taken place, with 11 new projects commissioned with a total value of £1.6 million to reduce loneliness and social isolation amongst older people in Leeds.
- West Yorkshire Playhouse has been awarded £99,950 from Arts Council England National Lottery funding to produce a Festival of Theatre and Dementia. Exploring the experience of living with dementia through creative activity, the Festival will create new opportunities for older people living with dementia, collaborating with them as curators and performers.

Community Support and Health Services

"I want prompt, accessible medical support".
"I want to be taken seriously".
"I want practical and emotional support where needed".

- Following a review of the Neighbourhood Networks, the council committed a budget £15 million over the initial five years, with an additional £565,000 coming in the next three years from extra funds for Adult Social Care.
- NHS Leeds CCG and Time to Shine have funded five Supported Wellbeing and Independence for Frailty (SWIFt) projects. Clients are older people with poor health and complex health needs. An evaluation of the project is due in the autumn.

3.4 Centre for Ageing Better Partnership

The initial priority areas being supported by the Centre for Ageing Better are community transport, community contribution and housing.

3.4.1 **Community Transport:** Older people in Leeds have told us that they find travelling between communities difficult which can result in social isolation and missed medical appointments.

- The Centre for Ageing Better has commissioned transport consultants, STC, to carry out a capacity analysis of community transport provision within Leeds; to assess any capacity within the system; to suggest solutions to access any under-utilisation of vehicles and to co-ordinate any demand integration to meet the unmet demand for transport amongst older people.
- STC has been working with the range of community transport providers, including third sector such as Health for All, Leeds Alternative Travel, Holbeck Elderly Aid; Leeds Passenger Transport; Access Bus and non-emergency passenger transport.
- In producing the outline business case, STC has done a further consultation with older people to test their ideas.
- STC has produced an outline business case for capital funding from Leeds Public Transport Improvement Programme to develop and pilot a brokerage

solution in Leeds 10 and 11, named the 'Door to Door Transport Hub'. It will start with a trial in one small area in Beeston. This will then develop into a larger pilot area across Leeds 10 and 11 to test one point of contact (call centre / web portal) for trip requests, allowing different providers (LCC passenger transport, WYCA (access bus), Non-Emergency Passenger Transport and third sector transport providers) to make use of one another's vehicles' downtime, in order to cover currently unserved or underserved routes.

- The outline business case will be submitted to the Leeds Passenger Transport Improvement Programme early June. The further stage to take it to Full Business Case will take place from 1st October 2018 to 31st June 2019. It is therefore, very much a work in progress, with a small trial starting in Beeston once the Outline Business Case has been approved and drawn down funding to take the project to Full Business Case.

3.4.2 **Community Contribution:** we want more people in later life to be able to participate and contribute their skills, knowledge and experience in their communities.

- Good quality voluntary contributions in later life is good for our wellbeing, our social connections and positively impacts our mental health (self-esteem, confidence & purpose), but we know that the poorest in later life are three times less likely than the richest and those in poor health are five times less likely than those in excellent health to volunteer.

- Centre for Ageing Better employed OPM to do a community research piece in four areas nationally which explored the motivations, barriers & enablers, focussing on the underrepresented. One of those areas is in the Holbeck and Beeston ward in Leeds.

- OPM recruited seven community researchers from Bangladeshi, Indian and Pakistani backgrounds. In turn they interviewed a total of 24 individuals.

- The key findings in Leeds show high levels of neighbourliness and that informal support networks exist. The motivators identified are faith, feelings of sympathy and reciprocity. Enablers being faith based venues and organisations; moments of transitions which prompt a change and trust and familiarity. There was a desire for inter-faith opportunities to mix. Barriers were identified as health related; language; structural (transport and lack of neutral space) and unease or mistrust about the wider community.

- The report will be ready in mid-June and Ageing Better will work with colleagues from across sectors on how the findings used / identify routes to action.

3.4.3 **Housing:** Leeds Older Peoples Forum, supported by Care and Repair (England and Leeds) have been progressing work on this issue for a number of years. Following a workshop with older people the 'Me and My home action plan was developed, which now sits as one theme within the Leeds Housing Strategy.

One of the key issues within the action is the need for information and advice on housing options for people in later life. The Centre for Ageing Better is commissioning a consultant who will identify what housing options information and advice for older people is already available in the city. They will hold a number of workshops with a range of older people from different areas, tenures, ages, ethnicities and socio-economic backgrounds to understand what information and advice they want/ need; when and how they want to get it and what they need to act upon it. The consultant will then look at best practice to recommend what may be needed to fill any gap in findings. Bids for the consultancy work are out at the moment.

3.5 Age Friendly Charter

The latest Age Friendly Leeds Charter (Appendix C) was developed in 2016 by Leeds Older People's Forum on behalf of the Age Friendly Leeds Partnership. Nearly 200 older people were consulted on the preparation of the Charter. The Charter aims to make the City Age Friendly in practical ways, which support older people feeling safe to leave their home and therefore reducing social isolation. A steering group of older people formed in January 2017 to help move the Charter forward. The group meets monthly to identify priorities and develop strategies for bringing those priorities to life. To date 29 organisations have signed up to the Charter including many of the neighbourhood networks, Leeds Museums and Galleries, Care and Repair, North Leeds Medical Practice. A key focus for the Age Friendly work by Leeds Older People's Forum this year is the Come in and Rest campaign which encourages local businesses to offer a seat for older people needing a rest, which they advertise through a sticker in the window. To date 117 organisations / businesses have signed up.

The Age Friendly campaign has meant that leisure opportunities / activities around the city are accessible to older people, such as canal trips; Light Night and Pride. Again encouraging people to be active, involved and connected.

4.1 Consultation, engagement and hearing citizen voice

4.1.1 In developing and implanting the breakthrough project action plan the following consultation and engagement activities have taken place:

- March 2015 - a workshop took place which engaged stakeholders in a wide range of organisations across the public, private and third sector in the development of the Best City to Grow Old in breakthrough project using outcome based accountability methodology as a framework for discussion. The outcomes from these workshops formed the basis of the Best City to Grow Old in action plan.

- March/April 2016 – Consultation with 176 older people around Leeds via focus groups and written questionnaires as part of the Time to Shine project.

Questions were posed relating to each of the World Health Organisation's Age Friendly Domains: Housing, Outdoor Spaces, Transportation, Information, Respect and Social Inclusion, Employment and Civic Participation, Social Participation and Health Services. The outcomes from this consultation was used to produce a new Age Friendly Charter for Leeds.

- June/July 2016 – A workshop and follow up questionnaire to ask older people and housing providers to think broadly about housing and housing support needs for today and for future generations of older people to support the development of an older persons housing strategy.

- June - September 2016 - consultation with 176 older people around Leeds (via focus groups and written questionnaires) using questions relating to each of the World Health Organisations domains. This was undertaken by Time to Shine in preparation for a new Age Friendly Charter for Leeds.

- June 2017 – A workshop with older people to explore older persons housing requirements to feed into the Strategic Housing Market Assessment and complement the household survey and stakeholder consultation.

- June/July 2017 – A series of workshops with older people to identify the different challenges and aspirations around travel for people in later life in Leeds to inform the scoping of new community transport and volunteer driver options.

4.1.2 Initial discussions between the three partners: Leeds City Council, Leeds Older People's Forum and Centre for Ageing Better identified the priority areas for early collaboration. Over the life of the partnership we anticipate developing further work across a range of topics of mutual interest.

Community transport: with support from Leeds Older People's Forum we held three community insight workshops with older people to understand and add definition to the problems they have with transport.

Neighbourhood Networks providing community transport were consulted on the capacity they had in the transport they provided. Further consultation has been conducted with providers on the outcomes the project is trying to achieve.

A prototype workshop was held with local older people, including older people whose first language isn't English, to understand what they thought about transport in their community and proposals for an integrated hub.

Community Contribution: Researchers recruited 7 peer community researchers with Sikh, Indian and Pakistani backgrounds. These researchers then interviewed a total of 24 people in later life in their locality.

A consultation was held with local providers (public, third and funding sectors) to 'sense check' the findings, whether they would be expected and what recommendations they point towards.

4.2 Equality and diversity / cohesion and integration

Inequalities in health are a key issue for older people with ill health and social impacts affecting the poorest in the city disproportionately.

4.3 Resources and value for money

4.3.1 The Breakthrough projects by definition are intended to make best use of existing resources by working innovatively as a team for Leeds.

4.3.2 Officers working on the project are part of Public Health, within the Adults & Health directorate of LCC. Costs for events are kept to a minimum through support from partners. The breakthrough project is led by the Chief Officer from Public Health. The Ageing Well Officer has day to day responsibility for developing the project, and is line managed by the Public Health lead for Older People. The Ageing Well Officer provides the main resource for the project; with other officers covering key areas as part of their roles.

4.3.3 Lead officers have been identified from other parts of the council including Parks and Countryside, Planning, Highways, Housing, Communications, ICT, Employment & Skills and Communities & Environment to support the implementation of the breakthrough project. We are taking a citizen and asset based approach, working with partners to deliver projects. Key to the delivery of the project is older people themselves and the organisations that represent them.

4.3.4 Centre for Ageing Better employs a Project and Partnership Manager who is based in Leeds. The Council provide a laptop, phone and office base. Leeds Older People's Forum also offer an office base and support engagement with older people.

4.3.5 Centre for Ageing Better has commissioned consultants to work in Leeds to provide suggested solutions to an ongoing problem for older people: transport. A bid will be submitted for capital funding for £1.2 million to the Leeds Passenger Transport Improvement Programme. There will be revenue implications for the initial pilot, which will still need to be determined when working from outline business case to full business case. However any additional cost will enable unmet demand with the aim of reducing social isolation and attendance at medical appointments and improvement in health. As the project develops the possibility of an integrated transport unit could lead to efficiencies.

4.4 Legal Implications, access to information and call In

4.4.1 There are no specific legal or call in implications associated with this report.

4.5 Risk management

4.5.1 The scope of this programme of work is enormous, and has ambitions to engage with all sectors through a citizenship approach. The issues we are tackling are

complex and we need to be mindful of inequalities and the more vulnerable older people living in the city. For this programme to succeed it is essential that we have sustained buy in from across the council, and from partners.

4.5.2 A key challenge for this project is creating a strong joint narrative to promote the aims of this breakthrough project positively both within the council and to external partners and the general public in a climate of cuts to services.

4.5.3 The outline business case produced for the community transport programme has a whole section on risk allocation and transfer. The consultants, STC, have suggested an outcomes based procurement process to give all partners an influence in how the pilot develops. This is to mitigate any organisational barriers to partnership working.

5 Conclusions

5.1 This paper provides an update on one programme of work that contributes to Priority 2 of the Health and Wellbeing Strategy, for Leeds to be 'An Age Friendly City where people age well'. The breakthrough project, Making Leeds the Best City to Grow Old in, takes forward a long history of work with older people in Leeds. It aims for Leeds to be a city where ageing is seen as a positive experience that brings new changes and opportunities and older people have access to the services and resources they require to enable them to live healthy and fulfilling lives.

5.2 It recognises the need to address the inequalities facing older people in different parts of the city, and from different communities.

5.3 The partnership the city has with the Centre for Ageing Better offers the opportunity for Leeds to take evidence based approaches to ageing well.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Recognise the impact of the Age Friendly programme of work as detailed in the Annual Report.
- Recognise that the Age Friendly programme of work is a good example of cross council and partnership working to maximise impact and outcomes for the citizens of Leeds.
- Consider specifically how the partnership with the Centre for Ageing Better could use the findings from its research on community contribution to support 'Leeds Left Shift' ambition to motivate and boost the abilities of communities to increase wellbeing of local older people from BME communities.
- Consider how the partnership work on community transport could align with and strategically inform any future plans for transport within health.

- Consider what key issues are needed to shape the Information and Advice on Housing Options work programme, and specifically how this can be integrated with health and care services.

7 Background documents

7.1 None

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How does this help reduce health inequalities in Leeds?

- Inequalities in health are a key issue for older people with ill health and social impacts affecting the poorest in the city disproportionately. The maps at Appendix B show that whilst there is a higher proportion of older people in the outer areas of Leeds, the proportion of older people experiencing income deprivation is higher in the inner areas of Leeds. This map also reflects areas where a higher number of older people are living with frailty.

- The Community Transport pilot is planning to focus its work in the most deprived areas of the city with the pilot starting in Holbeck and Beeston, with the aim of increasing the number of needed journeys older people make. We know from the national transport survey (2014) that people with disabilities and limited health conditions make a third fewer journeys than people without disabilities. Meeting this unmet need could and making it easier for people to attend medical appointments, reduce social isolation and could impact on health inequalities.

- The Age Friendly programme of work has an approach to ensure there is a strong focus on promoting social networks within neighbourhoods and the city; promotes social capital and participation; age-proofs and develops universal services; reduces social exclusion and works to change social structure and attitudes.

- The Community Contribution research was conducted in one of the priority areas in Leeds, starting in the Recreations in LS11 and broadening the reach to neighbouring streets. We know that volunteering is good for social wellbeing and mental health, but the evidence shows that people living in more deprived communities are less likely to engage in formal volunteering This research therefore focusses on understanding the broader concept of community contributions and identifying routes to action.

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

Leeds ambition to be the best city to grow old in focuses on the wider determinants of health. This supports the Leeds ambition to ‘shift to the left’, by promoting preventative practices across the eight domains. This provides a wider context for the programme of work focusing on integrating provision of health and care for people living with frailty.

The ambition of the Community Transport pilot is to enable transport providers to work in partnership to meet unmet need for travel amongst older people. One of the main journeys

older people have said they want support with are to health appointments. The pilot will be trailed this with GP practices.

The Community Contributions research is about building local community resilience, to support wellbeing of neighbourhoods. This work compliments and work alongside local service delivery planned in the local care partnerships.

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

Making Leeds the ‘Best City to Grow Old’ supports an ‘invest to save’ approach, notably across health and social care. It focuses on supporting the key wider determinants of health and infrastructure that is required for people to live healthy, happier lives. The recent work by Right Care focused on people living with frailty demonstrates the financial impact this can have (Janet’s story).

Future challenges or opportunities

The scope of this programme of work is enormous, and it has ambitions to engage with all sectors through a citizenship approach. The issues are complex and the programme is mindful of addressing inequalities and the supporting vulnerable older people living in the city. For this programme to succeed it is essential that we have sustained buy in from all parts of the council, and from all partners. The longstanding relationship between Leeds City Council and Leeds Older Peoples Forum ensures that the voices of older people remain central to our work.

A key challenge for this project is creating a strong joint narrative to promote the aims of this breakthrough project positively both within the council and with all partners including the general public in a climate of cuts to services. Older people are a key asset within Leeds and have a lot to offer to all sectors.

The application for funding from Leeds Passenger Transport Improvement Programme to enable community transport providers to work together in partnership offers opportunities to look at how passenger transport is provided across the city. The proposed solution of a dynamic brokerage system allows for scalability and to bring in other providers during and after the pilot is underway. The partnership with the Centre for Ageing Better offers the opportunity for Leeds to take an evidence based approach to becoming an age friendly city. It also affords Leeds the opportunity to showcase what Leeds is doing well to the rest of the Age Friendly network. Ideas and / or case studies from the Health and Wellbeing Board would be welcome

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	
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	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	

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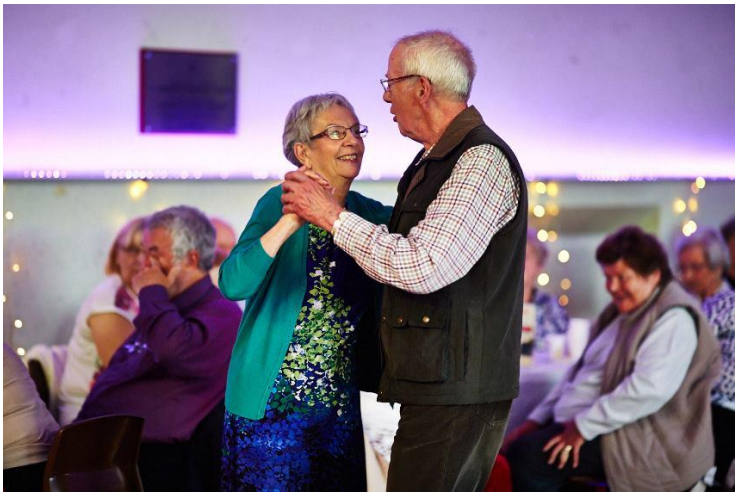


Age friendly Leeds

Making Leeds the best city to grow old in

Annual Report 2017/18

LEEDS OLDER PEOPLE'S FORUM

Leeds CITY COUNCIL

CENTRE FOR AGEING BETTER

Introduction to the breakthrough project

Making Leeds the Best City to Grow Old in is one of eight breakthrough projects established to drive some of the work to fulfil our ambition for Leeds to be a city which is both compassionate and has a strong economy,

The breakthrough projects are designed to identify new ways of working within the council and with our partners to achieve the best outcomes for the city.

Crucially, we see this ambition as fundamentally connected to prioritising the needs of older people - a city which sees older people being valued and as assets. This is also reflected in the Leeds Health and Wellbeing Strategy 2016-2021. Creating an Age Friendly City where people age well is highlighted as one of our key priorities in the city-wide plan.

This is our second Making Leeds the Best City to Grow Old in Annual Report, and I am pleased to see how the breakthrough project has progressed since it began.

This work is vital for several reasons:

- We have an ageing population; the 2011 Census shows that there are almost 150,000 people in Leeds are aged 60 and over (accounting for almost 20% of the total population). This number will continue to increase with the number of people aged 50+ expected to rise to 256,585 by 2021, with those aged 80+ increasing to 39091.
- Leeds older people have already told us that they want Leeds to be an Age Friendly City.
- Inequalities in health are a key issue for older people with ill health and social impacts affecting the poorest in the city disproportionately.
- Making Leeds the ‘Best City to Grow Old’ will have a hugely positive impact on our ability to deliver other breakthrough projects and supports an ‘invest to save’ approach, notably across health and social care.

Our approach one of citizenship. This means everybody can do something to support this project and help to achieve also the wider ambition we have set for the city. We are working across the council and with our external partners as we recognise that to achieve our ambition for Leeds to be the Best City to Grow Old in, this cannot be accomplished by the Council alone. Everyone has a part to play and everyone has a stake in making this city a place where our older people are seen as assets in our communities who are fundamentally valued.

In 2017 the council and Leeds Older People’s Forum signed an important partnership with the Centre for Ageing Better which is bringing additional resources to the city to help us achieve our ambitions, and test out new ways of working, particularly in housing and community transport. Leeds was selected as a partner for the Centre for Ageing Better because of this breakthrough project, which demonstrates our commitment to making Leeds the Best City to Grow Old in.

Cllr Rebecca Charlwood

Our approach

Our approach to Making Leeds the Best City to Grow Old in is a citizenship approach, applying to the entire population. This approach ensures that there is a strong focus on social networks within neighbourhoods and the city; promotes social capital and participation; age-proofs and develops universal services; reduces social exclusion and works to change social structure and attitudes.

It therefore does not include all the programmes of work in relation to health and social care for older people whilst recognising that there are obvious links and synchronicities.

Building on previous work

The project takes forward Leeds' long history of working with older people. Leeds Older People's Forum came into existence in 1994 and we have celebrated the International Day of Older People in Leeds since 1998. The Time of our Lives Charter and action plan, 2012 to 2016, built on the previous work around 'Healthy and Active Lives for Older People' and 'Older Better'. Work progressed under the Time of Our Lives action plan on key priorities, most notably work led by Public Health and Adult Social Care, but also in Parks, Sports, Libraries Museums and cultural organisations in the city.

Partnership Working

Age Friendly Leeds Partnership

The Age Friendly Leeds Partnership (AFLP) is a system wide, place-based partnership that brings together the statutory, voluntary and private sectors to:

- Address the priorities identified by older people in relation to making Leeds an Age Friendly City;
- To build awareness of Age Friendly priorities and actions;
- Assess how Age Friendly the city is against the World Health Organization's eight Age Friendly domains; Outdoor Spaces and Buildings, Housing, Transportation, Social Participation, Civic Participation and Employment, Community Support and Health Services, Communication and Information, Respect and Social Inclusion;
- To support Age Friendly initiatives in our communities and other broader initiatives which help us to work towards Leeds becoming an Age friendly City.
- Support staff training and development, including increasing awareness of the issues around ageing so that they can improve their services and plan their own 'Ageing Well';

- Developing key linkages with other groups that enhance health and social care services for older people e.g. integrated health and social care, and mental health;
- Work to challenge and remove the structural and social barriers faced by older people to independence, inclusion and equality.

Ageing Friendly Leeds Partnership members

Age UK Leeds | Care and Repair Leeds | Centre for Ageing Better | Feel Good Factor | Groundwork Leeds| Leeds Beckett University | Leeds City Council | Leeds Older People's Forum | Leeds Dementia Action Alliance | University of Leeds | West Yorkshire Combined Authority | West Yorkshire Playhouse

Centre for Ageing Better

The Centre for Ageing Better is an independent charitable foundation working for a society where everybody enjoys a good later life.

All Ageing Better's work starts from the perspective of people in later life. Ageing Better is driven by evidence, including evidence from lived experience, and focused on change for better later lives. It is part of the What Works Network – an initiative which aims to improve the way government and other organisations create, share and use high quality evidence for decision-making.

With a ten-year endowment from the Big Lottery Fund, Ageing Better is independent from government and works collaboratively with a diverse range of organisations to create measurable change for the long-term. Further information can be found at: www.ageing-better.org.uk

Ageing Better works on a range of priority topic areas, with the aim that as many people as possible are able to say:

I feel prepared for later life

- I feel confident to manage major life changes
- I have a plan for my finances, my home, my care needs, and what happens when I or my partner dies
- I have the skills I need for later life

I am active and connected

- I am in fulfilling work and/or I am making a valued contribution to my community
- I have regular social contact with other people and some close relationships
- I keep physically and mentally healthy and active

I feel in control

- I live in a home and a neighbourhood suited to me
- I have care, support and services that help me live my life

The Centre for Ageing Better has selected Leeds as a partner and has entered into a five year partnership agreement with the Council and Leeds Older People's Forum. The purpose of the partnership is to enable Leeds to adopt evidence-based practice, to pilot innovative approaches and to generate new evidence of 'what works' for ageing well that can be disseminated locally, regionally, nationally and internationally by Ageing Better, the council, LOPF and other stakeholders.

Together we aim to go further and faster towards creating a better later life for people in Leeds, now and in the future, and to the benefit of older people in the city and further afield. We will ensure the voices, needs and preferences of older people are reflected in what we achieve, and how we achieve it.

This agreement complements the strategic commitment by the council and the Leeds Health & Wellbeing Board to become the Best City in the UK to Grow Old In, and its work as an Age-friendly City. Though the council, LOPF and Ageing Better are the lead partners, through these initiatives the partnership seeks to engage a broad network of stakeholders whose engagement and activities matter for a good later life in Leeds, including the NHS, voluntary and community, and private sectors.

The Centre for Ageing Better, the council and LOPF share the following goals:

- For more people in Leeds to enjoy a good later life, in terms of better health, financial security, social connections and wellbeing
- For Leeds to be better recognised locally, regionally, nationally and internationally for its work in 'Making Leeds the Best City to Grow Old In', and as an Age-friendly City
- For the partners and others in Leeds and the region to apply evidence-based practices, and to develop and test innovative approaches to ageing to address inequalities in later life.
- This partnership has brought additional resource into Leeds including a programme and projects manager based in Leeds to work on the three identified priorities which are:

The initial priorities for this partnership are:

- Addressing older people's housing needs through an Older People's Housing Strategy;
- Addressing gaps in public transport by developing innovative community transport solutions;
- Community research to explore the motivations, barriers & enablers older people face in contributing to their community.

Celebrating the signing of the partnership agreement, Lord Geoffrey Filkin (Centre for Ageing Better), Cllr Rebecca Charlwood (Leeds City Council), Bill Rollison MBE (Leeds Older Peoples' Forum)

National and international partnerships

Leeds is a member of:

UK Network of Age Friendly cities - a group of cities from across the UK that are collaborating to bring about change in the way that cities respond to population ageing. By developing and sharing policy and best practice, network members are working together to improve the experience of growing older in cities, and help people age better.

Eurocities - the network of major European cities which brings together the local governments of over 130 of Europe's largest cities and 40 partner cities. Relevant to this breakthrough project is Leeds participation in the EuroCities Urban Ageing Network. Leeds hosted the January 2017 meeting of this network which provided an opportunity to showcase some of our Age Friendly work including smart cities, arts and culture and the neighbourhood networks.

World Health Organisation (WHO) Age Friendly Cities **-** The WHO Global Network for Age-friendly Cities and Communities (the Network) was established to foster the exchange of experience and mutual learning between cities and communities worldwide. Leeds has been a member since 2013.

Action Plan

The Making Leeds the Best City to Grow Old In action plan has been developed to take account of what we have already achieved and to take forward the ideas and actions from our 'Best City to Grow Old in' event which took place in March 2015. The event brought together a wide range of organisations across the public, private and third sector to engage them in the development of the breakthrough project using outcome based accountability methodology as a framework for discussion.

World Health Organisation Domains

- Outdoor spaces and buildings;
- Transportation;
- Housing;
- Social participation;
- Respect and social inclusion;
- Civic participation and employment;
- Communication and information;
- Community support and health services.

Using the eight World Health Organisation (WHO) Age Friendly City domains, delegates worked in groups to identify the outcomes we should be working towards, explored the underlying issues and ideas for action, and considered how we measure our progress.

Structured around the eight WHO domains, the action plan sets out the overall ambition for each domain together with 'I statements' which describe how older people have told us they want to feel.

Officers from across the council bring quarterly updates to the breakthrough project board on how their services are contributing to the breakthrough project action plan. This section of the report provides an overview of progress and next steps for each of the eight domains which form the action plan.

Outdoor spaces and buildings	**Our ambition:** Leeds is a welcoming city, accessible to all where older people feel, and are, safe.
Older people tell us… *"When I go out I want to feel safe and enjoy public spaces and buildings that are clean and accessible".* *"I want to feel confident that I will be able to take a rest and use a toilet when I need to".*	

Progress so far:

A Dementia Friendly Garden was launched at Springhead Park in Rothwell on 17 May. Features include dementia friendly parking, hand rail, benches with arm rests, wide flat path, trail leaflet and a noticeboard. Peter Smith of Dementia Friendly Rothwell won 'Partner of the Year' at the LCC Environment and Communities award for his work on this garden.


Dementia Friendly Garden, Rothwell

Older people are one section of the population benefiting from work to improve access at a number of parks and open spaces including:

- Five disabled parking bays recently created at Middleton park
- Footpath improvements and benches installed at Bramley Falls Wood Park
- Access improvements including footpaths at Churwell Park, Morley
- Footpath improvements at Blenheim Square, Farnley Hall Park, Kirk Lane Park, Queen's Park, Scarth Park and Chapel Allerton Park
- Improvements to the footpath which links Yeadon Banks with Chevin Forest Park
- Stanningley Park footpaths have been refurbished so they are more accessible.
- Access improvements to Ledston Luck nature reserve, Keswick Bridleway No. 2, the Trans-Pennine trail at the Royal Armouries and Dartmouth park
- The three mobility scooters that are available to hire at Golden Acre Park have been replaced with brand new ones!

Temple Newsam Golf Course – one course has been reduced to nine holes to provide a more playable facility for those struggling to play 18 holes.

Outdoor gyms have been installed in Roundhay Park, Nunroyd Park and Drighlington Moor

Wade's Charity is providing funding in partnership with the Parks & Countryside to bring a part-time Ranger to Gotts Park. The Wade's Ranger, started work at the beginning of May 2017. Using Gott's Mansion as his base, he is working with the Friends Group and Golf Club to run a range of events and practical volunteering activities in the two Parks.

Seven major parks achieved the National Green Flag award which means they have achieved certain standards expected of a high quality park including being welcoming, safe and providing equal access for all.

The Arium – the new Parks and Countryside plant nursery has now opened. As well as providing a means to grow the plants for the city's flower beds in a more efficient and sustainable way, it's much more visitor friendly – fully accessible and with accessible parking and toilet, dementia friendly flooring etc and has a shop selling surplus plants and a café – it's already proved really popular with people of all ages but specifically with older people.

Road safety

Schemes to reduce the number of accidents and improve access for pedestrians, particularly young children and older people, have been implemented Road safety schemes have been implemented on Dewsbury Road, Kirkstall Road and Harehills Road

Come in and Rest

To help older people feel confident in going out the 'Come in and Rest' campaign was launched in January 2018 to encourage businesses in Leeds to offer a seat to older people. This was modelled on the successful 'Take a Seat' campaign in Nottingham and Manchester.

The Come in and Rest scheme officially launched on 25 January 2018

Next steps:

- Access and other site improvements to parks will continue to be made where funding allows.
- A new park is being developed in Moortown – this will provide local people access to a new public green space in an area where there isn't currently a park within walking distance.
- Parks & Countryside are currently working with Leeds Parks Bowls Partnership to promote bowling, and encourage more use of the bowling greens in our parks, as they are decreasing in popularity yet offer a great opportunity for gentle exercise and social interaction.
- The 2017 Pedestrian Crossing Review Includes eight proposed Zebra crossings, two specifically aimed at assisting older pedestrians.15 new 20mph zones/ limits to be implemented in 2017-18.
- Continue to roll out the 'Come in and Rest' scheme.

Transport	**Our ambition:** Older people are able to access a broad range of affordable and accessible transport options to get about the city easily"
Older people tell us… *When I waiting for a bus I want to wait in a shelter and I want to feel safe.* *I want to get on and off a bus easily.* *When I am on a bus I want to be treated with respect by the driver and offered help if I need it;* *I want to travel to places on accessible and affordable public transport.*	

Transport can have a range of positive outcomes for older people including maintaining access to friends and family and enabling access to vital services such as healthcare and also leisure and retail activities. All of which contribute to the health and wellbeing of older people and reduce social isolation.

Progress so far:

Transport is one of the priority areas that the Centre for Ageing Better are supporting. The problem to be solved has been defined as:

How can we make the journeys in and between communities around Leeds easier for people in later life through integrating community transport provision and expanding volunteer driver schemes?

This work is managed by an Older Person's transport group chaired by Cllr Wakefield (Chair of WYCA transport committee) with representatives from the council, Centre for Ageing Better, WYCA, University of Leeds and Leeds Older People's Forum.

Residents from different parts of Leeds have had the opportunity to discuss the issues at three transport workshops in Horsforth, Richmond Hill and Swillington to draw out the issues for residents in different parts of Leeds. Key findings from the workshops are:

- There is clear demand and need for flexibility and choice in modes of transport to cater for different needs and preferences. This requires an integrated solution- community transport and volunteer car schemes should both be considered as part of the same intervention to address gaps in existing provisions.
- The variety of user needs makes it important that there is a diverse enough fleet to accommodate these needs- including sufficient wheelchair accessible options.
- There are some clear gaps in existing provision that could be targeted- medical journeys and personal leisure trips were where the main gaps were evident.

Next Steps:

Innovative solutions to address the identified problems will be developed with the support of transport consultants STC commissioned by the Centre for Ageing Better focusing on:

1. **Capacity analysis**- assessing and mapping the supply of vehicles, volunteer drivers and latent capacity of community transport provision within Leeds
2. **Technological**- sourcing of or identification of requirements for a technological solution to enable the management, scheduling and booking of community transport across multiple providers and the coordination of volunteer drivers
3. **Organisational development**- working with organisations to identify existing capacity and develop their ability and motivation to engage with the developed solution.

Housing	**Our ambition:** Older people are able to access a broad range of affordable and accessible transport options to get about the city easily”
Older people tell us… *When I am at home I want to feel safe and free of anti-social behaviour.* *I want to have the support and advice I need to remain as independent as possible.* *I want to feel financially secure in my home* *I want to be able to go out when I want to.*	

The Strategic Housing Market Assessment anticipates that Leeds will have a significantly greater proportion of older people by 2026 than in 2010, with a 16%

increase in households aged over 65, a 30% increase in over 75s and a 70% increase in households aged over 85 years. In absolute terms the projection suggests that across Leeds there will be an additional 22,000 households with a head of household aged over 65. Most households over 65 are likely to continue to live in standard housing which needs to be capable of adaptation. 75% of older people live in private sector housing.

Me and My Home

Housing is the second of the priority areas that the Centre for Ageing Better is supporting. Feedback from previous consultations with older people and housing providers has informed the key priorities which are:

- A need for clear information on the housing advice and support options for older people;
- A need for support / advice available to private renters / owner occupiers;
- Ensuring that social prescribers are aware of housing options / issues;
- Knowledge of accessibility housing;
- Opportunity for older people to influence planning developments.

The work to put these priorities into action is managed by an Older People's Housing Group, led by the council's Older People's Team (Public Health) with representatives from the council's housing service, Leeds Older Peoples Forum, the Centre for Ageing Better, and Care and Repair England. Leeds Older Peoples' Forum have also developed their own Housing Strategy from their own experience and workshops with older people and work with the council.

Housing Need

A Strategic Housing Market Assessment (SHMA) was undertaken through a household survey to understand the housing needs of Leeds up to 2033. As part of this assessment the consultants ran a workshop was to explore older persons housing requirements to feed into the SHMA and complement the household survey and stakeholder consultation.

SHMA older people's workshop

Sheltered Housing

Residents of Bennett Court Sheltered Scheme were moved out of their homes to allow extensive remodelling work to take place to remove shared bathrooms and improve accessibility. Work is now completed and people have moved back into their modern remodelled apartments.

Residents in 53 sheltered housing schemes across Leeds now have improved access into and round the communal areas of their schemes to enable them to be more independent and feel safer in their home environment. This includes modernisation of communal rooms to create a friendlier environment.

Housing Leeds has social inclusion at the forefront of its support model with a key focus on developing and promoting wellbeing activities. Activities taking place in the 77 schemes where there is a communal room have increased during the year and there are now 1600 different activities taking place every month. Activities include social events, meals and keep fit. Links with the Neighbourhood Network Schemes are being increased to encourage networks to use the communal facilities and integrate residents of the sheltered schemes into the wider community.

In November 2017 the trial of a new support model, Retirement LIFE (Living in a Friendly Environment) was launched in three areas of Leeds. The model aims to modernise sheltered housing schemes to offer more on site support to complexes with higher levels of need and a greater focus on wellbeing activities to promote social inclusion. Early feedback is positive.

Extra Care Housing

The Leeds vision for extra care housing is to work with partner organisations to deliver more than 1000 units of extra care housing by 2028. To support this vision, in July the Council's Executive Board gave approval to support the delivery of an Extra Care Development Programme, giving agreement to the dedication of sites for the development of extra care housing. The Council has made available £30 million in Housing Revenue Account Resources to support the delivery of the programme. A Project Team has been established which has been working on the development of an extra care specification and proposed procurement model and documentation for the programme.

Next steps

- Develop an action plan for the Council's Housing Strategy priority area on older people.

- Issue of invitations to tender for the next sites for extra care housing.

- Remodelling work has now begun at Union Court, Otley and is planned to take around 12 months to complete.

- A more detailed evaluation of LIFE will take place prior to rolling out across the city.

Civic Participation and Employment	**Our ambition:** Older people in Leeds actively participate in the city through education, employment training and volunteering.
Older people tell us… *I want to contribute to my community through volunteering, helping family friends and neighbours, supporting local businesses;* *I want to be involved in decisions concerning my community;*	

Our ideas about ageing are changing. People are living longer and continuing to contribute to their communities in all areas of life - working longer, helping with child care, volunteering and providing strong community leadership.

Volunteering is a way of keeping a life for older people – it's good for their well-being as well as an important contribution to community life. A national study[1] suggested that older people currently provide informal volunteer services to their community of over £10 billion – each year – and that figure is predicted to grow as our older population increases. Approximately 39% of 65-74 year olds volunteer.

Progress so far:

Adult Learning

The Adult Learning Programme provides a broad range of learning that brings together adults of different ages and backgrounds. Older learners are included as a priority group with a particular focus on social isolation and digital. Recruitment of older learners, aged 50+ continues to be successful. To date, 928 older learners have commenced courses this academic year. 409 (44%) of those older learners reside in Leed's most deprived neighbourhoods (20% LSOAs), 60 of which reside in the 1% most deprived LSOAs.

Digital skills courses targeted at older people such as those offered by Age UK Leeds are helping to address the digital divide in the city.

- *Silver Surfers digital inclusion for people aged 55+*
- *Digital Angels helping isolated people aged 50+ in south Leeds to get funded through Time to Shine.*

The Leeds Adult Learning course finder website was launched on 11 September and has been an incredible success with much positive feedback from providers,

[1] The Value of Older People's Volunteering 2015

stakeholders and potential learners. In the first three weeks 4,937 people searched for courses resulting in 22,551 Page Views of more than 400 Courses that were being advertised for the start of academic year 2017-18 autumn term.

Employment

Reed In Partnership (RiP), delivering the Back to Work programme (funded by the European Structural and Investment Fund), has a weekly presence in a number of Community Hubs and use the Jobshops and other Council services to recruit to their programme. This is working well so far and their integration into Jobshops has resulted in a number of referrals to their provision, including existing Jobshop customers who are 50+.

Overcoming barriers

58 year old Mark had been unemployed for more than five years, suffered with health problems and was struggling to use a computer to find work. Through the Back to Work programme Mark has received support to overcome his health problems and learn new skills, and he is now in paid work. Read more about Mark's story on the Reed in Partnership website.

The ESIF funded Skills, Training and Employment Pathways (STEP) Project started in May. The aim of the project is to provide a targeted but flexible programme of activities enabling long term unemployed people to get back into sustainable employment. This targeted provision will support around 1500 long term unemployed people in Leeds, and all participants receive as a minimum:

- an initial assessment to establish level of capability, skills and aptitude to identify any specific barriers to employment;
- information, advice and guidance;
- job/sector-specific training or support and an element of work experience if appropriate;
- mentoring support including referral to other relevant agencies;
- job search support (linking to the Council's Community Hubs/Jobshop provision where appropriate);
- guaranteed job interviews;
- specialist support to tackle specific barriers e.g. mental health, drug or alcohol problems;
- in-work support

To date we have had 383 starts on to the programme, of which 149 were 50 or over when they started the 12 month programme. Of those starting 65 have already progressed in to work 17 of whom were 50+.

Volunteering

During 2017 VAL analysed data it had collected from nearly 700 people volunteering in Leeds, this showed that more than third of people volunteering in Leeds were aged 55-84 and 68% of these older volunteers were actively volunteering at least once a week.

This data showed that older volunteers were involved in a wide range of activities including classroom support, museums and libraries, lunch clubs, advice work, befriending and many more activities. 98% of older volunteers said they were satisfied with the amount of support they were receiving while volunteering, and the same number, 98%, said they felt that their volunteering was contributing to their community.

Older volunteers were asked: "*What are the main reasons you started volunteering*" and the three most popular reasons given were:

1. To Support a cause/organisation that they cared about
2. To give back to the community.
3. Because helping others improve your wellbeing.

Older volunteers were asked: "*What are the best things about volunteering to you*?" The four most popular answers were:

1. I Enjoy it.
2. It gives me a chance to make a difference.
3. I feel like I'm giving back
4. Being able to meet new people

98% of older volunteers said they felt their volunteering was successfully contributing to their organisation. Some of the things that older volunteers said to us in this survey included:

"*It's great - even when you've been out in the cold for a couple of hours, or have a 10 page form to fill in*."
"*I am a volunteer in a volunteer led and volunteer run organisation and the motivation is great. The newest volunteer is in 5th year with us and others 6, 7 and 8 years*."

"*I am 82 years old and volunteered because my daughter had Difficulty reading fluently. She was afraid of the teacher, went on to Nottingham University and a 1st class degree*."


In bloom volunteers

An excellent example of the volunteering contribution older people make to the city is the 'In Bloom' groups. The majority of 'In Bloom' volunteers are aged 60+. During 2017 Leeds was very successful in the Yorkshire in Bloom competition including receiving gold medals and being the category wins for the city of Leeds, City Centre, Barwick in Elmet, Kippax and Horsforth. Several of the local parks also won awards including Horsforth Hall park, The Hollies, Churwell Urban Woodland and Cross Flatts park which all won platinum (the highest) awards.

Next steps:

- Increased focus on recruiting adults into learning from the 6 priority localities and disadvantaged groups.

- Continue to engage older people in adult learning.

- Continue to develop the STEP programme and increase referals, programme starts and job outcomes.

Social Participation	Our ambition: No-one is lonely; there are a range of opportunities for people to live healthy, active and fulfilling lives in Leeds
Older people tell us… *I enjoy a range of leisure and social activities;* *I enjoy taking part in physical activities;* *I enjoy having time to read, watch TV and do what I choose.* *I don't want to feel lonely;*	

There are 38,326 one person households where the lone occupant is aged 65 and over. It is estimated that around 15%, or 37000 older people can be described as lonely or socially isolated, due to factors including fear, living alone, retirement, personal and financial circumstances, the digital divide and ill equipped outdoor spaces.

National studies show that physical activity decreases with age. 75% of men and 76% of women over 65 are in the low activity group. Participating in regular physical activity helps to prevent or slow down the development of the major challenges to health and wellbeing that people face as they grow older (Heart disease; type 2 diabetes, loss of muscle strength, reduction in bone density – leading to fractures, Osteoporosis; Loss of mobility; Memory problems and dementia; Increased risk of injury due to falling.

Dancing in Time

The community contemporary dance programme 'Dancing in Time' has had its feasibility study published in the open access journal Biomed Central Geriatrics. Outcomes have been positive in particular the evidence that participants increased their activity levels and were able to statistically reduce Timed Up and Go (TUG) times which is the time it takes to stand from sitting and walk around a cone placed 3 meters away and sit back down on their chair. The reduced time taken to complete the TUG test is an important measure to evidence the feasibility of the programme.

Bat and Chat

A further 14 Bat and Chat activators have completed the short course on 9th February delivered through Table Tennis England. Activators are provided with the knowledge and skills to facilitate a fun and inclusive session to older adults. Activators receive advertising material, session manual and free equipment to support the delivery of regular sessions. The second course had seen activators from existing Bat and Chat centres for example libraries, Carers Leeds and from new organisations. Therefore increasing the provision of Bat and Chat sessions across Leeds.

Active Ageing

A bid submitted to the Active Ageing Fund (Sport England) to develop, trial and roll out a new physical activity programme aimed at inactive older people was unsuccessful. Partners involved agreed to continue to work together to focus on increasing capacity in areas of priority to offer older people the opportunity to access physical activity provision such as table tennis, netball and cricket.

£50,000 Public Health funding has been secured to increase sustainable fun activity for older people, a further £9,000 for an older people physical activity campaign and finally £4,250 to devise a short training course for existing physical activity providers.

Time to Shine – Tackling Social Isolation -

As this programme entered its second year the projects have been able to identify what works/doesn't work and make changes so that they can reach people who are more isolated.

Learning from the projects has been gathered and shared with partners across the city. A video training module on social isolation has been developed for West Yorkshire Fire Service as part of its 'safe and well' visit.

In September Time to Shine, launched 'Loneliness through a Lens' a photographic display looking at Social Isolation and Loneliness through the eyes of Leeds residents aged fifty and over.

All the people in the photographs live in Leeds and partake in activities provided by at least one of the Neighbourhood Network Schemes. All have experienced feelings

of isolation and loneliness, either personally or through friends, but the causes and how these feelings manifest themselves are all different.

The display gave a snapshot into people's lives and to show that feelings of isolation and loneliness can happen at any time, to anybody.

The second commissioning round of Time to Shine went live on 9th October and closed on 1st December. Eleven bid development sessions were held to support potential applicants, with 26 separate organisations attending.

Twenty two applications were received in total; fifteen for the Creating Supportive Opportunities strand, five for the Connections strand and two for the Changes.

An application process to find older people to be involved in the decision-making panels resulted in eighteen older people coming forward. Of these, thirteen had not been involved in our commissioning processes before. Following a support and training session, eleven of these older people became panel members, and took part in assessing the applications and agreeing which ones should go forward to the interview stage.

Leeds hosted the annual Ageing Better conference in October. This conference brings together the 14 areas with lottery funding to reduce loneliness and social isolation. Representatives from Manchester and the Isle of Wight have also visited Leeds to learn about some of the Time to Shine projects.

Arts and culture

Heydays, its long-standing creative programme for over 55s, taking place on Wednesdays since 1990. It is the largest and longest-running arts programme for older people in UK theatre. Around 300 older people attend each week to take part in everything from drama and dance to sculpture and creative writing, supported by a team of professional artists. Heydays is a vibrant, creative community where skills are developed and stories are shared.
The Museums and Galleries have a range of activities for older people including:

The Sociable History Club and the 1152 Club at Leeds City Museum and Kirkstall Abbey which provide regular opportunities for people over 55 to meet and enjoy talks and presentations on a wide variety of local history topics. The clubs now attract up to 40-50 people for each session.

25 people attended a 1940's themed street party the Abbey House museum with a slide show, objects to reminisce over, singing and afternoon tea.

Spinners of Aire and the Knit and Natter groups meet weekly at Leeds Industrial Museum

Lotherton History Group meets every Monday to research the local area and connections to the Estate. The group worked with a group of ex- miners to research the Gascoigne Mines, in partnership with the Swillington Elderberrries Group.
"I feel like I've come back to life again" (One of the ex-miners)

Outreach and In Reach Workshops including tours and visits by older peoples groups and handling sessions/bespoke workshops on topics of interest related to the collections and exhibitions.

Leeds Libraries have a number of facilitated groups within libraries including Golden days at Morley Library and Rothwell Community Hub, Hunslet Remembered at Hunslet Library, and a shared reading group at Seacroft Library.

There are a large number of Readers groups where people can get together and talk about and review their most recent book and craft groups from knit and natter, book art, colouring cafés.

Libraries offer a wide and varied book selection in different formats from large print to talking books, eBooks, eAudio and online magazines.

For people who can't get out Library At Home Volunteers will choose some books and deliver them to their home.

Digital drop in sessions and IT learning sessions aimed at older people hopefully teach them skills to enable them to access a world of culture via the World Wide Web.

Working with people with dementia

The Leeds branch of the Dementia Action Alliance (DAA) supports groups and organisations to help make Leeds a dementia-friendly city, and brings together everyone in Leeds who wants to make a difference for people living with dementia, including families and carers, so people can still participate in everyday life and maintain as much independence as possible.

Leeds DAA is a partnership between Leeds Older People's Forum and Alzheimer's Society working with Leeds City Council, sponsored by the Leeds Health and Wellbeing Board.

Peer support for people with dementia and their carers is available through groups, cafes and memory drop in sessions. There are 49 'Memory Cafes' offering the opportunity to meet up, enjoy activities and know that they are not alone in living with dementia. There are also a further 17 groups focused on singing and music that also give these opportunities.

More information is available at www.leeds.gov.uk/dementia

Arts funding has been secured to enable the Leeds based artist Paul Digby to lead a creative project of mosaic workshops with people living with dementia, their carer's and families. Mosaic Leeds involves many community groups and local services, including the NHS, as partners: Dementia Cafes and Neighbourhood Networks across the city, the Council's Peer Support Service for People Living with Dementia, Leeds Memory Service and Leeds Museums & Galleries.

This project will engage people living with dementia and carers in the city's rich and cultural heritage, create opportunities for new experiences, re-connect people with lost experiences and interests, and aims to inspire community spirit. People will make a positive contribution to making Leeds a great place for culture and a Dementia-Friendly City.

West Yorkshire Playhouse has been awarded £99,950 from Arts Council England National Lottery funding to produce a Festival of Theatre and Dementia. Exploring the experience of living with dementia through creative activity, the Festival will create new opportunities for older people living with dementia, collaborating with them as curators and performers.

Community Contribution Research

The Centre for Ageing Better has employed OPM, a research company, to look at the main motivations of people aged 50 and over making a contribution to their community through voluntary activity and what the main barriers are for preventing people aged 50 and over from contributing more, or at all.

It has been agreed with OPM that this research will take place in the Recreations (part of Holbeck and Beeston) in Leeds, as well as three other areas nationally (in Bristol, Settle and Scarborough). OPM has recruited two community researchers within the locality, who will be trained to conduct peer research.

Next steps:

Establish priorities of work for physical activity across Leeds and develop an Active Ageing course and brand. Active Leeds is developing the older people physical activity training course to be delivered in March 2018 aimed at activity providers across Leeds. In parallel 'fun' activity for older people will be developed with a view to recruit champions and facilitate sessions from May 2018 onwards.

Yorkshire Dance will deliver three more Dancing in Time programmes at Holbeck Elderly Aid, Belle Isle Winter Aid OPAL Holt Park. These will be twice weekly contemporary dance sessions over ten weeks.

The next round of commissioning for the Time to Shine Programme will be completed with contracts negotiated to allow successful projects to start in April 2018.

The research company, OPM, will recruit and train more community researchers, who in turn will interview their peers locally. Initial findings will be analysed and published in Spring 2018.

Respect and Social Inclusion	Our ambition: Ageing is promoted positively and older people feel worthwhile and valued as citizens of Leeds
Older people tell us… *I want to be respected and included socially in my community;* *I don't want to see stereotypes of older people; I want images to reflect the diversity of the older population.* *It's not a crime to be old*	

Attitudes towards older people can be characterised by stereotypes and prejudices that can be highly negative. There is a need for cities to challenge such prejudices and nurture a culture of respect and inclusion towards older people in their society.

Older people in deprived neighbourhoods are at particular risk of social exclusion due to issues of poverty, deprivation and material disadvantage.

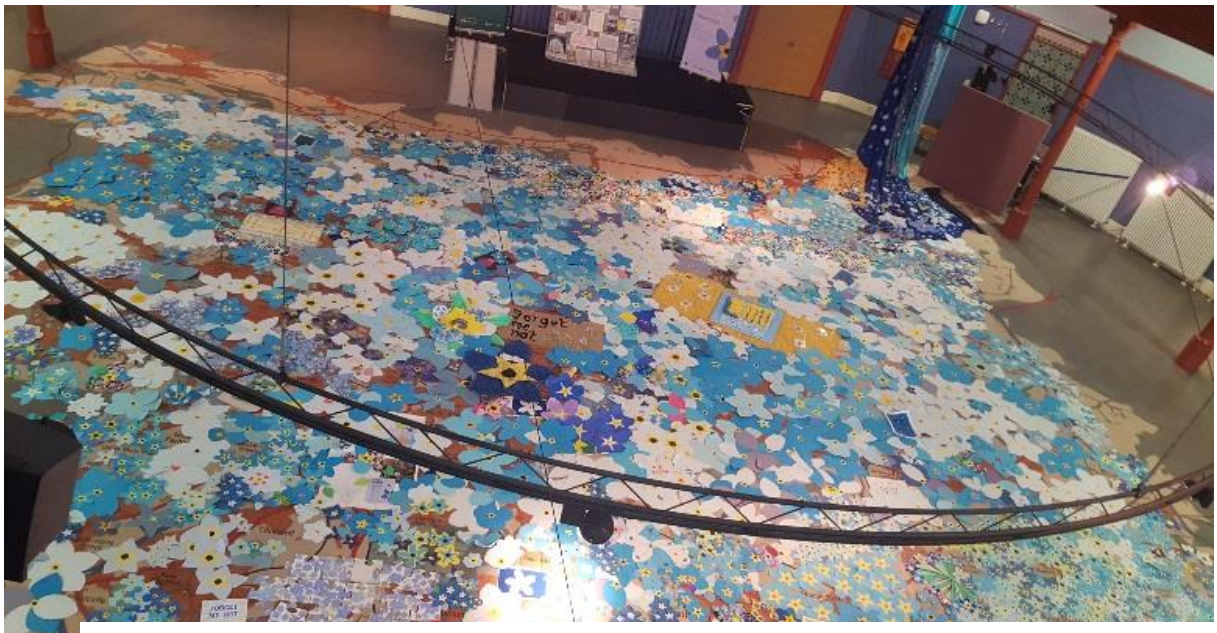
Leeds is committed to tackling these stereotypes through reducing inequalities and promoting positive images and stories about older people. A key part of this work is the continued development of intergenerational projects and activities which bring young and old together with the purpose of developing understanding and respect between generations.

Work to promote Age Friendly Leeds and positive ageing –

A 'Want to know more' session on Age Friendly Leeds was held in May. These sessions hosted by the Public Health Resource Centre are aimed at professionals to improve their awareness and practice around the subjects covered. The session was well received with positive feedback.

International Day of Older People (IDOP)

International Day of Older People is celebrated worldwide on the 1 October each year; in Leeds we stretch the celebration over a longer period to allow organisations to hold events to celebrate the contribution that older people make to the city. The theme for 2017 was Diversity of Older People and a range of events took place over the course of 15 days. Sixteen of these events received a small grant from the IDOP Leeds Community Events fund which is provided by the council and managed by Leeds Older People's Forum. Read about some of the projects in the final report. Leeds City Museum had an overwhelming response to the invitation to people to make Forget Me Not flowers for a display in the City Museum's Brodrick Hall to celebrate the International Day of Older People Thousands of hand crafted flowers were created by people and organisations across Leeds.



Forget me nots displayed on the giant map in the Brodrick Hall, Leeds City Museum

Leeds City Museum also ran its first poetry competition around the theme of ‘Growing Older’. The winners were read out at a celebration event at the museum on 1 October.

Age Friendly Charter

Following the production of a new Age Friendly Charter in October 2016, a steering group of older people has been formed, supported by the Time to Shine Campaign Officer to facilitate the roll out of the Charter. With fifteen active members from across the city, the group meets monthly. The group has welcomed a presentation from Highways on how pavement repairs are prioritised and resourced, and fed into the Leeds Health and Care Information Portal recommissioning consultation.

Most recently the group has developed the ‘Come in and Rest’ campaign to encourage businesses in Leeds to offer a seat to older people.

Intergenerational work

Generations United is a new publication, produced by Leeds Older People’s Forum, showcasing these amazing intergenerational projects across the city. The report was officially launched on 25 September at the LOPF Celebration Event.

University of Leeds
Writing Back

Fall into place Community Theatre
Generation Squad

Leeds Grand Theatre
The Fashionable Lounge

South Leeds Independence Centre,
Kissing it Better

The Writing Squad
Second hand stories

Abbey House Museum and The Vintage Youth Club
Decades of youth

MAECare – Adopt a grandparent

M & S Company Archive
Sparkling Memories

A Happy Baby ‘want to know more’ session was held in September at the Public Health Resource Centre to coincide with Happy Baby week for workers who have direct contact with grandparents. Workers were provided with four important messages to enable grandparents to have up to date knowledge and skills to support new parents.

Next steps:

- A Come in and Rest toolkit will be developed and launched to engage with local businesses.
- Further Happy Baby sessions are planned.

Communication and Information	Our ambition: In Leeds all older people, their friends, family and support networks have easy access to information (in a format they are comfortable with) which makes their lives better.
Older people tell us… *I know where to go for information about services, events and activities when I need it.* *I want information to be from a trusted source.* *I want information which is easy to understand and in a format to suit my needs.* *I want on port of call for information about what is going on in my area.*	

Having easily accessible information in a range of formats on all available services for older people and their support networks is vital. This also allows smart city solutions and products to be co-created and progress shared. It is also important that awareness of information sources and opportunities for local community participation are widely promoted in order for opportunities to be fully taken up leading to people having greater choice and control over their lives.

Progress so far:

Communications –

Work is ongoing to improve and promote on-line information about Age Friendly Leeds to showcase the work of the breakthrough project, share best practice and link with partner age friendly cities and encourage organisations and services to pledge and sign up to the campaign.

A new URL has been purchased to better identify the web page and improve access - www.agefriendlyleeds.net - and this has been promoted across the Leeds.gov site and with partners. A proto-type of a new web page has been produced and is awaiting go-live, as part of the overall updated Leeds.gov site.

Social media is used to promote Age Friendly Initiatives including:

- The Age Friendly Leeds Twitter account @AgeFriendlyLDS which has steadily grown its membership and currently has nearly 1,118 followers.
- Better Lives blog
- LCC LinkedIn page

An e bulletin is also sent out regularly with information about activities, events, volunteering opportunities and news items to an Age Friendly mailing list. A summary of the quarterly update to the breakthrough project board is shared via this bulletin.

Digital Technology

Activage is a 42 month European project which uses digital technology including wearable tech, smartphones, watches, and a home hub with sensors to prolong and support the independent living of older adults in their living environments. The project started in January 2017 and has 300 sets of equipment, with 1000 people involved including carers and professionals. The three main uses for the technology are:

1. Daily Activity Monitoring At Home
    - Website for individuals, Doctors , family and care givers to access health records
    - Prescription exercise, calorie/water intake and medication reminders from Doctors and care givers
    - Exportable data for National Health Service Personal Health Records
2. Emergency Trigger
    - Fall detection system working on a smart watch
    - Fall Risk alert system – based on gait analysis over period
    - Identify lack of activity and notify named carer
3. Prevention of Social Isolation
    - Social isolation risk alert system – based on behaviour analysis done using energy data
    - Social games and community engagement using Council's open data set

Proactive Telecare –started in June 2017 and is being piloted for one year alongside Telecare talk, it has funding from NHS England, and the equipment is from Tunstall. More than just a daily 'are you alright' phone call, the service offers two types of calls: support to changes to lifestyle to improve wellbeing, and general health messages.

The aims of this pilot are to:

- Work with individuals with multiple long term conditions, socially isolated, frail older people, mental health conditions and people in early stages of dementia
- Encourage service users to meet their personal health and wellbeing goals
- Provide generic health promotion messages
- Signpost service users to resources in their local communities to improve wellbeing
- Link to strength based Social Care/Health Adult Social Care Integration approaches

The project will be evaluated by Leeds Beckett University.

Leeds Directory

A review of the Leeds Directory, to inform future commissioning of the resource, is taking place. Soft market testing and consultation exercises have been completed, including service user testing of the existing site. Commissioning and outline Design Model have been agreed.

CareView app

A 12 month, academically evaluated trial is being carried out with funding of £70,000 from NHS England Integrated Care Pioneers –New Care Models, plus an additional £10,000 from winning the Medipex Innovation Awards 2017 in the GP and Community Care category.

The original digital developers, Dyhaan Design, have created a full working model of the CareView app from the prototype including a digital social isolation guide for users of the app. The academic evaluators of this project are mHabitat, a trading arm of Leeds and York Partnership NHS Foundation Trust, and are specialists in researching digital innovation.

The trial involves outreach teams from the Better Together city wide teams logging, or ‘pinning’ concerns via the CAREVIEW digital platform in the six, top 1%, most deprived priority neighbourhoods. A concern may be a building in disrepair, untidy card or post piling up. This may indicate the presence of a socially isolated resident. ‘Pinning’ puts a blob of light on a heat map. The heat maps are then followed up by door knocking and leafleting through the Better Together Outreach teams. This activity is to ascertain whether local community members require any help and support with their health and wellbeing. The council’s communities teams, graduates and public health officers plus the police have been assisting with this process. This activity helps the digital technical team to develop the heat maps in terms of colour

resonance and reach, this is working well. This has a significant impact on their effectiveness.

Next steps:

- A communications plan has been developed to promote the web page as soon as it goes live.
- a monthly Better Lives blog feature putting the spotlight on Leeds Neighbourhood Networks – first article will be on Bramley Elderly Action.
- Activage -Recruitment of Older People and Carers to commence
- Further use of Telecare Talk
-
- Look to develop a digital literacy strategy (across staff in house and commissioned) and citizens
- Detailed work on Leeds Directory model to start.

Community Support and Health Services	Our ambition: Older people have an increased healthy life expectancy supported by integrated health and social care services
Older people tell us… I want prompt, accessible medical support: I want to be taken seriously; I want practical and emotional support where needed.	

Health promotion and illness prevention are important measures of increasing the healthy life expectancy of older people in Leeds. Improving health may mean that they can retain their independence for longer thus improving their quality of life and reducing their requirement for services.

Progress so far:

Healthy Ageing

A Healthy Ageing workshop has taken place which has identified three key work streams:

- Active and independent – going forward, physical activity and the fall proof project will be reported under this stream.
- Nutrition and Hydration
- Mental Health and Wellbeing – there is an identified need to conduct an older peoples' mental health needs assessment and audit of local activity against NICE guidance.

Make it Fallproof is a council and NHS led campaign to help people stay on their feet and reduce the risk of falling.

It includes:

- An information campaign with leaflets, dvds and information on the council website on how to reduce the risk of falling.

- Postural stability classes - a structured 20 week programme of exercise for people at risk of falls delivered by qualified instructors in a range of leisure centres and community centres across Leeds. The programme is designed for people with low mobility and focuses on improving balance, confidence and to reduce the fear of falling.

- Assessments for community based exercise providers to ensure they are delivering safe and effective exercise classes to people who are at risk of falls. A successful assessment gives a 'Make it Fall Proof' accreditation, which gives providers a range of support to enhance their programmes and allows them to bid for small grants to enhance their service. Details of accredited courses are on the Active Leeds webpage.

As part of a review of Single Point Urgent Referral (SPUR) there is a roll out of additional pathways for referral in to Gateway through Yorkshire Ambulance Service (YAS), Telecare and Care Homes to prevent and reduce accident and emergency attendances. The impact and outcomes are being monitored.

New initiatives for the Fallproof programme currently in development include:

- a water based exercise programme
- ‘Falls Champions’ for Care Homes
- ‘Community Falls Ambassadors’ to raise awareness and prevent falls.
- Roll out of single referral point for falls services and an integrated service between Leeds Community Healthcare NHS Trust and Leeds Teaching Hospital NHS Trust;
- Supporting urgent care work, including the frailty unit which opened in December 2017 at St James Hospital to provide dedicated care for older people who come into hospital (people aged 80+ or 65+ with frailty needs);
- Additional funding secured to increase staffing within the Community Falls Service to support the enhancement of the service and to provide further community based falls classes.

Funding has been agreed through Integrated Better Care Fund to support the falls prevention programme of work to April 2020.

Supported Wellbeing and Independence for Frailty (SWIFt)

SWIFt focuses on frail older people and is funded by Time to Shine and by the three Clinical Commissioning Groups (CCGs). Contracts have been signed with the delivery partners who are:

- Age UK Leeds - working as the city wide provider
- Bramley Elderly Action (Neighbourhood Network Scheme) -focusing on Bramley, Swinnow and parts of Stanningley (West CCG)
- OPAL (Neighbourhood Network Scheme)- working in the LS16 and LS17 areas of Leeds (North CCG area)
- Crossgates Good Neighbours (Neighbourhood Network Scheme)- focusing on Crossgates, Halton and Colton (SECCG area)
- Health for All - working in Inner South with a BME focus (SECCG area)

The project is receiving referrals from a range of sources with most coming from the hospital to home services. Clients are older people with poor health/complex health needs. Experience so far is that clients are experiencing multiple barriers requiring a high level of practical assistance before resolving underlying issues. 318 older people have been supported by the five projects since Autumn 2016.

The interim evaluation has been completed, based on a sample of 88 records, and has established that:

- There is evidence that the service has started to targeting the correct groups of people as the clients have higher levels of frailty and more long term conditions than expected for a similar cohort of people;
- Overall this group of people consume more health and care resources than a seemingly similar group selected using a control matching procedure;
- It is too early to evaluate the system impact of the service as the current sample is too small for meaningful analysis in the time scales allowed; less than 50 service users have been through the service for less than three months at the time of evaluation;
- The proposed methodology and approach of using the Leeds Data Model and Controlled Matching can be used in the evaluation of the service.

Regular meetings with SWIFt providers are held to ensure the service model is joined up across the city. The meetings also offer an opportunity to share successes and challenges. The providers have also received training on non-clinical frailty assessment tools to support their work.

Further funding will be needed to continue this service beyond October 2018, and options are currently being explored.

SWIFt case study: *Mr and Mrs H previously attended a lunch club together on a regular basis. Unfortunately, Mr H suffered a fall and had to have a hip replacement. Due to this, he was unable to leave the house. Regardless of being in his early 90s, Mr H made remarkable progress; the only thing that stood in his way was the long wait for grab rail that was needed for their front door.*

Mr and Mrs H are a very close couple and rarely did things without each other. Mrs H also stopped going to lunch club. Before a recent diagnosis of dementia Mrs H, used to meet up with friends for coffee and attended a poetry club. However, after getting lost on the bus a few times, she decided she was not going out again on her own.

The family referred the couple to the project because they were worried that they were becoming isolated. Mr H enjoyed watching television and playing on his computer, however they were worried that Mrs H was not doing anything around the house.

The project worker started to visit the couple. Mr H was unable to come out due to the issue around the handrail and Mrs H did not want to engage initially. After a few visits, Mrs H agreed to go for walks with the project worker.

The project worker succeeded in building a positive relationship with the couple and eventually Mrs H agreed to come to the lunch club, first with the worker and eventually with assistance from volunteers. Mrs H enjoyed this and started coming on a regular basis. She also expressed an interest in the chair-based exercise and now attends regularly. Attending these groups alone, without her husband, has been a big step in improving Mrs H's confidence in doing things alone without relying too much on her husband.

In the meantime, the family had made a referral for grab rails. They were advised that the waiting list could be up to 6 months. The project worker assisted with chasing up the referrals and in reiterating the need for the grab rails. Mr H is now able to leave the house (assisted by the handrail) and now regularly attends the lunch clubs again.

The project has helped both Mr and Mrs H to be able to leave the house again and attend regular social and physical activities to reduce their social isolation and improving their overall health and wellbeing.

Minimising the impact of cold weather and cold homes

Winter Friends' owl

Winter Friends is a public health initiative which has been ongoing in Leeds for the past three years. It is a citywide network of professionals and organisations all aiming to prevent excess winter deaths and reduce cold weather related illnesses among vulnerable people in our communities, with a particular focus on older people through the use of the winter wellbeing checklist and other free resources.

Tying in with the national Public health England campaign Stay Well This Winter, winter friends combat social isolation and fuel poverty which both remain a large concern for older people across the UK. The campaign is delivered in partnership

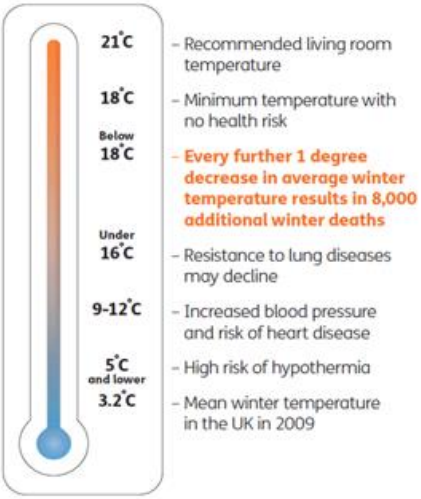
with the Warmth for Wellbeing service alongside Groundworks Green Doctors who are specialist environmental consultants and Care and Repair's home adaptation service.

Planning for winter starts in the summer, an event was held on Tuesday 11th June in Leeds Civic Hall. 98 delegates attended representing the council, health and third sector organisations and heard from a series of guest speakers who shared their knowledge and experiences on the importance of interventions to keep people warm through the winter.

There are over 122 registered winter friends in Leeds from third sector organisations, statutory services such as the police and fire services, adult social care and housing departments. Winter Friends receive training to increase basic knowledge of high impact interventions such as flu vaccinations, medicine intake, falls and feeling connected to your community. In autumn 2017 33 winter friends briefing sessions and a further 19 electronic briefings were delivered to new organisations.

Free resources are available including:

- a thermometer card to be left in the home to raise awareness of the adverse effects of cold homes,
- prompt cards for professionals to act as a reminder to ask open questions when they have contact with a potentially vulnerable person.
- A winter wellbeing checklist which is to be left with the vulnerable person detailing the high impact interventions and contact details for different support and advice services across the city.
- A winter friends badge;



Nutrition and hydration

The Older People Food Matters Group (OPFMG) established 2010 is a multi-agency group promoting food and drink messages and interventions relevant to older people The OPFMG has developed the Leeds Food Consensus which seeks to ensure consistent evidence based, person centred food messages for older people through four key messages embedded within the consensus:

The Older People's Food Matters Group (OPFMG) promoted the Nutrition and Hydration Week across Leeds (13th – 17th March). Nutritional champions and partner organisations from across Leeds created a verity of awareness activities, and an open access Nutritional Champions training course was delivered to 17 people from various organisations.

Leeds Hydration week took place from 12th – 16th June and the OPMFG completed another raising awareness of good hydration. Partners were asked to consider their own hydration practice ensuring staff can practice their 6 – 8 drinks. 2000 'Eating Well as You Age' booklets were distributed.

A second open access Nutritional Champions training course took place on 27th September to workforce from the third sector, home care and self- management champions.

Work has been completed to identify nutritional needs across Leeds which includes the audit of nutritional courses currently provided and gaps in provision. Information gathered from the audit has enabled a successful bid to the Integrated Better Care Fund (IBCF) to deliver a Malnutrition Prevention programme for one year across Leeds focusing on improving knowledge of malnutrition and dehydration for older people. This will include training to health and social care workforce, campaign materials and nutrition literature and a malnutrition hot line ensuring the Leeds system can receive further support on matters of malnutrition and dehydration.

Health and social care support

Neighbourhood Networks

A review of the council's Neighbourhood Network Schemes has taken place which provided the opportunity to fully evaluate how well the current arrangements have worked, what changes have taken place within the market place during the lifespan of the current contract and how best to move forward from 1st October 2018 onwards. Workshops have been held with the Neighbourhood Network Schemes to discuss Dementia and Frailty.

The outcome of the Neighbourhood Network review is an uplift on the annual value of the contract of £564,967. This model will see a five year + five year grant award being made to individual organisations.

Care Homes

A major piece of work to review and re-commission care homes is taking place which aims to improve the experience of residents of care homes, to ensure there is a resilient provider market, and to make the most effective use of resources. The process includes extensive consultation with residents, families and older people and will be used to inform the service specification before going out to procurement. Consultation is being analysed, and a cost of care exercise for Care Homes to agree future fees is ongoing.

The Green Care Home was closed and re-opened as Community Intermediate Care beds.

Work with the Alzheimer's Society on a project to examine how care homes can be community assets is ongoing; three care homes have signed up to participate.

Research work with the University of Birmingham on the implementation of the Care Act has commenced and will focus on neighbourhood networks and an Asset Based Community Development approach. Three neighbourhood networks have been identified to participate in the research.

Next steps:

- Work on the SWIFt evaluation will continue.
- Start a mental health needs assessment and audit of local activity against NICE guidance.
- Secure funding to enable SWIFt continue past October 2018.
- Develop a grant agreement and application process for the Neighbourhood Networks funding. The grant application process is anticipated to commence in March 2018 and the new agreements will be in place for 1st October 2018.
- Undertake an options appraisals with Care Home providers to shape the future commissioning model.
- Carry out the research work with the University of Birmingham on the Implementation of the Care Act.

To Conclude

This breakthrough project takes forward a long history of work with older people in Leeds and aims for Leeds to be a city where ageing is seen as a positive experience that brings new changes and opportunities and older people have access to the services and resources they require to enable them to live healthy and fulfilling lives. It recognises the need to address the inequalities facing older people in different parts of the city.

Much progress has been made already but more remains to be done. Leeds exciting new partnership with the Centre for Ageing Better brings new resources to take forward older people's housing, community transport and community contributions. We will continue to work with all our partners during 2017 and beyond to achieve our ambition for Leeds to be the Best City to Grow Old In.

For further information about this report please contact:
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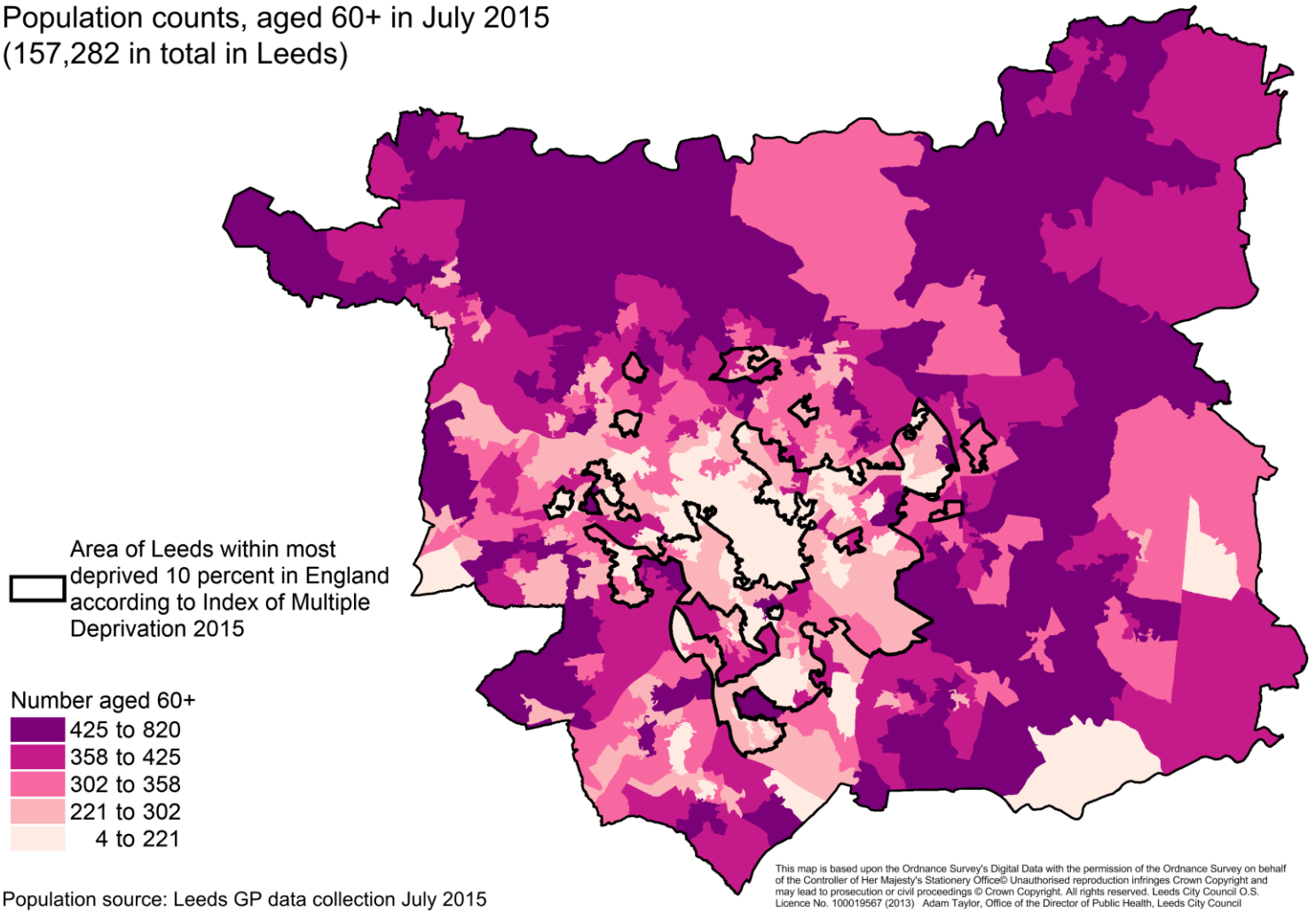
Population counts, aged 60+ in July 2015
(157,282 in total in Leeds)



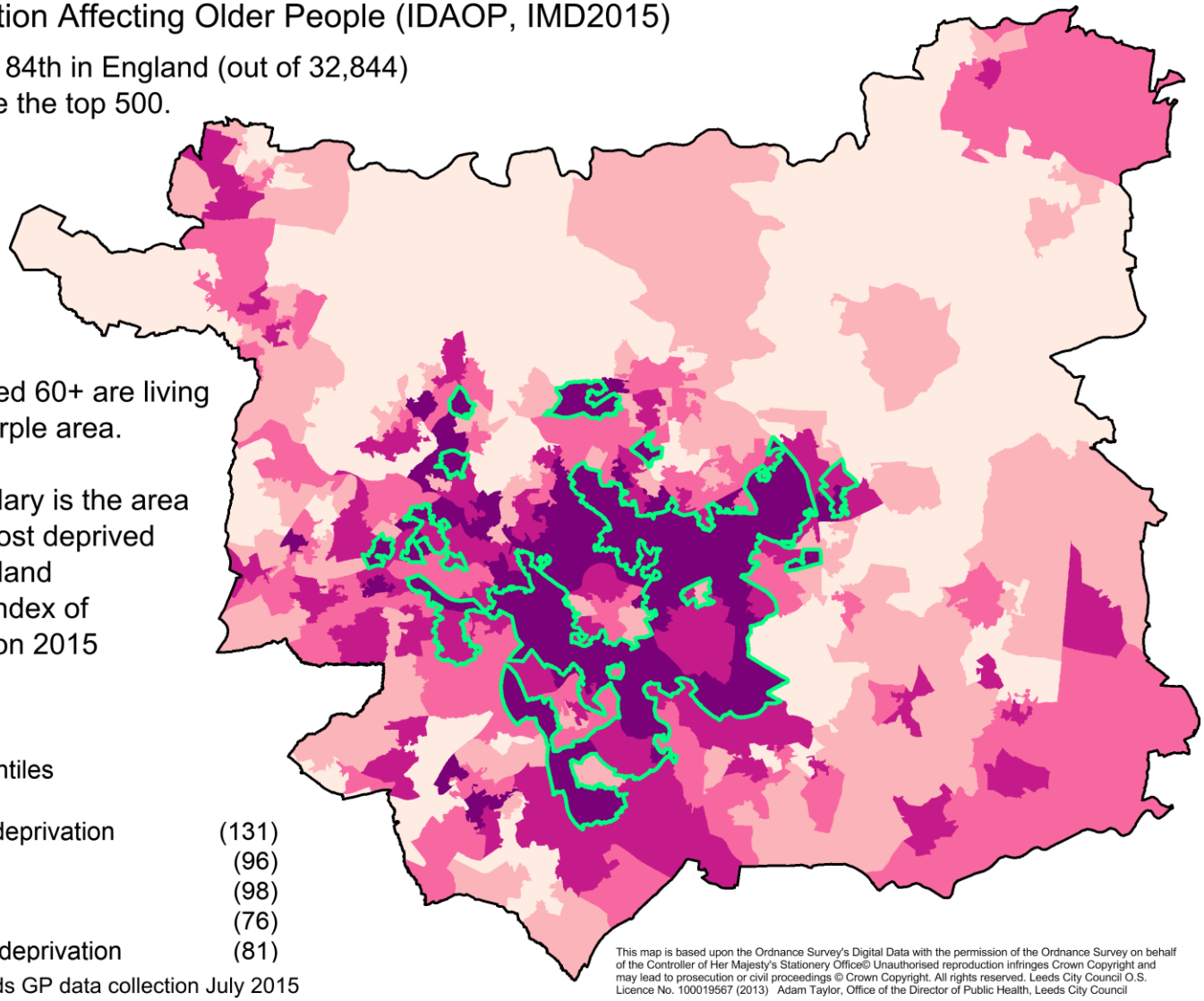
Population source: Leeds GP data collection July 2015

Income Deprivation Affecting Older People (IDAOP, IMD2015)

1 LSOA is ranked 84th in England (out of 32,844)
7 others are inside the top 500.

31,376 people aged 60+ are living inside the dark purple area.

Light green boundary is the area of Leeds within most deprived 10 percent in England according to the Index of Multiple Deprivation 2015



IDAOPI English quintiles

Most income deprivation	(131)
2	(96)
3	(98)
4	(76)
Least income deprivation	(81)

Population source: Leeds GP data collection July 2015

Leeds Health and Wellbeing Board

Report author: Ian Brooke-Mawson

Report of: Leeds Carers Partnership

Report to: Leeds Health and Wellbeing Board

Date: 14th June 2018

Subject: Leeds Commitment to Carers

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

- This report is being presented during Carers Week which is an annual campaign to raise awareness of caring, highlight the challenges unpaid carers face and recognise the contribution they make to families and communities throughout the UK.

- It is widely recognised that we need to support carers to continue caring and there are strong arguments for ensuring that identifying and supporting carers is regarded as a high priority for health and social care services, for employers and for the wider community.

- The Leeds Commitment to Carers contributes towards the ambitions in the Leeds Health and Wellbeing Strategy, particularly how we put in place the best conditions in Leeds for people to live fulfilling lives. Identification of carers and support to maintain and improve carers' physical and mental health and wellbeing are identified as priorities in supporting strong, engaged and well-connected communities and are integral to the development of Local Care Partnerships (LCPs).

- In February 2017, the Leeds Health and Wellbeing Board endorsed the Leeds Commitment to Carers which sets out what being the best city for carers could look like.

- The more teams and organisations that make a commitment, the more likely it is that carers in Leeds are being better identified, their role and contribution is being recognised, and the support they need is in place.

- Further development of the Leeds Commitment to Carers will aim to extend reach beyond organisations who are in the health and care sector. In addition, the NHS Leeds CCG funded post at Carers Leeds will support and encourage participation from GP practices.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress to date that has been made by the Leeds Carers Partnership.

- Note the opportunity to advance the carers agenda provided by the development of Local Care Partnerships.

- Note that the Leeds Commitment to Carers is not the only way we are improving identification, recognition and support for unpaid carers in Leeds.

- Encourage Health and Wellbeing Board member organisations to promote the Leeds Commitment to Carers.

1 Purpose of this report

1.1 This report is being presented during Carers Week which is an annual campaign to raise awareness of caring, highlight the challenges carers face and recognise the contribution they make to families and communities throughout the UK.

1.2 The purpose of this report is to set out the progress made by the Leeds Carers Partnership in relation to the Leeds Commitment to Carers.

2 Background information

2.1 In February 2017, The Health and Wellbeing Board received a report from the Leeds Carers Partnership which introduced the Leeds Commitment to Carers. The Health and Wellbeing Board resolved:

- To endorse the Leeds Commitment to Carers
- That the Leeds Carers Partnership be tasked with promoting the Leeds Commitment to Carers and reviewing all action plans
- That the Leeds Carers Partnership be requested to present a progress report in 2018

2.2 The Leeds Commitment to Carers sets out what being the best city for carers could look like as well as recognising the Leeds Carers Partnership as a key strategic influencer and champion.

2.3 In order to demonstrate a commitment to carers, teams and organisations are asked to think about and record the things they do well for carers and the things they could do better, and then identify up to three actions they intend to take to make improvements. An action plan is then submitted to the Leeds Carers Partnership who will either approve the action plan or ask for more information. A certificate of recognition is issued when an action plan is approved and teams/organisations are sent the Leeds Commitment to Carers logo which they will be able to use. Everyone who completes an action plan will be asked to provide a short update of the progress they have made.

3 Main issues

3.1 The Leeds Carers Partnership started to actively promote the Leeds Commitment to Carers in Carers Week 2017 and held an event on Carers Rights Day (Nov 24th) to promote it more widely, particularly to employers.

3.2 11 organisations have made a commitment to carers and have submitted action plans that been approved by the Leeds Carers Partnership. Commitments tend to be focussed around 5 key themes:

- Improving support for carers who are balancing work and care (working carers)
- Improving the identification and recognition of carers
- Providing carers with relevant information and signposting/referring carers to specialist information, advice and support
- Training and supporting the workforce to be carer-aware
- Supporting carers to access local resources

3.3 Appendix 1 sets out the teams/organisations who have completed an action plan and a summary of the commitments they have made.

3.4 A further 5 teams/organisations are currently working towards developing their action plan:

- NHS Leeds Clinical Commissioning Group
- Leeds Jewish Welfare Board
- Age UK (Leeds)
- Relate
- Laurel Bank Surgery

3.5 NHS Leeds Clinical Commissioning Group have agreed to fund a post in Carers Leeds in 2018/2019 to undertake focussed work to support GP Practices to feel confident in signing-up to the Leeds Commitment to Carers. This recognises that primary care services are ideally placed to identify carers, to register them, and to link them to the information and support that is available locally. The new post will build on collaborative work across 5 GP practices in Pudsey, where the way that carers were identified and recorded differed across the practices and has led to the practices establishing a common 'carer' classification. As a result, the numbers of carers recorded within the practices and the number of 'Yellow Card' referrals to Carers Leeds has increased, carers of patients on the 2% list have been proactively targeted and offered flu vaccinations, practice staff have undertaken carer awareness training, and the practices are developing a good practice guide for supporting carers.

3.6 The Leeds Commitment to Carers contributes towards the ambitions in the Leeds Health and Wellbeing Strategy 2016-2021, particularly how we put in place the best conditions in Leeds for people to live fulfilling lives. Identification of carers and support to maintain and improve carers' physical and mental health and wellbeing are identified as priorities in supporting strong, engaged and well-connected communities and are integral to the development of local care partnerships.

3.7 While the Leeds Commitment to Carers has an important role to play in the development of support for carers in Leeds, there is also significant activity taking place across Leeds which is not reflected in the action plans but is contributing towards making Leeds the best city for carers:

3.7.1 ***Employers for Carers***: Leeds City Council's holds an umbrella membership of Employers for Carers which means that Leeds NHS partners and SME's in Leeds also can hold membership free of charge. Employers for Carers provides 'behind the scenes' support at an organisational level (for example model policies, e-learning, tool-kits)

3.7.2 ***Working Carers Employers Forum***: is a network of 12 Leeds based employers who are at the forefront of innovation and who are pro-active in supporting their working carers for the benefit of both the employee and employer.

3.7.3 ***Working Carers Project***: Leeds City Council have provided funding from IBCF to Carers Leeds to work directly with employers to help managers and HR teams effectively support their working carers, drawing on the experience of employers

in Leeds who have shared their practical experiences of supporting working carers, including the successes and challenges they have faced.

3.7.4 ***Digital Resource for Carers***: provides free access for any carer in Leeds to a wide range of Carers UK digital products (for example on-line guides, Jointly App, building resilience e-learning and links to local support).

3.7.5 ***John's Campaign***: Leeds Teaching Hospitals NHS Trust have developed a Carers Charter as part of their support to John's Campaign which is a National campaign that asks for the families and carers of patients to be invited to stay with them in hospital for as many hours as they are needed and as they are able to give. John's Campaign supports care for people who have conditions, such as dementia, where families and carers have the knowledge and skill to work in partnership with ward staff to ensure patients receive care that works best for them. Leeds Teaching Hospitals NHS Trust have also developed their Carers Charter

3.7.6 ***Triangle of Care***: NHS Leeds and York Partnership NHS Foundation Trust are one of one of 32 mental health NHS Trusts using the Triangle of Care approach to improve support for carers. The Triangle of Care approach recognises that carers play an essential role in supporting people with mental ill-health

3.7.7 ***Yellow Card Referral Scheme***: The Carers Leeds award winning Yellow Card referral scheme is available in every GP practice in Leeds. The Yellow Card scheme enables a GP practice to register a carer in the practice and to refer a carer to Carers Leeds. Additional funding in 2017/2018 and 2018/2019 has enabled Carers Leeds to expand targeted work with GP practices including carer awareness training and carer clinics in GP practices meaning that carers can be seen closer to home.

3.7.8 ***Time for Carers Grant***: can provide a carer with a cash sum (up to £250) which must be used to support their own health and wellbeing and in many cases is used to support a carer to take a break. Leeds City Council have increased the amount of funding available in 2018/2019 through the IBCF.

3.7.9 ***Carer Support Groups:*** Carers Leeds support around 35 well attended monthly Carer Support Groups in different locations across the city as well as supporting and attending a variety of volunteer led groups. As well as generic groups there are a number of groups for carers of particular groups of people, for example carers of children with additional needs, carers from BAME backgrounds, carers of people living with dementia and 'interest' groups, for example walking and reading groups

3.7.10 ***Information, advice and support service for carers***: currently provided by Carers Leeds. Leeds City Council and NHS Leeds Clinical Commission Group will re-commission a service that provides a single point of access to information, advice and support services for adult and parent carers in Leeds. It is anticipated that a new service will commence from April 2019.

3.7.11 ***Transforming Short Breaks***: Leeds City Council propose new arrangements that ensure, going forward, that the Council's short break offer is fair, equitable and gives proper weighting to those with the greatest caring responsibility.

3.7.12 ***Frailty***: development of carer outcomes in NHS Leeds CCG frailty programme of work based on what carers say is important to them

3.8 The Leeds Commitment to Carers has its own page on the Carers Leeds website and the Leeds Carers Partnership will continue to promote the Leeds Commitment to Carers through a range of approaches, including social media and the networks of its partner members. The Leeds Carers Partnership will also introduce a new toolkit which will make it easy to sign-up and which will include promotion of Employers for Carers and the Digital Resource for Carers. It is an ambition to broaden participation to organisations beyond health and social care.

3.9 The Leeds Carers Partnership plan to facilitate a series of Learning Networks to enable teams/organisations to share ideas, report the progress they have made and how this has been achieved, and to encourage others to get enthusiastic and to do the same.

3.10 The Leeds Commitment to Carers has attracted both regional and national interest and Leeds Carers Partnership have been invited to lead a workshop at the Carers UK annual State of Caring Conference.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 The Leeds Commitment to Carers was co-produced by members of the Leeds Carers Partnership and is overseen by a steering group made up of partnership members. Membership of the Leeds Carers Partnership and the Steering Group includes carers as well as staff from the public, private and voluntary sector.

4.2 Equality and diversity / cohesion and integration

4.2.1 Carers come from all walks of life, all cultures and can be of any age. Many carers feel they are doing what anyone else would do in the same situation that is, looking after a parent, a child, a friend, and simply getting on with it!

4.2.2 The provision of unpaid care is an important policy issue because it not only makes a vital contribution to the supply of care, but can also affect the health and wellbeing, employment opportunities, finances and other social and leisure activities of those providing it.

4.2.3 The Leeds Commitment to Carers seeks to address inequalities faced by carers by raising awareness and encouraging action at both an organisational and community level to better identify, recognise and support carers.

4.3 Resources and value for money

4.3.1 Support for carers has long since moved from simply being an issue of morality, or being ‘the right thing to do’. It is now recognised that we need carers to continue caring and there are strong arguments for ensuring that identifying and supporting carers is regarded as a high priority for health and social care services. Research undertaken by the University of Leeds estimates the cost of replacing unpaid care with paid care to be around £1.4billion per year in Leeds. Effective support for carers to enable them to continue caring therefore makes economic sense by helping to manage demand on health and care services.

4.3.2 Forward looking employers now recognise caring as an issue which will have an increasing impact on their employees and on themselves as businesses. Already 90% of working carers are aged 30 plus – employees in their prime employment years. The peak age for caring is 50-64 when many employees will have gained valuable skills and experience. Research by Carers UK has indicated that over 2 million people have given up work at some point to care for loved ones and 3 million have reduced working hours which is a real loss for employers as well as for families. The cumulative costs to an employer of an employee leaving work are estimated to be equal to the employee's last salary, while Hay Group suggests it could cost anywhere from 50-150% of their salary[1]. During recent years, and especially during times of economic downturn, more and more employers are recognising the value of retaining working carers rather than incurring the costs of recruiting and retraining new staff

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 For many organisations, particularly non health and social care organisations, there is a lack of awareness in relation to carers and caring.

4.5.2 The Leeds Carers Partnership is a well-established local partnership with senior representation from key organisations as well as carers and organisations who represent the carer voice and Carers Leeds has an excellent local and national reputation and is a key and pro-active member of the Leeds Carers Partnership.

4.5.3 The Carers Partnership will be responsible for promoting the Leeds Commitment to Carers and for developing a toolkit which will make it easy to sign-up.

5 Conclusions

5.1 It is widely recognised that we need to support carers to continue caring and there are strong arguments for ensuring that identifying and supporting carers is regarded as a high priority for health and social care services, for employers and for the wider community.

5.2 The Leeds Commitment to Carers contributes towards the ambitions in the Leeds Health and Wellbeing Strategy, particularly how we put in place the best conditions in Leeds for people to live fulfilling lives. Identification of carers and support to maintain and improve carers' physical and mental health and wellbeing are identified as priorities in supporting strong, engaged and well-connected communities and are integral to the development of local care partnerships.

5.3 In February 2017, the Leeds Health and Wellbeing Board endorsed the Leeds Commitment to Carers which sets out what being the best city for carers could look like.

[1] Cited in Supporting Working Carers: The Benefits to Families, Business and the Economy, Final Report of the Carers in Employment Task and Finish Group, HM Government, Employers for Carers and Carers UK (2013)

5.4 The more teams and organisations that make a commitment, the more likely it is that carers in Leeds are being better identified, their role and contribution is being recognised, and the support they need is in place.

5.5 Further development of the Leeds Commitment to Carers will aim to extend reach beyond organisations who are in the health and care sector. In addition, the NHS Leeds CCG funded post at Carers Leeds will support and encourage participation from GP practices.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress to date that has been made by the Leeds Carers Partnership.
- Note the opportunity to advance the carers agenda provided by the development of Local Care Partnerships.
- Note that the Leeds Commitment to Carers is not the only way we are improving identification, recognition and support for unpaid carers in Leeds.
- Encourage Health and Wellbeing Board member organisations to promote the Leeds Commitment to Carers.

7 Background documents

7.1 None

Appendix 1

Organisation	Actions		
Leeds City Council	• Seek to involve carers in all stages of care planning for the person they care for • Consider the impact of the caring role on carer's health and wellbeing • Provide carers with relevant information and signpost carers to specialist information advice and support • Raise awareness amongst staff to support working carers to self-identify • Review and promote carers awareness training • Develop a 'toolbox' for working carers • Develop a resource pack for line managers to enable them to better identify and support working carers • Improve our information about who are our working carers to improve support via 1-2-1 • Include carers wellbeing as a standard agenda item for 1-2-1 meetings • Ensure that feedback supports carers and develops line managers carer awareness • Promote and facilitate events for Leeds City Council working carers		
Willow Young Carers	Promote whole family approaches for young carers	Support young carers to be healthy and to make informed choices about their caring role	Involve young carers in the development of a new resilience based assessment tool
Department for Work and Pensions	Support DWP working carers	Market and promote local support available for Carers	Support for carers claiming benefits
Primary Care Practices in Pudsey	Improve identification and recording of carers	Educate the practice team on the role of carers in the community	Produce a case study which sets out the 'Pudsey' experience
Leeds Teaching Hospitals NHS Trust	Support carers to access local resources	Support carers to be healthy and to make informed choices about their caring role	Be a carer-friendly employer
St Gemma's Hospice	Consult with and involve carers in the development of services and strategy	Develop more carer groups with both a therapeutic and educational focus	Ensure St Gemma's is a carer friendly employer
Aspire	Provide information for carers	Identify staff who are carers	Deliver carer awareness training

Community Links	Increase (Community Links) visibility for carers	Appoint a carers champion	Be a carer-friendly employer
Morley Elderly Action (MEA)	Actively promote MEA activities to carers	Promote carer related information	Actively seek feedback from carers
Care and Repair	Improve identification and recording of working carers and training and support for line managers to recognise and deal with the issues of working carers	Introduce a Carers Policy within the Employee Handbook promoting the advice and support available to working carers	Improve identification of Care and Repair clients who are carers and ensure they receive information and advice on accessing services
Feel Good Factor Leeds	Improve carer awareness for both staff and customers	Establish a Peer Support Group	Recruit 2 carers to be 'Living Well Champions'

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How does this help reduce health inequalities in Leeds?

The Leeds Commitment to Carers seeks to address inequalities experienced by unpaid carers by raising awareness and encouraging action at both an organisational and community level to better identify, recognise and support carers.

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

It is widely recognised that good support for carers benefits not only carers by maintaining and promoting their health and well-being, but also the health and well-being of the person they care for. Carers also play a significant role in preventing, reducing or delaying the needs for care and support for the people they care for, which is why it is important that we consider preventing carers from developing needs for care and support themselves.

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

Promoting carers' wellbeing and supporting carers to continue caring is an argument that in recent years has moved beyond simply one of morality or even duty. It is now widely recognised that supporting carers delivers economic benefits as well as contributing to managing demand. Research undertaken by the University of Leeds estimate the financial contribution of unpaid care in Leeds to be around £1.4billion per year. Supporting carers to continue caring is therefore equally fundamental to supporting strong families and communities as it is to the sustainability of the NHS and Adult Social Care.

Future challenges or opportunities
N/A

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	✓
An Age Friendly City where people age well	✓
Strong, engaged and well-connected communities	✓
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	✓
Maximise the benefits of information and technology	✓
A stronger focus on prevention	✓
Support self-care, with more people managing their own conditions	✓
Promote mental and physical health equally	✓
A valued, well trained and supported workforce	✓
The best care, in the right place, at the right time	✓

Leeds Health and Wellbeing Board

Report author: Joanna Bayton-Smith
Tel:

Report of: Leeds Integrated Cancer Services Programme Board

Report to: Leeds Health and Wellbeing Board

Date: 14th June 2018

Subject: Update on Leeds Cancer Programme

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

This report focuses on the following issues:

- The consequences of ageing population on cancer incidence rates
- Diversity of cancer outcomes across Leeds
- Improved survival rates leading to increased demand for cancer services

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress, outcomes and actions taken to date in the Leeds Cancer Programme
- Inform the development of a vision for cancer aware communities
- Support engagement with communities and constituents

1 Purpose of this report

1.1 In January 2016 Professor Peter Selby and Public Heath Consultant Fiona Day presented to the Health and Wellbeing Board a position paper on cancer outcomes for Leeds with a series of recommendations for the city. Combined with the launch of the National Cancer Taskforce Strategy in 2015, the cancer system across Leeds was signed up to working as an integrated system to deliver change.

1.2 We want to share our progress to date in response to the local and national challenges we were set and also early indications of impact on cancer outcomes. In particular we would like to update on:

- Patient outcomes
- Public and patient engagement
- The Programme Management Office
- Work programme updates

1.3 We are also looking to explore with Health and Wellbeing Board members the opportunity we have to develop cancer aware communities aligned with the emerging primary care delivery models through Local Care Partnerships. Our ambition for the Leeds Cancer Programme is to ensure support at a local level to improve lifestyle behaviours to reduce cancer incidence and for people to be able to seek help when symptoms occur, ensuring the health and care system is able to respond quickly and support people after cancer treatment to be as independent as possible.

2 Background information

2.1 Studies indicate that the shortfall in survival in the UK, and in Leeds and Yorkshire, arise substantially from the relatively late diagnosis of cancer patients, resulting in their presentation with relatively advanced disease which results in a lower chance of cure, a poorer patient experience and reduced quality of life.

2.2 To achieve our ambitions of reducing incidence in cancer, improving survival of cancer and promoting patient experience to have parity of esteem as other clinical outcomes, we need an integrated approach to ensure that patients are able to access support and services when then are needed and not to encounter delays.

2.3 The Leeds Integrated Cancer Services (LICS) group was established in 2016, this group was formed to bring healthcare professionals and patient advocates from primary, secondary and tertiary care to work together, to redesign cancer services ensuring a focus on integrated, seamless care for patients to deliver improved cancer outcomes. The LICS group continues to be a critical part of the governance structure for the Leeds Cancer Programme and where the cancer system leads come together to focus on priorities of a whole system rather than individual organisation responsibilities (see Appendix 1).

2.4 Leeds is in an extremely prominent position as one of 6 ‘places’ within the West Yorkshire and Harrogate Cancer Alliance (WH&Y). Through Macmillan funding we have been able to invest in a system wide delivery infrastructure, in place until 2020 which has already brought in additional funds for implementation of projects to address specific needs for our population. Leeds is piloting several national initiatives with NHS England and is also at the forefront of rolling out citywide services with a view to sharing learning with colleagues across the WY&H Alliance footprint.

3 Progress and challenges

3.1 Patient Outcomes

3.1.1 In Leeds we are no different to the rest of the UK and face major challenges to the health and wellbeing of our populations as a consequence of cancer, with the aging population if we fail to respond adequately to the lifestyle factors which promote cancer incidence such as smoking and obesity, the number of cancer patients will increase.

3.1.2 Our outcome data indicates that the incidence of cancer cases is slowly increasing with 4,109 cases in 2015 (latest figures) compared to 3,898 in 2010. Over the same time period our 1-year survival (all cancers) has improved from 69.9% to 72.4% in line with improvements seen across the country. We have seen year on year improvements in cancers diagnosed as emergencies but our rate is still behind that of the rest of the country (21.3% versus 19.2%). There are other positive signs with our curable stage at diagnosis (stage 1 and 2) with Leeds at 56.5% and the national figure being 52.1%.

3.1.3 Within these overall figures is evidence of significant improvement in terms of particular cancers, for example lung cancer. As a city there has been a consistent focus on improving outcomes in lung cancer through various initiatives including smoking cessation support, symptom awareness campaigns (The “Cough” campaign), direct and open access to chest X-ray as well as world leading surgical and radiotherapy treatments. In the latest national audit data on Lung Cancer, Leeds had some of the highest curative treatment rates (89.2%), early stage at diagnosis (33%) and the best 1-year survival in the country (45.9%). Nevertheless, lung cancer still remains a significant contributor to potential lives lost in our health and care system.

3.2 Work Programme updates

Within the Leeds Cancer Programme there are 4 work streams, aligned to the structure of the West Yorkshire and Harrogate Cancer Alliance programme. An overview of progress and outcomes within each is detailed

3.2.1 Prevention, Awareness and Increasing Screening Uptake Work stream

Led by Public Health colleagues, interventions within this area include a continued investment of CCG funding for screening champions within general practice to promote uptake of national screening programmes in our most deprived areas. Available data (Oct 2017) indicates a marked improvement in screening uptake

for a number of practices with dedicated screening support and our ambition is to support all practices to reach national screening targets. In addition to this we are progressing discussions for further charity funding to develop a presence across all of Leeds and encourage screening uptake for all to be delivered through the emerging Local Care Partnership (LCP) model. This work links with the Integrated Healthy Living Service to join up and maximise opportunities across primary and secondary care for referrals into this service and also an active programme of raising awareness of risk factors / signs of symptoms of cancer and developing cancer aware communities. There is a continued focus on smoking prevalence and targeted efforts especially within the acute sector to ensure that every contact counts with patients.

3.2.2 **Early Diagnosis**

This work stream is focused on ensuring patients receive a cancer diagnosis at the earliest stage possible to maximise potential for curative treatment. Leeds was one of 6 sites across England to pilot the ACE (Accelerate, Coordinate, Evaluate) project, within the NHS Early Diagnosis Initiative, to develop a pathway for patients with non-specific but concerning symptoms. Early findings and evidence from this pilot has enabled Leeds to attract a further £1million of Cancer Transformation Funds (CTF) through the WY & H Cancer Alliance to deliver a citywide rollout enabling all GPs across Leeds to refer onto the pathway. In addition we are now implementing community based nursing assessments to further improve patient experience and avoid where possible the need for patients to access secondary care.

In addition CTF funds have also enabled Leeds to pioneer a city wide rollout of teledermatology, a revolutionary approach where GPs will be able to take and send images of potential skin lesions to secondary care electronically and through virtual triage we have an ambition to reduce dramatically the numbers of people who need to attend the hospital for a face-to-face appointment. This project will be rolled out across Leeds from early June 2018.

3.2.3 **Living with and Beyond Cancer**

Continued improvements in clinical practice will advance our long term survival rates even further. Within the Leeds Cancer Programme there is a work stream focused on supporting patients and those people affected by a cancer diagnosis to live as full and actives lives as possible. Interventions focus on the delivery of follow up care and support to patients, moving towards delivery of this within communities or closer to home. This also includes a focus on information sharing across the system ensuring that access to patient details are accessible to all, therefore improving patient experience and the quality of care received from the cancer system. Leeds has also been piloting the delivery of Cancer Care Reviews by a Nurse based in primary care, we are now in the second year of this pilot and will be using the findings from this study to develop a sustainable model for implementation of this service within the emerging LCPs.

3.2.4 **High Quality Modern Services**

This programme is concentrating on three key elements: the modernisation of the multi-disciplinary teams (MDT) and how they function, the development of outcome metrics for MDTs to use in order to see progress on delivering our ambitions, and ensuring that the treatments being delivered within the hospital phase of the cancer pathways are at the highest standard (for example the procurement of real time MRI simulation in the delivery of radiotherapy.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 We have recently established a Public/ Patient Cancer Engagement Hub for the Leeds Cancer Programme. Working closely with engagement leads from NHS Leeds CCG, Macmillan and Leeds Teaching Hospitals Trust the main purpose of this group is to provide assurance that appropriate engagement has been carried out with the Leeds population prior to changes being made to cancer services at a citywide level.

4.1.2 The outputs from this group will continue to be overseen by engagement professionals across the system and aligned with structures for patient/ public engagement across the city. Although still in early stages of working as a cohesive hub it is hoped that this group will become a centre of expertise in terms of providing assuring to the system that we are engaging appropriately and in a targeted way for the future re-design of cancer services.

4.2 Equality and diversity / cohesion and integration

4.2.1 There is considerable diversity in cancer outcomes which largely reflects socioeconomic diversity and access to care across Leeds. Working with Public Health colleagues we are ensuring initiatives are focused on those populations that need it most, therefore reflecting the Health and Wellbeing Strategy ambition on improving the health of the poorest the fastest. Examples of this are the implementation of the ACE project, for non-specific but concerning symptoms in the most deprived general practices across Leeds. Also the delivery of a 3 year screening champions model, with funding for practices with IMD codes 1-4, funded by the Leeds CCG and working with CR-UK to engage practices on a 1-1 basis.

4.2.2 We are in the process of recruiting a dedicated Macmillan Engagement Lead for the Leeds Cancer Programme who will be starting in post in July 2017. Their background is very focused on community engagement, working with seldom heard groups and will ensure a sustained focus on developing relationships and ensuring engagement across all communities especially those traditionally who are hard to reach. This post will also lead the development of relationships with community groups with a focus on cohesion and integration across aspects of cancer work and other areas including mental health.

4.2.3 We are working with our Cancer Public/ Patient Engagement Hub members to ensure a focus on equality and diversity and awareness of its principles, ensuring

that we consider needs of the whole population when developing changes to cancer services. At a meeting of this group recently we delivered a session on inequalities in cancer outcomes across protected characteristics in order to reinforce the principles of equality impact assessments.

4.3 Resources and value for money

4.3.1 Macmillan awarded the Leeds Cancer system circa £550,000 in early 2017 to establish a Programme Management Office (PMO) infrastructure. This has enabled the recruitment of a sizeable team working at a system wide level dedicated to improving cancer outcomes across Leeds. In April 2018 an additional £500,000 was awarded to the Leeds system from Macmillan to further extend this programme of work until March 2020, including a focus on engaging wider with communities, communications activities to raise awareness of the programme as well as dedicated GP leadership support across specific work streams.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 The ambitions set out as part of the cancer strategy for Leeds are linked with the progress of the Leeds Care Partnership model. Much of the awareness raising, healthy living and access to services before and after cancer treatment will benefit from greater coordination at this population level. Therefore coordination with the teams developing the landscape for the future has been recognised as an important element of our work.

5 Conclusions

5.1 The cancer strategy for Leeds has a clear set of ambitions and plans and has the resource to deliver its work programmes.

5.2 Being part of the West Yorkshire and Harrogate Cancer Alliance has, in addition, meant that new money has been brought in to help transform both the front and back ends of the cancer pathways.

5.3 Progress is being made on our key areas of work.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress, outcomes and actions taken to date in the Leeds Cancer Programme
- Inform the development of a vision for cancer aware communities
- Support engagement with communities and constituents

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?
There is considerable diversity in cancer outcomes which largely reflects socioeconomic diversity and access to care across Leeds. Working with Public Health colleagues we are ensuring initiatives are focused on those populations that need it most, therefore reflecting the Health and Wellbeing Strategy ambition on improving the health of the poorest the fastest.

How does this help create a high quality health and care system?
We have a work stream focused on ensuring we develop 'High Quality Modern Cancer Services.' Within this we will ensure we use data to drive improvement and decision making on cancer pathways and we will ensure a focus on making the best use of our available resources.

How does this help to have a financially sustainable health and care system?
The Leeds Cancer programme, within the High Quality Modern Services work stream is focused on ensuring best use of resources across the cancer system. This includes the redesign of pathways to facilitate earlier diagnosis with an emphasis on holistic assessment of patients, more appropriate use of testing with a focus on improved patient experience.

Future challenges or opportunities
We have a great opportunity in Leeds through working as a 'cancer system' to embed and change historic ways of working and truly impact on cancer outcomes.

The Leeds Cancer Programme and Macmillan funding is in place until 2020 currently. The Leeds cancer system will need to work together to develop a sustainability plan to ensure a continued focus on improving cancer outcomes in Leeds beyond the end of this funding. Changes within the primary care and the emerging LCPs will provide an opportunity for us to test out this way of working through the delivery of joined up cancer services at a community level.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	
An Age Friendly City where people age well	x
Strong, engaged and well-connected communities	
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	x
Support self-care, with more people managing their own conditions	x
Promote mental and physical health equally	
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	x

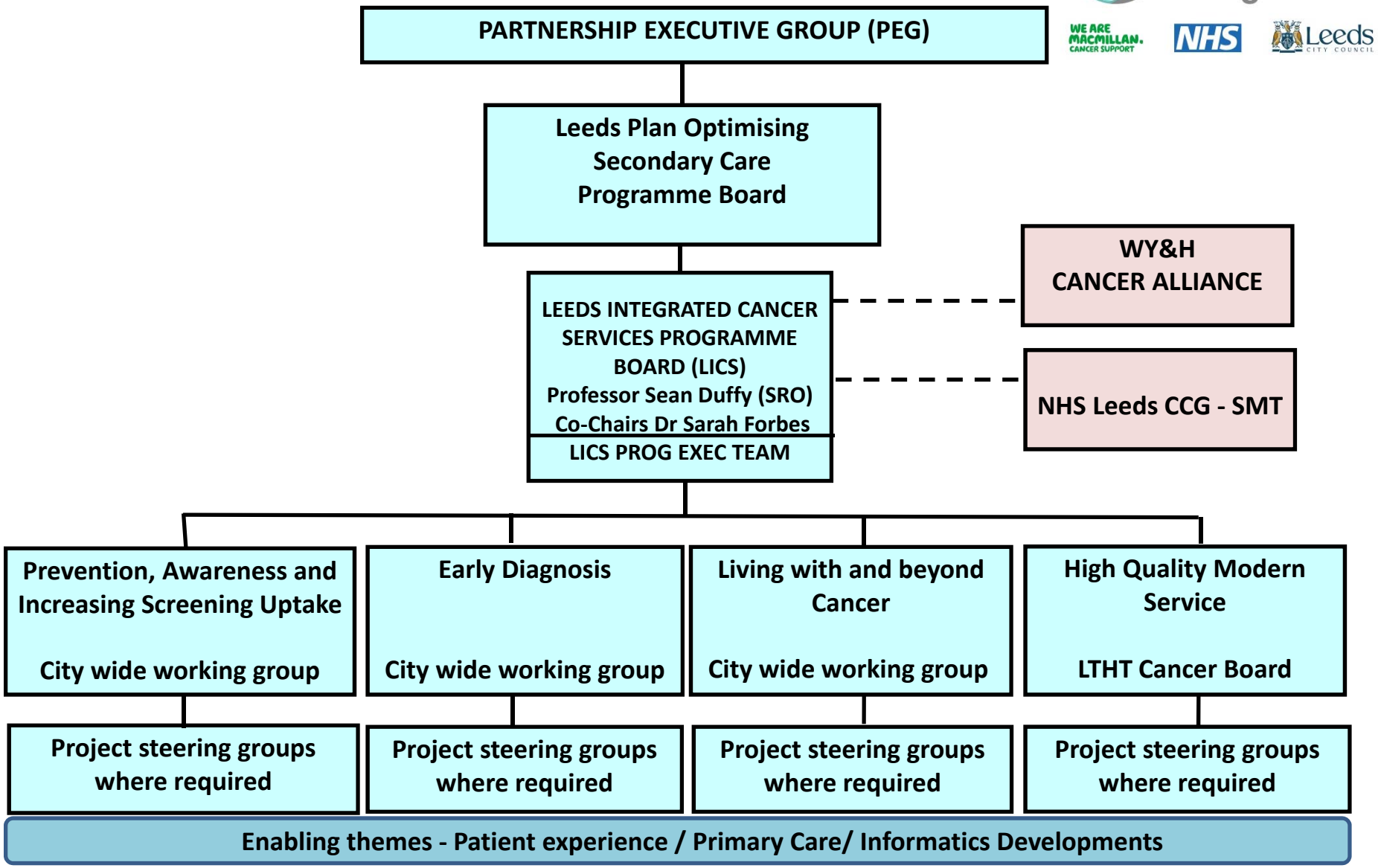
Appendix 1

Leeds Cancer Programme – to 2020

We want to deliver the best cancer outcomes for Leeds patients.

We will achieve this by working collaboratively across the range of health and social care organisations to ensure we provide patient driven, quality care to the people of Leeds.

GOVERNANCE STRUCTURE
MACMILLAN LEEDS CANCER PROGRAMME
Updated 18/04/18 V 2.1



PEG is Executive strand of Leeds Health and Wellbeing Board

Core Programme Outcomes

CORE PROGRAMME OUTCOMES	Leeds	England	Data source
Reduce the rate of cancer incidence across Leeds in line with national average	*4109 cancers diagnosed, Cancer stats 2015 – comparator data to be defined*		
Reduction in the rate of cancers diagnosed as emergencies to 15%	21.3%	19.2%	(NCRAS/ PHE Q1 2017)
Increase numbers of cancers diagnosed at a curable stage (stage 1 and 2, National Taskforce Ambition to 62% by 2020)	56.5%	52.1%	(NCRAS/PHE Q3 2016)
Improve 1 year survival rates (Taskforce Ambition to 75% by 2020)	72.4%	72.3%	ONS data – all cancers, adults diagnosed in 2015 followed u in 2016
Maintain/ Improve the Leeds Top 10 decile position in CPES feedback	8.8/ 10	8.74/10	(2016 CPES results)
Reduction in preventable deaths from cancer	Measure to be agreed		
Reduction in smoking rates to 13% line with national targets (plus routine and manual targets)	17.8%	15.5%	Adults aged 18+/ 2016 ONS data

Prevention, Awareness & Increasing Screening Uptake

Work stream Lead, Louise Cresswell, Public Health Cancer Team, Leeds City Council

We want to see a fall in the number of new cases of preventable cancer year on year and a faster fall in more deprived populations.

Key projects and initiatives

- **Preventing** cancer through implementation of smoking cessation services/ Leeds Integrated Healthy Living Service
- **Raising awareness** of signs and symptoms of cancer and screening through Public Health, commissioned 3 year Community Awareness Cancer Service (CACS)
- **Increasing screening uptake** – bowel/ breast/ cervical
  - Through CCG funded primary care based cancer screening champion programmes in 50 target practices (most deprived IMD 1-4) across Leeds – starting with bowel cancer 2018/19

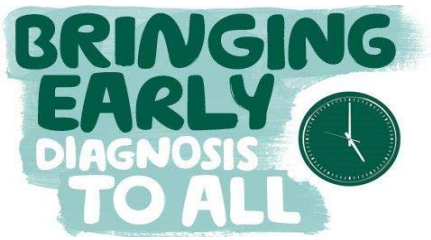
April 2018 - Emerging work to develop a 'universal' offer Leeds Prevention/ Screening Hub model for implementation at a locality level

Early Diagnosis

Work stream Lead, Angie Craig, Assistant Director Operations, LTHT
Macmillan Project Lead, Helen Ryan, Leeds CCGs

We want to ensure our patients receive a cancer diagnosis at the earliest stage and maximise potential for curative treatment.

- **Expansion of ACE pilot project** for patients with non-specific but concerning symptoms
  - City wide rollout (circa 40 practices across Leeds currently able to refer)
  - Testing of the ACE nursing assessment model within primary care / localities
- Pilot site for **28 days Faster Diagnosis Standard** (mandated collection April 2019)
  - Set up of data systems to enable routine collection of data
  - Rollout plan to all cancer sites
- **Tele-dermatology** (CTF enabled funding)
  - 2ww referrals will be submitted with an image of the lesion for consultant led triage
  - City wide launch date planned 01/06/18
- Rollout **automated 2ww referral forms (DART)**



Living with and Beyond Cancer

Work stream Lead, Karen Henry, Lead Cancer Nurse, LTHT
Macmillan Project Lead, Sarah Bradley-Wright, Leeds CCGs

We will provide the best support to patients to lead as full and active lives as possible with, or beyond a diagnosis of cancer.

Key projects and initiatives:

- Use of best practice to **risk stratify follow-up pathways**
- Piloting **CNS led Cancer Care Reviews in Primary Care** (expansion of initial pilot 18/19 and testing model in 2 x localities)
  - Improved signposting of patients to support services in the community
- Focus on improved sharing/ quality of information with Primary Care via Leeds Care Record (**eHNA forms and Treatment Summaries**)
- Improving quality and consistency of information and care given to patients
- **Workforce developments** e.g. Practice Nurse training, Health Coaching for CNS team

High Quality Modern Service

Work stream Lead, Mike Harvey, Assistant Director Operations, LTHT
Overseen by LTHT Cancer Board

Leeds will be recognised for its excellence in pioneering research, training, development, delivery of cancer treatments & survivorship.

Key projects and initiatives:

- **Evaluation and streamlining of secondary care MDT patient reviews** through protocolised management
- Explore ways to **deliver cancer treatments 'closer to home'** for our patients
- Work with partners to **deliver world class cancer research**
- Ensure we are at the **forefront of using new technologies** in the delivery of cancer treatments
- **Ensure best and targeted use of the Leeds £**
- Using **data to drive decision making** and prioritisation around pathways

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Leeds Health and Wellbeing Board

Report author: Sally Goodwin-Mills

Report of: Director of Public Health

Report to: Leeds Health and Wellbeing Board

Date: 14 June 2018

Subject: Unicef UK Baby Friendly Initiative in Leeds

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. Raise awareness and celebrate all the excellent work happening in Leeds with regard to Unicef Baby Friendly Initiative (BFI) and how it supports the Leeds Health and Wellbeing Strategy 2016-2021.
2. Highlight the effective joint approach to this across the services – Health Visiting, Maternity services, Children's Centres, and how we can further develop links with other services/organisations.
3. Inform members of the Board about the BFI Gold assessment and award and how their support will enhance sustainability of this work in Leeds.

Recommendations

The Health and Wellbeing Board is asked to:

- Have an awareness of the importance and value of breastfeeding for the health and wellbeing of families today and for future generations.
- Note the importance of promoting, supporting and protecting breastfeeding policy in all areas where appropriate.
- Consider the impact of implementing the Code of Marketing of Breastmilk Substitutes - to protect babies and their families from harmful commercial interests.
- Take opportunities to promote a positive breastfeeding culture, to normalise and support – city centre venues, public transport, and workplace.
- Be aware of challenges and opportunities and communicate these to the BFI Guardian.

1 Purpose of this report

1.1 The aim of this report is to evidence the links with the BFI, Breastfeeding, infant feeding and relationship building work and the Leeds Health and Wellbeing Strategy 2016-2021 priorities.

1.2 This is an opportunity to share the joint work between Public Health and Health Visiting towards the BFI Gold award, to raise awareness of what this means to Leeds.

1.3 To demonstrate the link with the powerful evidence about the benefits of breastfeeding and the importance of breastfeeding for saving lives and improving health outcomes with one of the top commitments of the Health and Wellbeing Strategy – to give every child in Leeds the best start.

2 Background information

2.1 This paper is in response to Board members discussion and comments at the Health and Wellbeing Workshop in April 2018 where the Chair raised the topic of BFI Gold accreditation for Leeds Health Visiting Service.

2.2 NICE guidance CG37 recommends services – hospital, primary, community and children centre settings – that support women postnatally should implement BFI as a minimum standard. BFI standards is attached as Appendix 2.

2.3 The Health Visiting Service and Maternity Service in Leeds are currently recognised as Baby Friendly accredited. Children's Centres in Leeds have more recently started the process and have achieved a Certificate of Commitment.

2.4 Councillor Charlwood (Executive Member for Health, Wellbeing and Adults and Chair of the Leeds Health and Wellbeing Board) accepted the invitation to be BFI Guardian, along with Marcia Perry (Executive Director of Nursing, LCH) and attend the BFI Leadership Team workshop and meetings. The BFI Guardian role is attached as Appendix 1.

3 Main issues

3.1 Ensuring the 'best start' for every child in Leeds is one of the priorities of the Health and Wellbeing Strategy. Breastfeeding is a key factor in ensuring that all babies have the best start in life. Not only does breastfeeding confer a range of short and long term health benefits on both mothers and their babies it also promotes the formation of healthy attachment relationships, which forms the emotional and social bedrock for all future development. Increasing breastfeeding rates plays an important role in enabling Leeds to achieve a number of health, wellbeing and social outcomes including reducing infant mortality and reducing childhood obesity.

3.2 The Department of Health recommend that all babies are breastfed exclusively for six months, with ongoing breastfeeding alongside complementary foods for at least one year. The World Health Organisation recommends the same however extending breastfeeding for two years and beyond.

3.3 Not breastfeeding can have major long-term negative effects on the health, nutrition and development of children and on women's health, this includes conditions such as diabetes which requires lifelong treatment.

3.4 Breastfeeding rates in Leeds rose with the implementation of Baby Friendly standards from 2007, however have remained generally static over recent years. Around 70% of women in Leeds start breastfeeding their baby (just below England average), with 49% still providing breastmilk at 6-8 weeks (above England average).

3.5 Breastfeeding rates vary greatly across the city and are based on many things other than choice. In Leeds, the lowest breastfeeding rates are among the young white British population where formula feeding is seen as the cultural norm.

3.6 In April 2017, working collaboratively with Public Health, Leeds Health Visiting Service was recognised by Unicef Baby Friendly Initiative as providing an outstanding service for families with regard to infant feeding and relationship building information and support. The Gold award assessment took place on May 9th 2018, excellent feedback was received and a final report from the designation committee will be released after 3rd July.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Mothers are regularly contacted for feedback regarding their infant feeding experience, whether breastfeeding or bottle feeding, and includes breastfeeding group audit and breastfeeding pump loan scheme audit. This audit cycle informs practice and influences training for practitioners.

4.1.2 NHS organisations use the 'Friends and Family' test for quality purposes.

4.1.3 Families are invited to consult on the Leeds Breastfeeding Plan, which includes implementation of BFI, at events during Leeds Baby Week.

4.1.4 A Healthwatch report (Nov 2017), attached as Appendix 3, gave an overview of people's views and experiences of the health visiting service in Leeds. Healthwatch Leeds worked in partnership with Leeds Community Healthcare NHS Trust (LCH) and spoke to over 240 people in clinics and breastfeeding groups across Leeds.

4.2 Equality and diversity / cohesion and integration

4.2.1 Services offered by Health Visiting, Maternity and Children's Centres are universal, meaning all families access the same offer with additional support when needed e.g. interpreters are available and home visits where access is an issue.

4.3 Resources and value for money

4.3.1 The 2016 report by Nigel Rollins et al 'Why invest, and what it will take to improve breastfeeding practices?' found that not breastfeeding is associated with lower intelligence and economic losses of about $302 billion annually or 0·49% of world gross national income. It also states that breastfeeding provides short-term and long-term health and economic and environmental advantages to children, women, and society

4.3.2 Baby Friendly's report, Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK, found that moderate increases in breastfeeding would translate into cost savings for the NHS of many millions, and tens of thousands of fewer hospital admissions and GP consultations.

4.3.3 Breastfeeding protects both mothers and babies from a wide range of common illnesses, many involving life-long healthcare costs. Sustaining BFI in Leeds gives an opportunity to further increase breastfeeding rates which could help realise potential cost savings.

4.3.4 BFI in Leeds is included in service specifications and managed within the individual service budgets. Once a service is accredited to Gold the cost reduces significantly and the process changes from large costly assessments to an annual subscription.

4.4 Legal Implications, access to information and call In

4.4.1 There are no access to information and call-in implications arising from this report

4.5 Risk management

4.5.1 Failure to sustain BFI in Leeds may lead to adverse effects on the health and wellbeing of mothers and babies and increase costs for many services in Leeds.

5 Conclusions

5.1 The way babies are fed has a profound effect on their present and future health. The World Health Organisation (WHO) and UK governments recommend exclusive breastfeeding up to six months of age, with continued breastfeeding along with other foods thereafter.

5.2 The evidence to support embedding BFI is clear, if more women choose to and are supported to breastfeed there will be improved health and wellbeing as well as improved social, physiological and developmental outcomes for children and families in Leeds. Ultimately this could lead to reduction in healthcare and associated costs.

5.3 Improved health and wellbeing for families in Leeds can be achieved by further embedding and developing the BFI agenda. It is already recognised locally in associated Strategies and Plans, however there could be a wider reach for example more robust plans for integrated working with more 3rd sector organisations and the justice system.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Have an awareness of the importance and value of breastfeeding for the health and wellbeing of families today and for future generations.
- Note the importance of promoting, supporting and protecting breastfeeding policy in all areas where appropriate
- Consider the impact of implementing the Code of Marketing of Breastmilk Substitutes - to protect babies and their families from harmful commercial interests
- Take opportunities to promote a positive breastfeeding culture, to normalise and support – city centre venues, public transport, and workplace.
- Be aware of challenges and opportunities and communicate these to the BFI Guardian

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?
The 2017 breastfeeding initiation data provided by LTHT show that in Leeds the largest groups not initiating breastfeeding are the white ethnic group (British and Irish) and those living in decile 1 (deprived Leeds). Evidence from the Lancet Series on Breastfeeding (2016) shows breastfeeding saves lives in all countries and for people of rich and poor backgrounds alike, and that breastfeeding is one of the most effective preventive health measures for children and mothers regardless of where they live. Implementing the BFI standards across Leeds, including implementing the Code of Marketing of Breastmilk Substitutes which is a core part of the standards, could be a way to help reduce health inequalities in Leeds.

How does this help create a high quality health and care system?
NICE guidance CG37 recommends services – hospital, primary, community and children centre settings – that support women postnatally should implement BFI as a minimum standard. Ensuring services in Leeds comply with BFI standards ensures quality in this area of care.

How does this help to have a financially sustainable health and care system?
Breastfeeding protects both mothers and babies from a wide range of common illnesses, many involving life-long healthcare costs. Sustaining BFI in Leeds gives an opportunity to further increase breastfeeding rates which could help realise potential health and care cost savings.

Future challenges or opportunities
There are real opportunities to take this work wider with the support of the Health and Wellbeing Board and wider partners. Leeds has already shown real commitment to BFI and improving standards in Health and Children's Services, evidence of this is Leeds Health Visiting Service being in the process of becoming a 'Gold service'.

A big challenge for this work is that we currently live in a formula feeding culture, where conversations about breastfeeding can be challenging. No parent should have to feel the pain of any implication that they have not done the best for their child, but the UK context has become so fraught that conversations about breastfeeding are shut down. There is an opportunity to remove the barriers for women who want to breastfeed, this can be partly achieved by fully implementing BFI, and to look at how we build relationships to enable evidence based messages to be shared and heard.

In 2016 Unicef Baby Friendly Initiative announced their Call to Action to remove the barriers to breastfeeding. There is the opportunity for Leeds to become involved in supporting this, again highlighting Leeds as being a beacon for this work.

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	
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	
A valued, well trained and supported workforce	X
The best care, in the right place, at the right time	X

UNICEF UK BABY FRIENDLY INITIATIVE INFOSHEET

ACHIEVING SUSTAINABILITY: THE BABY FRIENDLY GUARDIAN

October 2017

Introduction

In 2016 the Unicef UK Baby Friendly Initiative introduced new Achieving Sustainability (AS) standards which are intended to support all services working towards or maintaining Baby Friendly accreditation to sustain the changes made over the longer term. The AS standards are divided into four interlinking themes – Leadership, Culture, Monitoring and Progression. Under the Leadership theme is a standard requiring the appointment of a Baby Friendly Guardian. The following provides detailed information on the role of the Guardian and a sample letter which you can send to potential Guardians in your service if you wish, along with details of your service's progress with Baby Friendly.

What is a Guardian?

A Baby Friendly Guardian is intended to be a high level member of staff, for example a senior manager or board member, who has taken on the responsibility of promoting, protecting and supporting the Baby Friendly standards, including compliance with the International Code of Marketing of Breastmilk Substitutes (the Code). The role and responsibilities of the Guardian will include:

- Understanding and supporting the implementation of the Baby Friendly standards and the Code
- Having an awareness of the cultural context around infant feeding in the UK, including why breastfeeding is a contentious issue and how it needs to be protected
- Being an advocate and spokesperson for the Baby Friendly Initiative at a senior level and externally as required
- Receiving and evaluating relevant data and progress reports as appropriate (e.g. every 3-6 months)

- Looking for opportunities and threats within the service and beyond and communicating these to the Baby Friendly leadership team
- Being available to provide support to the leadership team when required.

More details on these can be found in the Achieving Sustainability Standards and Guidance document: unicef.uk/sustainability

Why do we need a Guardian?

The Baby Friendly Initiative is an improvement programme that requires an advocate at a senior level because of the complexities surrounding breastfeeding in the UK. Despite a compelling evidence base for its importance to child and maternal health, breastfeeding is seen by many in the UK as largely unnecessary because formula milk is viewed as a close second best. It is also a highly emotive subject because so many families have not breastfed, or have experienced the trauma of trying very hard to breastfeed and not succeeding. Additionally, new understanding of neuroscience and early infant development highlights the importance of responsive parenting and building close and loving relationships with babies. These can be very sensitive issues, as many people in the UK were not parented (or do not parent their own children) in this way.

As well as this, the UK has one of the most successful formula feeding industries in the world, with sophisticated marketing and public relations constantly targeting parents, health workers, policy makers and the general public in order to maintain a $900 million industry. More details on the UK context can be found in our Call to Action campaign: unicef.uk/bficalltoaction

For the Baby Friendly standards to be maintained and progressed over the longer term, there needs to be a high level of understanding, support and vigilance across the organisation. Up until now, there has been a tendency for the Baby Friendly standards to be largely the responsibility of the Infant Feeding Specialist/team, with general oversight coming from their line and senior managers. This arrangement has only been successful because of the commitment of the infant feeding teams and the structure and discipline imposed by periodic external assessments carried out by Unicef UK. For true sustainability over the longer term, this responsibility now needs to be spread more evenly across all tiers of the organisation with well-informed and consistent leadership, backed up by vigilant monitoring and a desire to keep improving over time.

Who should be the Guardian?

The role should be carried out by a senior member of staff, for example a non-executive director, clinical director, director of public health or a senior manager role (directorate level), who has a real interest in and enthusiasm for the Baby Friendly standards.

Can our clinical Head of Service be the Guardian?

No, the Head of Service already has an important leadership role in maintaining and advocating for the Baby Friendly standards. The Guardian will be an extra senior

member of staff in a position to support the Head of Service at board level and to horizon scan for opportunities and threats as these arise.

Does this need to be a paid role?

No, it is envisaged that the Guardian will accept this role as part of the responsibility of their existing position. The role should not take up a great deal of time, but rather involves developing an understanding of the issues that may affect the implementation of the Baby Friendly standards and then being vigilant to these when carrying out their normal role.

What will be the expected time commitment?

The Guardian will be expected to attend Baby Friendly manager training along with the rest of the leadership team (approximately half a day). Manager training materials are provided as part of our Achieving Sustainability course: unicef.uk/sustainability. They will then commit to keeping abreast of the monitoring results and progress with action plans to maintain and progress the standards. They may also commit to attending the leadership strategy group (or similar) if appropriate.

However, the Guardian's main role will be to consider the standards (including Code compliance) as they go about their everyday business. Examples would include considering the effect on the standards when there are internal reorganisations, larger national or regional changes, budget considerations or proposed sponsorship or other deals with the commercial sector. The Guardian will also be available to support and advise the Baby Friendly leadership group and infant feeding team when issues arise that need a higher level perspective.

Can we have one Guardian to cover our midwifery and neonatal service and/or health visiting and children's centre service?

This will depend on the size and structure of the services. In smaller, fully integrated services it may be appropriate to have one Guardian covering all services working towards or maintaining Baby Friendly accreditation. However, many services are in different directorates, with different management structures and/or are highly complex and busy environments with their own particular needs and challenges. When this is the case, it is best to have separate Guardians in order to spread the work and influence as much as possible. The Guardians can still attend joint training and meetings and work together as appropriate to help protect, promote and support the Baby Friendly standards across the Trust / Health Board area.

Thank you for considering becoming your service's Baby Friendly Guardian.

The Unicef UK Baby Friendly Initiative is based on a global accreditation programme of Unicef and the World Health Organisation, and is designed to improve practice for infant feeding and early parent-infant relationships within our public services.

Your service is now starting to incorporate the new Achieving Sustainability standards around leadership, culture, monitoring and progression in order to help sustain the standards over the long term.

The role of Guardian is intended to enhance and strengthen the Baby Friendly leadership team. Your role would include:

- Being an advocate and spokesperson for the Baby Friendly Initiative and the International Code of Marketing of Breastmilk Substitutes at a senior level and externally as required
- Receiving and evaluating relevant data and progress reports and supporting the leadership team with developing and implementing action plans as required
- Looking for opportunities and threats within the service and beyond and communicating these to the Baby Friendly leadership team and offering support as required
- Being available to provide support to the leadership team when requested.

In order to fulfil this role, you will be asked to undertake some education so that you have a full understanding of the:

- Baby Friendly Initiative standards: unicef.uk/babyfriendly-standards
- International Code of Marketing of Breastmilk Substitutes, including the rationale for the Code and implementation within your service: unicef.uk/code
- Cultural context of infant feeding within the UK, including why breastfeeding is a contentious issue and how it needs to be protected: unicef.uk/bficalltoaction

It is envisaged that the time commitment will be modest and the role fitted around your existing position. However, it is hoped that your vigilance, knowledge and enthusiasm for the Baby Friendly standards will give them value within the service and so support their sustainability and progress over time. Further information can be found in the Achieving Sustainability Standards and Guidance document: unicef.uk/sustainability

We at Unicef UK are dedicated to achieving the best possible outcomes for all babies, their mothers and families, and we are very grateful for your commitment to sharing that goal.
We wish you every success in your new role and look forward to working with you in the future.

Best wishes,

Sue Ashmore
Programme Director, Unicef UK Baby Friendly Initiative

THE BABY FRIENDLY INITIATIVE

unicef UNITED KINGDOM

GUIDE TO THE UNICEF UK BABY FRIENDLY INITIATIVE STANDARDS

CONTENTS

INTRODUCTION

Welcome to the Guide to the Unicef UK Baby Friendly Initiative standards. This document will guide you through the staged Baby Friendly accreditation programme for maternity, neonatal, health visiting and children's centre services.[i]

The Baby Friendly standards provide a roadmap for you to improve care. Through our staged accreditation programme, services are enabled to support all mothers with feeding and to help parents to build a close and loving relationship with their baby.

The following chapters will go through each stage of the accreditation process, detailing how you will know when your service has met the requirements, and how we will assess the standards, as well as useful resources for further guidance.

These standards incorporate previous standards specified in the 'Ten Steps to Successful Breastfeeding' and 'Seven Point Plan for Sustaining Breastfeeding in the Community'. The standards have been updated and expanded on to include parent-infant relationships, fully reflecting the evidence base on delivering care and ensuring the best outcomes for mothers and babies in the UK.

Please note, this document does not cover the Baby Friendly standards for universities; for information on these and how they are assessed, please see our University Guidance document: unicef.uk/babyfriendly-university-standards.

Good luck on your Baby Friendly journey.

i Or equivalent public health nursing services or early years settings in Wales, Scotland and Northern Ireland. Throughout this document we will use 'health visiting' and 'children's centres' to refer to these services.

ABOUT THE BABY FRIENDLY INITIATIVE

The Baby Friendly Initiative is revolutionising healthcare for babies, their mothers and families in the UK, as part of a wider global partnership between the World Health Organization (WHO) and Unicef. We enable public services to better support families with feeding and developing close, loving parent-infant relationships, ensuring that all babies get the best possible start.

Our staged accreditation programme supports facilities to improve care by:

- Setting standards, which provide a roadmap for sustainable improvements
- Providing training and support to help services implement the standards and audit their progress
- Assessing progress by measuring the skills and knowledge of health professionals, and interviewing mothers to hear about their experiences of care. An external Designation Committee of clinicians, academics and others with expertise in this field grants all accreditations and maintains consistency across the programme.

The programme helps professionals to provide sensitive and effective care and support for mothers, enabling them to make an informed choice about feeding, get breastfeeding off to a good start and overcome any challenges they may face. Thanks to this work, breastfeeding initiation rates have risen by 20% since the Baby Friendly Initiative was established. In addition, parents who formula feed are supported to feed their baby as safely and responsively as possible, and all parents are enabled to develop a close and loving relationship with their baby. Our Achieving Sustainability standards (see page 25) are now supporting services to embed this high quality care into practice for the long term: unicef.uk/sustainability.

Our accreditation programme is recognised and recommended in numerous government and policy documents across all four UK nations, including the National Institute for Health and Care Excellence guidance. Baby Friendly accreditation is a nationally recognised mark of quality care for babies and mothers.

INFANT FEEDING: THE UK CONTEXT

Unicef and WHO recommend exclusive breastfeeding up to six months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age and beyond. Our work to support breastfeeding is based on extensive and resounding evidence that breastfeeding saves lives, improves health and cuts costs in every country worldwide.[1,2,3,4] It protects children from a vast range of illnesses including infection, diabetes, asthma, heart disease and obesity, as well as cot death (Sudden Infant Death Syndrome).[5,6,7] It also protects mothers from breast and ovarian cancers and heart disease.[8,9,10,11] In addition, it supports the mother-baby relationship and the mental health of both baby and mother.[12,13,14] The benefits are seen in both high and low income countries: a study published in The Lancet in 2016 found that increasing breastfeeding rates around the world to near universal levels could prevent 823,000 annual deaths in children younger than five years and 20,000 annual maternal deaths from breast cancer.[15]

Whilst the Baby Friendly Initiative's work is having a positive impact on breastfeeding initiation rates, breastfeeding continuation rates in the UK remain some of the lowest in the world. Eight out of ten women stop breastfeeding before they want to,[16] which is having a serious impact on the health and wellbeing of babies and their mothers.

Many mothers struggle to continue breastfeeding, often due to a lack of consistent breastfeeding support. Also, breastfeeding is viewed by many in the UK as largely unnecessary because formula milk is seen as a close second best. Advertising of breastmilk substitutes (any food or drink that replaces breastmilk) is inadequately regulated, misleading parents and presenting formula feeding as the norm.

In addition, breastfeeding is a highly emotive subject because so many families have not breastfed, or have experienced the trauma of trying very hard to breastfeed and not succeeding. The pain felt by so many parents at any implication that they have not done the best for their child can close-down conversation. Whilst no parent should have to feel such pain, the UK context has become so fraught that those who advocate for breastfeeding risk being vilified by the public and in the media. It is time to change the conversation around breastfeeding in the UK, and stop laying the blame for the UK's low breastfeeding rates in the laps of individual mothers. Rather, we need to recognise that this is a major public health issue which requires action across government, healthcare and community settings.[17]

Breastfeeding rates in comparable European countries show that it is possible to increase rates with a supportive breastfeeding culture and the political will to do so. For

example, in the UK only 34% of babies are receiving any breastmilk at six months, whereas in Norway this figure is 71%.[18,19] Improving the UK's breastfeeding rates would have a profoundly positive impact on the health and life chances of our children, reducing the incidence of and hospitalisations for many short and long-term conditions including gastroenteritis, diabetes and obesity, saving many millions for the NHS.[20]

CREATING A NEW NORMAL

To breastfeed successfully, mothers require accurate and evidence-based information, and face-to-face, ongoing, predictable support across all public services, as well as social support in their local community.[21] The Baby Friendly Initiative works to ensure that mothers receive this support within healthcare services, and advocates for UK governments to protect these services and take steps to improve support beyond the healthcare setting.

Whilst supporting breastfeeding is at the heart of the programme, we aim to raise standards of care for all babies, regardless of how they are fed. For example, in Baby Friendly hospitals mothers and babies now routinely stay together in the immediate post-birth period, and all mothers are supported to respond to their baby's needs for love, care and comfort in a way which promotes close parent-infant relationships and supports the mental health of both baby and mother.

In addition, our work around formula feeding protects both breastfed and formula fed babies from harmful commercial interests. We seek to ensure that health professionals and parents only receive scientific, unbiased and factual information about breastmilk substitutes, rather than misleading and often confusing profit-driven marketing. We advocate for better regulation around the marketing of breastmilk substitutes, and provide information for parents who formula feed on choosing milks and making up feeds.

In these ways, the Baby Friendly Initiative is helping to create a "new normal" in health services, where babies, their mothers and families are put at the heart of care. Crucially, we support health professionals to provide compassionate, non-judgemental and mother-centred support.

FURTHER READING

- Baby Friendly awards table, showing services' progress towards accreditation: unicef.uk/babyfriendlyawards
- Benefits of breastfeeding: unicef.uk/breastfeedingbenefits
- *The Evidence and Rationale for the Unicef UK Baby Friendly Initiative Standards*: unicef.uk/babyfriendlyevidence
- Call to Action on infant feeding in the UK: unicef.uk/bficalltoaction

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OVERVIEW OF THE UNICEF UK BABY FRIENDLY INITIATIVE STANDARDS

Stage 1: Building a firm foundation

1. Have written policies and guidelines to support the standards.
2. Plan an education programme that will allow staff to implement the standards according to their role.
3. Have processes for implementing, auditing and evaluating the standards.
4. Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff.

Stage 2: An educated workforce

Educate staff to implement the standards according to their role and the service provided.

Stage 3: Parents' experiences

Parents' experiences of maternity services

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby.
2. Support all mothers and babies to initiate a close relationship and feeding soon after birth.
3. Enable mothers to get breastfeeding off to a good start.
4. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
5. Support parents to have a close and loving relationship with their baby.

Parents' experiences of neonatal units

1. Support parents to have a close and loving relationship with their baby.
2. Enable babies to receive breastmilk and to breastfeed when possible.
3. Value parents as partners in care.

Parents' experiences of health visiting/public health nursing services

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby.
2. Enable mothers to continue breastfeeding for as long as they wish.
3. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.
4. Support parents to have a close and loving relationship with their baby.

Parents' experiences of children's centres

1. Support pregnant women to recognise the importance of early relationships for the health and wellbeing of their baby.
2. Protect and support breastfeeding in all areas of the service.
3. Support parents to have a close and loving relationship with their baby.

Re-accreditation

Embed all the standards to support excellent practice for mothers, babies and their families.

Achieving Sustainability (Gold)

Provide the leadership, culture and monitoring needed to maintain and progress the standards over time.

THE UNICEF UK BABY FRIENDLY INITIATIVE STANDARDS WITH GUIDANCE

There are two initial steps your organisation can take to begin your Baby Friendly journey.

PREPARING TO GO BABY FRIENDLY

REGISTER OF INTENT

Complete the Register of Intent form to indicate your service's intention to start working towards accreditation. You can choose to book an Implementation Visit with a member of the Baby Friendly team to discuss your service and how you can start your journey. This will enable you to develop a structured action plan suitable for local needs as well as an infant feeding policy.

CERTIFICATE OF COMMITMENT

This is the first award given by Unicef UK in recognition that a service:

- Has completed an action plan and submitted it to the Baby Friendly Initiative office.
- Has adopted an infant feeding policy (or equivalent) that covers all the Baby Friendly standards.
- Is committed to implementing the plan, as demonstrated by completing an application form for the Certificate of Commitment, signed by the Chief Executive.

Useful resources for preparing to go Baby Friendly can be found at unicef.uk/babyfriendly-preparing

STAGE 1

BUILDING A FIRM FOUNDATION

The following standards need to be met in order to be successful at Stage 1 assessment.

1. Have written policies and guidelines to support the standards

You will know that the facility has met this standard when:

- There is a policy (or equivalent) which covers all of the standards and is accompanied by a written commitment, signed by relevant managers, to adhere to the policy and enable their staff to do likewise.
- Policies, protocols and guidelines which pertain to one or more of the standards support the effective implementation of that standard.
- All new staff are orientated to the policy (or equivalent) on commencement of employment.

WE WILL ASSESS THIS BY:

- Reviewing all relevant policies and guidelines to ensure that they support the implementation of the standards as applicable to the service provided.
- Reviewing the mechanism by which new staff are oriented to the policy (or equivalent).

2. Plan an education programme that will allow staff to implement the standards according to their role

You will know that the facility has met this standard when:

- There is a written curriculum for the staff education programme which clearly covers all the standards.
- There are plans for how the staff will be allocated to attend/complete their education according to their role, including a system for recording staff attendance.

WE WILL ASSESS THIS BY:

- Reviewing the written curriculum/curricula to identify where all the standards are covered and how the education is delivered.
- Reviewing the plans made for ensuring staff attendance, following up non-attendees and recording that staff have attended the education programme.

We strongly recommend that those planning and delivering the education programme have additional training, to ensure that they have sufficient knowledge and skill in relation to:

- Infant feeding.
- The importance of early relationships to childhood development.
- How to deliver effective training.

3. Have processes for implementing, auditing and evaluating the standards

You will know that the facility has met this standard when:

- A plan for implementing all the standards has been agreed by all the relevant managers/team leaders.
- A project lead with the necessary knowledge and skills to implement the standards is in post.
- Any tools you are planning to use to support the implementation of the standards (e.g. a feeding plan, feeding assessment tool, materials for mothers) have been developed.
- A plan for auditing the standards has been agreed, including the use of the appropriate Unicef UK Baby Friendly Initiative tool.
- An efficient data collection system exists, or plans to address weaknesses in the data collection system have been made.
- There is evidence of collaborative working that puts the wellbeing of the baby and their mother/parents at the heart of all plans for care.

WE WILL ASSESS THIS BY:

- Reviewing the systems, tools and documentation in place to support implementation of the standards.
- Reviewing the audit mechanism.
- Reviewing the current data collection system/plans for data collection.

4. Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff

You will know that the facility has met this standard when:

- A written statement signed by the Head of Service confirms that the facility is committed to implementing, in full, The International Code of Marketing of Breastmilk Substitutes ("the Code") and subsequent resolutions.
- There is no advertising in the facility or by any of the staff.
- There are systems in place to monitor compliance with this standard.

WE WILL ASSESS THIS BY:

- Reviewing the Stage 1 application to ensure a written commitment to implementing the Code has been made.

STAGE 1: USEFUL RESOURCES

A range of Baby Friendly resources are available at unicef.uk/babyfriendly-stage1 to help you implement Stage 1, including:

- Stage 1 guidance and application form.
- Sample infant feeding policies.
- Guidance on writing a training curriculum.
- Audit tool.
- Breastfeeding assessment forms.
- Guidance on antenatal and postnatal conversations.
- Stage 2 guidance and application form for help with planning the delivery of the education programme (unicef.uk/babyfriendly-stage2).
- Courses to support you with the implementation of your staff education programme, including a *Breastfeeding and Relationship Building* course for midwives, health visitors, neonatal staff and children's centre staff, as well as a *Train the Trainer* course for those delivering the programme.
- *Working with the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers*.

STAGE 2

AN EDUCATED WORKFORCE

The following standard will need to be met in order to be successful at Stage 2 assessment.

Educate staff to implement the standards according to their role and the service provided

You will know that the facility has met this standard when:

- The education programme has been effectively implemented.
- Staff who care for mothers and babies can describe how the standards are implemented in their area and demonstrate that they have the necessary knowledge and skills to implement the standards effectively according to their role.

WE WILL ASSESS THIS BY:

- Interviewing a range of staff and asking them about:
  - The education they have received and how the standards are implemented in their area.
  - The knowledge they have in order to implement the standards in their area and according to their role.
  - The skills they have to support mothers to breastfeed.
  - The skills they have to support mothers to formula feed as safely as possible.
  - Their understanding of the International Code of Marketing of Breastmilk Substitutes.
- Interviewing managers and asking them about:
  - The systems in place for ensuring that the standards are implemented in the service.
  - What is done to ensure that the International Code of Marketing of Breastmilk Substitutes is implemented.
- Audit results and outcome data.
- Interviewing the project lead and asking them about:
  - Audit and evaluation results relating to the education programme.
  - How care for mothers is provided and evaluated.
  - The support they give to staff to help them gain knowledge, skills and confidence.
  - How they would provide care for mothers with specific difficulties (if this is part of their role).
- Interviewing any staff who provide additional support to mothers about:
  - How they would provide care for mothers with specific difficulties.
- Reviewing training records.

STAGE 2: USEFUL RESOURCES

A range of Baby Friendly resources are available at unicef.uk/babyfriendly-stage2 to help you implement Stage 2, including:

- Stage 2 guidance and application form – including information on staff interviews.
- Audit tool.
- Courses to support you with the implementation of your staff education programme, including a *Breastfeeding and Relationship Building* course for midwives, health visitors, neonatal staff and children's centre staff, as well as a *Train the Trainer* course for those delivering the programme.
- Guidance on providing specialist support to breastfeeding mothers.

STAGE 3

PARENTS' EXPERIENCES OF MATERNITY SERVICES

The following standards will need to be met in order to be successful at Stage 3 assessment.

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby

You will know that the facility has met this standard when:

- All pregnant women have the opportunity for a conversation about feeding their baby and recognising and responding to their baby's needs.
- All pregnant women are encouraged to develop a positive relationship with their growing baby in utero.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
  - Opportunities are provided for women to discuss feeding their baby and recognising and responding to their baby's needs.
  - Staff encourage pregnant women to develop a positive relationship with their growing baby in utero.
- Reviewing:
  - Information provided for women.
  - Completed records relating to the conversations that have taken place.
  - Internal audit results that relate to this standard.
- Listening to mothers to find out about their experiences of care, including:
  - If they had a conversation with a member of staff.
  - If the information they received met their needs.

2. Support all mothers and babies to initiate a close relationship and feeding soon after birth

You will know that the facility has met this standard when:

- All mothers have skin-to-skin contact with their baby after birth, at least until after the first feed and for as long as they wish.
- All mothers are encouraged to offer the first feed in skin-to-skin contact when the baby shows signs of readiness to feed.
- Mothers and babies who are unable to have skin-to-skin contact immediately after birth are encouraged to commence skin-to-skin contact as soon as they are able, whenever or wherever that may be.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which mothers are encouraged to spend time with their baby in skin-to-skin contact after the birth.
- Reviewing internal audit results that relate to this standard.
- Listening to mothers to find out about their experiences of care, including:
  - If they were given the opportunity to hold their baby in skin-to-skin contact as soon as possible after birth.
  - If they were able to hold their baby until after the first feed, for at least one hour or for as long as they wished.
  - If they were encouraged to feed their baby in skin-to-skin contact when the baby showed signs of readiness to feed.

3. Enable mothers to get breastfeeding off to a good start

You will know that the facility has met this standard when:

- Mothers are enabled to achieve effective breastfeeding according to their needs (includes appropriate support with positioning and attachment, hand expression and understanding signs of effective feeding).
- Mothers understand responsive feeding, including feeding cues and breastfeeding as a means of comforting and calming babies and themselves.
- A formal breastfeeding assessment is carried out as often as is required in the first week, with a minimum of two assessments to ensure effective feeding and the wellbeing of mother and baby. This assessment includes working with the mother to develop an appropriate plan of care to address any issues identified.
- Mothers are given information both verbally and in writing about recognising effective feeding prior to discharge from hospital.
- Specialist support is available for mothers with persistent and complex breastfeeding challenges, including an appropriate referral pathway.
- Mothers are given information on the availability of local and national support for breastfeeding.
- Mothers with a baby on the neonatal unit are enabled to start expressing milk as soon as possible after birth (ideally within two hours), and are supported to express as effectively as possible.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
  - Mothers are supported to breastfeed their baby (this could include methods of record keeping, etc.).
  - Formal breastfeeding assessments are carried out for all mothers and babies.
  - Mothers are made aware of the additional support available in the local area for breastfeeding challenges, if and when they need this information.
  - Mothers are made aware of local and national services to provide help and encouragement to continue breastfeeding.
  - Mothers with a baby on the neonatal unit are supported to express their milk.
- Reviewing:
  - Information on breastfeeding provided for mothers (written, DVDs, web, etc.).
  - Internal audit results that relate to this standard.
  - Breastfeeding rates.
- Listening to mothers to find out about their experiences of care, including:
  - If they received effective, timely help and information to meet their individual needs (positioning and attachment, hand expression, understanding signs of effective feeding, responsive feeding, etc.).
  - If they knew how to access ongoing support, including additional help with difficulties if needed.
  - If mothers with a baby on the neonatal unit were supported to express their milk.

4. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk

You will know that the facility has met this standard when:

- Mothers who breastfeed are provided with information about why exclusive breastfeeding leads to the best outcomes for their baby and why, when exclusive breastfeeding is not possible, continuing partial breastfeeding is important. Therefore, when mothers are partially breastfeeding, they are supported to maximise the amount of breastmilk their baby receives according to individuals' situations.
- Mothers who give other feeds in conjunction with breastfeeding are enabled to do so as safely as possible and with the least possible disruption to breastfeeding.
- Mothers who formula feed are enabled to do so as responsively and safely as possible.
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
  - The facility ensures that no unnecessary supplements are given to breastfed babies.
- Reviewing:
  - Information provided for mothers.
  - Internal audit results that relate to this standard (including supplementation rates).
  - The hospital environment to ensure that there is no advertising of breastmilk substitutes, bottles, teats or dummies.
- Listening to mothers to find out about their experiences of care, including:
  - Whether breastfeeding mothers were supported to maximise the amount of breastmilk their baby received.
  - Whether mothers who formula feed received information about how to make up a bottle of formula milk and how to feed this to their baby using a responsive and safe technique.

5. Support parents to have a close and loving relationship with their baby

You will know that the facility has met this standard when:

- Skin-to-skin contact is encouraged throughout the postnatal period.
- Parents are supported to understand a newborn baby's needs (including encouraging frequent touch and sensitive verbal/visual communication, keeping babies close, responsive feeding and safe sleeping practice).
- Mothers who bottle feed are encouraged to hold their baby close during feeds and offer the majority of feeds to their baby themselves to help enhance the mother-baby relationship.
- Parents are given information about local parenting support that is available.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
  - Parents are given information and support to develop close and loving relationships with their baby.
  - Support is offered to enable parents to formula feed in ways that promote health and wellbeing.
- Reviewing:
  - Information provided for parents.
  - Internal audit results that relate to this standard.
- Listening to mothers to find out about their experiences of care, including:
  - If they had a conversation about their baby's needs.
  - If skin-to-skin contact was encouraged.
  - If they had been encouraged to respond to their baby's cues for feeding, communication and comfort.
  - If they were encouraged to keep their baby close, including at night.
  - That during the hospital stay mothers and babies roomed-in together.
  - If they were informed of any local parenting support available.

STAGE 3 – MATERNITY: USEFUL RESOURCES

A range of Baby Friendly resources are available at unicef.uk/babyfriendly-stage3-maternity to help you implement Stage 3 in maternity services, including:

- Stage 3 maternity guidance and application form.
- Guidance on antenatal and postnatal conversations.
- Audit tool.
- Breastfeeding assessment forms.
- Information and research on skin-to-skin contact.
- Guidance on providing specialist support to breastfeeding mothers.
- Responsive feeding infosheet.
- Maximising breastmilk information.
- *Working with the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers*.
- *Infant Formula and Responsive Bottle Feeding: A Guide for Parents*.
- Department of Health *Guide to Bottle Feeding* leaflet for parents.
- Hypoglycaemia policy guidance.
- Supplementation guidance.
- *Building a Happy Baby* leaflet for parents.
- *Breastfeeding and relationships in the early days* video.
- *The importance of relationship building* video.
- *Caring for your Baby at Night* leaflet for parents and accompanying health professionals' guide.
- *Co-sleeping and SIDS: A Guide for Health Professionals*.

STAGE 3

PARENTS' EXPERIENCES OF NEONATAL UNITS

The following standards will need to be met in order to be successful at Stage 3 assessment.

1. Support parents to have a close and loving relationship with their baby

You will know that the facility has met this standard when:

- Parents have a conversation with an appropriate member of staff as soon as possible about the importance of touch, comfort and communication for their baby's health and development.
- Parents are actively encouraged to provide comfort and emotional support for their baby including prolonged skin-to-skin contact, comforting touch and responsiveness to their baby's behavioural cues.
- Parents and staff who are bottle feeding are supported to do this as responsively as possible.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
  - Parents have a conversation about touch, comfort and responding to behavioural cues as soon as possible.
  - Parents are enabled and encouraged to provide comfort and emotional support to meet their baby's needs, including being able to nominate another carer if they are unable to be present.
- Reviewing:
  - Information provided for parents on the importance of touch, comfort and responding to behavioural cues and skin-to-skin contact.
  - Internal audit results that relate to this standard.
- Listening to mothers to find out about their experiences of care, including:
  - Encouragement to touch, comfort and respond to their baby.
  - Skin-to-skin contact and kangaroo care.

2. Enable babies to receive breastmilk and to breastfeed when possible

You will know that the facility has met this standard when:

- A mother's own breastmilk is always the first choice of feed for her baby.
- Mothers have a conversation regarding the importance of their breastmilk for their preterm or ill baby as soon as is appropriate.
- Mothers are enabled to express breastmilk for their baby, including support to:
  - Express as early as possible after birth (ideally within two hours).
  - Learn how to express effectively, including hand expression, use of breast pump equipment and storing milk safely.
  - Express frequently, especially in the first two to three weeks following delivery, in order to optimise long-term milk supply.
  - Stay close to their baby when expressing milk.
  - Access effective breast pump equipment.
  - Access further help with expressing if milk supplies are inadequate, or if less than 750ml in 24 hours by day 10.
  - Use their milk for mouth care when their baby is not tolerating oral feeds, and later to tempt their baby to feed.
- In the unit there is evidence that:
  - A suitable environment conducive to effective expression is created.
  - A formal review of expressing is undertaken a minimum of four times in the first two weeks to support optimum expressing and milk supply.
  - Appropriate interventions are implemented to overcome breastfeeding/expressing difficulties where necessary.

- Mothers receive care that supports the transition to breastfeeding, including:
  - Being able to be close to their baby as often as possible so that they can respond to feeding cues.
  - Use of skin-to-skin contact to encourage instinctive feeding behaviour.
  - Information about positioning for feeding and how to recognise effective feeding.
  - Additional support to help with breastfeeding/ expressing challenges when needed.
- Mothers are prepared to feed and care for their baby after discharge from hospital, including:
  - Having the opportunity to stay overnight/for extended periods to support development of the mother's confidence and modified responsive feeding.
  - Having information about how to access support in the community.
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
  - Mothers are informed about the importance of their breastmilk.
  - Mothers are encouraged to express, including availability of equipment, how milk is stored and information about expressing (including frequency of expressing, night time expressing and enabling mothers to be close to their baby when expressing their breastmilk).
  - A formal expressing assessment is carried out a minimum of four times in the first two weeks.
  - Mothers receive care that supports the transition to breastfeeding.
  - Specialist support with breastfeeding is provided when needed.
  - Mothers are prepared for discharge home with their baby, including facilities available for staying overnight/for extended periods.
  - Mothers are informed about local and national support available after discharge.
- Reviewing:
  - Information provided for parents.
  - Internal audit results about parents' experiences of care.
  - Internal processes for loaning/hiring expressing equipment.
  - Breastmilk storage standards.
  - Breastfeeding statistics including use of mothers' own breastmilk, use of all breastmilk, use of breastmilk on discharge and rates of exclusive/ any breastfeeding on discharge.
  - The hospital environment to ensure that there is no advertising of breastmilk substitutes, bottles, teats or dummies.
  - Support available for parents once home.
- Listening to mothers to find out about their experiences of care, including:
  - Expressing breastmilk.
  - Establishing breastfeeding.
  - Preparing to go home with their baby.

3. Value parents as partners in care

You will know that the facility has met this standard when:

- All parents have unrestricted access to their baby unless individual restrictions can be justified in the baby's best interest.
- The unit makes being with their baby as comfortable as possible for parents (for example, by creating a welcoming atmosphere, putting comfortable chairs by the side of each cot, giving privacy when needed and providing facilities for parents to stay overnight).
- Staff enable parents to be fully involved in their baby's care.
- Every effort is made to ensure effective communication between the family and the healthcare team (including listening to parents' feelings, wishes and observations).

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
  - Parents have unrestricted access to their baby.
  - Staff enable parents to be involved in the care of their baby.
  - Effective communication is supported throughout the unit.
  - Parents' emotional needs are addressed.
- Reviewing:
  - The facilities on the unit for making parents comfortable.
  - Internal audit results about parents' experiences of care.
- Listening to mothers to find out about their experiences of care, including:
  - Access to their baby.
  - How they were involved in their baby's care.
  - What methods staff used to communicate with them.
  - The facilities on the unit to make their stay comfortable.
  - Whether mothers who formula feed received information about how to clean/sterilise equipment, make up a bottle of formula milk and feed this to their baby using a responsive and safe technique.

STAGE 3 NEONATAL: USEFUL RESOURCES

For full guidance on all the neonatal standards, please see our comprehensive neonatal guidance document available at unicef.uk/babyfriendly-stage3-neonatal

Further Baby Friendly resources are available at the link above to help you implement Stage 3 in neonatal units, including:

- Information and research on skin-to-skin contact.
- Audit tool.
- Checklist for assessment of breastmilk expression.
- Guidance on providing specialist support to breastfeeding mothers.
- *You and Your Baby: Supporting Love and Nurture on the Neonatal Unit* leaflet for parents.
- *Working with the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers.*
- Responsive feeding infosheet.

STAGE 3

PARENTS' EXPERIENCES OF HEALTH VISITING SERVICES

The following standards will need to be met in order to be successful at Stage 3 assessment.

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby[i]

You will know that the facility has met this standard when:

- Pregnant women have the opportunity for a conversation about feeding their baby and recognising and responding to their baby's needs.
- Pregnant women are encouraged to develop a positive relationship with their growing baby in utero.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
  - Opportunities are provided for women to discuss feeding their baby and recognising and responding to their baby's needs.
  - Staff encourage pregnant women to develop a positive relationship with their growing baby in utero.
- Reviewing:
  - Information provided for pregnant women.
  - Internal audit and evaluation results related to any services provided for pregnant women.
- Listening to mothers to find out about their experiences of care, including:
  - Whether they had a conversation that included breastfeeding and early relationships.
  - Whether they were made aware of services available during pregnancy.
  - Whether the information/services they received met their needs.

i In recognition of the fact that there is no agreed minimum standard of service expected of the health visitor (and that some services have very little contact with pregnant women) this standard will only be formally assessed when routine care is provided for pregnant women.

2. Enable mothers to continue breastfeeding for as long as they wish

You will know that the facility has met this standard when:

- A formal breastfeeding assessment is carried out at approximately 10–14 days to ensure effective feeding and the wellbeing of the mother and baby. This includes developing, with the mother, an appropriate plan of care to address any issues identified.
- Specialist support is available for mothers with persistent and complex breastfeeding challenges, including an appropriate referral pathway.
- Mothers have the opportunity for a conversation about their options for continued breastfeeding (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work), according to individual need.
- Services are available to support continued breastfeeding and mothers are informed about them (for example, peer support groups).
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
  - A formal breastfeeding assessment is carried out.
  - Additional and specialist support is provided.
  - Mothers are made aware of the specialist support available for breastfeeding challenges, if and when they need this information.
  - Mothers are made aware of local and national services to provide help and encouragement to continue breastfeeding.

- Reviewing:
  - Information provided for parents.
  - Internal audit and evaluation results related to the standard.
  - Services (through internal audit results and visits to relevant services where appropriate).
  - Breastfeeding continuation rates.
- Listening to mothers to find out about their experiences of care, including:
  - If they had an effective feeding assessment at 10-14 days.
  - If they had the opportunity to discuss continued breastfeeding according to individual need (including responsive feeding, expression of breastmilk and feeding when out and about or going back to work).
  - If they were informed about local and national breastfeeding services, including how to access additional and specialist support and help when needed.

3. Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk

You will know that the facility has met this standard when:

- Mothers who breastfeed are provided with information on why exclusive breastfeeding leads to the best outcomes for the baby and why, when exclusive breastfeeding is not possible, continuing partial breastfeeding is important. In this way, mothers who partially breastfeed are supported to maximise the amount of breastmilk their baby receives according to individual situations.
- Mothers who give other feeds in conjunction with breastfeeding are enabled to do so as safely as possible and with the least possible disruption to breastfeeding.
- Mothers who formula feed are enabled to do so as responsively and safely as possible.
- Mothers are enabled to introduce solid foods in ways that optimise their baby's health and wellbeing.
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
  - Mothers are shown how to prepare and offer infant formula as safely as possible when this is needed.
  - Mothers are supported to introduce solid foods.
- Reviewing:
  - Information provided for parents.
  - Internal audit results that relate to this standard.
  - The facilities to ensure that there is no advertising of breastmilk substitutes, bottles, teats or dummies.
- Listening to mothers to find out about their experiences of care, including:
  - If support was given to help them maximise the amount of breastmilk given.
  - If the described systems are in place and the information offered met their needs.
  - If mothers who formula feed received information about how to clean/sterilise equipment, make up a bottle of formula milk and feed their baby responsively.

4. Support parents to have a close and loving relationship with their baby

You will know that the facility has met this standard when:

- Parents are supported to understand their baby's changing developmental abilities and needs.
- Parents are encouraged to respond to their baby's needs (including encouraging frequent touch, sensitive verbal and visual communication, keeping babies close, responsive feeding and safe sleeping practices).
- Mothers who bottle feed their babies are encouraged to hold their baby close during feeds, and to offer the majority of feeds themselves in the early weeks, in order to help build a close and loving relationship.
- Parents are encouraged to access social support networks that enhance health and wellbeing.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
  - Parents are given information and support to develop close and loving relationships with their baby.
  - Support is offered to enable parents to bottle feed in ways which promote health and wellbeing.
- Reviewing:
  - Information provided for parents.
  - Internal audit results that relate to this standard.
  - Services provided which pertain to relationship building with babies.
- Listening to mothers to find out about their experiences of care, including:
  - If they had a conversation about their baby's abilities and needs.
  - If they were encouraged to respond to their baby's cues for feeding, communication and comfort.
  - If they were encouraged to keep their baby close, including at night.
  - If they were informed of the local support available.

STAGE 3 – HEALTH VISITING: USEFUL RESOURCES

Further Baby Friendly resources are available at unicef.uk/babyfriendly-stage3-healthvisiting to help you implement Stage 3 in health visiting services, including:

- Stage 3 health visiting guidance and application form.
- Guidance on antenatal and postnatal conversations.
- Audit tool.
- Breastfeeding assessment forms.
- Guidance on providing specialist support to breastfeeding mothers.
- Maximising breastmilk information.
- Responsive feeding infosheet.
- *Working with the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers*.
- *Infant Formula and Responsive Bottle Feeding: A Guide for Parents*.
- Department of Health *Guide to Bottle Feeding* leaflet for parents.
- *Building a Happy Baby* leaflet for parents.
- *Breastfeeding and relationships in the early days* video.
- *The importance of relationship building* video.
- *Caring for your Baby at Night* leaflet for parents and accompanying health professionals' guide.
- *Co-sleeping and SIDS: A Guide for Health Professionals*.

STAGE 3

PARENTS' EXPERIENCES OF CHILDREN'S CENTRES

The following standards will need to be met in order to be successful at Stage 3 assessment.

1. Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby

You will know that the facility has met this standard when:

- Pregnant women and their partners can access local services that support them to prepare for feeding and caring for their new baby (this may include classes, peer support, telephone contact, etc.).
- Services are relevant to local need, accessible and woman-centred (including involving parents in the design).

WE WILL ASSESS THIS BY:

- Verification of the system by which:
  - Pregnant women are identified.
  - Pregnant women are contacted and offered information and support.
  - Services are planned, implemented and evaluated.
- Reviewing:
  - Internal audit and evaluation results related to the services provided, including: number of pregnant women identified, contacted and offered service; number of women/parents accessing the service and parents' evaluations of the service provided.
  - Services provided, through visits to relevant services where appropriate.
- Listening to mothers to find out about their experiences of care, including:
  - Whether they were made aware of the services available during pregnancy.
  - If the service was suitable for their needs, accessible, comfortable and welcoming.

2. Protect and support breastfeeding in all areas of the service

You will know that the facility has met this standard when:

- A welcoming atmosphere for breastfeeding is created throughout the children's centre.
- Services are provided which meet breastfeeding mothers' needs for social support (this may include peer support, telephone contact, home visits, support groups, etc.).
- Specialist support is available and staff know about the referral pathway.
- Encouragement is given to all parents to introduce solid food to babies in ways that optimise health and wellbeing.
- There is no advertising of breastmilk substitutes, bottles, teats or dummies anywhere in the service or by any of the staff.

WE WILL ASSESS THIS BY:

- Verification of the current systems by which:
  - Breastfeeding mothers are identified and contacted to offer support.
  - Mothers are made aware of support available in the area.
  - Mothers are made to feel welcome to breastfeed.
  - Parents are encouraged to learn about the appropriate introduction of solid food.
- Reviewing:
  - Internal audit and evaluation results related to the services provided, including: number of breastfeeding mothers identified, contacted and offered service; number of mothers accessing the service and mothers' evaluations of the service provided.

- Services provided, through visits to relevant services where appropriate.
- The centre(s), through visits by assessors, to ensure that breastfeeding is welcome and that there is no advertising of breastmilk substitutes, bottles, teats or dummies.

- Listening to mothers to find out about their experiences of care, including:
  - Whether they were made aware of the support services available for breastfeeding.
  - If the service was suitable for their needs, accessible, comfortable and welcoming.

3. Support parents to have a close and loving relationship with their baby

You will know that the children's centre has met this standard when:

- Parents are encouraged to understand and respond to their baby's needs for love, comfort and security.
- Services provided for parents support the development of close and loving relationships with their baby.
- Parents who bottle feed are encouraged to do so in ways which optimise their baby's health and wellbeing.

WE WILL ASSESS THIS BY:

- Verification of the current system by which:
  - Parents are given information and support to develop close and loving relationships with their baby.
  - Support is offered to enable parents to bottle feed in ways that promote health and wellbeing.
- Reviewing:
  - The services provided pertaining to parenting of babies.
- Listening to mothers to find out about their experiences of care, including:
  - Whether they were encouraged to keep their baby close.
  - Whether they were encouraged to respond to their baby's cues for feeding, communication and comfort.
  - Whether mothers who were bottle feeding were offered sufficient information and support.

STAGE 3 – CHILDREN'S CENTRES: USEFUL RESOURCES

For full guidance on all the children's centre standards, please see our comprehensive children's centre guidance document available at unicef.uk/babyfriendly-stage3-childrenscentres

Further Baby Friendly resources are available at the link above to help you implement Stage 3 in children's centre services, including:

- Audit tool.
- *Caring for your Baby at Night* leaflet for parents and accompanying health professionals' guide.
- *Working with the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Workers*.
- Guidance on providing specialist support to breastfeeding mothers.
- Maximising breastmilk information.
- *Building a Happy Baby* leaflet for parents.
- *Breastfeeding and relationships in the early days* video.
- *The importance of relationship building* video.
- *Co-sleeping and SIDS: A Guide for Health Professionals*.
- *Infant Formula and Responsive Feeding: A Guide for Parents*.
- Department of Health *Guide to Bottle Feeding* leaflet for parents.
- Responsive feeding infosheet.
- Guidance on antenatal and postnatal conversations.

FULL ACCREDITATION

Accredited as Baby Friendly by unicef UNITED KINGDOM

Once your organisation has passed Stage 3, it will receive the prestigious Baby Friendly award, recognising excellence in the care of mothers and babies. Accredited services will be given a silver plaque to mark their achievement, as well as Baby Friendly accredited logos to use on resources and webpages. Your status will be recorded in our online awards table (unicef.uk/babyfriendlyawards) and your achievement will be announced and celebrated at our large Annual Conference.

The initial accreditation typically lasts for two years. Although no formal assessment will take place during this time, services are expected to continue to collect infant feeding statistics and audit their implementation of the standards. Services should submit an annual audit to the Baby Friendly Initiative office as evidence that the standards are being maintained.

The Baby Friendly Initiative occasionally carries out progress monitoring visits in order to support facilities in maintaining and improving their standards. A suspected drop in standards could lead to an accredited Baby Friendly facility being re-assessed on one or more standards at any point. As a last resort, the award could be withdrawn.

RE-ACCREDITATION

Embed all the standards to support excellent practice for mothers, babies and their families

Around two years after accreditation, a re-assessment will take place to ensure that all the standards from Stages 1-3 are being maintained and to explore how the service is building on the good work it has already done.

Re-assessment will consist of interviews with mothers, staff and managers to establish how the standards are being maintained. Internal audit results and outcomes such as breastfeeding initiation, continuation, exclusive breastfeeding and supplementation rates (where applicable) will be reviewed.

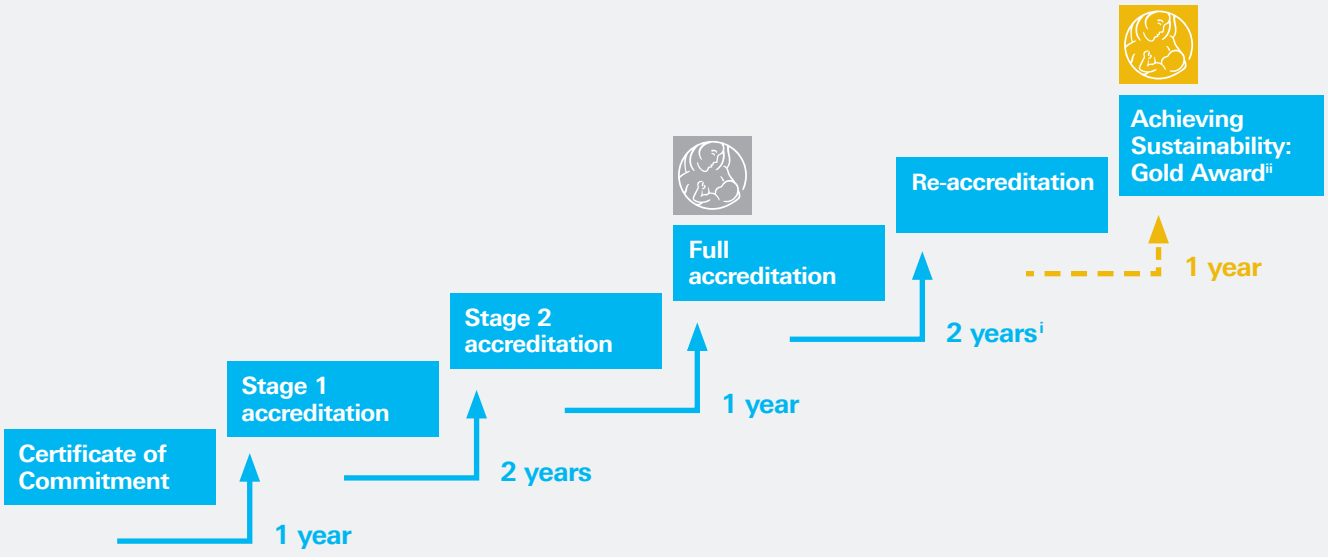
At re-assessment stage, services can also opt to be considered for an Achieving Sustainability assessment, leading to the Gold Award (see page 25, opposite). This is not compulsory; if services do not wish to go for Gold, they will undergo continued re-assessment every three to five years.

You may wish to combine assessments of different service types in your area, e.g. maternity re-assessment with Stage 2 neonatal assessment; contact the Baby Friendly office to discuss a bespoke pathway.

Useful Baby Friendly resources

- Resources listed throughout this document will support you at re-assessment, all available from the Baby Friendly website.
- Annual audit and re-assessment forms are available from unicef.uk/babyfriendly-reaccreditation

ACCREDITATION PROCESS



i Initial re-assessment within two years. Continued re-assessments every three to five years or at a timing decided by the Designation Committee, if not going for the Gold Award.

ii Services can discuss their readiness to go for the Gold Award with the Baby Friendly team.

ACHIEVING SUSTAINABILITY

Provide the leadership, culture and monitoring needed to maintain and progress the standards over time

The Baby Friendly Initiative Achieving Sustainability standards are designed to support services to embed high quality care for the long term. Based on four themes (Leadership, Culture, Monitoring and Progression), the standards provide a roadmap for sustainable improvements. They can be incorporated into your plans for achieving and maintaining Baby Friendly accreditation no matter where you are in the process, but re-accredited services can also choose to be formally assessed against the standards and receive a Gold Award.

Services who wish to go for Gold should notify us in the run-up to their re-assessment. The planned re-assessment is then amended slightly and the assessors carry out more in-depth interviews with key members of staff. The assessors also ask the mothers interviewed an extra question related to their experience of the culture within the service. The extra information gathered has no bearing on the re-assessment but is stored to be used as part of the Achieving Sustainability assessment later on. If a service passes its re-assessment, it can then be formally assessed for the Gold Award within 12 months.

Working towards the Gold Award acts as an incentive for services to properly embed the Achieving Sustainability standards and so consolidate and protect all the hard work that has gone into achieving Baby Friendly accreditation. The Award will be a recognition that the service is not only implementing the Baby Friendly Initiative standards, but that they also have the leadership, culture and systems to maintain this over the long term. Gold services will no longer have to undergo large external re-assessments to maintain their accreditation, but rather will be re-validated via the annual submission of a portfolio and three-yearly re-validation meetings with an external assessor. Re-assessment costs will be replaced with an annual licence fee.

A range of Baby Friendly resources are available at unicef.uk/sustainability with full details of the standards and how to go for Gold, including:

- *Achieving Sustainability: Standards and Guidance* booklet.
- Achieving Sustainability guidance and application forms.
- Achieving Sustainability course.
- *Should we go for the Gold Award?* infosheet.
- Improvements report template.
- Change of circumstances report.
- Guidance on writing a training curriculum.
- *Evidence and Rationale: The Unicef UK Baby Friendly Standards*.
- *Working within the International Code of Marketing of Breastmilk Substitutes: A Guide for Health Professionals*.

ACHIEVING SUSTAINABILITY ASSESSMENT PROCESS

CONCLUSION

Our vision is a society in which every child is given the best possible start in life and the opportunity to lead a healthy, happy life. By implementing the Baby Friendly Initiative standards, you are putting babies, their mothers and families at the heart of your service's care and helping to make this vision a reality.

Contact us for more information:

The Baby Friendly Initiative team is on hand to support you on your journey with resources and bespoke advice.

Email: bfi@unicef.org.uk
Phone: 020 7375 6144
Website: babyfriendly.org.uk

Support from other health professionals

Our National Infant Feeding Network provides local support and information to health professionals working in infant feeding, helping them to share best practice and tackle mutual challenges. We have built this into a network of over 800 infant feeding specialists working in public services who are responsible for the training and practice of 75,000 health professionals, who in turn care for around 800,000 babies, their mothers and families a year. Visit unicef.uk/nifn to join the network.

National Infant Feeding Network

Join our online community to share experiences and ideas:

Facebook: unicef.uk/bfifacebook
Twitter: @babyfriendly

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THE BABY FRIENDLY INITIATIVE

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UNITED KINGDOM

October 2017

Charity Nos. 1072612 (England and Wales) SC043677 (Scotland)

Health Visiting in Leeds

November 2017

An overview of people's views and experiences of the health visiting service in Leeds

Healthwatch Leeds is here to help local people get the best out of their local health and care services by bringing their voice to those who plan and deliver services in Leeds

Healthwatch Leeds is the independent voice of local people for health and social care services in Leeds. We make sure service providers and commissioners - the people who plan and buy health and social care services - listen to the concerns of people and use the information to shape and improve their services.

We work hard to make sure that we include the people whose voices are not usually heard.

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Summary

Summary

This was a planned project that provided an opportunity to speak to people who have recently been in contact with the health visiting team. The aim was to get people's views about the service and how it worked for them.

We were also aware that the health visiting service is expected to be recommissioned in 2018 and therefore the feedback that we gathered, could be used to influence the commissioning process.

We worked in partnership with Leeds Community Healthcare NHS Trust (LCH) and spoke to over 240 people in clinics and breastfeeding groups across Leeds. The main focus of the surveys was to find out about:

- Levels of awareness of what the service should be providing.
- If the service was providing what it should be.
- What people found particularly useful.
- What could be done better.

Key Findings

- Overall there were very high levels of satisfaction with the service, with 90% of respondents rating it as excellent or good.
- The majority of respondents told us they had a named health visitor, however 1 in 10 told us they didn't have one or were not sure if they did.
- There were good levels of awareness (90%) about what the health visiting service should be providing.
- Most of the respondents (89%) told us that they had received all the visits and contacts that they should have had.

"Sometimes difficult to speak to someone when needed as they seem to be so busy."

Summary

"English is my second language so I find it difficult to understand many things. But my health visitor is very good in explaining things in simple terms. She has a lot of patience."

- There were some concerns about missed visits and contacts that were then not rescheduled or followed up.
- There were good levels of satisfaction with the handover from midwife to health visitor.
- There was some concern expressed by a number of respondents about feeling confused about the role and involvement of different health professionals, such as midwife and health visitor.
- Baby clinics, support groups and one to one support from the health visitors were highlighted as being particularly helpful
- Over a quarter of respondents suggested there were things that could be done better.

For example:

- ◊ Needing more consistent information and advice
- ◊ Having more frequent visits
- ◊ More flexibility in the service to meet the needs of each individual family.

- There were very low levels of awareness (29%) about where to raise a concern if there were any problems with the service.
- A quarter of respondents had needed extra support from the health visiting service with things like breastfeeding and emotional support. There were high levels of satisfaction with the extra support provided.

Recommendations

We made a number of recommendations which are outlined in full on page 13 of the report.

"The baby clinics are invaluable for support and reassurance for parents. Consistency of staff and seeing the same faces is important."

Background/Why we did it/What we Did

Background

The health visiting service in Leeds is commissioned by the local authority and provided by Leeds Community Healthcare NHS Trust (LCH). The health visitors support families before and after birth and up until the youngest child in the family is 5 years of age. Health visitors work in local communities as part of the 'early start' team which also includes community nursery nurses, family outreach workers and other children's centre staff.

Each family should have a named health visitor and be offered the healthy child programme. This is a national programme for all children and families, offering research based guidance on health and development reviews, immunisations, screening, healthy choices and the promotion of social and emotional development. As part of this programme all families should receive core health visiting contacts from their named health visitor, which consist of:

- Antenatal Visit (if service is aware of pregnancy)
- New baby review (14 day home visit)
- 6-8 week visit
- 10-12 month contact
- 27 month contact

All families should receive an information leaflet outlining this offer and it should be explained at the first contact.

Why we did it

We had some evidence on our database about issues with health visiting services, especially where children have additional needs.

The service is due to be recommissioned in 2018 and this was an opportunity to find out what people who use the service think about it and feed this into the commissioning process.

Reviewing the health visiting service was part of Healthwatch Leeds' work plan and the timescales were adapted to fit in with the upcoming recommissioning process.

What we did

We worked closely with LCH to identify the baby clinics and breastfeeding groups In Leeds. We arranged to visit as many of these groups as possible over a 4 week period to carry out surveys and speak to new parents about their experience of the health visiting service.

During the month of November 2017 the Healthwatch staff and a team of 18 volunteers carried out 26 visits to baby clinics and breastfeeding groups. We carried out surveys with 243 parents about their experience of the health visiting service.

We asked people about the offer and if they had received everything they

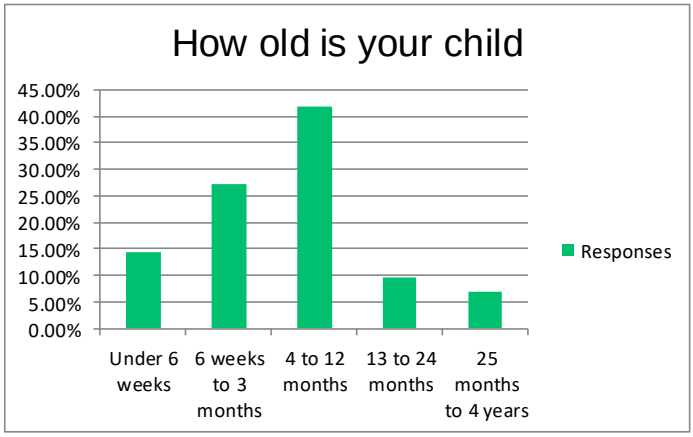
should have. We asked about satisfaction levels with the service and if anything could have been better. Specific questions were also asked about any additional support people had received and how helpful this had been.

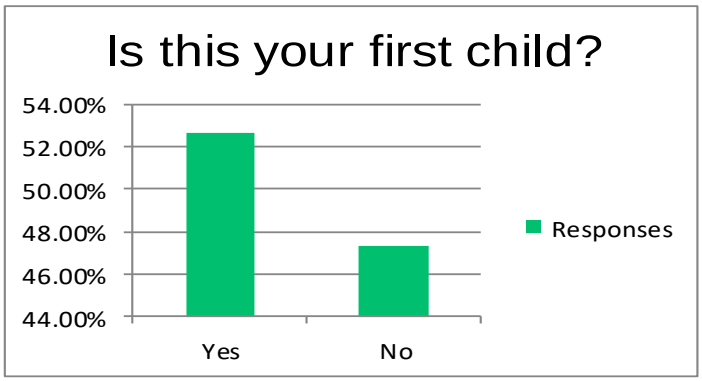
We spoke to a wide range of people from across the city and different age ranges and backgrounds. (see appendices)

What we found

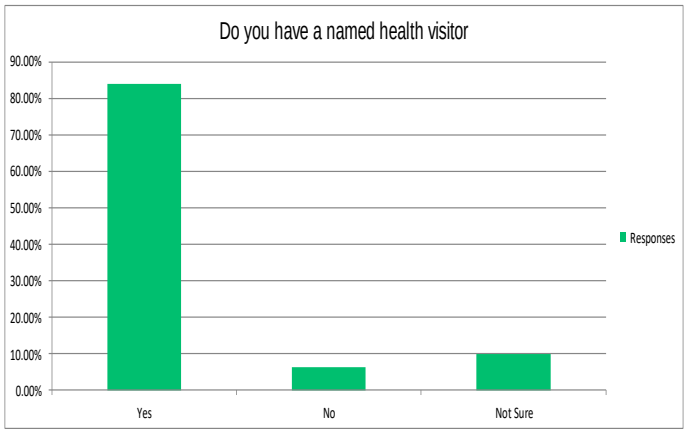
The percentages reflect the number of people who answered the question. Not all respondents answered every question

Over 80% (203) of parents we spoke to had children under a year old and there was quite an even split between first time parents and those for whom this was not their first child.





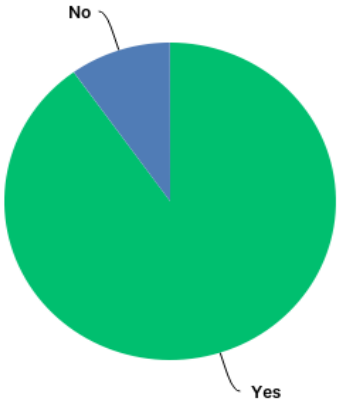
84% (204) of the respondents told us they had a named health visitor while the remaining 16% (39) told us that they did not have a named health visitor or they were not sure if they had one.



Everyone should have a named health visitor and should know who this is. While most people that said they had a named health visitor, there are still significant numbers who did not have one or were not sure if they did or who this was.

What we found

Do you know what the health visitor should be providing? (Listed below) Antenatal visit (if service is aware of pregnancy) New baby review (14 day home visit) 6-8 week visit 10-12 month contact 27 month contact



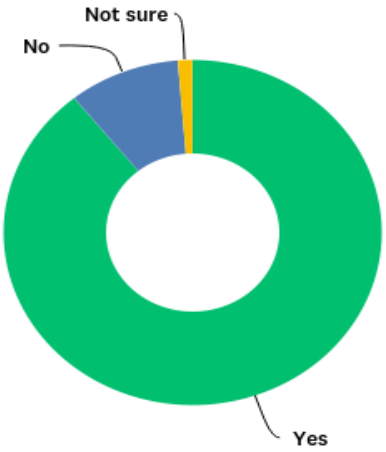
90% (219) of respondents said that they knew what the health visitor should be providing. Out of those that were aware of what should be provided the majority stated that they knew this as the health visitor had told them.

The high number of respondents that told us they knew what should be provided suggests that the information is being widely shared and understood. There are however a small number that are still unaware of the offer and what they should be receiving from the health visiting service.

If yes, how do you know about this?

While the vast majority of visits and contacts are taking place (89% - 215) there were still 11% (26) that told us they had not received everything that they should have had.

Have you received all the visits and checks that you should have had so far?

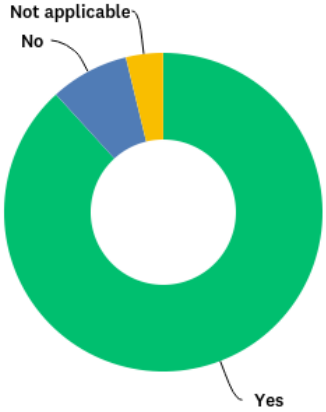


Comments were received about sometimes having a phone call instead of a visit. Others also reported missed visits and appointments that weren't rescheduled and health visitors saying they would arrange something but not following through.

88% (210) of the respondents were satisfied with the handover process from midwife to health visitor. The remaining 12% were either dissatisfied with the process or the question was not applicable to them.

What we found

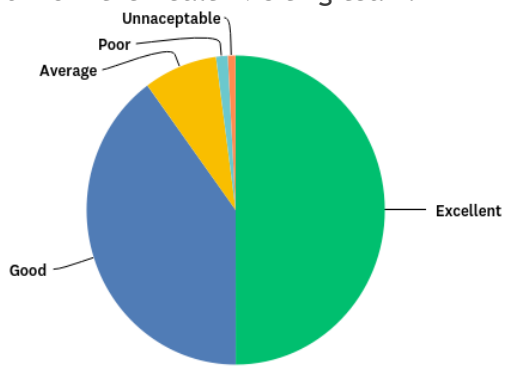
Were you satisfied with the handover process from midwife to health visitor?



Issues identified included the lack of a formal handover, confusion regarding the roles of the different health professionals involved and poor communication between midwife and health visitor. For some people this led to frustration and lack of continuity in the information provided.

There were high levels of overall satisfaction with the service, 90% (214) of respondents rated the service as excellent or good. The areas highlighted by respondents as being particularly useful included baby clinics, breastfeeding groups, advice and information and one to one support.

How would you rate the overall service that you have received from the health visiting team?



When asked what respondents had found particularly useful the baby clinics and advice and information received were mentioned the most. Many people also talked about the value of the breastfeeding groups and the importance of support they received from these groups.

Other areas mentioned by many of respondents which had been useful to them included the one to one support from the health visitors and having someone to contact when support or advice was needed. Many talked about the excellent support and advice given by their health visitor including practical advice and emotional support.

26% (61) of respondents felt that aspects of the service could be better and offered a range of comments and areas for improvement.

"I had a concern and health visitor came out the same day and gave me good advice."

This included consistency of information and advice, having a more flexible and informal approach when needed, better communication and information sharing across the service and more support advice and visits.

Some people commented that the information received could be more consistent across the service as the advice provided is sometimes contradictory. Conversations are occasionally too structured (feel like box ticking) and a more informal, flexible approach would be preferred. The flexibility is especially important for second time parents, some of whom commented that they would appreciate an approach to fit in with their individual needs.

More frequent visits would be welcome by some and flexibility as to when these happen. The visiting pattern is often rigid, many respondents would have preferred to have a conversation regarding their needs on visiting times and how to distribute the visits across the development of the child.

Continuity of care could be improved: handovers across members of the care team are not always efficient. Having a consistent dedicated health visitor would be preferred but should that not be possible the information regarding the child and mother's history should be passed on to the new one.

Only 29% (68) of the respondents would know who to raise a concern with if they were unhappy with the service received, the remaining 71% (169) stated they would not know who to contact.

"Would have liked more visits from health visitor as it's first child"

While the numbers are low for those that would know who to contact about raising a concern, it is important to note that many who answered no to this question did state that they felt they would be able to get this information if and when needed.

Those that said they would know how to raise a concern stated that they would get in touch with the health visiting service or manager and others mentioned PALs or getting in touch with the GP surgery.

"Emotional Support, counselling arranged through one of the health visitors at the breastfeeding group. Health visitor kept in touch to check things were going well afterwards."

25% (58) of the respondents stated that they had needed extra support from the health visiting team.

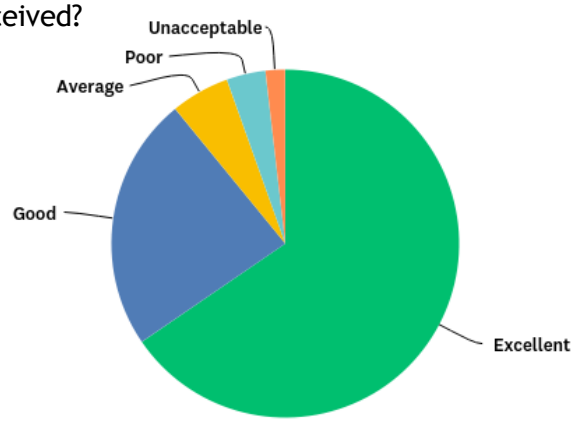
The main areas where support was needed included breastfeeding advice and support and help with mental health and wellbeing. A small number also needed advice with other issues and extra visits and support.

There were high levels of satisfaction with the extra support received with 89% (49) rating it as good or excellent. The majority of general comments about the health visiting service were very positive, however there were a few concerns raised by some that we spoke to.

Many people said they had found the service to be helpful, friendly, supportive and informative. Positive comments were also made about the one to support received from the health visitors and the value in having the same health visitor, which provided a consistent and supportive service for them.

The lack of consistency of service was commented on by some and how on occasion they felt some health visiting staff could be more helpful and supportive than others.
A few found the service to be poorly organised, especially in terms of accessibility, providing clear consistent information and continuity of care.
Some people also felt that the service was understaffed and sometimes slow to respond due to heavy workloads of staff.

How would you rate the extra support you received?



"Sometimes difficult to speak to someone when needed as they seem to be so busy."

Our Messages/Recommendations/Next Steps

Our messages / recommendations

The feedback that we have had from those that use the service is that on the whole this is a good, well run service with staff that are supportive and committed. There was high praise for individual staff members, both in group and one to one settings. Many people valued the baby clinics and breastfeeding groups and found these to be crucial as a support and information point.

There were some concerns expressed about staff being very busy and as a result of this sometimes not responding as they should. There were also a few concerns about individual staff members not being as supportive as others and the lack of consistency that this created in the service.

While the overwhelming view of the service is a positive one and people felt it worked well, there were a few areas where things could be better.

Next Steps

This report and the recommendations will be shared with LCH, who provide the health visiting service and with Leeds City Council as the commissioners.

We will agree with them the next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented.

We will undertake any follow up work required to ensure there are real changes made to the service so that it is a good experience for everyone. The report will also be published on the Healthwatch Leeds website.

Thank you

We would like to thank all the volunteers who took part in this project, carrying out the surveys and helping with analysing the data. We would also like to thank LCH for working in partnership on this project and supporting us in accessing the baby clinics and groups.

This report has been written by Sharanjit Boughan - Community Project Worker at Healthwatch Leeds, in collaboration with David Sgorbati (Volunteer)

Key Messages	Recommendations
The majority of respondents told us they had a named health visitor, however a significant number didn't or were not sure if they did.	Reinforce the existing systems and processes to ensure that everyone has a named health visitor and this information is clearly shared with new parents.
There were some concerns about missed visits and contacts that were then not rescheduled or followed up.	Provide a consistent approach to ensure all visits are taking place. If these need to be cancelled or rescheduled have good communication processes in place to deal with this.
There was some concern expressed by a number of respondents about confusion over the roles and involvement of different health professionals.	Review with teams how different roles are explained. Work on having a consistent approach when doing face to face introductions at the first contact.
There were very low levels of awareness about where to raise a concern if there were any problems with the service.	Review and clarify information about compliments and complaints and how this is shared with people who use the services. Consider different approaches for people to provide feedback about the service.
Information and support provided is not always consistent and can be dependent on different health visitors.	There needs to be a clear and consistent approach in terms of information and support provided across the service.
While the universal offer for all new parents is helpful, this can sometimes feel restrictive and lacks flexibility to adapt to different needs	Consider introducing some flexibility into the universal offer where possible and adapt the approach to meet individual needs.
The service is sometimes slow to respond due to staff being unavailable or too busy.	Review staffing, in busy clinics to ensure the service is fully responsive to the needs of parents and children. Look at using a range of options such as call backs to offer support to new parents.

"Having someone to call when I have questions and the baby clinic has been really helpful."

"Very friendly and informal and concerned with mum as well as baby and very knowledgeable and experienced"

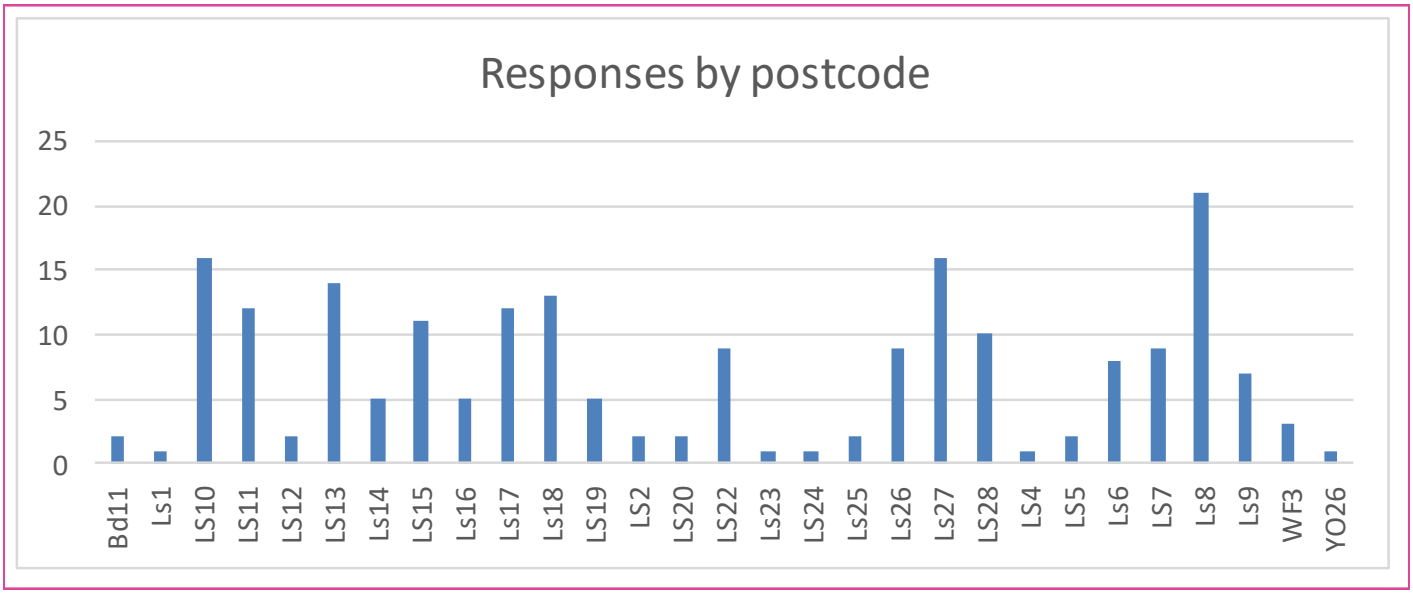
"I had a concern and health visitor came out the same day and gave me good advice."

"Fantastic but understaffed and under funded"

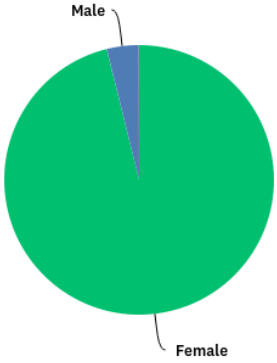
"The breastfeeding support groups have been an absolute lifeline. I would have stopped breastfeeding without their help and support."

"Could have been more personalised and not just tick boxes and going through the motions."

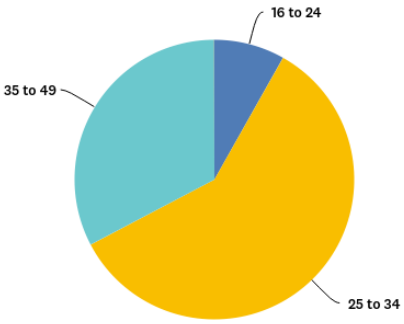
"Everything worked well, I have a fantastic health visitor."



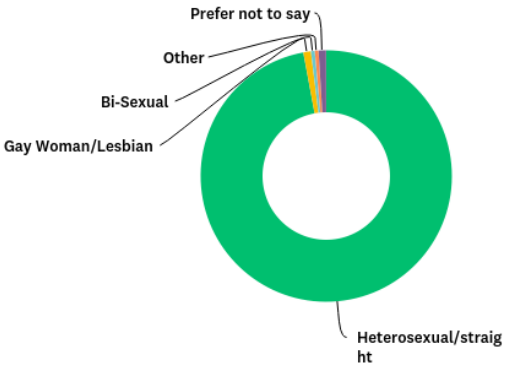
Q21 Gender?



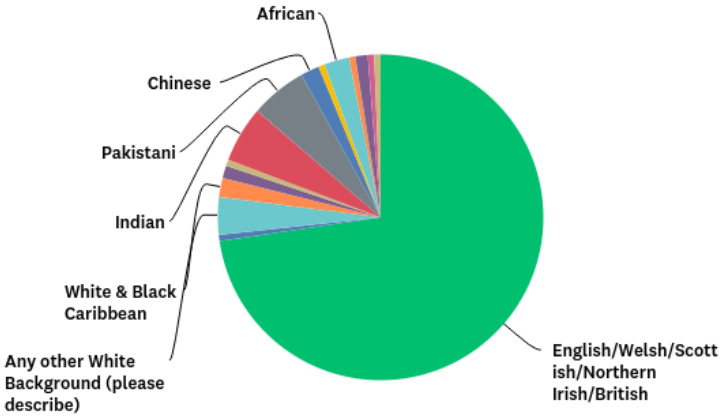
Q22 Age



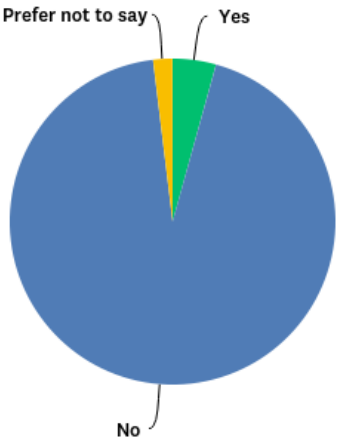
Q23 Sexuality



Q24 Individual ethnicity



Q25 Do you have a disability?



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Leeds Health and Wellbeing Board

Report author: Ian Cameron

Report of: Director of Public Health

Report to: Leeds Health and Wellbeing Board

Date: 14 June 2018

Subject: The Annual Report of the Director of Public Health 2017/18

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for call-In?	☒ Yes	☐ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. Through the Leeds Health and Wellbeing Strategy, the city has a clear direction of travel to improve health and wellbeing and to reduce health inequalities. This is backed by an increasing breadth and depth of partnership working centred around the Leeds Health and Wellbeing Board.
2. Progress is being made. Just recently Leeds has been identified in a national independent report as the best core city for wellbeing.
3. Tackling poverty, including child poverty, and the wider determinants of health remain the cornerstone to reducing health inequalities. However, the continuing difficult financial climate faced by individuals and families is detrimental to health and wellbeing.
4. The latest life expectancy figures for Leeds show a fall in life expectancy for women and a static position for men. This picture does not match the ambitions for health improvement and reducing health inequalities as set out in the Leeds Health and Wellbeing Strategy 2016-2021.
5. The decline and stalling of life expectancy may turn out to be a temporary position, but does come on the back of a concerning picture around deprivation statistics in the city.

6. This year's report focuses on the reasons behind the current life expectancy figures and covers infant mortality; alcohol related deaths in women; drug related deaths in men, suicides in men; self harm and women.

7. The report also covers Inclusive Growth and the contribution that can be made by the Leeds Inclusive Growth Strategy to reducing health inequalities.

8. The report provides an update on the progress from last year on those key public health indicators most related to the Leeds Health and Wellbeing Strategy.

9. A comparison with the other core cities shows a very similar picture of change including a fall in life expectancy for females.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the content of the Annual Report of the Director of Public Health and support the recommendations on infant mortality, alcohol related mortality, female alcohol related mortality, male drug related deaths, suicides in men, self-harm by young women.
- Request that Public Health consider the finding of the Public Health England national review into life expectancy and report back to the Board on implications for Leeds.
- Ensure that gender differences in health, experiences and outcomes are incorporated into the forthcoming Joint Strategic Assessment and the subsequent recommendations
- Consider how Board member organisations currently reflect gender differences in health in their services and what further actions are needed in relation to the Director of Public Health report.
- Consider how Board member organisations currently reflect gender differences in health in their monitoring arrangements and what further actions are needed in relation to the Director of Public Health report.

1 Purpose of this report

1.1 To summarise the content of the Director of Public Health's Annual Report 2017/18 entitled Nobody Left Behind: Good Health and A Strong Economy (Appendix 1 and 2).

2 Background information

2.1 Under the Health & Social Care Act 2012 (Section 31) the Director of Public Health has a duty to write an annual report on the health of the population. Within the same section of the Act, the Council has a duty to publish the report.

2.2 The Annual Reports of the Medical Officer of Health (predecessor name of the Director of Public Health) became a statutory requirement under the 1875 Public Health Act but the Leeds Medical Officers of Health had produced such reports right from the first appointment in 1866. The Annual Reports are held in Leeds Central Library.

3 Main issues

3.1 Leeds has much to be proud about. Progress can be judged by obvious physical developments such as Trinity Leeds and Victoria Gate. In addition, progress can be judged by a broader sense of what it is like to live here. Leeds has been named best city in Britain for quality of life. Even more recently, this year the 'What Works Centre for Well Being' produced a national, independent report that identified Leeds as the best core city wellbeing.

3.2 The Leeds Health and Wellbeing Board has set a clear direction of travel to improve health and wellbeing and to reduce health inequalities through the Leeds Health and Wellbeing Strategy. Tackling poverty, including child poverty along with other wider determinants of health remain the cornerstone for action and this is reflected in the new Leeds Health and Care Plan and the Best Council Plan 2018/19-2020/21.

3.3 However, the current financial climate is extremely challenging for individuals and families and detrimental to health and wellbeing. While the breadth and depth of partnership working on health and wellbeing has developed to an astonishing degree over the last few years organisations across the partnership are also faced with financial challenges. Hence the greater emphasis on a partnership approach to the "Leeds pound".

3.4 Included within last year's Annual Report of the Director of Public Health was a statistical appendix that set out the starting position of the new Leeds Health and Wellbeing Strategy 2016-2021. This covered the seven health status indicators within the new strategy alongside key indicators that related to the public health issues described as priorities in the Leeds Health and Wellbeing Strategy.

3.5 This year's Annual Report of the Director of Public Health provides an update as an appendix. Inevitably a one year update means that there are not statistically significant changes for many indicators. This includes physical activity, one of the health status indicators in the Leeds Health and Wellbeing Strategy.

3.6 There has though been progress in some areas. The levels of excess weight (overweight or obese) is reducing in 4-5 year olds and is now below the England average. This is a health status measure in the Health and Wellbeing Strategy. Teenage pregnancy rates continue to fall in Leeds, although still above the England average. The Leeds My Health My School survey identifies a reduction in bullying at school albeit this is still high at 30% describing being bullied in the last year. This forms part of a health status indicator in the Health and Wellbeing Strategy.

3.7 Smoking is the largest single preventable cause of ill health and health inequalities. Smoking levels amongst adults have dropped to 17.8% - the lowest recorded. This is a health status measure in the Health and Wellbeing Strategy. Cancer mortality rates for those under 75 years are reducing. This is to be welcomed and is a positive contrast to the position in the Annual Reports of around ten years ago when cancer rates for females were essentially staying the same and with small declines for males. The hope is that the progress made over the last 5-10 years in reducing cardio-vascular disease mortality and the inequality gap can be replicated for cancer.

3.8 Leeds has a worse rate than England for those dying before the age of 75 years with a serious mental illness – a health status indicator in the Health and Wellbeing Strategy. However the way data is collected means no proper comparisons over time can be made yet.

3.9 There has then been progress. However, the most striking comparison from last year is a decline in life expectancy in women and a static life expectancy in men.

3.10 The reasons for this concerning position forms the basis of this year's Annual Report of the Director of Public Health.

3.11 We may find that the next set of life expectancy figures show a rise again. In which case this has been a false alarm. However, the current life expectancy figures follow the latest Indices of Deprivation for Leeds that have previously been presented to the Executive Board of Leeds City Council. These showed a greater number of our communities now in the worst 10% super output areas (SOA's) in the country alongside a greater number in the best 10% super output areas (SOA's) in the country.

3.12 There is a national context. Improvements in life expectancy figures for England as a whole have slowed down markedly both for men and women in recent years. We continue to be in the "age of austerity" as declared by the prime minister in 2009.

3.13 Improving the socioeconomic position of the people of Leeds is a crucial foundation for health and wellbeing and to reducing health inequalities. The Annual Report describes the work of the Inclusive Growth Commission led by the Royal Society for the Encouragement of the Art, Manufacturers and Commerce in 2017 and the call for a new look at economic growth. The Annual Report then goes on to make recommendations about the contribution the new Leeds Inclusive Growth Strategy can make to help reverse the deprivation indicators and inequalities in our city.

3.14 The Annual Report focuses particularly on the underlying reasons behind the fall in life expectancy for women and the static position for male life expectancy. Perhaps

surprisingly, the big killers – cardiovascular, cancer, respiratory disease – are not the reasons.

3.15 A rise in infant mortality (deaths of live births under the age of one year) accounts for around half of the lack of improvement in life expectancy. The Health and Wellbeing Board will be aware that Leeds has made tremendous progress over the last ten years in reducing infant mortality and reducing the inequality gap on infant mortality within the city.

3.16 From being on a national "worry" list with subsequent implementation of a partnership Infant Mortality Plan, Leeds has reduced infant mortality to below that for England. A remarkable achievement for a major urban city. However, a rise from a low of 35 deaths in 2012 to 49 in 2016 has resulted in an infant mortality for 2014-2016 of 4.4/1000 live births – above the England figure of 3.9/1000. This small rise, albeit important, has had a disproportionate effect on the life expectancy figures.

3.17 In recent years Leeds has broadened its approach to infant mortality to the period from conception to the child's second birthday – the first thousand days and described as Best Start. Best Start is a priority in the Leeds Health and Wellbeing Strategy and the Annual Report confirms the importance of a continued focus on implementing the Best Start Plan 2015 – 2019.

3.18 There are three other significant causes for the disappointing life expectancy figures – a rise in deaths in women from alcohol related liver disease, a rise in deaths in men from drug related overdoses and a rise in deaths in men who have taken their own lives.

3.19 For each of these three public health issues there is a section describing the current position in Leeds, the actions being taken in Leeds and recommendations for further action. Case studies are used to describe the impact on individual Leeds residents of excess alcohol, heroin use, experiences of attempting to take one's own life.

3.20 In relation to increasing deaths in women from alcohol related liver disease recommendations include social marketing targeted at young women, increased identification and brief advice in primary care and secondary care, reviewing alcohol treatment needs and services for women.

3.21 In relation to increasing drug related deaths in men recommendations include use of drug misuse death audit data to better target interventions, reviewing opiate users.

3.22 In relation to increasing numbers of men taking their own lives recommendations include ensuring that 30-50 year old men remain a priority within the implementation of Leeds Suicide Prevention Plan.

3.23 The Annual Report covers one further area – self-harm by women especially in the 16-24 year age group. While not directly linked to the life expectancy figures this is an area of increasing concern. A comparison with last year's Annual Report on the Leeds My Health My School survey shows a rise in the number of primary and secondary students feeling stressed or anxious – now over one in five. This is also part of one of the health status indicators in the Leeds Health and Wellbeing

Strategy. This rise coupled with an increase in admissions for women who self-harm has warranted inclusion in this year's Annual Report. Again case studies have been used to better highlight the issue with recommendations for further action.

3.24 The Annual Report acknowledges the need to have a greater understanding of gender in relation to health and wellbeing – including those who cross traditional gender boundaries (trans) whether permanently or otherwise. Leeds City Council in conjunction with Leeds Beckett University has undertaken the largest men's health needs assessment in the country. There is a recommendation that a comprehensive health needs assessment for women should be undertaken for Leeds.

3.25 Finally, the report covers the importance of local public health information and intelligence that can analyse issues within our city. Public Health England provide an excellent service but one that stops at the Leeds boundary. Fortunately, Leeds City Council has a nationally recognised Public Health Intelligence team. The need for this service will only increase and Leeds City Council and NHS Leeds CCG are to be commended for combining Public Health intelligence with the intelligence function of the NHS Leeds CCG.

3.26 The Annual Report is available online and readers are signposted for further information on the health statistics for Leeds at http://observatory.leeds.gov.uk

3.27 Looking at Leeds in relation to the other core cities, then what is striking is that where indicators have worsened for Leeds, then that has also occurred in the other core cities. For example, all, bar one, core city has seen a decline in female life expectancy.

3.28 During the final stages of preparing this year's Annual Report there have been a number of articles in the national press about falling life expectancy across England. Sir Michal Marmot has demanded an urgent inquiry. A rise in inequality, public service cuts and austerity have been proposed as explanation by some authors. Public Health England has advised caution in drawing any conclusions but, importantly, is now undertaking research into what factors underlie the changing national life expectancy figures. Contact has been made with Public Health England to determine the timescale for this work.

3.29 The Annual Report attempts to understand what is happening in Leeds, but there will be a need to consider the implications for the city from the national review.

3.30 Progress is already being made on some of the recommendations with work underway with Women's Lives Leeds and Professor Alan White to undertake a women's health needs assessment. In addition, Leeds City Council has announced new funding to tackle loneliness in men, provide a new service to support bereaved children and provide emotional and resilience support for children.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Various initiatives described in the Annual Report have been developed with the public. Members of the public have helped write this and previous Annual Reports through personal stories and experience.

4.1.2 There is a communications plan associated with this year's Annual Report.

4.2 Equality and diversity / cohesion and integration

4.2.1 The Annual Report recognises the differential impact of gender on health issues impacting on life expectancy.

4.3 Resources and value for money

4.3.1 The costs of producing the Annual Report of the Director of Public Health are contained within the ring fenced Public Health Grant.

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. The publication of the Annual Report of the Director of Public Health will enable Leeds City Council to meet its statutory requirements under the Health & Social Care Act 2012.

4.5 Risk management

4.5.1 There are no risks identified with the publication of the Annual Report of the Director of Public Health.

5 Conclusions

5.1 This year's Annual Report is able to show progress on some key health status indicators aligned to the Leeds Health and Wellbeing Strategy.

5.2 However the focus of this year's report is on what lies behind a fall in life expectancy in females and a static life expectancy in men – a rise in infant mortality, a rise in alcohol related deaths in women, a rise in drug related deaths in men, a rise in men taking their own lives. In addition, there is a focus on women who self-harm as a rising trend of concern.

5.3 There needs to be further action taken on all the above areas and a more general greater understanding of underlying gender issue. A comprehensive needs assessment for women is a current gap and should be rectified.

5.4 The new Leeds Inclusive Growth Strategy provides an opportunity to reverse the increased inequalities gap as revealed by the latest Indices for Multiple Deprivation. Tackling the socio-economic determinants of health is the cornerstone for improving the health inequalities in our city.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the content of the Annual Report of the Director of Public Health and support the recommendations on infant mortality, alcohol related mortality, female alcohol related mortality, male drug related deaths, suicides in men, self-harm by young women.
- Request that Public Health consider the finding of the Public Health England national review into life expectancy and report back to the Board on implications for Leeds.
- Ensure that gender differences in health, experiences and outcomes are incorporated into the forthcoming Joint Strategic Assessment and the subsequent recommendations
- Consider how Board member organisations currently reflect gender differences in health in their services and what further actions are needed in relation to the Director of Public Health report.
- Consider how Board member organisations currently reflect gender differences in health in their monitoring arrangements and what further actions are needed in relation to the Director of Public Health report.

7 Background documents

7.1 None

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How does this help reduce health inequalities in Leeds?

The report highlights a fall in life expectancy in woman and a static position for men. The report highlights areas of particular concern. Progress here will reduce health inequalities.

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

The report highlights gender as a health inequality issue and the recommendation to undertake a women's health needs assessment (following the previous men's health needs assessment) provides an opportunity to consider the implementation for improving health and care services. There are recommendations for services for specific areas of concern in the report.

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

Long term reversing the trends identified in the report will help reduce system costs.

Future challenges or opportunities

The challenge is to ensure the recommendations are implemented. The current review, by Public Health England, being undertaken in response to national concerns around life expectancy may lead to the Health and Wellbeing board having to consider further challenges.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	✓
An Age Friendly City where people age well	
Strong, engaged and well-connected communities	
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	✓
Get more people, more physically active, more often	✓
Maximise the benefits of information and technology	
A stronger focus on prevention	✓
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	✓
A valued, well trained and supported workforce	
The best care, in the right place, at the right time	

NOBODY LEFT BEHIND: GOOD HEALTH AND A STRONG ECONOMY

THE ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH IN LEEDS 2017/18

Leeds CITY COUNCIL

A summary of this report can be made available in large print, Braille, on audiotape or translated, upon request. Please contact the public health intelligence team PHI.Requests@leeds.gov.uk

This report is available online at http://www.leeds.gov.uk/residents/Pages/Director-of-Public-Health-Annual-Report.aspx

Past reports can be accessed at http://observatory.leeds.gov.uk

Further information on health statistics for Leeds is available online at http://observatory.leeds.gov.uk

We welcome feedback about our annual report or any of our other documents. If you have any comments please speak to Kathryn Jeffreys, Business Partner Manager on 0113 3789221 or on Kathryn.jeffreys@leeds.gov.uk

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Ian Cameron
Director of Public Health

FOREWORD

Welcome to my latest Public Health Annual Report for Leeds.

I am very aware how privileged I am to have the opportunity to produce an Annual Report. Last year, in celebration of 150 years of Medical Officers of Health (now Director of Public Health), I told the story of Public Health in Leeds through the Annual Reports of my predecessors, going all the way back to 1866. I'm grateful for the level of interest that resulted. I hope the filmed lecture and resources will help future generations and my thanks go to the Thackray Medical Museum for their Public Health Trail.

However, I am also privileged in that I am able to decide the content of my report. To be frank, this year's report is not the one that I started out writing. I decided to change direction because the most recent life expectancy figures for women showed a decline while those for men have stayed the same, rather than improving as we would have hoped. This followed on from a worsening picture for deprivation in Leeds. I have become concerned.

Some of my colleagues believe that I should wait till there is a clearer picture of the trends in our city. Perhaps they are right. Perhaps I am over-concerned and the next set of health information will show that all this has been a temporary blip.

On the other hand, there is the national context. Nationally, there has been a slowing down in the improvement of life expectancy. There have been only slight improvements in recent years both for males and females. Also, in 2009, the Prime Minister declared we are in an "age of austerity". We still are. I see Leeds City Council working hard to minimise the negative impacts on Leeds residents of huge nationally determined budget cuts, including regrettably to public health. I see partner organisations in Leeds faced with similar difficult challenges.

Taking this into account, my report this year focuses on what lies beneath these disappointing life expectancy figures – and asks the question, should we be concerned? Perhaps surprisingly, the big killers – cardiovascular disease, cancer, respiratory disease – don't play a significant part. We will therefore be continuing with the huge amount of work going on across the city to reduce the impact these conditions have on health and health inequalities.

So what has emerged? Firstly, an increase in infant mortality accounts for about half of the worsening position. After 10 years of significant progress we have gone from being a city of concern to a city with an infant mortality rate below that of England as a whole. A remarkable achievement. However, the recent rise highlights the need, despite these difficult times, for a continued city-wide focus on giving children the best possible start in life. A small change here has had a disproportionate effect.

Of even more concern is that we are seeing increasing number of deaths as a consequence of changing health trends – and this is having a significant impact on life expectancy. More women are dying through alcohol harm, more men are dying from suicide, more men are dying through drug overdoses.

We are also seeing more women, especially young women, self-harming. So my report will focus on these four areas, recognising the need to better understand the importance of gender. However, before that, my report will also consider the worsening deprivation statistics and how Leeds City Council's new Inclusive Growth Strategy must contribute to reversing this position.

As always there are specific recommendations for action, but I wish also to ensure a continuing close eye on our life expectancy figures, for men and for women.

For those who wish to see a broader range of health statistics, whether for the whole city or just their local area, please go to *http://observatory.leeds.gov.uk*

I am indebted to many people who have supported and contributed to my report. They are listed at the end of the report. I would particularly like to thank Kathryn Jeffreys, project manager, and Barbara MacDonald, editor.

I also want to thank all my Public Health staff for their hard work and support. Many thanks go to Catriona Slade, my personal assistant.

I hope you find my report of interest. As always, I would welcome your feedback, comments and suggestions.

Ian Cameron
Director of Public Health

STEERING IN THE RIGHT DIRECTION

Leeds has a strong economy that has enabled the city to recover well from the recession. We have a diverse talent pool, world class assets, innovative businesses and beautiful countryside. The Council, universities, schools, innovators and entrepreneurs have all played their part in creating growth. There is much to be proud of in Leeds and we have a great story to tell.

(Leeds City Council's new Inclusive Growth Strategy)[1]

Trinity Leeds opening 2013

Leeds is doing well. The evidence is there for all to see – the opening of Trinity Leeds in 2013 and Victoria Gate in 2016, the £4bn of major developments over the last ten years, the largest increase in average earnings anywhere in the UK. We are proud that Leeds has been named the best city in Britain for quality of life. All of this positive progress is testament to the hard work and co-operation of organisations, sectors and individuals over many years.

However, as is well known, Leeds is also a city marked by inequalities, including health inequalities. Is the economic growth in Leeds benefiting the many or just the few? Are inequalities narrowing or getting wider?

We know that improving the socio-economic position of individuals, communities and neighbourhoods is central to reducing the health inequalities in our city. This has been a consistent theme in my previous Annual Reports. So how are we doing now?

Since the 1970s the government has calculated local measures of deprivation across England. They do this by using the Index of Multiple Deprivation (IMD). The IMD is measured across the country by neighbourhood. Each of these neighbourhoods typically represents around 1,500 people.[2] This is not an easy task but it is a very important one. Measuring deprivation enables us to see what is happening – good or bad – across different areas of Leeds over periods of time.

Just as important as identifying areas of deprivation is assessing change over time. In 2009, Leeds City Council and the NHS produced its first Joint Strategic Needs Assessment (JSNA). This looked at unmet needs and the future health, social care and wellbeing needs of the city. At the time, based on the information we had, I believed we would continue to see a gradual decrease in the number of neighbourhoods in Leeds falling into the worst 10% of deprived neighbourhoods nationally. Alongside this, we expected to see a drop from the 150,000 people living in such neighbourhoods. In the intervening years we have seen that gradual progress and I had hoped that this would lay the foundations for faster progress to reduce the health inequalities in our city.

However, the latest release of the IMD paints a worrying picture for Leeds. Put simply, we now have 100 neighbourhoods that fall in the worst 10% nationally. This is compared to 88 in 2010 – in other words, a worse position. This new figure represents around 164,000 people in Leeds.

1 Leeds City Council (2017) *Leeds inclusive growth strategy 2017–2023: consultation draft* http://www.leedsgrowthstrategy.com
2 Department of Communities and Local Government (2015) *The English indices of deprivation 2015* https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015

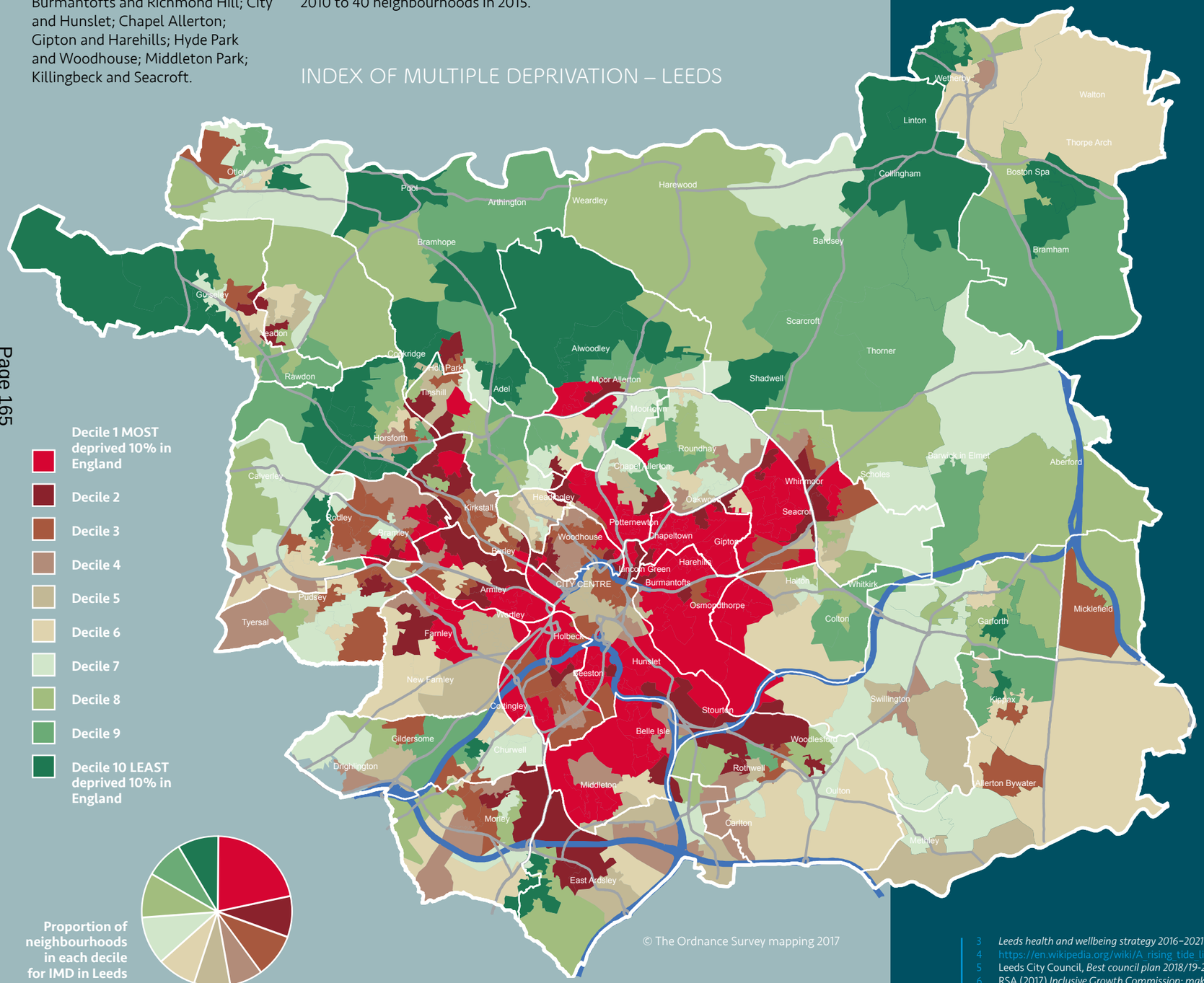
Indeed, 16 of these neighbourhoods are in the most deprived 1% nationally and fall within nine of our wards: Armley; Beeston and Holbeck; Burmantofts and Richmond Hill; City and Hunslet; Chapel Allerton; Gipton and Harehills; Hyde Park and Woodhouse; Middleton Park; Killingbeck and Seacroft.

On the other hand, we have the good news that we have increased the number of neighbourhoods in the 10% *least* deprived nationally from 27 in 2010 to 40 neighbourhoods in 2015.

Taking these figures together, we now have a city with a greater concentration of most deprived and least deprived neighbourhoods.

In other words, the inequality gap in Leeds is getting wider – we are going in the wrong direction.

INDEX OF MULTIPLE DEPRIVATION – LEEDS



Decile 1 MOST deprived 10% in England
Decile 2
Decile 3
Decile 4
Decile 5
Decile 6
Decile 7
Decile 8
Decile 9
Decile 10 LEAST deprived 10% in England

Proportion of neighbourhoods in each decile for IMD in Leeds

The aim of the Leeds Health and Wellbeing Strategy 2016–2021[3] is to improve the health of the poorest fastest. This latest information about our neighbourhoods shows the foundations to do this getting weaker rather than stronger. Leeds may well be experiencing strong economic growth, but our increasing number of deprived neighbourhoods shows that we are not seeing a trickle-down effect from our recovery from recession. A rising tide has not lifted all boats.[4]

Leeds City Council will continue to take the lead in determining the future of our city. As part of that role, Leeds City Council is now focusing on how it can work with partners to tackle deep-rooted and long-standing problems in six of the most deprived neighbourhoods in the city. These include Holdforths and Clydes; Stratfords and Beverleys; Recreations, Crosby St and Bartons; Boggart Hill and Clifton; Nowells; Lincoln Green. This will require a new transformational approach.

In taking forward its vision for Leeds to be the 'best city in the UK', Leeds City Council will shortly publish its Best Council Plan 2018/19-20/21.[5] The Plan states an intention to address poverty and inequalities by maintaining a long-term strategic focus on strengthening the economy whilst supporting the most vulnerable. There are seven priority areas in the Plan. One of these is Health & Wellbeing and this is to be welcomed. Another priority is Inclusive Growth. I hope to show why we need to give equal attention to both.

The Inclusive Growth Priority

What does 'Inclusive Growth' actually mean? There are a number of similar phrases in circulation. Inclusive Growth has been defined as 'enabling as many people as possible to contribute and benefit from growth'. This was the definition used by the Inclusive Growth Commission led by the RSA (Royal Society for the Encouragement of the Arts, Manufactures and Commerce) in 2017.[6]

The Inclusive Growth Commission called for a new look at economic growth because, it said, too many families, communities and places are being left behind in our economy. In the past unemployment was the key problem, but a staggering 55% of households living in poverty nationally now are in work.[7] To get a job, any job, is no longer a route out of poverty. Low-paid, low-status jobs with poor job security, coupled with low productivity and a proliferation of low-skilled jobs, make a potent and toxic mixture.

Cuts to council budgets as a result of the government's policy of austerity have heightened the challenge by producing a focus on the short term and crisis management at the expense of prevention, early action and a focus on the long term.

3 *Leeds health and wellbeing strategy 2016–2021* http://www.leeds.gov.uk/docs/Health%20and%20Wellbeing%202016-2021.pdf
4 https://en.wikipedia.org/wiki/A_rising_tide_lifts_all_boats
5 Leeds City Council, *Best council plan 2018/19-20/21*
6 RSA (2017) *Inclusive Growth Commission: making our economy work for everyone* https://www.thersa.org/discover/publications-and-articles/reports/final-report-of-the-inclusive-growth-commission
7 Joseph Rowntree Foundation/New Policy Institute (2016) *Monitoring poverty and social exclusion 2016* https://www.jrf.org.uk/report/monitoring-poverty-and-social-exclusion-2016

HOLDFORTHS AND CLYDES

Holdforths and Clydes is the pathfinder for the new approach. This is a neighbourhood facing many challenges. It is ranked ninth most challenged neighbourhood in Leeds. Over 43% of its residents experience income deprivation and 36% are unemployed. Unemployment amongst younger people is double the city average. Out-of-work benefits payments are three times higher than across the city as a whole. Men are more likely to be unemployed than women.

The loss of heavy industry and manufacturing means that men are now taking on work within the service industry as opportunities for full-time, permanent physical work disappear. Women often balance several part-time, insecure jobs, as well as providing the main caring role at home. In Holdforths and Clydes, 41% of residents have no qualifications and 82% of low-income families earn less than £15,000 per year. One in four residents lives in a flat, and a high proportion of residents rent.

This is a diverse population, with 14% of residents born outside the UK. There is significant anti-social behaviour linked to community tensions and the growth of new communities. Under-reporting of crime remains an issue. There are significant health challenges too, particularly around drugs and alcohol. The male suicide rate is the highest for the city, linked to high levels of mental ill health. There are gaps in community infrastructure and community engagement, and social isolation is a problem.

However, there is positive change emerging. A new community centre has been built alongside the existing one. New Wortley Community Centre was announced as Leeds City Council Partner of the Year at an awards ceremony in November 2017. The four tower blocks have received major investment to improve the physical environment and safety, as well as providing social support to the most vulnerable tenants (see later case study, p.46). There is potential to harness surrounding council land and assets to drive economic investment in the area. There is also scope for significant infrastructure changes at Armley gyratory to improve connectivity to the city centre. It is hoped that these changes will help to drive forward an improvement in health and wellbeing.

36%
of residents are unemployed

41%
of residents have no qualifications

14%
of residents born outside the UK

CASE STUDY

The figures below highlight the scale of the challenge for Leeds. While this might be familiar, the importance lies in the direction of travel. To repeat, in terms of improving the levels of deprivation being experienced by some of our communities, we are now going in the wrong direction.

Furthermore, what these figures don't show is the disproportionate impact for particular groups who face exclusion from the labour market, for example disabled people, women and ethnic minorities.

POVERTY AND DEPRIVATION IN LEEDS – THE FACTS

(Leeds City Council Executive Board Report 2016)

175,000
are classified as being in 'absolute poverty'
(around a quarter of our population)

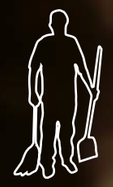
28,000
Leeds children are in poverty
(around 20%) -

of those...

...64%
are estimated to be from working families

15,000
households affected by in-work poverty

24,000
full-time workers earn less than the Living Wage



80,000
in jobs paid less than Real Living Wage

8,000
workers are on zero hour contracts

38,000
households are in fuel poverty

121,000
payday loans accessed by Leeds residents (2013)

The Inclusive Growth Commission argues that a 'grow now, re-distribute later' approach is failing to support adequately those who are out of work or in low-paid jobs. Economic growth has become de-coupled from poverty. In other words, the nation is getting richer but many individuals are finding themselves worse off than ever. To tackle this, we need a new approach that combines social and economic policy.

So yes, there needs to be investment in business development and, yes, there must be investment in high-class transport, housing and digital infrastructure such as faster broadband to connect labour markets to economic opportunity. But what is the value of this investment if particular places or neighbourhoods are not able to connect to its benefits? This might be because the skills base is too low, or because health and complex social issues act as barriers to participation. Economic investment alone is not enough. We need to develop the capacity and capabilities of individuals, families and communities to participate more fully in economic growth and in society.

Getting back to Leeds, we need to ensure that the Inclusive Growth Priority in the Best Council Plan not only powers the whole city forward but also reverses the worsening socio-economic position in many of our neighbourhoods. We must adopt a perspective that includes *quality* of growth as well as dry numbers. We need to find out what people are experiencing in terms of opportunities, barriers, skills, employment and living standards – and make sure that our actions reflect this.

RECOMMENDATION

Leeds City Council to identify a broad range of indicators to assess progress on Inclusive Growth through the new Inclusive Growth Strategy, reflecting different geographies and populations within the city.

The council's leadership role will be of critical importance. In February 2017, Cllr Judith Blake, leader of Leeds City Council, said this to the Inclusive Growth Commission:

Leeds has been working in a new way as a city, asking local government to become more enterprising, business to be more civic and citizens to become more engaged. This – as Ofsted has recognised – has transformed our Children's Services. We've established our open 'Leaders for Leeds' network to address major challenges across our city. The next step is to see this approach from the basis of even more productive city partnerships that have the power to work together, without creating new bureaucracies and management boards.

The call for business to be more civic is to be welcomed. Businesses should be concerned not just with profit, but with promoting and contributing to the quality of life of the communities around them.

There is growing public concern about the values of big business. For example, Starbucks only reported a taxable profit once in the 15 years up to 2013 in the UK. Despite annual UK sales of £400m, Starbucks didn't pay any corporation tax at all to the government for four years prior to 2013. The Public Accounts Committee of MPs 'found it hard to believe Starbucks was trading with apparent losses for nearly every year of its operation in the UK'. Perhaps we should be grateful that the 13 Starbucks outlets in Leeds survive!

Alongside the need for greater partnership working to help foster social responsibility on the part of businesses, we need to seek out opportunities for enterprise, innovation and support to local communities – and find ways of connecting the commercial economy, the public sector economy and the social economy.

This is what we need to see happening in our most deprived neighbourhoods:

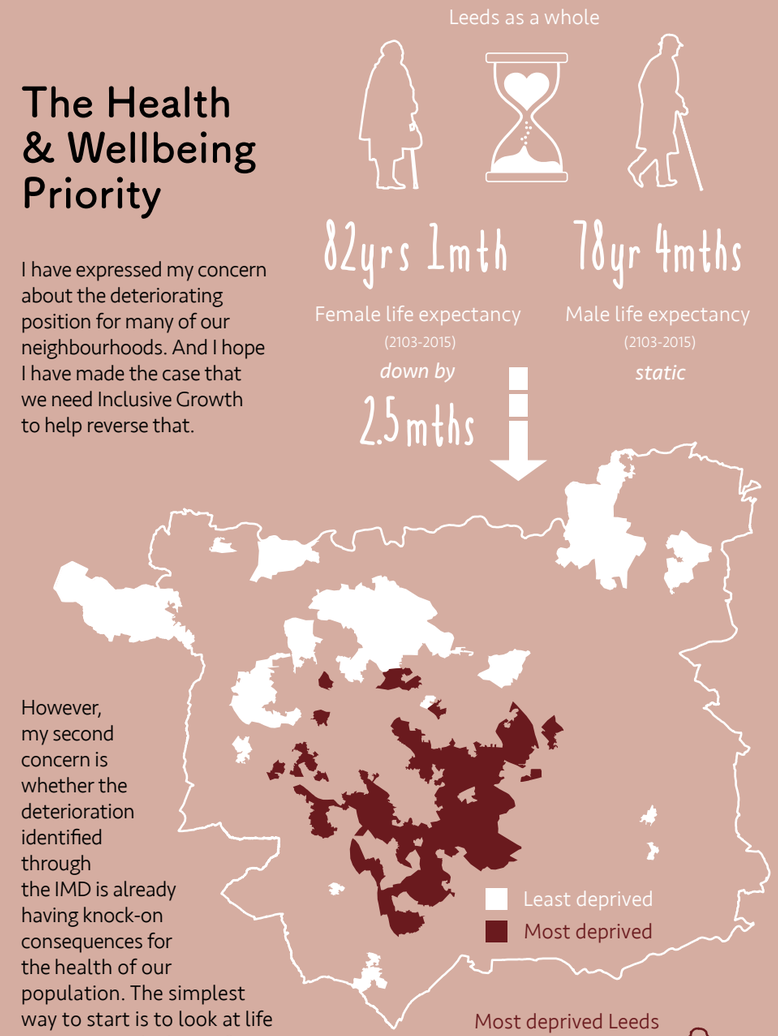
- Inclusive Growth that consciously focuses commitment and resources on deprived neighbourhoods around the priority growth sectors in the city e.g. digital, culture.
- Development of the physical infrastructure to ensure that transport, housing and digital services connect to job growth.
- Development of the social infrastructure to ensure that early years support, education, skills, life-long learning, careers advice and community development enable individual families and communities to participate more fully both in society and in economic growth.
- Provision of family-friendly, quality jobs that offer fair pay, security, job progression and a health-promoting workplace.

RECOMMENDATION

Leeds City Council to ensure that its new Leeds Inclusive Growth Strategy improves the socio-economic position of the most deprived 10% communities in the city.

The Health & Wellbeing Priority

I have expressed my concern about the deteriorating position for many of our neighbourhoods. And I hope I have made the case that we need Inclusive Growth to help reverse that.



However, my second concern is whether the deterioration identified through the IMD is already having knock-on consequences for the health of our population. The simplest way to start is to look at life expectancy. The latest figures (2013–2015) tell us that female life expectancy has dropped to 82 years 1 month – a drop of around 2.5 months. This is not where we want to be as a city. Now, it must be said that this drop is not statistically significant. It may be that this drop is a blip and the figures will improve next time around. I will then have been proved to be alarmist. However, I am very concerned at what lies beneath this apparent step backwards in the health of females in our city. I am also concerned that the gap for women living in the deprived parts of Leeds and the rest of Leeds has worsened by about six months, to 4 years 8 months.

Male life expectancy has levelled off at 78 years 4 months. However, here also the gap between those living in deprived Leeds and the rest of Leeds has worsened by about three months, to 5 years 5 months.

The result of this is that life expectancy for both males and females in our city is falling further behind England a whole. The challenge now is to understand what lies behind this gloomy picture.

The figures tell us that the decline in female life expectancy and the stagnation of male life expectancy is not down to our major killers of cardio-vascular disease, respiratory disease and cancer. We must look elsewhere. The first stop is infant mortality.

Infant mortality and life expectancy

Infant mortality is the death of a live-born baby before their first birthday. There has been a dramatic reduction in infant mortality in Leeds over the last 150 years. Indeed, the decline in infant mortality is the clearest evidence of the progress we have made in improving the health of our population. We went from more than one in five babies dying before the age of one year in the 1870s to one in 250 babies. We had a record low infant mortality, even below the England rate. We were also able to narrow the gap between the most deprived and least deprived communities.

However, the latest figures show an increase in infant mortality. There were 48 infant deaths in 2015 – our highest number since 2009.

Infant mortality has a relatively big impact on life expectancy. This is because that child, tragically, has lost so many years of potential life. Although the actual number of Leeds babies who die in their first year may seem small at 48, this recent increase accounts for about half the decline in life expectancy for females and is a significant contributor to the stagnation of the male life expectancy. Although it is important to understand the contribution of infant death to life expectancy, given the small numbers I have not selected infant mortality as a major theme of this report. However, I would like to say something about the work that Leeds has been doing in this key area before moving on to the themes I have chosen to explore in more detail.

Leeds has a very active programme of work around infant mortality. This work began nearly 10 years ago, when the number of babies dying each year was approaching 60. The decline in infant mortality in Leeds reflects the national trend. However, over the course of the last 10 years, the Leeds rate has been falling faster than the national rate until the most recent period (2013–15), when it has risen for the first time in many years – to those 48 deaths in 2015.

Why has Leeds been so successful in addressing infant mortality to date? In 2002, the government set a national target to reduce inequalities in infant mortality:

> Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between the routine and manual group and the population as a whole.

Sadly, despite this target, a national review in 2007 showed that big differences still existed across the country, and Leeds was identified among 43 local authorities with a higher number of infant deaths. Leeds rose to the challenge, bringing together partners from across sectors, under Public Health leadership, to launch the Leeds Infant Mortality Plan in 2008. Drawing on published evidence about identifiable actions to reduce the gap, Leeds collectively focused its efforts on initiatives such as: reducing smoking during pregnancy and in households; increasing breastfeeding; addressing child poverty; reducing teenage pregnancy and supporting teenage parents; improving maternal nutrition; actions to reduce sudden infant death – and many more. This preventative agenda was widely embraced across the city by the public sector, the third sector and by communities at local level in two highly successful 'demonstration sites' in Chapeltown and Beeston Hill. The narrowing of the gap in Leeds, at a time when the population of women giving birth in the city was becoming increasingly mobile, complex and vulnerable, is a testament to the energy and commitment of all the partners. The recent upturn in Leeds figures is very disappointing. The figures show a similar trend in some of the other core cities, although not nationally. We can only speculate on the reasons for the overall rise and the widening of the gap, despite our ongoing efforts. Very likely it is the effect of recession. Economic recession makes families more vulnerable and also impacts on the quantity and depth of public and third-sector services. This is despite continued attempts to focus services on those in greatest need.

In recent years, Leeds has broadened its approach to infant mortality. We have adopted a Best Start priority which spans the period from conception to the child's second birthday, also known as the first thousand days. Best Start is a priority in the Leeds Health & Wellbeing Strategy. The Leeds Best Start Plan 2015–19[8] builds on the previous evidence-based actions, but extends this to consider key aspects of early life that will promote social and emotional capacity and cognitive development, such as parenting, attachment and bonding, and communication. Once again, strong city-wide partnerships lie at the heart of Best Start, including at local level in our Best Start Zones. These will determine whether we can successfully deliver the huge return in potential outcomes for future generations of children in our city.

RECOMMENDATION

The Leeds Best Start Strategy Group to help ensure that parents are well prepared for pregnancy and that families with complex lives are identified early and supported.

8 Leeds City Council, *Leeds best start plan 2015 –2019* http://democracy.leeds.gov.uk/documents/s126845/10%202%20Best%20Start%20Plan%20long%20version%20FINAL%20VERSION%20for%20HWB%20Board%204%202%202015.pdf

What other trends should concern us?

If infant mortality accounts for half the poorer position around life expectancy, and if cardiovascular disease, cancer and respiratory disease are not responsible for the other half, then what is?

The evidence suggests that we need to focus our concern on:

- a rise in deaths in men from drug overdose
- a rise in deaths in women from alcoholic liver disease.

There are two additional trends that should concern us. Although they are not statistically significant in terms of mortality, we also need to look at:

- a rise in deaths in men from suicide
- a rise in the number of women who self-harm.

These are the four areas that I shall cover in the following sections of this report.

Readers will have noted that all four of the public health trends mentioned above show a gender difference. Yet how often do we properly acknowledge gender when we consider unmet needs, access to services, interventions or follow-up support? The answer is, not often enough.

Here in Leeds, we have identified a nationwide failure to acknowledge gender differences in health.

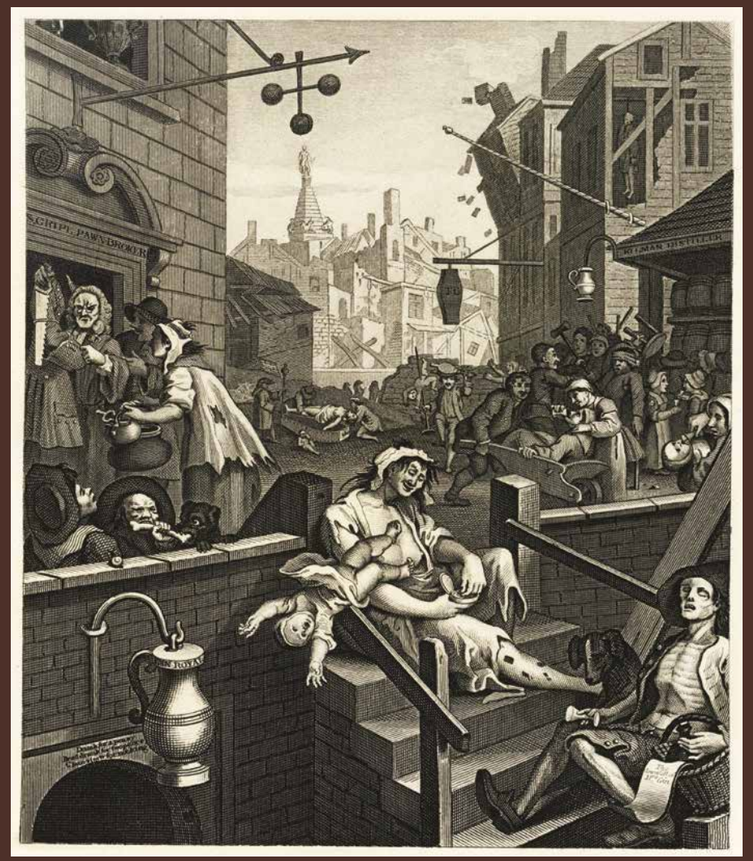
NHS England has established 44 Sustainable Transformation Partnerships across England to meet the enormous challenges faced by the NHS. Leeds falls within the West Yorkshire and Harrogate Sustainable Transformation Partnership. Each Partnership has developed plans to improve health and wellbeing, improve care and address the financial problems in the NHS.

Now, we already know that men have a poorer life expectancy than women as well as higher rates of the 'big killers'. Accordingly, Professor Alan White and Amanda Seims from Leeds Beckett University, along with Tim Taylor (Leeds City Council) and myself, have reviewed all 44 plans to check whether men's health is specifically highlighted. We made the shocking discovery that only 15 of these 44 major plans even mention that men have higher death rates. Fortunately, the *British Medical Journal* has recognised the importance of the gender gap in public health by publishing our work to a wider audience.[9]

We will now look in more detail at the four areas of concern, beginning with what is happening around the rise in alcohol-related deaths in women.

9 Cameron, I, White, A, Seims, A and Taylor, T (2017) Missing men when transforming health care, *British Medical Journal* 357: j1676

ALCOHOL-RELATED MORTALITY IN WOMEN



More years of life are lost in England as a result of alcohol-related deaths than from cancers of the lung, bronchus, trachea, colon, rectum, brain, pancreas, skin, ovary, kidney, stomach, bladder and prostate combined.[10] It therefore comes as no surprise that the World Health Organization (WHO) places alcohol as the third biggest global risk for burden of disease.[11] Alcohol has been identified as a causal factor in more than 60 medical conditions.[12] Let's pause and think about that for a minute. It seems mad to think that a substance that can cause so much harm is still widely available – but it is, and this is unlikely to change.

The UK has a long history with alcohol. As far back as 1751, the artist William Hogarth was making a visual connection between alcohol and poverty, crime and urban squalor, and the harmful effects of commerce and taxation on the poor, in his satirical images *Gin Lane* and *Beer Street*. All of this still rings true today. Public health has made huge progress since the eighteenth century, but alcohol harm is still with us. Unlike 200 years ago, though, we now know a lot more about what causes these harms.

10 Public Health England (2016) *The public health burden of alcohol: an evidence review* https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review
11 Mathers, C *et al* (2009) *Global health risks: mortality and burden of disease attributable to selected major risks*, Geneva: WHO http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf
12 Alcohol Concern (2016) *Statistics on Alcohol* https://www.alcoholconcern.org.uk/alcohol-statistics

What is the story?

Evidence demonstrates a clear relationship between the volume of alcohol consumed and the risk of a given harm. As the alcohol dose increases, so does the risk. The frequency of drinking also influences the risk of harm. Repeated heavy drinking is associated with alcohol dependence,[13] whereas a single bout of heavy drinking – so-called binge drinking – is associated with alcohol-related crime, physical injury and increased risk of cardiovascular disease.[14]

The Office for National Statistics (ONS) reports that of those who drank alcohol in 2016, 27% of adults (around 7.8 million people) 'binged' on their heaviest drinking day prior to interview. Young drinkers are more likely than any other age group to binge-drink.[15] This not only has health implications but social and economic consequences too. However, frequent and most harmful drinking tends to be among middle-aged people, with this age group of both men and women more likely to drink every day.[16]

THE UK CHIEF MEDICAL OFFICER'S GUIDELINES ON ALCOHOL CONSUMPTION (2016)

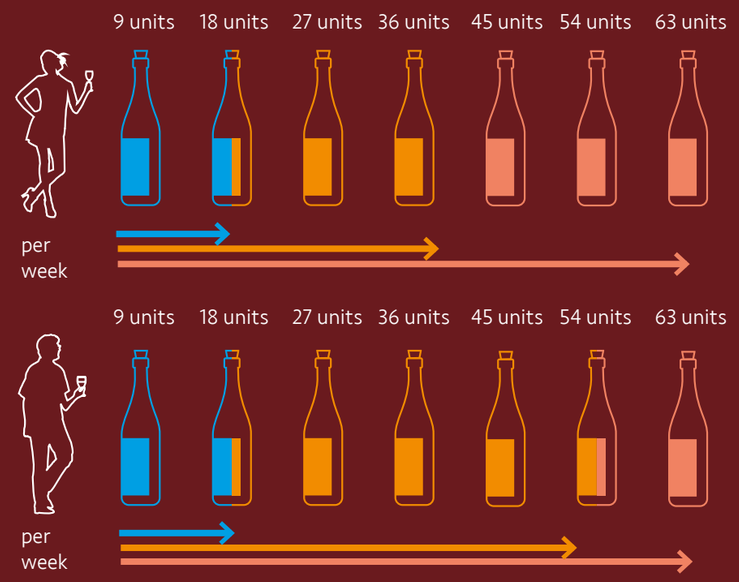
categorise consumption as follows:

'low risk' – men or women who do not regularly drink more than 14 units of alcohol per week

'increased risk' – for men, 14–50 units per week; for women 14–35 units per week

'higher risk' – for men, over 50 units per week; for women, over 35 units per week

One 750ml 12.5% bottle of wine = 9 units



The number of adults consuming alcohol at a level putting them at increased risk or above rises with age, peaking at 55–64 for both men and women.

Socio-economic status is a key factor in drinking behaviour, with important differences between increased-risk drinking and higher-risk drinking. Let's look at increased-risk drinking first. The NHS Digital Health Survey 2015 reported that adults in higher-income households are more likely to drink weekly at levels that put them at increased risk than those in lower-income households. Women in the highest-income households are over twice as likely to be drinking at levels presenting an increased risk of harm than women in the lowest-income households.

However, higher-risk drinking is greatest in the lowest-income households, with the most severe alcohol-related harm being experienced by those in the lowest socio-economic groups. This is called the 'alcohol harm paradox'.[17] It has been estimated that females (and males) in the most socio-economically deprived neighbourhoods are two to three times more likely to die from an alcohol-related condition than those living in the least deprived areas.[18]

Gender is an important factor. Research consistently demonstrates gender differences in rates of alcohol use. The latest statistics highlight that men are both more likely than women to be drinkers and twice as likely to drink at levels that present an increased risk or higher risk, irrespective of age. However, recent decades have seen a narrowing of the gap between men and women.[19]

13 NICE (2011) *Alcohol-use disorders: NICE guidelines on the diagnosis, assessment and management of harmful drinking and alcohol dependence* https://www.nice.org.uk/guidance/cg115
14 Roerecke, M & Rehm, J (2010) Irregular heavy drinking occasions and risk of ischemic heart disease: a systematic review and meta-analysis, *American Journal of Epidemiology* 171(6), pp.633–44
15 Office for National Statistics (2017) *Adult drinking habits in Great Britain: 2005 to 2016* https://www.ons.gov.uk/releases/adultdrinkinghabitsingreatbritain2015
16 NHS Digital (2016) *Health survey for England, 2015: adult alcohol consumption* www.content.digital.nhs.uk/catalogue/PUB22610/HSE2015-Adult-alc.pdf
17 Alcohol Research UK (2015) *Understanding the alcohol harm paradox*, Alcohol Insight 122 http://alcoholresearchuk.org/alcohol-insights/understanding-the-alcohol-harm-paradox-2/
18 Deacon, L *et al* (2011) *Alcohol consumption: segmentation series report 2*, North West Public Health Observatory, Liverpool: Liverpool John Moores University
19 Greenfield, S F *et al* (2010) Substance abuse in women, *Psychiatric Clinics of North America* 33(2), pp.339–55

Less is known about problematic alcohol use in women than in men[20] but we do know that women accelerate from starting to drink to problematic use of alcohol much faster than men. This is known as 'telescoping'. Women also develop liver disease more rapidly than their male counterparts[21] and generally present for treatment with a more severe clinical profile.

What is happening in Leeds?

A worrying picture has started to emerge in Leeds in recent years. Significantly more women are dying because of their alcohol use.

Alcohol-specific/ alcohol-related

Alcohol-specific conditions are conditions caused solely by alcohol use, for example cirrhosis of the liver, some physical injuries.

Alcohol-related conditions are those in which alcohol use is a factor, for example some cases of cardiovascular disease, cancer and falls.

Admissions to hospital for alcohol-specific conditions are high. In 2013–15, 93 women died from these conditions and, for the first time, the number of years of life lost by women due to alcohol-related conditions has significantly worsened. The primary driver behind this increase is female deaths from alcoholic liver disease.

Of the 93 deaths in 2013–15, 71 were from alcoholic liver disease. We are seeing women dying from alcoholic liver disease as young as 35–39 years, with a peak at 50–54. This is younger than found nationally.

The rate of alcoholic liver disease, as with levels of drinking, is higher for men than women across all age groups in Leeds. However, whilst deaths in men have been reducing, deaths in women have been increasing since 2012, as noted above. This means that there has been a narrowing of the gap between men and women to the point where numbers of deaths from alcoholic liver disease in men and women are very similar.

In Leeds, the most deprived parts of the city are experiencing the highest rates of alcohol harm and mortality. When we look at the numbers of deaths from alcohol-related liver disease over the last five years, we see that the most deprived areas are experiencing the highest numbers across all age groups. People living in deprived Leeds, both men and women, also account for the majority of alcohol-specific hospital admissions. Twice as many women in deprived Leeds are admitted for reasons attributable to alcohol use than women in non-deprived Leeds.

In 2016, 52% of registered patients in Leeds received alcohol identification and brief advice, or IBA (alcohol screening – Audit C), in an attempt to assess people's drinking levels locally. This local data reflects the national picture. The majority of people who drink in Leeds drink at low-risk levels. Of those who are drinking at risky levels, 88% are drinking at increased risk and 12% at higher-risk or dependency levels. More men are drinking above the low thresholds than women. However, through this alcohol screening data, the Audit C scores have revealed two previously unseen patterns of alcohol use.

First, a significantly larger proportion of 18–29 year old women are drinking at increased-risk and higher-risk levels compared to other age groups. This may in part be due to the large number of students in the city who register with a GP on arrival and therefore undertake an alcohol screen. Nevertheless, we shouldn't ignore this finding as we know that this age group is more likely to binge-drink. As well as its health implications, binge-drinking has both social and economic impacts, through alcohol-related crime and antisocial behaviour. For all these reasons we need to consider targeted interventions with this younger population.

The second finding of concern from Audit C is that similar numbers of men and women in the 40–49 age group are now higher-risk drinking.

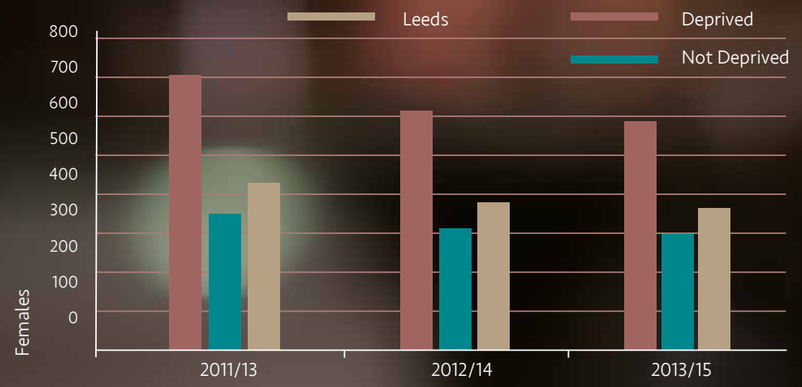
These new trends – increased and higher-risk drinking at a younger age, and increased higher-risk drinking in middle age – are potentially starting to show in our female mortality figures.

What are we doing to tackle alcohol harm in Leeds?

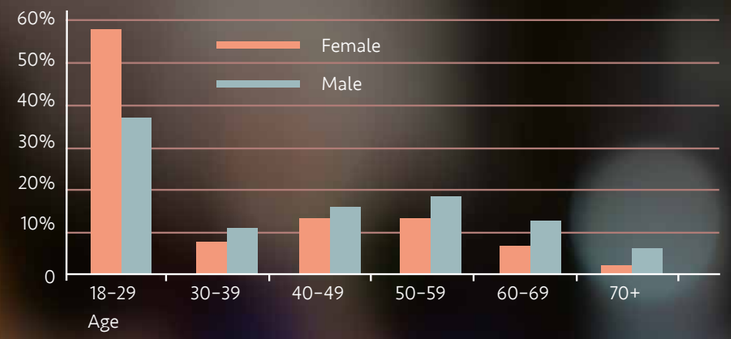
The Leeds Drug and Alcohol Strategy (2016–2018) embeds the 2011 NICE guidelines on the management of alcohol harm. In Leeds, we are adopting a holistic approach to ensure that we not only support alcohol recovery through Forward Leeds, the local alcohol and drug service, but also adopt measures to prevent alcohol harm, identify problems earlier and address the impact alcohol has on the family and the economy. We have made much progress but there is still much work to do if we are going to achieve our vision for Leeds.

20 Lancet Psychiatry (2016) Sex and gender in psychiatry (editorial), *Lancet Psychiatry* 3(11), p.999
21 Hamilton, I (2017) Why women who misuse drugs have different needs, *The Pharmaceutical Journal*, August 2017 https://www.researchgate.net/publication/318883925_Breaking_the_silence_on_women_and_drug_use

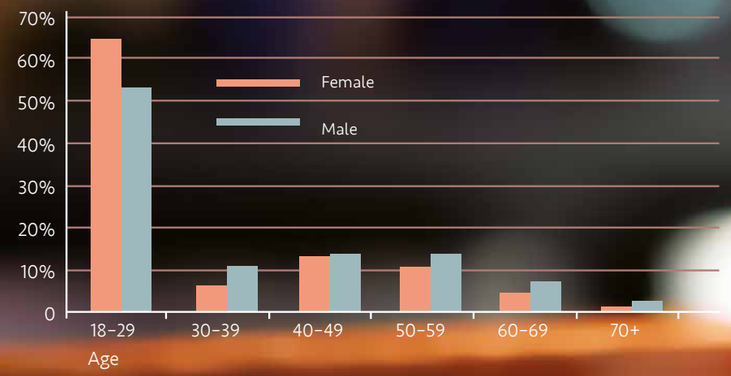
ADMISSIONS TO HOSPITAL DIRECTLY ATTRIBUTABLE TO ALCOHOL (FRACTION OF 1) CRUDE RATE: 100,000

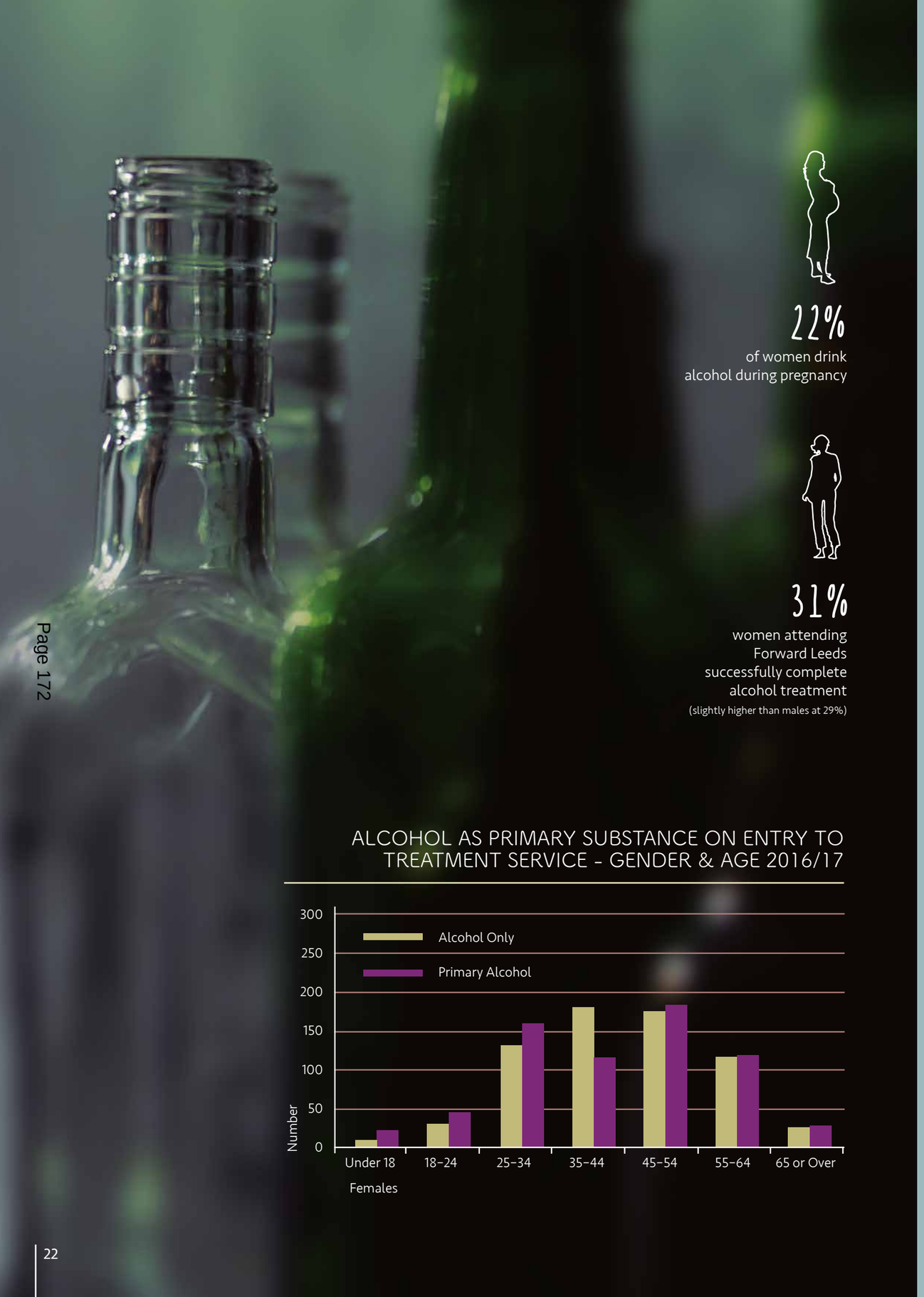


PROPORTIONS FROM AUDIT C SCORE CLASSIFIED AS INCREASING RISK (SCORE 1-15) – SEX AND AGE



PROPORTIONS FROM AUDIT C SCORE CLASSIFIED AS HIGH RISK (SCORE 16-19) – SEX AND AGE





22%
of women drink alcohol during pregnancy

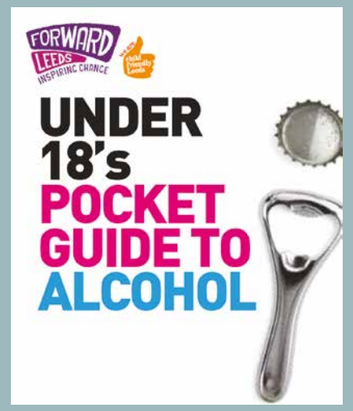
31%
women attending Forward Leeds successfully complete alcohol treatment
(slightly higher than males at 29%)

ALCOHOL AS PRIMARY SUBSTANCE ON ENTRY TO TREATMENT SERVICE - GENDER & AGE 2016/17

Prevention

'Making every contact count' is about changing behaviour. Health workers and organisations have millions of day-to-day interactions with people and are being encouraged to use every one of these to promote changes in behaviour that will have a positive effect on the health and wellbeing of individuals, communities and populations.

We are also working to support the national initiative on alcohol identification and brief advice (IBA). This typically involves using a screening tool to identify risky drinking, for example alcohol screening of newly-registered patients at GP practices (Audit C). Once a potential problem has been identified, frontline staff deliver short, structured 'brief advice' with the aim of encouraging a risky drinker to lower their level of risk by reducing their alcohol consumption.



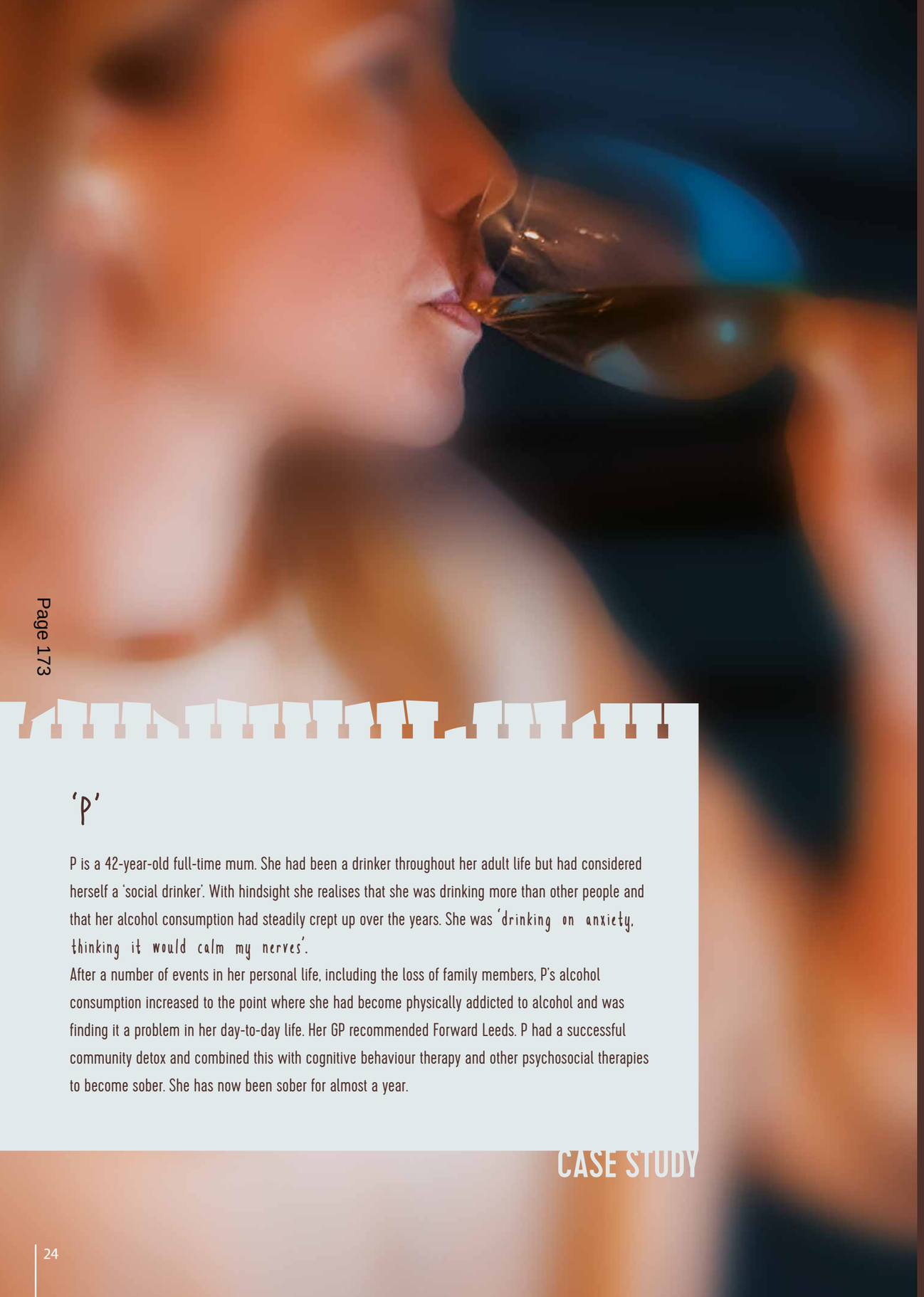
For example, the Under 18's Pocket Guide to Alcohol was developed locally as a tool for frontline practitioners to deliver brief advice for young people around alcohol use. Over the last four years, 30,000 pocket guides have been distributed and 300 members of the children's workforce have been trained in its use. It has also been adopted in other areas of the UK.

As well as equipping frontline staff in both the children and adult workforce with the skills to identify alcohol harm earlier through the delivery of IBA, we have also implemented social marketing campaigns to improve people's knowledge of responsible alcohol consumption and alcohol harm, to enable people to make more informed choices and to signpost to Forward Leeds, the local alcohol support service.

Launched in 2014, 'Like My Limit' is a local equivalent to the successful national 'Know your Limits' campaign. It is predominantly a social media campaign to challenge the social norm of female drinking at home and raise awareness of the effects of regularly drinking over the recommended guidelines.

Pregnant women are more than three times as likely not to drink alcohol at all compared to other women, but still 22% of pregnant women in the UK report drinking alcohol during pregnancy.[22] High prenatal exposure to alcohol is linked to a high risk of developing foetal alcohol syndrome – a spectrum of preventable disabilities including birth defects, behavioural problems, growth deficiencies and learning disabilities. We don't yet know whether there is a 'safe' level of alcohol consumption that carries no risk of foetal alcohol spectrum disorder or other health problems, so the message has to be that there is no safe level. Unfortunately, as in many other areas in the country, there has been a lack of consistent messages regarding alcohol consumption during pregnancy in Leeds. The Leeds 'No Thanks I'm Pregnant' social media campaign was launched in April 2016 to advise women that the safest choice is not to drink any alcohol during pregnancy. Posters, leaflets and fact sheets were made available to health professionals to support this ongoing social media campaign.

22 Office for National Statistics (2013) *Adult drinking habits in Great Britain, 2013* https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/compendium/opinionsandlifestylesurvey/2015-03-19/adultdrinkinghabitsingreatbritain2013



'P'

P is a 42-year-old full-time mum. She had been a drinker throughout her adult life but had considered herself a 'social drinker'. With hindsight she realises that she was drinking more than other people and that her alcohol consumption had steadily crept up over the years. She was 'drinking on anxiety, thinking it would calm my nerves'.

After a number of events in her personal life, including the loss of family members, P's alcohol consumption increased to the point where she had become physically addicted to alcohol and was finding it a problem in her day-to-day life. Her GP recommended Forward Leeds. P had a successful community detox and combined this with cognitive behaviour therapy and other psychosocial therapies to become sober. She has now been sober for almost a year.

CASE STUDY

FORWARD LEEDS INSPIRING CHANGE

Alcohol treatment – Forward Leeds

In 2015, the newly recommissioned integrated Drug and Alcohol Prevention and Treatment Service – Forward Leeds – began its work in the city. We are now starting to see the hard work and dedication of the staff in this service come to fruition.

The number of clients entering the service in 2016–17 with alcohol as the primary substance of use was just below 40% of the total. The percentage of clients who have successfully completed alcohol treatment and who have not re-presented to the service within six months – a national indicator – has steadily increased over 2017.

The percentage of women who successfully complete their alcohol treatment is about 31%, slightly higher than the percentage of males at 29%.

This indicates that women who do access the service for their alcohol use engage with treatment and are able to progress towards recovery.

However, the age when women start to enter the service in greater numbers is from 25 years. There were two cohorts of concern from Audit C scores. These were women aged 18–29 and women aged 40–49. The figures show that younger women are not accessing the service. We therefore need to review female services and points of access to explore how we can intervene earlier and ensure that we are doing all we can to provide a service that women feel they can access for the support they need. In particular, we need to find ways of engaging and supporting younger women to reverse the higher level of harm and mortality that we are currently seeing in the city.

Public Health cannot achieve alcohol harm prevention work alone. Only by influencing and supporting the wider alcohol agenda and working with our partners in the city will we be able to achieve our vision set out in the Leeds Drug and Alcohol Strategy (2016–2018). For example, we have for a number of years supported primary care in the delivery of the IBA. Through partnership with the three Leeds Clinical Commissioning Groups (CCGs), we have supported the delivery of alcohol treatment in community primary care settings. And, through the Leeds health and social care plan, we are supporting the delivery of brief interventions around alcohol harm within our hospitals.

I would like to end this section on alcohol harm with two further brief examples of our partnership working within the council.

Recently, Leeds was one of eight local authorities to participate in the health as a licensing objective (HALO) national pilot. Public Health has a strong relationship with the Leeds City Council licensing team and is an active member in the Licensing Enforcement Group. We have supported the development and implementation of local licensing policies in Inner West, Inner East and South Leeds. These policies seek to minimise the negative impact that new premises may have on the health of the local area. South Leeds local licensing policy has been showcased nationally as an example of best practice and was recently used as a case study by Public Health England in their Alcohol Licensing and Public Health Guidance.[23]

23 Public Health England (2017) *Reducing alcohol related health harms in Leeds (case study)* https://www.gov.uk/government/case-studies/reducing-alcohol-related-health-harms-in-leeds

PURPLE FLAG STATUS
FOR THE EVENING & NIGHT TIME ECONOMY

Purple Flag is an award which recognises the efforts of partners in the city working together to ensure the city is clean, safe and well after 5pm. As a key member of this partnership, Public Health is working to promote health and wellbeing within the night-time economy, particularly in relation to responsible drinking. The partnership has developed alcohol and drug awareness training for all staff working in the night-time economy. This is delivered by Forwards Leeds, with the aim of reducing the impact of alcohol-related harm associated with evening entertainment in the city.

RECOMMENDATIONS

Leeds City Council, Leeds Clinical Commissioning Groups (CCGs) and Forward Leeds to use local insight to develop a social marketing campaign targeting young women and aimed at reducing alcohol consumption and promoting access to services.

Leeds City Council, Leeds Clinical Commissioning Groups (CCGs) and Leeds NHS Trusts to increase identification and brief advice (IBA) in primary and secondary care with a particular focus on areas of deprivation with highest alcohol harm.

Leeds City Council and Forward Leeds to review alcohol treatment services for females and ensure services are appropriate to the needs of women.

16,000
women in Leeds have experienced extensive physical and sexual violence and abuse

1 in 20
women in Leeds have experienced extensive physical and sexual violence and abuse

80,000
women in Leeds with common mental health disorders

16-24
age group women in Leeds have the highest rates of common mental health disorders, self-harm and PTSD

WOMEN'S MENTAL HEALTH

In Leeds, as in the rest of England, more women than men have mental health problems such as anxiety and depression. These types of problems are called common mental health disorders. A recent national study[24] found that rates of these disorders have risen significantly in the last 10 years, and this is mainly due to the increasing number of women with these mental health problems. In Leeds, there are twice as many women as men with common mental health disorders: that's over 80,000 women. Women's mental health is getting worse.

The percentage of women and men with more serious mental illness, for example psychosis, is similar overall, although men tend to develop psychosis at a younger age and women later on in life. However, there are particular groups of women who have high rates of other serious conditions such as post-traumatic stress disorder (PTSD). Self-harming – often a way of coping with mental distress – is thought to be worsening in young women.

The reasons why women have poor mental health include financial worries such as debt and low-paid work and stress associated with caring responsibilities. Women are more likely than men to be in lower paid and less secure jobs – on temporary or zero-hour contracts, for example – and the negative impact of welfare reform has been shown to affect women disproportionately.

Experience of violence, trauma and abuse is another significant risk factor for common mental health disorders. Women are twice as likely as men to experience violence and abuse in the home; the more extensive the violence, the more likely that it is experienced by women. Women's Lives Leeds report that about one in every 20 women in England has experienced extensive physical and sexual violence and abuse across their life course – that's over 16,000 females of 15 years and older in Leeds.[25] These women have been sexually abused in childhood or severely beaten by a parent or carer; many have been raped and suffered severe abuse from a partner, including being choked, strangled or threatened with a weapon. It is thought that such abuse may explain, in part, the higher rates of common mental health disorders seen in women. Abuse also increases the risk of more serious conditions like PTSD and personality disorder. Abuse may mean that women experience other circumstances that impact on their mental health, such as drug use, insecure work or poor housing.

Certain groups have poorer mental health than others. Risk factors for poor mental health, some of which have been discussed above, cluster in areas where people have a low level of income. This means that women living in poorer neighbourhoods are likely to have worse mental health. Black/Black British women show higher rates of common mental health disorders, whilst asylum seekers and vulnerable immigrants and refugees often have poor mental health associated with trauma. Lesbian and transgender women are also at higher risk of poor mental wellbeing.

Finally, the mental health of young women is worsening. In England, women aged 16– 24 years have the highest rates of common mental health disorders, self-harm and PTSD of all groups. It is suggested that this may in part be due to social media exposure, excessive use of computers and mobile phones, and poor sleep, although this research is at an early stage.

Self-harming and mental health

Self-harm

Self-harm is when someone intentionally causes themselves injury or harm. It is often seen as a way of coping with or expressing feelings and emotions that have become overwhelming. Self-harm involves a range of behaviours, including cutting, self-poisoning and burning. Broader definitions of self-harm can also include alcohol and substance misuse, disordered eating and 'risk-taking' behaviours, which increase a person's vulnerability and susceptibility to harm. Self-harm is associated with both severe and enduring mental health problems, for example personality disorders, as well as common mental health disorders. It is also associated with an increased risk of suicide.

24 McManus, S *et al* (eds.) (2016) *Mental health and wellbeing in England: adult psychiatric morbidity survey 2014*, Leeds: NHS Digital http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-full-rpt.pdf

25 Scott, S and McManus, M (2016) *Hidden hurt: violence, abuse and disadvantage in the lives of women* https://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf

Self-harm is not restricted to a particular group. Much self-harming behaviour goes undetected, so it is difficult to know with certainty how often it happens and to whom. However, we know it is more common in younger people than older people and more common in women than in men. Over twice as many young women aged between 16 and 24 years report self-harming compared to men in the same age group.

A range of reasons may cause a person to start self-harming – family or relationship problems, school or work pressures, low self-esteem and body image, misusing alcohol or drugs, trauma or abuse. Many people who self-harm say they do so to relieve feelings of anger, tension, anxiety or depression. There are likely to be several other reasons that lead someone to self-harm, and these will differ from person to person.

What is the picture for Leeds?

Within Leeds it is estimated that there are 16,000 young women aged 16–24 years suffering from common mental health problems at any one time. Nationally, around 1 in 4 young women have reported having 'ever self-harmed during their lives'. In Leeds, this would be an estimated 16,000 young women.

In Leeds, levels of self-harm are measured by collecting data on hospital admissions. However, because self-harm can take many forms, it is likely to be under-reported. The local data reflects national trends. In Leeds young women aged 15 to 19 have the highest incidence of self-harm admissions: 297 young women were admitted in 2016–17 compared to 78 young men, i.e. around four times the male rate. These figures represent episodes and so include individuals with more than one admission, but we do know that admissions are increasing year on year and that there has been a general increase in admissions over the last two years for both females and males.

Admissions for the youngest age group of girls for which self-harm data is collected (up to 14 years old) are nine times higher than those of boys in the same age group.

Levels of admissions for self-harm are closely linked to living in deprived areas of the city. This is a general trend across all local authority areas in the Yorkshire and Humber region but is more pronounced for Leeds than for any other city in the region. Someone who lives in one of the most deprived areas of Leeds is twice as likely to be admitted to hospital for self-harm than someone living in one of the least deprived areas. This indicates greater health inequality associated with self-harm in Leeds.

The stigma associated with self-harm often prevents people from seeking help. This stigma also affects the people around those who self-harm: families, friends, acquaintances and work colleagues. Self-harm is a complex behaviour that is widely misunderstood, and the stigma surrounding it has serious consequences for those seeking help, both within and outside of health services.

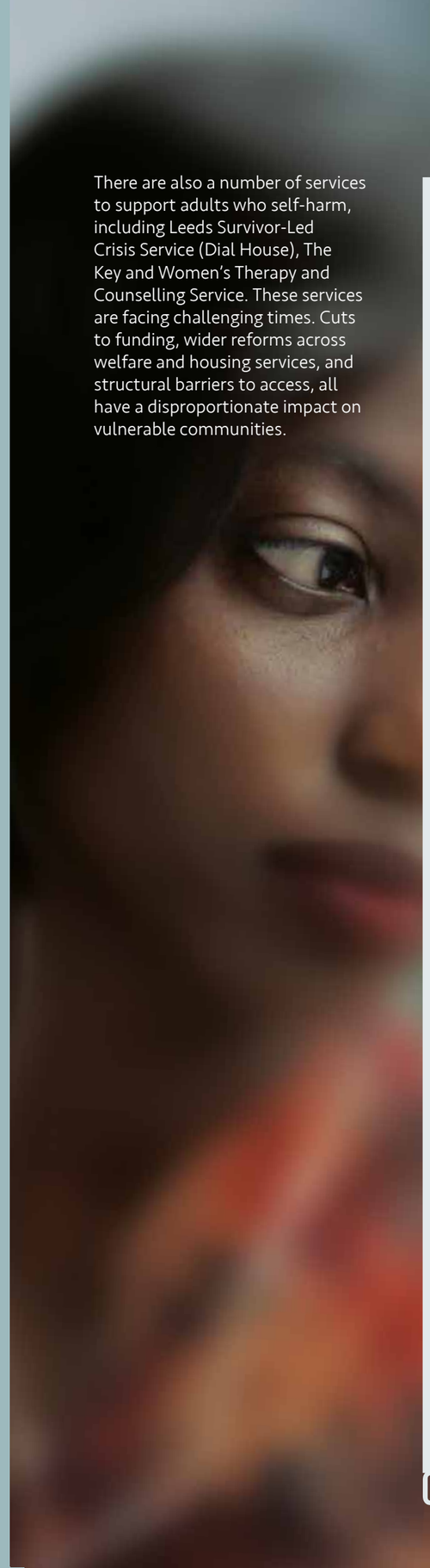
What are we doing in Leeds?

In Leeds, the focus of Public Health initiatives is on prevention by starting work early in the life course. We are working to improve the emotional health of children and young people as part of Future in Mind, the Leeds Local Transformation Plan 2016–2020.[26] We are supporting schools in Leeds to become part of the MindMate Champion programme in order to develop whole-school approaches to promoting positive social, emotional and mental health (SEMH). This includes subsidised training on topics such as self-harm awareness. Recognising and responding to self-harm is also embedded within the new MindMate curriculum – a SEMH curriculum for all key stages which is available to access online.[27] We offer secondary schools support to develop creative anti-stigma campaigns co-produced by young people within the school setting. This aims to encourage young people to talk openly about mental health and reduce the stigma that is stopping them from accessing help.

Selected year groups of primary and secondary schools in Leeds complete an annual 'My Health My School' survey. In 2015, questions were added about self-harm for Year 7 and above. This provides community-level data for young people aged 11–15 that has previously been unavailable in Leeds. For example, 88% of the 2,182 young people who responded to this question said that they had hurt themselves on purpose. In answer to a separate question, 7% of the 377 responders said they hurt themselves every day; 28% said they had hurt themselves once or twice in the last 12 months; 48% said they used to hurt themselves but no longer did so.

The 'Pink Booklet'[28] is a leaflet produced by Public Health along with the three Clinical Commissioning Groups (CCGs) and the Leeds Safeguarding Children Board. The leaflet offers guidance for staff working with children and young people in Leeds who self-harm or feel suicidal. It is used in a wide range of settings such as schools, youth work or community groups. The Pink Booklet sets out key principles and ways of working and has been written in accordance with NICE clinical guidelines.[29]

26 *Future in mind: Leeds 2016–2020* https://www.leedssouthandeastccg.nhs.uk/content/uploads/2017/01/MindMate-Future-In-Mind-Brochure-AW-DIGITAL.pdf
27 MindMate curriculum 2015 responses http://www.myhealthmyschoolsurvey.org.uk/survey-11/webform-results/analysis
28 *Self-harm and suicidal behaviour: a guide for staff working with children and young people in Leeds:* https://www.mindmate.org.uk/wp-content/uploads/2016/05/Self-harm-booklet.pdf
29 NICE (2011) *Self-harm in over 8s: long-term management* https://www.nice.org.uk/guidance/cg133/chapter/1-Guidance



There are also a number of services to support adults who self-harm, including Leeds Survivor-Led Crisis Service (Dial House), The Key and Women's Therapy and Counselling Service. These services are facing challenging times. Cuts to funding, wider reforms across welfare and housing services, and structural barriers to access, all have a disproportionate impact on vulnerable communities.

THE KEY

The Key is a local service run by Womens Health Matters, which supports girls and young women in Leeds to manage the effects of abuse and domestic violence. The Key helps girls and young women identify and acknowledge violence and abuse, develop coping mechanisms and gain confidence and self-esteem.

'When I first started at The Key I felt so down. I was self-harming. I wanted to die. I didn't even want to go outside. Now I am working and going to college every day. I am also convincing myself, slowly but surely, that I am as good as everyone else and I am not left out – I can talk to everyone. And yes, I do still get nervous a lot but I feel normal for the first time in my life. Without the help from The Key I wouldn't be where I am today... thank you.'

B was first referred to The Key in 2013 by the charity Basis Yorkshire. She was 15 years old. B was in an abusive relationship, was experiencing child sexual exploitation and had been physically abused by her step-father. She experienced anxiety and low mood. She had been self-harming since the age of eight but had been unable to engage with talking therapies. She was struggling with bullies at school and in her neighbourhood. This had a negative effect on her self-esteem and increased her anxiety levels. The Key supported B through both one-to-one and group support.

During her first two years at The Key, B found it hard to maintain friendships. She ended one abusive relationship and began another that proved equally abusive. Her self-harming increased during this second relationship. She attempted to take her own life on at least one occasion.

After many intensive sessions around her emotional wellbeing, B felt able to attend therapy. The Key referred her to IAPT (Improving Access to Psychological Therapies). She has not self-harmed for over a year and has come off antidepressants, though she still has mood fluctuations.

In all, B received support from The Key for three years. By her final year, her confidence had improved. She was part of the young people's interview panel during recruitment of a new project worker, and she also joined the steering group.

B is now 18 and her time at The Key is coming to an end. The Key has now secured three years of Big Lottery funding. B is really interested in the idea of leading sessions with younger girls, one of the new strands of the project, as she feels this will continue to improve her confidence and self-worth.

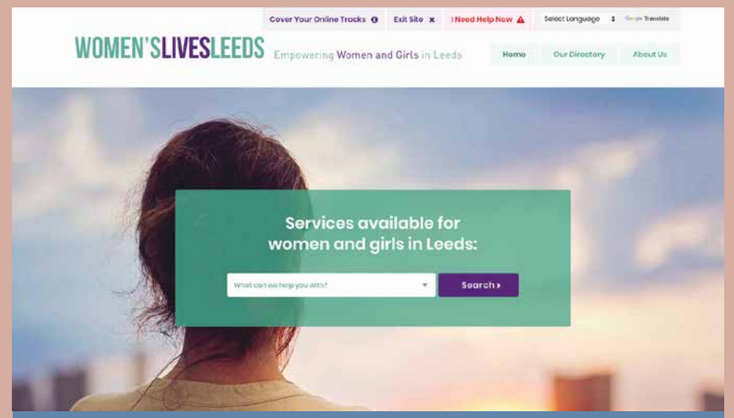
CASE STUDY

MindWell

The Leeds websites Mindwell[30] and MindMate[31] provide information about mental health, including self-harm, along with self-help tips and information about local support services.

We are trying to find out more about this complex problem. The Leeds Suicide Audit has enabled a greater local understanding of self-harm and risk in relation to suicide in the city. Work such as the REACH project[32] with young women has provided valuable insight on high-risk groups.

REACH stands for Respect Encourage Active Confidential Help. The REACH self-harm insight project was commissioned by NHS Leeds to address high rates of A&E attendance by young people in Leeds and to respond to national guidance on self-harm. The work was led by Womens Health Matters and The Market Place. The project was aimed at young women aged 13–19 and was designed to gain insight into their self-harming behaviour. The report found that the young women were engaging in a huge range of activities and risks to their wellbeing. The young women were helped to recognise that situations which they initially thought were fun, such as getting into cars with unknown men, were actually risk-taking behaviours in which they had very little control and could become vulnerable very quickly.



Women's Lives Leeds

Women's Lives Leeds is a unique partnership formed by 12 women's and girls' organisations from across Leeds which specialise in dealing with domestic violence, mental health, sexual health, sex work, trafficking, child sexual exploitation and education. The aim is to improve the support given to the most vulnerable women and girls. Some members work specifically with women and girls from black and minority ethnic groups.

Experience of physical and sexual violence and abuse is linked to mental health problems and physical health conditions including alcohol and drug dependency. It is also linked to poverty and job insecurity. The greatest disadvantage is suffered by those who experience violence over their life course, of whom 80% are women.

Women's Lives Leeds use their combined knowledge, experience and networks to reach more women, especially those who are most vulnerable, and to provide holistic, joined-up support, no matter where in the city the women live. They do this by:

- developing a co-production model to ensure they reach the most vulnerable women
- providing specialist support for women with multiple and complex needs
- supporting the development of peer support across the city
- developing a Virtual Women's Centre – a single point of information.

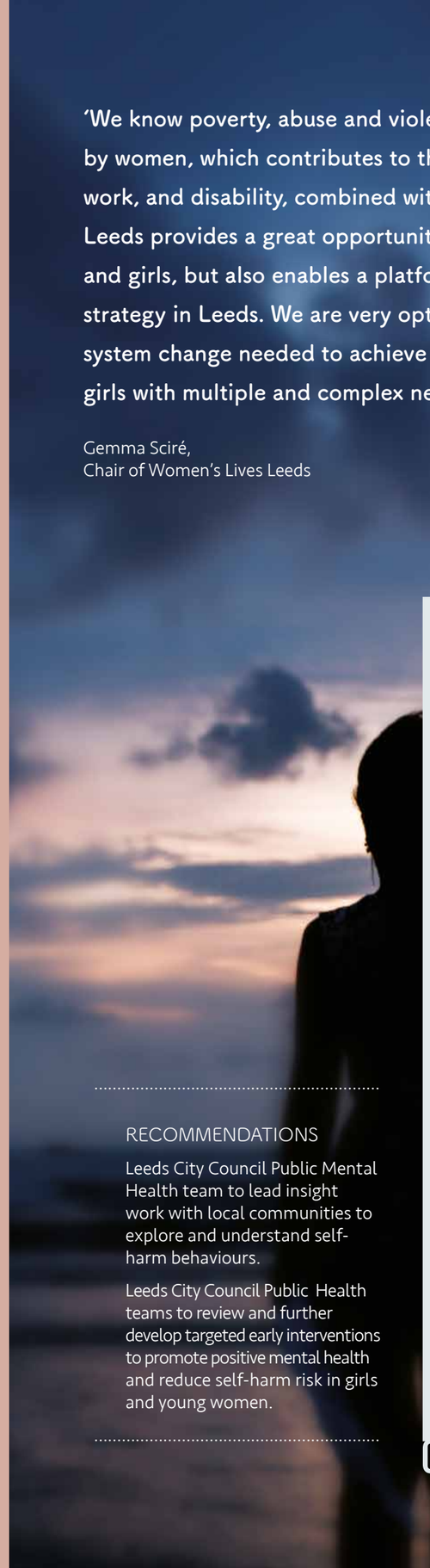
Through this work, Women's Lives Leeds seeks to:

- improve and extend access for vulnerable women and girls to the services and support they want, when and where they choose
- provide holistic responses to meeting complex and multiple needs
- empower women and girls to support their peers and influence service development, delivery and design across the city.

30 MindWell https://www.mindwell-leeds.org.uk/
31 MindMate https://www.mindmate.org.uk/
32 NHS Leeds (2012) *REACH: A self harm insight project* http://www.womenshealthmatters.org.uk/wp-content/uploads/REACH-Final-Report3.pdf

'We know poverty, abuse and violence are inequalities that are disproportionately suffered by women, which contributes to the picture of poor mental health, insecure housing and work, and disability, combined with high levels of caring responsibilities. Women's Lives Leeds provides a great opportunity not only to directly deliver positive outcomes for women and girls, but also enables a platform for the partner organisations to influence policy and strategy in Leeds. We are very optimistic about our ability as a partnership to generate the system change needed to achieve improvements to the health of disadvantaged women and girls with multiple and complex needs.'

Gemma Sciré,
Chair of Women's Lives Leeds



RECOMMENDATIONS

Leeds City Council Public Mental Health team to lead insight work with local communities to explore and understand self-harm behaviours.

Leeds City Council Public Health teams to review and further develop targeted early interventions to promote positive mental health and reduce self-harm risk in girls and young women.

'M'

M was referred to the Women's Lives Leeds Complex Needs Service in February 2017. She had problems with mental health, domestic abuse, gendered violence, poverty and accommodation in a history dating back over 15 years. She had particular problems in her relationships with her children but was unsure of where to go to get parenting help and support. She had not been able to engage with some of the statutory services in the past.

Through intensive one-to-one support, M has taken positive steps towards her future. She has had safety features installed at the property and now has housing band A.

Her relationship with her children has improved. She engaged with the Children and Families Social Work Services and attended a Parents and Children Together course. Her daughter has been referred to Targeted Mental Health in Schools.

By the end of March M was already feeling stronger and taking back control of her situation. Workers supported her to go back to her GP and a change in medication has helped M to sleep better at night.

M has gained in confidence and will be attending the Leeds Women's Aid Staying Safe Programme. This is a programme where women can support one another to understand domestic abuse, how it happens and how to become safe.

CASE STUDY

DRUG-RELATED DEATHS IN MEN

We have known for many years that people who take illicit drugs face a variety of potential health risks and contribute to the global burden of disease.[33] Whilst the level of drug misuse in England and Wales has remained fairly stable for a number of years, including in the 16–24 year old population, the incidences of all drug poisoning, drug misuse death and opiate-related death are at the highest levels in the UK since records began in 1993 (ONS, 2017).[34]

In 2016, the number of people who died due to opiates (1,989) in England alone overtook the number of people who died in road traffic accidents (1,732) across the whole of the UK. But what do we mean when we talk about drug poisoning and drug misuse death? What is an opiate or opioid? And why are so many people dying?

Opiates/opioids

Traditionally 'opiates' refers to drugs derived from the opium poppy, for example morphine and heroin, whereas 'opioids' refers to drugs man-made for use in medicine – for example, fentanyl, oxycodone and codeine – and prescribed by a doctor. However the two terms are often used interchangeably.

All of these opiate or opioid drugs act on the nervous system to relieve pain, but can also have a euphoric effect. Regular use of opioids – even when prescribed by a doctor – can lead to poisoning, overdose incidents and death.

Drug-related death

The European Monitoring Centre for Drugs & Drug Addiction (EMCDDA) defines a drug-related death as a death happening shortly after consumption of one or more psychoactive drugs, and directly related to that consumption.

In the UK, death from 'drug poisoning' includes legal as well as illegal drugs, accidental poisoning and suicides and deaths due to drug misuse.

A 'drug misuse death' is a death arising from drug abuse or drug dependence and where the underlying cause is drug poisoning from any substance controlled under the Misuse of Drugs Act 1971. This includes all drugs which are illegal in the UK, for example, cocaine, amphetamines and ecstasy.

Preventing deaths from drug misuse has become a national priority. The continued rise in deaths from drug misuse led Public Health England (PHE) and the Local Government Association (LGA) to convene a national inquiry to investigate the rise and prevention of these drug deaths.[35,36] In 2016, the Advisory Committee for the Misuse of Drugs (ACMD) advised ministers on how to reduce opiate-related deaths.[37] And this year has seen the publication of the new UK Drug Strategy[38] which signals the government's commitment to the prevention and treatment of drug misuse.

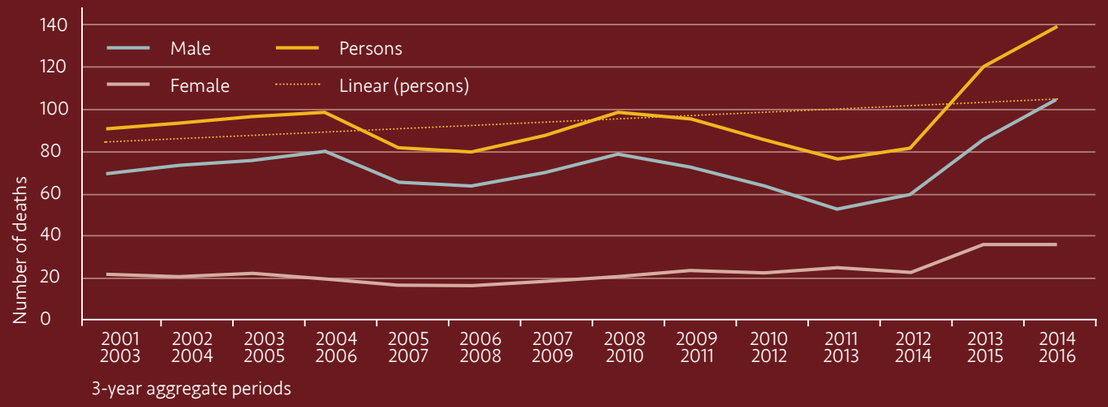
In 2016, 3,744 people died in England and Wales as a result of drug poisoning, an increase of 70 deaths (2%) from the previous year. Of these deaths, 2,593 (69%) were classified as drug misuse deaths, i.e. deaths involving all illegal drugs, not just opiates.

Nationally, despite fluctuations from year to year, drug misuse deaths have shown a 'persistent background rise'[39] since records began in 1993. The majority of these deaths have been from heroin/ opiate misuse.

In 2016, over half of drug poisoning deaths involved opiates. Opiate-related deaths have risen by 60% in England and Wales since 2012.

33 Degenhardt, L *et al* (2013) Global burden of disease attributable to illicit drug use and dependence; findings from the Global Burden of Disease Study 2010, *Lancet* 382(9904), pp.1564–74
34 Office for National Statistics (2017) *Deaths related to drug poisoning in England and Wales: 2016 registrations* https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/ deathsrelatedtodrugpoisoninginenglandandwales/2016registrations
35 Public Health England (2016) *Understanding and preventing drug-related deaths* http://www.nta.nhs.uk/uploads/phe-understanding-preventing-drds.pdf
36 Local Government Association (2017) *Preventing drug-related deaths: case studies* https://www.local.gov.uk/preventing-drug-related-deaths
37 Advisory Council on the Misuse of Drugs (2016) *Reducing opioid-related deaths in the UK* https://www.gov.uk/government/publications/reducing-opioid-related-deaths-in-the-uk
38 HM Government (2017) *Drug strategy 2017* https://www.gov.uk/government/publications/drug-strategy-2017
39 Wright, C (2017) *Health matters: heroin availability and drug misuse deaths* https://publichealthmatters.blog.gov.uk/2017/03/01/health-matters-heroin-availability-and-drug-misuse-deaths/

NUMBER OF DEATHS RELATED TO DRUG MISUSE IN LEEDS. ALL PERSONS, MALES AND FEMALES IN LEEDS – REGISTERED DEATHS BETWEEN 2001 AND 2016



In the last year, for the first time, the 40–49 year age group had the highest rate of drug misuse deaths and the largest increase in opiate-related deaths. These were the people who were in their mid to late teens (the typical age of onset for heroin use) during the heroin 'epidemic' experienced in the UK from the early 1980s to the mid to late 1990s. This is an example of a cohort effect, i.e. a link between a statistical observation and a particular age group.

There is strong evidence that the risk of fatal overdose among heroin/opiate users increases substantially with age. In the short to medium term then, as the ACMD report highlights, we may be observing an increasing rate of opiate-related deaths among a dwindling population of older users. Opiate-related deaths have fallen substantially among people under 30 since the early 2000s. This suggests that, if no new wave of heroin or opiate use occurs, the UK could see a long-term reduction in opiate-related deaths.

Recent evidence suggests that the cohort effect described above is only a partial explanation for the increase in drug misuse deaths since 2012 because drug deaths are also occurring in increasing numbers across other age groups and from different types of drug use.

Drugs implicated in some of these deaths, and of concern, include new psychoactive substances like the synthetic cannabinoids (SCRAs), pregabalin and gabapentin. There are also continued increases in drug misuse deaths where cocaine and benzodiazepines were mentioned on the death certificate. Factors other than the age cohort effect must therefore be in play.

What's happening in Leeds?

Although local records only go back 15 years, all the evidence points to Leeds reflecting the national picture. Leeds too is experiencing a 'persistent background rise' in drug misuse deaths. In all, 139 people died in 2014–16 and more men died than women (75% in 2014–16). We are also seeing a rise in deaths in older, long-term opiate users. There is good news in that, in line with the national picture, we are not seeing a rise in deaths in younger opiate or opioid users. However, we now have a new challenge – rising deaths, particularly in men, from other drugs where different factors may be involved.

Preventing deaths from drug misuse is a priority for Leeds There is an urgent need to understand more about what is going on in Leeds with this changing pattern of deaths. Also, we need to better understand the links to other health issues, including HIV, hepatitis C, sexually transmitted diseases and mental illness. Among young people we've also noted an increase in infectious endocarditis, an infection of the heart valve, often caused by re-use and sharing of contaminated syringes. All of which will have an impact on the need for prevention services and treatment and care services.

As part of the Leeds Drug and Alcohol Strategy (2016–2018),[40] and in line with Public Health England recommendations, Public Health is undertaking an audit of drug misuse deaths in Leeds in partnership with the Coroner. The audit covers 102 deaths occurring during 2014–16. In line with expectations, men account for 80% of these deaths, with a peak in the 30-45 age group. The audit will give us a better understanding of the risk factors and characteristics that have contributed to the story of each person's life and their often premature death. The audit should also help us target interventions to prevent these deaths in ways that better meet the changing circumstances we now face.

Ahead of completion of the audit we have already improved the reporting, monitoring and communication with Forward Leeds, the local drug and alcohol service, about drug deaths amongst people actively engaged with the service. We have also strengthened links and developed better information-sharing with the Leeds Coroner's office.

We are working in partnership with Forward Leeds, NHS Leeds and the health protection team to address factors which increase risk to this population. This includes finding ways of improving the general health and addressing the broader physical and mental health needs of our ageing heroin/opiate user population.

CASE STUDY

'R'

R is a 44-year-old former heroin user now on opiate substitute treatment. R began using heroin in his late teens when he was prevented by an injury from playing sport. What began as one-off use quickly developed into addiction and R started to engage in low-level criminal activities to support his daily habit. R continued to use heroin for almost 25 years, with breaks when he was in prison. He came to Forward Leeds for help when he realised that life was passing him by in a blur. He is continuing to work his way through a methadone programme until he is ready for a full detox.

40 Leeds City Council (2017) *Leeds drug and alcohol strategy 2016–2018* http://observatory.leeds.gov.uk/resource/view?resourceId=5028

Since 2016, we have been distributing naloxone kits for use in the community through Forward Leeds. This has been shown to be a cost-effective way of reducing deaths from accidental overdose of opiates. Naloxone is a drug that temporarily blocks the effect of opiate and opioid drugs. When it is injected into a muscle it rapidly reverses the harmful effects caused by the these drugs. This effect lasts for about 20 minutes, allowing more time for emergency services to arrive and for ambulance staff to help save a life.

Since Forward Leeds has been distributing these naloxone kits, 11 kits have been used and returned to the service. That's 11 lives saved from accidentally overdosing whilst in the community.

The distribution of naloxone will continue in Leeds. We are also investigating the feasibility of our frontline police officers and Police Community Support Officers carrying naloxone. In addition, we need to ensure that we make this life-saving drug available to people at key points of risk, for example when leaving hospital or on release from prison.

Forward Leeds – the local drug and alcohol service

My report has already mentioned the newly recommissioned integrated Leeds Drug and Alcohol Prevention and Treatment Service – Forward Leeds. As with alcohol treatment, we are starting to see the benefits of the hard work and dedication of the staff in this service.

The figures from Forward Leeds appear to support the gender difference I discussed in the introduction to this report. Males accounted for the majority of clients entering drug treatment in 2016–17. Men also accounted for the majority (75%) of those entering treatment for heroin or opiate addiction. Of those starting treatment for opiate addiction, 72% had received treatment previously. This means that at some point they have left or become disengaged from drug treatment services, putting them at increased risk of harm and of death.

The number of male clients entering the service in 2016–17 with opiates as their primary substance of use was about 20% of the total. The service has highlighted a steady increase in the number of entrants who are choosing to inject their drugs to boost the effect. We know that this type of drug use carries with it the highest risk.

The most common age for entering the service over this period was 35–44 years, closely followed by the 25–34 year age group. Due to the date when Forward Leeds started work in the city we are unable to compare these figures with previous years to get a picture of whether younger people are entering the service. This is something we need to keep an eye on in the future.

The percentage of successful treatment completions for opiates is the lowest across all of the substance groups within the service. However, whilst we want to improve this figure, we need to strike the right balance. It is not just a matter of seeking to improve a particular indicator. We need to make sure that the right people are in drug treatment for the right amount of time to ensure a sustained recovery and that service users do not increase their risk of harm, or even death, through disengaging with the service. Forward Leeds has been supporting long-term opiate users with aspects of their lives such as secure housing, social support networks, employment and resilience to help achieve sustained recovery.

There are positive signs. As with alcohol, the overall percentage who successfully completed their opiate treatment and did not re-present to the service within six months – a national indicator – has steadily increased over 2017. Men accounted for 62% of opiate users who successfully completed treatment and did not re-present. These recent improvements are great news as we know through evidence the protective benefit that drug treatment can have.[41]

Forward Leeds are working on improving their outreach services. This will introduce clients to the service who will then be more likely to engage with their treatment and recovery. However, we do still need to review treatment pathways and explore how we can improve them to ensure that we intervene at points of greatest risk to reverse the high level of harm and mortality that we are currently seeing amongst men in the city.

RECOMMENDATIONS

Leeds City Council to use the drug misuse death audit findings to better target interventions to prevent drug deaths in Leeds.

Leeds City Council and Forward Leeds to review routes of opiate drug treatment for males and ensure that interventions occur at times of greatest risk and that treatment services are appropriate to need.

Leeds City Council and Leeds Drug and Alcohol Board members to ensure that partners work collaboratively to address the physical and mental health needs of heroin/opiate users, enhancing access and support with employment, housing and other services that promote sustained recovery.

62%

of opiate users who successfully completed treatment and did not re-present were men

CASE STUDY

'J'

J is a 40-year-old woman who is a former opiate user with complex mental health needs. As she had friends who were also heroin users, Forward Leeds were concerned about the risk of relapse and so ensured that she took a naloxone kit home with her when they were first made available. She had received the relevant training and the accompanying instructional leaflet.

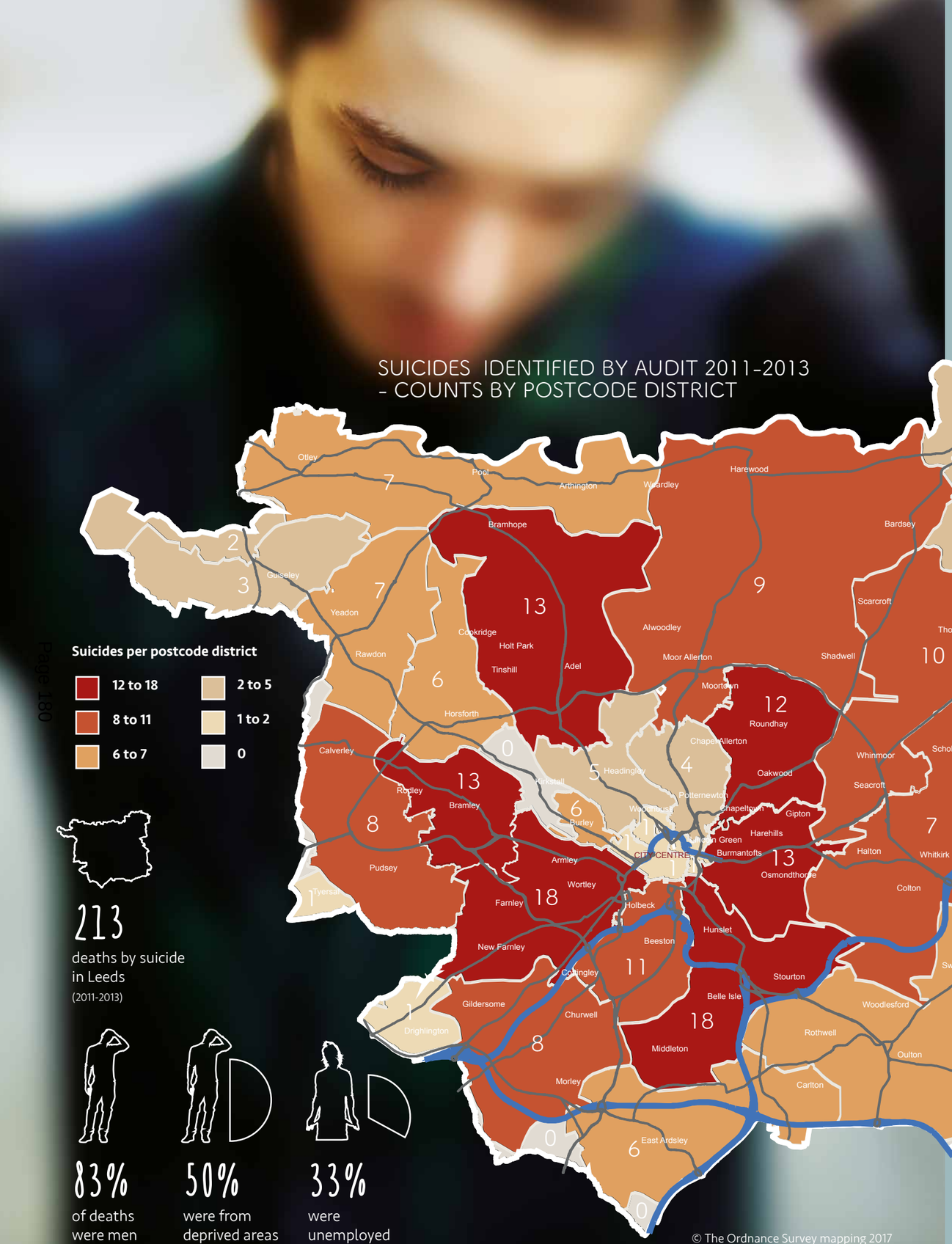
On Friday she had phoned in to Forward Leeds in distress and reporting thoughts that alternated between relapse and suicide. Her key worker was able to talk her around but had concerns because this was happening over a weekend.

On Monday J's key worker called her to see how she was feeling. J explained that she was still distressed. The reason she was upset was that over the weekend a friend had called round and started using heroin in front of her.

J was able to resist the temptation to use. Moreover, when her friend overdosed in front of her, she had the presence of mind to use the naloxone kit she had been provided with. She recalled the training, followed the instructions, revived her friend and called an ambulance.

41 White, M *et al* (2015) Fatal opioid poisoning: A counterfactual model to estimate the preventive effect of treatment for opioid use disorder in England, *Addiction* 110(8), pp.1321–9

SUICIDES IN MEN



Suicide prevention is both a national priority and a long-standing priority in Leeds. The national suicide prevention strategy, *Preventing Suicide in England: a cross-government outcomes strategy to save lives* (2012, refreshed 2017),[42] gives councils a local leadership role in preventing suicides.

A key recommendation of the national suicide prevention strategy is to undertake a local suicide audit in order to determine the characteristics, events and risk factors that contribute to a person taking their own life. The idea of this is to ensure that interventions to prevent suicide are targeted at high-risk groups where there is most need. In Leeds, the Audit of Suicides and Undetermined Deaths in Leeds (or Leeds Suicide Audit) has for some time provided 'gold standard' intelligence about high-risk groups for suicide in the city. Indeed, the Leeds Suicide Audit 2008–2010 (published in 2012) has received national recognition from Public Health England as an example of best practice.[43]

Work in Leeds is steered by the multi-agency Leeds Strategic Suicide Prevention Group. The city-wide Suicide Prevention Action Plan for Leeds 2017–2020[44] identifies three key high-risk groups in Leeds:

- men aged between 30 and 50 years with risk factors outlined in the most recent Leeds Suicide Audit (2011–13)[45]
- people at risk of or with a history of self-harm
- people in the care of mental health services.

What is the picture for Leeds?

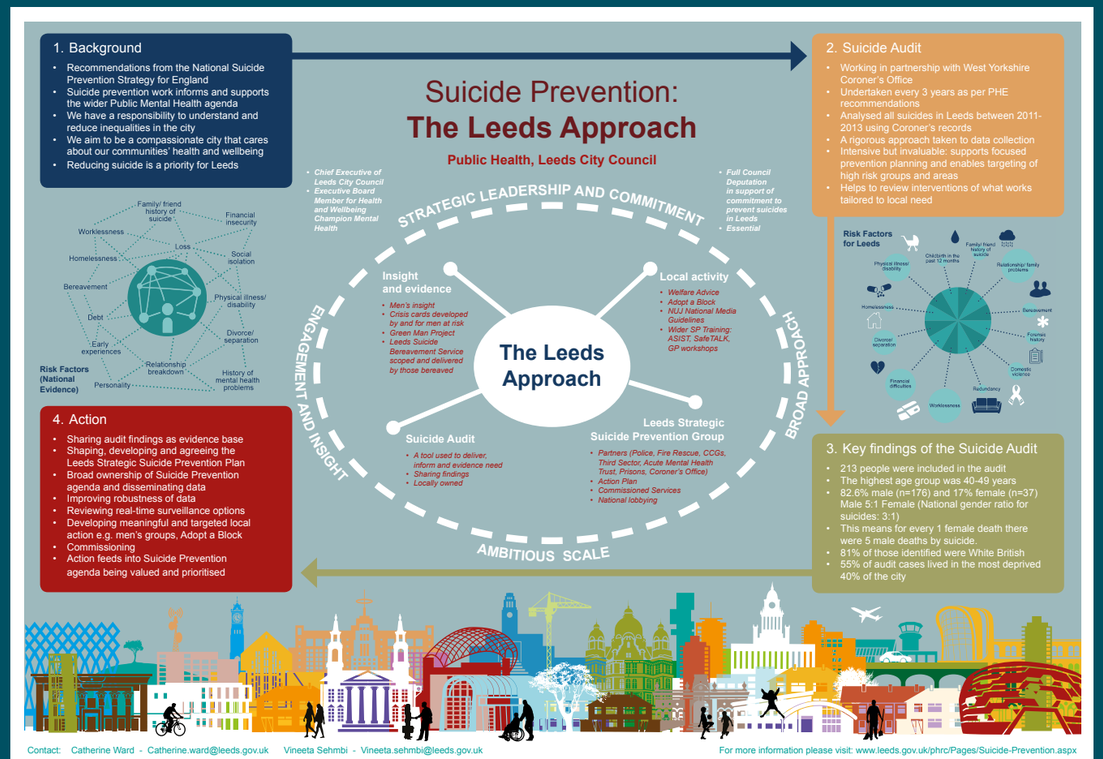
There were 213 deaths by suicide in Leeds between 2011 and 2013. The rate of death from suicide was 9.5 deaths per 100,000 people in Leeds. The vast majority of the people who took their own life were men (83%). In Leeds, men are almost five times more likely to end their own life than women (5:1). This is higher than the national average of 3:1. The rate of suicide in men has increased slightly since the previous audit (2008–10), whereas the rate in women has remained stable.

The majority of people who took their own life were white British. In Leeds, white British men are over twice as likely to end their own life than men from black or minority ethnic (BME) backgrounds.

Over half of the people who took their own life lived in the poorest or most deprived areas of the city. The map shows that the two areas with the highest number of suicides lie slightly west and south of the city centre.

The majority of the people who took their own life were single, divorced or separated. Nearly half of the people lived alone, and over half experienced problems with a personal relationship. This suggests that social isolation is a risk factor.

42 Department of Health (2012, refreshed 2017) *Preventing suicide in England: a cross-government outcomes strategy to save lives* https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england
43 Public Health England (2014) *Suicide prevention: developing a local action plan* https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan
44 *Suicide prevention action plan for Leeds 2017–2020* http://www.leeds.gov.uk/docs/Working%20action%20plan%20draft%202017.pdf
45 Leeds City Council (2016) *Audit of suicides and undetermined deaths in Leeds 2011–2013* http://www.leeds.gov.uk/docs/Leeds%20Suicide%20Audit%202011-2013.pdf



Around a third of the people were unemployed at the time of their death. This is three times higher than the average unemployment rate in Leeds at that time. Many people were experiencing increasing financial difficulties. Worklessness and money problems were themes present in a large proportion of the deaths.

What are we doing in Leeds?

The Leeds approach to suicide prevention combines successful local partnership working, evidence-based practice and an ambitious scale. Following publication of the 2008–10 audit, we commissioned insight work to target high-risk groups. Much of this was through community development approaches.

For example, the Green Man initiative for men at risk was led by The Conservation Volunteers (TCV, a community volunteering charity) at Hollybush with locality partners across the city including Space2, Barca and Leeds Health for All. Each agency had already been working with isolated and high-risk men within communities and so the partnership was well placed to take forward this work in areas of deprivation with high numbers of suicides. The learning from this work continues to shape local community action. Men who have identified themselves as being at risk at some point in their life have become mental health champions in their local community or place of work and engage in activity to reduce the stigma of poor mental health and help raise awareness within their own communities around men's mental health. This work also promotes and celebrates the positive role men play in their community.

The West Yorkshire Fire and Rescue Service (WYFRS) Adopt a Block initiative was initially developed two years ago to prevent fire and other incidents in high-rise blocks in the poorest areas of the city.[46] Partnership working with the Leeds Strategic Suicide Prevention Group identified men living in isolation in high-rise blocks as a high-risk group for suicide. WYFRS and Barca housing officers have identified the premises or 'blocks' associated with the highest number of incidents. Each month the nominated WYFRS watch visits the block and inspects it for fire safety from top to bottom. As they do this, officers try and do a home fire safety check at each flat and meet the occupier. The idea is that, over time, residents will come to know and trust the officers, who may then be able to engage them in talking about health and welfare issues and offer guidance about getting help, for example by providing a Crisis Card.

46 National Suicide Prevention Alliance (2017) *Case study: Adopt a Block* http://www.nspa.org.uk/wp-content/uploads/2017/10/NSPA_CaseStudy_AdoptABlock_v2.pdf

THE INSIGHT PROJECT

E is a 66 year old man who came to the attention of the Insight Project through outreach work at a local community centre. Having overheard a conversation with a Barca-Community Health Education worker in which E made self-deprecating comments about suicide, the project worker asked him if he had been suicidal. E confirmed that he had. He had not spoken to anyone about it even though it happened about six weeks earlier. E described the loss of his partner and home, and a sudden relocation to Leeds, as all contributing to his feelings. He was new to the area and felt isolated. The project worker gave him a Crisis Card and the PEP (Patient Empowerment Project) phone number and booked to meet the following week. At the end of the conversation E expressed deep gratitude and said, 'God bless you, thank you for caring'.

At the next meeting E showed interest in sports, woodwork, and sessions to help him reduce anxiety. Over the following six weeks the project worker maintained regular phone contact with E, offering him a range of information and opportunities for one-to-one support to access activities. He did not access any of these during that time, but continued to want to learn about different opportunities, and he did attend a music group at the local community centre. The project worker referred him to Armley Helping Hands. In a phone conversation a week later, E reported that he had acquired a Leeds Extra Card and said the referral had been helpful. He spoke positively about wanting to attend walking football, and expressed a desire to work sometime soon, which was a very positive step. He said that he did not feel he needed any more support from the insight project and expressed thanks for all the support he'd received.

CASE STUDY

Crisis Cards are credit card-sized leaflets containing information about local support services, including housing, welfare, debt, and emotional support. These are distributed through the Public Health Resource Centre to GP surgeries, One Stop Centres, housing agencies, West Yorkshire Police and WYFRS.

Fire crews have received suicide prevention training and have established relationships with local providers such as third-sector community-based organisations and frontline NHS mental health services. In October 2017 this work was used as a case study for the National Suicide Prevention Alliance document *Local Suicide Prevention Planning*[47] and for Public Health England's suicide prevention resources.[48]

Working with Leeds Strategic Suicide Prevention Group, the National Union of Journalists has developed media guidelines for local journalists on the reporting of suicides to help reduce the stigma around the subject. Engaging with media and communications to ensure that they report suicides sensitively and responsibly is a key priority area in the national suicide prevention strategy, as public messages around suicide have a significant impact on suicide itself.

Finally, Leeds invests in targeted delivery of internationally recognised suicide prevention training. Training is targeted at those working directly with high-risk groups and at local communities where deaths from suicide are significantly higher.

Postvention

When someone dies by suicide, they leave behind the people close to them: family, friends, colleagues, and neighbours. For every death by suicide it is estimated there are between five and ten people who are severely affected by the death. This suggests that, in Leeds, there are around 300 to 600 people affected by suicide each year. When someone is bereaved by suicide the grieving process is often heightened. Evidence suggests that being bereaved by suicide has a significant impact on mental health and is in itself a risk factor for suicide.

'Postvention' describes the range of support that can be put in place for people bereaved by suicide. There is increasing national[49] and international[50] evidence to suggest that timely and appropriate support to people who have lost someone through suicide has the potential to reduce their own risk of suicide.

The Leeds Suicide Bereavement Service was established in September 2015. It provides postvention support for anyone bereaved by suicide, through counselling as well as group and one-to-one support. A wide range of local support services refer into the service, including the police, mental health services, and other local organisations supporting people who are bereaved.

47 National Suicide Prevention Alliance (2017) *Local suicide prevention planning* http://www.nspa.org.uk/home/our-work/joint-work/supporting-local-suicide-prevention
48 Public Health England (2015, updated 2017) *Suicide prevention: resources and guidance* https://www.gov.uk/government/collections/suicide-prevention-resources-and-guidance
49 Public Health England (2017) *Support after a suicide: a guide to providing local services* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/590838/support_after_a_suicide.pdf
50 World Health Organization (2014) *Preventing suicide: a global imperative* http://www.who.int/mental_health/suicide-prevention/exe_summary_english.pdf?ua=1

LEEDS SUICIDE BEREAVEMENT SERVICE

In December 2016 my dad took his own life at 51 after suffering with mental health problems for a number of years, something that no one could ever prepare for.

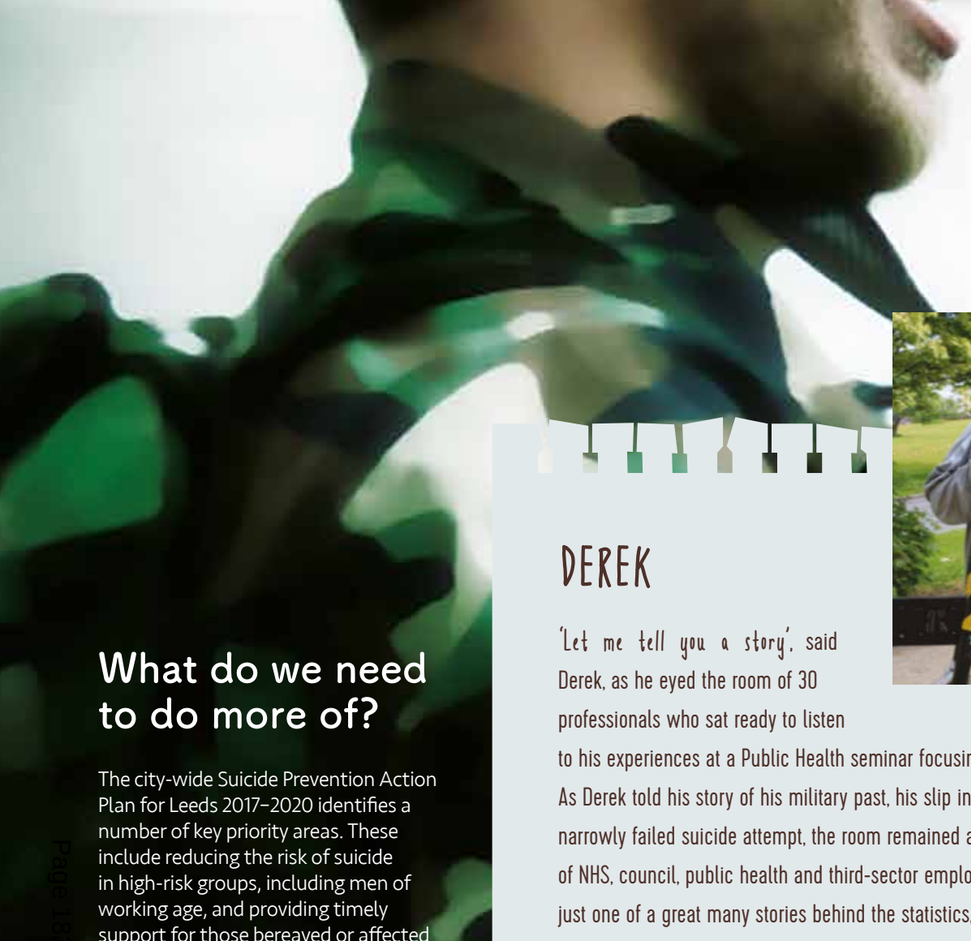
I don't think you can ever put the grief of someone so close into words, more of just a wave of sadness, heartache and loneliness that hits you when you least expect it.

The impact this has had on our family and his friends has been devastating. My dad was my hero and my best friend too and the reality is you don't realise how much you need someone until they're gone.

I'm currently away at university so leaving my family after this happened was one of the most difficult things. Knowing that I'd be alone if I returned to Leeds was a hard to choice to make. Both my Mam and my sister have also struggled, emotionally, mentally and financially. My dad had worked hard all of his life and he was always the one we would turn to if we had a problem. Although struggling with his own battles, he'd always know what to say to make our problems go away.

I've come to terms with the fact that the pain of losing someone really doesn't ever go away, just some days are harder to cope with than others.

CASE STUDY



What do we need to do more of?

The city-wide Suicide Prevention Action Plan for Leeds 2017–2020 identifies a number of key priority areas. These include reducing the risk of suicide in high-risk groups, including men of working age, and providing timely support for those bereaved or affected by suicide.

Strong partnerships are central to the suicide prevention agenda in Leeds. This includes continuing to engage and work alongside primary care and the wider workforce, and supporting local media to develop sensitive approaches to reporting suicides.

RECOMMENDATIONS

Leeds Strategic Suicide Prevention Partnership Group to ensure that reducing suicide in 30–50 year old men remains a priority within the Leeds Suicide Prevention Plan.

Leeds City Council to ensure delivery of targeted work with men at high risk of suicide as part of the new Mentally Healthy Leeds service.

CASE STUDY

DEREK

'Let me tell you a story', said Derek, as he eyed the room of 30 professionals who sat ready to listen to his experiences at a Public Health seminar focusing on men's health.

As Derek told his story of his military past, his slip into depression and his narrowly failed suicide attempt, the room remained absolutely silent. This group of NHS, council, public health and third-sector employees were being offered just one of a great many stories behind the statistics, policies and procedures, in a city where men are five times more likely than women to take their own lives. Derek's very real experiences struck through to the heart.

That was two years ago. Now Derek is well versed in telling his story of how, having been discharged from the army, he went from job to job and never really managed to fit in - and how he slipped into depression before trying to take his own life.

After an incident at work, he found himself going down the street, 'hitting myself and head-butting lampposts', until he saw the No 13 bus coming.

'I was not in control. Nothing anybody said to me made any difference. I thought, enough is enough, I just don't want to be here. I was lucky. Before I knew it, this little old lady was putting me on the bus and telling me to phone my doctor. That's what I did and that's why I'm still here.'

Derek was referred by his GP to mental health services and to the Space2 Men's Group, part of the Orion Partnership. Here, he began to build back his confidence and start to meet other men who had been through similar experiences and were able to support each other.

'It's not 'Turn up and do as I tell you', it's 'Do it if you want.' You can sit if you want to, but hopefully you will interact. So when I do get up, I feel part of it.'

This approach pays dividends, with men being able to participate on their own terms and become more involved with activities and peers as their confidence grows.

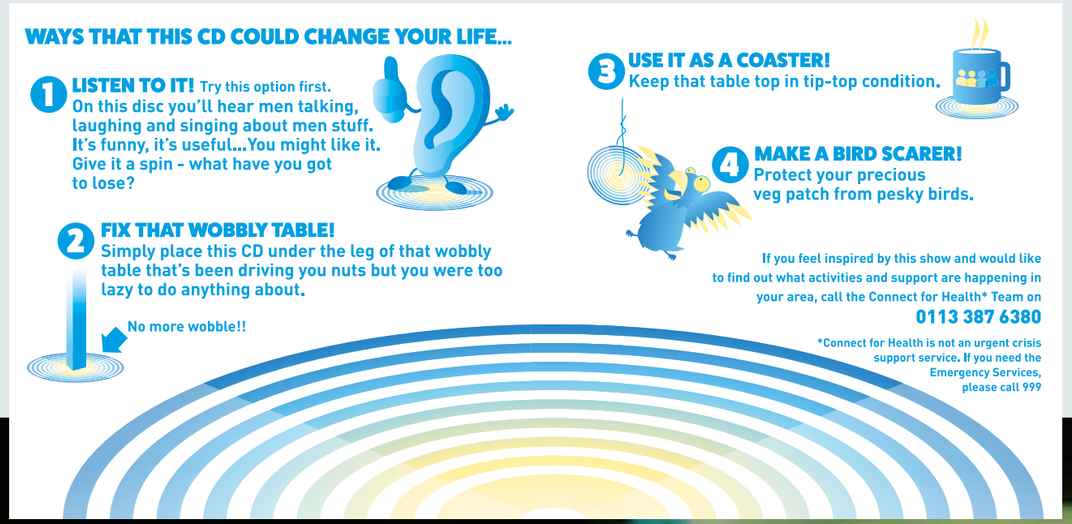
Whilst Derek still battles with depression and other health issues, he continues to play an active role in the Orion Well Man Programme. Aside from attending Space2, he has been supported in his passion to share his story with other men, including appearances on BBC Look North, BBC Leeds and at seminars and conferences.

Most recently, Derek helped to co-produce MenFM, a radio programme aimed at inspiring and encouraging inactive and isolated men to become more active. Derek is the jovial anchor man, presenting the comedians, musicians, health experts and men's groups to the audience, and encouraging the listener to get out, 'even if it's just for a walk around the block'.

'Take that lovely mind of yours for a stroll. It's always having a good day.'

It is only at the end that Derek's tone changes. As he tells his story, his integrity, passion and reason for his appearance on the show becomes clear as he appeals to his audience to seek the help they need, as he was able to do.

MenFM is available on CD from the Orion Partnership at damiand@space2.org.uk and also as a download at www.soundcloud.com/menfmleeds



RISE HIGH

In the introduction to this report I talked about the need to combine the economic with the social. Improving the health and wellbeing of people in deprived areas of Leeds is not simply a matter of economic investment. We know that factors such as loneliness, money worries, family problems and unemployment have a negative impact on health and wellbeing and quality of life. We also know that solving complex problems may involve a number of different agencies. This concluding case study shows how a broader, multi-agency perspective can improve the health and wellbeing of people living in our more deprived areas.

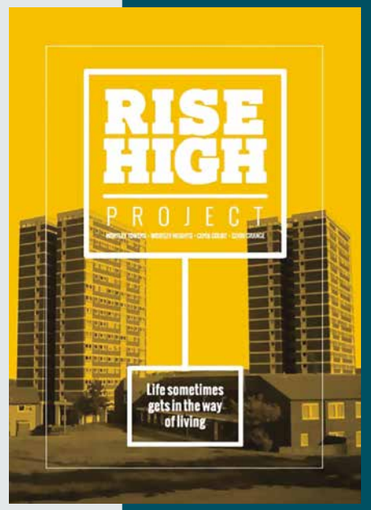
New Wortley is one of the council's priority neighbourhoods for change. It has lots of community assets and positive things happening, despite being in the poorest 1% of neighbourhoods nationally based on deprivation figures. The local GP practices, primary school and new community centre are all fantastic assets for the community. And the recent Our Place initiative has brought together a number of partners and local people keen to make a difference.

Leeds City Council's housing department has historically faced a number of problems in the Clydes and Wortleys tower blocks, however. There are four blocks: Clyde Court, Clyde Grange, Wortley Heights and Wortley Towers. These blocks house around 400 people altogether, mainly in one-bedroom properties. Resident turnover is high and there are high levels of crime, drug use, rough sleeping and prostitution. Under-reporting of crime has been a long-term problem. Over 70% of residents in each block are single males aged between 30 and 50. More than half of residents are receiving Housing Benefit and so are unlikely to be working. The Leeds Suicide Audit for 2011–13 has identified that LS12 has one of the highest levels of recorded suicides in the city. The people in the flats have many of the risk factors for suicide: men with high levels of unemployment, single occupancy, social isolation, as well as alcohol and drug abuse.

The multi-agency Rise High project aimed to improve the perception and reputation of the Clydes and Wortleys blocks.

The project approached this in three main ways:

- economic investment in the physical fabric of the blocks, such as more affordable biomass heating, a new lift and access to free Wi-Fi
- improved support to tenants while also doing more to challenge anti-social behaviour on the part of some tenants
- integrated partnership working across the third sector, housing, police and health services.



Leeds Adults and Health services and Housing Leeds worked in partnership with the charity Barca–Leeds to provide support to improve people's health and wellbeing. The involvement of different agencies made it possible to treat people holistically and address the complexity of their needs, rather than approach each need individually from a single-service perspective. Many of the people who engaged with Rise High were not accessing the services they needed. The team worked with residents to identify their specific problems, develop goals to improve their health and wellbeing and put them in touch with the appropriate local services and agencies to support their needs.

The project aimed to build on people's strengths rather than simply identifying shortcomings. Anyone who asked for help got it – no thresholds – so that interventions could happen at an early stage before problems got worse.

In total, over 65 of the 400 residents engaged with the service between November 2015 and the end of March 2017 when the project ended. Half of these clients didn't speak English as their first language and many struggled to communicate in English. There was also a lack of understanding of UK systems. For example, one household was spending £10–15 per day on topping up their electricity card because they didn't realise that they had to inform the supplier of their new tenancy. This meant that they were paying off the arrears left on the account by the previous tenants. The team fed this information back to Housing Leeds so they could address this problem when developing pre-tenancy training.

Eight of those assessed, six of whom were male, stated that they currently had suicidal thoughts, or had had such thoughts in the past. Three of the eight had actually attempted suicide.

The project delivered noticeable outcomes and improvements for tenants. The measure of overall self-rated health improved. Over half (53%) of clients reported an increase in housing satisfaction. They also reported reducing debt, finding employment and volunteering. Problems with self-care (washing and dressing) dropped by 11%, from 33% to 22%.

The learning from this project is now being used to inform the Engage Leeds city-wide supported housing contract as well as the Adopt a Block project described earlier in this report.

'I feel happy again.'

'I wouldn't have got any of this (support) if it wasn't for your help'

'I've received more support from you in the past two weeks than I have from any other service.'

'You're a superstar, thank you for your help.'

53%
of Rise High clients reported an increase in housing satisfaction

11%
drop in problems with self-care

CONCLUSIONS

My report this year has focused on a worsening life expectancy for women and a static life expectancy for men in our city. The individual sections around alcohol mortality in women, self-harm in women, drug misuse in men and suicide in men each carry important recommendations. There are also recommendations around Best Start and the Inclusive Growth Strategy. However, taking a step back, there are some broader conclusions to be drawn – namely the importance of local public health information and intelligence. Yes, we need Public Health England for a national picture and for a picture of Leeds as a whole. But we are also seeing the benefits of a strong Leeds Public Health intelligence function that can analyse public health issues within the city. The recent decision to combine the Public Health intelligence function with the NHS Clinical Commissioning Group intelligence function will only help this ability further and is to be welcomed.

The skill of our Public Health Intelligence Team at getting beneath the headlines has been crucial to a better understanding of the real areas of concern for Leeds. We will continue to monitor the health status of our population. However, there are emerging health issues that are different for men and for women. There is an urgent need to better understand the particular health needs of men and of women. Professor Alan White and Amanda Siems from Leeds Beckett University, in conjunction with Public Health, have undertaken what is so far the largest health needs assessment for men in this country. We now need to undertake similar work on the needs of women, recognising that this will uncover both need and information gaps. So I have two more recommendations and these are set out below.

My report highlights a number of public health issues that are causing the health of men and women to get worse. Reversing these worrying trends needs to be a priority. Our actions must be based on a greater understanding of underlying gender issues than we have had in the past. I do realise that there is increasing awareness about those who cross traditional gender boundaries (trans) whether permanently or otherwise. In the future, there will be a need to better understand the health and wellbeing issues and challenges that trans people face in their lives.

I know these are challenging times, and it is perhaps inevitable that this will have a negative impact on the health of the people in our city. However, partnership working on health and wellbeing has never been stronger. The city's Health and Wellbeing Strategy and Inclusive Growth Strategy set out a clear direction of travel. I have no doubt we have the right priorities. I retain my optimism that, by working together for the city, we can return to improving life expectancies and reducing health inequalities.

RECOMMENDATIONS

Leeds City Council to undertake a comprehensive health needs assessment for women.

Leeds City Council Public Health Intelligence Team to continue to monitor life expectancy and report back to the Leeds City Council Executive Board and Leeds Health and Wellbeing Board.

RECOMMENDATIONS 2017-18

Leeds City Council to undertake a comprehensive health needs assessment for women.

Leeds City Council Public Health Intelligence Team to continue to monitor life expectancy and report back to the Leeds City Council Executive Board and Leeds Health and Wellbeing Board.

Leeds City Council to identify a broad range of indicators to assess progress on Inclusive Growth through the new Inclusive Growth Strategy, reflecting different geographies and populations within the city.

Leeds City Council to ensure that its new Leeds Inclusive Growth Strategy improves the socio-economic position of the most deprived 10% of communities in the city.

The Leeds Best Start Strategy Group to help ensure that parents are well prepared for pregnancy and that families with complex lives are identified early and supported.

Leeds City Council, Leeds Clinical Commissioning Groups (CCGs) and Forward Leeds to use local insight to develop a social marketing campaign targeting young women and aimed at reducing alcohol consumption and promoting access to services.

Leeds City Council, Leeds Clinical Commissioning Groups (CCGs) and Leeds NHS Trusts to increase identification and brief advice (IBA) in primary and secondary care with a particular focus on areas of deprivation with highest alcohol harm.

Leeds City Council and Forward Leeds to review alcohol treatment services for females and ensure services are appropriate to the needs of women.

Leeds City Council Public Mental Health team to lead insight work with local communities to explore and understand self-harm behaviours.

Leeds City Council Public Health teams to review and further develop targeted early interventions to promote positive mental health and reduce self-harm risk in girls and young women.

Leeds City Council to use the drug misuse death audit findings to better target interventions to prevent drug deaths in Leeds.

Leeds City Council and Forward Leeds to review routes of opiate drug treatment for males and ensure that interventions occur at times of greatest risk and that treatment services are appropriate to need.

Leeds City Council and Leeds Drug and Alcohol Board members to ensure that partners work collaboratively to address the physical and mental health needs of heroin/opiate users, enhancing access and support with employment, housing and other services that promote sustained recovery.

Leeds Strategic Suicide Prevention Partnership Group to ensure that reducing suicide in 30–50 year old men remains a priority within the Leeds Suicide Prevention Plan.

Leeds City Council to ensure delivery of targeted work with men at high risk of suicide as part of the new Mentally Healthy Leeds service.

ACKNOWLEDGEMENTS

A warm thank you to everyone who has contributed to this year's annual report, particularly the Public Health Intelligence Team and Richard Dixon. Without them, our understanding of the changes in life expectancy would not be possible.

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IMPROVING THE HEALTH STATUS FOR LEEDS BEYOND 2018

THE ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH IN LEEDS 2017/18

Leeds CITY COUNCIL

Introduction

The Leeds Health and Wellbeing Strategy 2016–2021 was launched in April 2016. The strategy is a blueprint for putting in place the best conditions for people in Leeds to live fulfilling lives. The vision is for Leeds to be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest.

The strategy has a wide remit, with five outcomes, 12 priority areas and 21 indicators. Seven of these 21 indicators are directly related to health status.

2016 marked the beginning of our five-year journey with the new Leeds Health and Wellbeing Strategy. As part of last year's Annual Report of the Director of Public Health, I set out our new starting position on the seven health-status indicators, alongside key indicators that relate to those public health issues described as priorities within the same strategy.

To ensure consistency, there are updates in relation to the health and wellbeing of children and young people, the health and wellbeing of adults and preventing early death, and the protection of health and wellbeing.

Rates show 'no change' unless there is a statistical difference from the earlier period, or unless rates showed an improvement or worsening on two consecutive occasions.

Improving the health and wellbeing of children and young people

Indicator no.	Indicator	England	Leeds	Direction of travel
1.a	Infant mortality	3.9	4.4	Worsening
1.b	Low birth-weight of term babies	2.8%	3.3%	No change
1.c	Smoking status at time of delivery	10.7%	10.2%	Improving
1.d	Breast feeding initiation	74.3%	68.0%	No change
1.e	Breast feeding continuation	43.8%	48.7%	No change
1.f	Teenage pregnancy	20.8	27.3	Improving
1.g	5-year-olds free from tooth decay	75.2%	68.6%	No change
1.h	Excess weight in children in Reception Year	22.6%	21.1%	Improving
1.i	Excess weight in children in Year 6	34.2%	33.7%	No change
1.j	Never taken alcohol (secondary school students)	n/a	52.0%	Improving
1.k	Never taken illegal drugs (secondary school students)	n/a	93.0%	Improving
1.l	Feeling stressed or anxious (primary and secondary students)	n/a	22.0%	Worsening
1.m	Being bullied at school (primary and secondary students)	n/a	30.0%	Improving

1.a Deaths per 1,000 live births 2014–2016; 1.b Percentage of term babies with weight measured who were under 2.5 kg, 2015; 1.c Percentage of mothers who were smokers at the time of delivery 2016/17; 1.d Percentage of mothers who partially or entirely breast fed their baby at delivery 2014/15; 1.e Percentage of mothers who partially or entirely breast fed their baby at 6 to 8 weeks, 2014/15; 1.f Conceptions in women aged under 18 per 1,000 females aged 15–17, 2015; 1.g Percentage of 5-year-olds free from obvious dental decay 2014/15 (PHE dental survey); 1.h Proportion of children aged 4–5 years classified as overweight or obese, 2016/17; 1.i Proportion of children aged 10–11 classified as overweight or obese, 2016/17; 1.j My Health, My School Survey – Alcohol Use (Q.29 Alcohol Consumption – 'Never had a drink of alcohol'), 2016/17; 1.k My Health, My School Survey – Illegal Drugs (Q.33 Used Illegal Drugs – 'No'), 2016/17; 1.l My Health, My School Survey – Stress (Q.50 Feelings, Stressed or Anxious – 'Every day' or 'Most days'), 2016/17; 1.m My Health, My School Survey – Bullying (Q.60 Bullied in school in the last year – All positive answers), 2016/17.

Infant mortality (deaths aged under one year) continues to be a significant marker of the overall health of the population – and is one of the seven health-status indicators in the Health and Wellbeing Strategy. As reported last year, the concerted focus over the last few years had seen a reduction to the lowest level ever seen in Leeds – even below the rate of England as a whole. However, there has been a rise and the Leeds infant mortality rate is now again higher than that of England as a whole.

This year's Annual Report of the Director of Public Health explores this rise further.

The number of women smoking at the time of delivery continues to decline and is below the England rate.

The rate of teenage pregnancy continues to decline and, while still above the England rate, there has been a small narrowing of the gap.

The percentage of children with excess weight continues to be lower than for England as a whole. There has been a further reduction in children with excess weight in Reception Year. Children above a healthy weight is one of the seven health-status indicators in the Health and Wellbeing Strategy.

The Leeds My Health, My School Survey supported by the Healthy Schools Programme demonstrates a continuing reducing trend in the use of illegal drugs and in under-age use of alcohol.

Children's positive view of their wellbeing is a specific indicator in the Health and Wellbeing Strategy. The Leeds My Health, My School Survey shows that around one in five children feel stressed every day or most days and this figure has continued to rise. The percentage of children who feel they have been bullied has declined, but is still around one in three children.

Improving health and wellbeing of adults and preventing early death

Indicator no.	Indicator	England	Leeds	Direction of travel
2.a	Life expectancy at birth (males)	79.5	78.3	No change
2.b	Life expectancy at birth (females)	83.1	82.1	Worsening
2.c	Healthy life expectancy at birth (males)	63.4	61.2	Improving
2.d	Healthy life expectancy at birth (females)	64.1	62.1	No change
2.e	Preventable mortality (persons, all ages)	182.8	213.1	Worsening
2.f	Cardiovascular disease mortality (males under 75)	102.7	125.0	No change
2.g	Cardiovascular disease mortality (females under 75)	45.8	53.0	No change
2.h	Cancer mortality (males under 75)	152.1	172.8	Improving
2.i	Cancer mortality (females under 75)	122.6	131.6	Improving
2.j	Respiratory disease mortality (males under 75)	39.2	46.7	No change
2.k	Respiratory disease mortality (females under 75)	28.7	39.3	Worsening
2.l	Liver disease mortality (males under 75)	23.9	27.1	No change
2.m	Liver disease mortality (females under 75)	12.8	13.8	Worsening
2.n	Suicide rate (males)	15.3	18.3	Worsening
2.o	Suicide rate (females)	4.8	3.9	No change
2.p	Deaths from drug misuse (persons, all ages)	4.2	6.2	Worsening
2.q	Excess under 75 mortality in adults with serious mental illness	370.0%	452.1%	No change
2.r	Smoking rate (adults)	15.5%	17.8%	Improving
2.s	Physically active adults	64.9%	62.1%	No change
2.t	Physically inactive adults	22.3%	24.8%	No change
2.u	Excess weight in adults (new method)	61.3%	60.9%	No change
2.v	Life expectancy at 65 (males)	18.7	17.8	No change
2.w	Life expectancy at 65 (females)	21.1	20.3	No change
2.x	Falls (persons over 65)	2169	2391	No change
2.y	Hip fractures (females over 65)	710	771	No change

2.a Life expectancy at birth (males, 2013–2015); 2.b Life expectancy at birth (females, 2013–2015); 2.c Healthy life expectancy at birth (males, 2013–2015); 2.d Healthy life expectancy at birth (females, 2013–2015); 2.e Age-standardised mortality rate (all ages) from causes considered preventable per 100,000 population, 2014–2016; 2.f Cardiovascular disease mortality (males under 75), per 100, 000 (DSR), 2014–2016; 2.g Cardiovascular disease mortality (females under 75), per 100,000 (DSR), 2014–2016; 2.h Cancer mortality (males under 75), per 100,000 (DSR), 2014–2016; 2.i Cancer mortality (females under 75), per 100,000 (DSR), 2014–2016; 2.j Respiratory disease mortality (males under 75), per 100,000 (DSR), 2014–2016; 2.k Respiratory disease mortality (females under 75), per 100,000 (DSR), 2014–2016; 2.l Liver disease mortality (males under 75), per 100,000 (DSR), 2014–2016; 2.m Liver disease mortality (females under 75), per 100,000 (DSR), 2014–2016; 2.n Suicide rate (males) per 100,000 (DSR), 2014–2016; 2.o Suicide rate (females) per 100,000 (DSR), 2014–2016; 2.p Drug misuse mortality (persons, all ages), per 100,000 (DSR), 2014–2016; 2.q Ratio of rate of mortality for people with severe mental illness compared to the general population, 2014/15 (new method); 2.r Smoking prevalence in adults (Annual Population Survey), 2016; 2.s Physical activity > 150 minutes per week (percentage), 2015/16; 2.t Physical activity < 30 minutes per week (percentage), 2015/16; 2.u Percentage of persons aged 18+ who were overweight or obese, 2015/16; 2.v Life expectancy for males aged 65, 2013–2015; 2.w Life expectancy for females aged 65, 2013–2015; 2.x Injuries due to falls in persons 65 and over per 100,000 (DSR), 2015/16; 2.y Hip fractures in women aged 65+ per 100,000 (DSR), 2015/16.

Life expectancy for males and females continues to be below that of England and Wales. The previous improvements in life expectancy for both males and females in Leeds have ceased. There has been a decline for women and a static position for men. The reasons for this are explored in the Annual Report of the Director of Public Health.

There are three major killers – cardiovascular disease, cancer and respiratory disease. Of these, mortality from cancer has continued to improve and the gap with England has narrowed. Respiratory mortality in women has worsened both nationally and in Leeds.

There has been a rise in mortality in women from liver disease. This is related to alcohol and is a subject covered in the Annual Report of the Director of Public Health.

There has been a rise in mortality in men from both suicide and drug-related deaths. These are both covered in the Annual Report of the Director of Public Health.

Early death for people with mental illness is an indicator in the Health and Wellbeing Strategy. The way information is collected for deaths with serious mental illness is such that it is not possible to compare different years. This may change in the future but all we can say at present is that the Leeds position is worse than for England as a whole.

The number of years of life lost from avoidable causes of death is an indicator in the Health and Wellbeing Strategy. In light of the rises in mortality described above, there has been no significant progress since last year and Leeds continues to be worse than England as a whole.

The smoking rate for adults is 17.8%. While above the England figure, this is the lowest figure ever recorded for Leeds and the smoking rate shows a continuing decline. This is a key health-status indicator in the Health and Wellbeing Strategy.

Physical activity is a priority area, and key indicator, within the Health and Wellbeing Strategy. There has been no change since last year.

Around two-thirds of adults in Leeds are either overweight or obese. While there appears to be a decline from last year, there has been a change in the method of calculation and it is therefore best to make no judgement about trends at this stage.

There has been no change in life expectancy for people at 65 years and no change in injuries due to falls in people 65 years and over.

Protecting the health and wellbeing of all

Indicator no.	Indicator	England	Leeds	Direction of travel
3.a	Mortality from communicable diseases (including influenza)	10.7	10.4	Worsening
3.b	Gonorrhoea – diagnosis rate	64.9	81.0	Worsening
3.c	HIV – new diagnosis rate	10.3	10.3	Improving
3.d	Chlamydia – detection rate	1882	2599	Improving
3.e	Tuberculosis incidence	10.9	11.5	No change
3.f	Excess winter deaths	17.9	17.2	No change
3.g	Fraction of mortality attributable to particulate air pollution	4.7%	4.3%	Improving

3.a Mortality from communicable diseases (including influenza) per 100,000 persons (DSR), 2014–2016; 3.b Gonorrhoea diagnosis crude rate per 100,000 persons, 2016 (PHE Sexual Health Profile dataset); 3.c Rate of new diagnosed cases of HIV per 100,000 persons aged over 15 years, 2016 (PHE Sexual Health Profile dataset); 3.d Rate of chlamydia detection per 100,000 persons aged 15– 24, 2016 (PHE Sexual Health Profile dataset); 3.e Rate of TB incidence, crude rate per 100,000 persons, 2014–2016; 3.f Excess winter deaths, index score, persons all ages, August 2013– July 2016; 3.g Percentage of deaths attributable to PM2.5 particulate air pollution, 2015.

Although having a lower profile than in days gone by, infections continue to cause significant ill health and this carries both personal and organisational costs. Prevention, reducing transmission and effective treatment is still required.

The overall mortality for communicable diseases (including influenza) in Leeds has worsened, although it is still below that of England as a whole.

In terms of sexually transmitted infections, there continue to be higher levels of gonorrhoea in Leeds at a time when there has been a national reduction in diagnosis rates. Not reflected in these figures is the increasing concern about antibiotic-resistant cases of gonorrhoea, both in Leeds and nationally. There has been a significant reduction of new cases of HIV in Leeds. The detection rate for chlamydia in Leeds continues to be higher than for England, but the improvement in detection rate reflects the work of the Leeds City Council newly-commissioned integrated sexual health service.

There has been a decline in the number of new cases of TB.

Excess winter deaths relate in particular to respiratory infections and also cardiovascular events due to the cold. The figure for Leeds is now a little below the England figure.

Air pollution affects mortality from cardiovascular and respiratory conditions, including lung cancer. This indicator relates to particulate matter, which is thought to be the main factor affecting health. The level in Leeds is estimated to be the equivalent of 350 deaths per year in those aged over 25 years. More recent work has been looking at the additional mortality contribution from NOX. That mortality is not covered by this indicator.

NOTES:

Unless otherwise stated, all variables presented in the three tables above were sourced from the Public Health Outcomes Framework dataset produced by Public Health England.

DSR means Directly Standardised Rates, which are used to remove the effect of differing population age structures on the rates produced; this allows Leeds to be compared with England in an accurate way, despite the impact of the university student and other population differences on the age structure.

Leeds Health and Wellbeing Board

Report author: Rachael Loftus

Report of: Head of Regional Health Partnerships, Health Partnerships Team

Report to: Leeds Health and Wellbeing Board

Date: 14 June 2018

Subject: West Yorkshire and Harrogate Health and Care Partnership Update

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

- West Yorkshire and Harrogate Health and Care Partnership is part of the next wave of Integrated Care Systems in Development.
- This promises to bring additional opportunities for improving integration across the West Yorkshire and Harrogate region, specifically including greater financial backing, including access to capital, more transparency and democratic engagement, and access to addition capacity, support and expertise from others.
- This is seen as the next step towards taking greater power from NHS England, when the time is right.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the decision by NHS England and NHS Improvement to include West Yorkshire and Harrogate Health and Care Partnership in the next wave of Integrated Care Systems in Development.

1 Purpose of this report

1.1 On 25th May NHS England and NHS Improvement jointly announced that West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) will be one of 4 areas to be part of the Integrated Care System (ICS) Development Programme. The other three are: Gloucestershire, Suffolk and North East Essex and West, North and East Cumbria.

1.2 This report outlines some of the information about being part of the ICS in Development Programme.

2 Background information

2.1 Leeds has been part of the WYH HCP since the start of Sustainability and Transformation Plan in March 2016.

2.2 In June 2017, there were 8 partnerships that were invited to be part of the Integrated Care System Development programme as part of the first wave. WYH HCP is part of the second wave to receive this development support.

2.3 Becoming part of the ICS Development Programme is seen by the WYH HCP leadership as the next step in developing the sophistication of process and relationships to take on some powers and budgets from national bodies, to have decisions about investment in health and care taken more locally by those with a closer relationship to the impact of the funds and decisions.

2.4 In practice, this does not change the status of the partnership, or sign us up to new ways of working. What it does mean is that we can start the negotiations, as a regional grouping, as to which freedoms and flexibilities we will take on from NHS England and NHS Improvement to deliver health and care more locally.

2.5 All partners are clear that the next phase of partnership working is about the right systematic leadership for integration across health and care from across all the 34 organisations that make up the partnership.

2.6 Specifically, it is not councils or the NHS in our region becoming part of an Accountable Care Organisation or an Accountable Care System. It includes continuing to negotiate for the kind of WYH HCP and partnership outcomes[1] that we have agreed are important: investment in prevention, primary care and mental health, community-wellbeing, better join up between 'health' and 'care' and democratic accountability and transparency about where we direct our collective resources.

2.7 In Leeds, the Health and Wellbeing Strategy 2016-2021 continues to guide our efforts to improve the health and care system – it has ambitious goals for Leeds to be the Best City for Health and Wellbeing and to improve the health of the poorest

[1] Please see 'Our Next Steps to Better Health and Care for everyone' https://www.wyhpartnership.co.uk/news-and-blog/news/our-next-steps-better-health-and-care-everyone-west-yorkshire-and-harrogate

the fastest. These principles guide our involvement in the West Yorkshire Partnership and our engagement with central government and NHS England.

3 Main issues

3.1 As part of the ICS in Development programme, WYH HCP would be given:

- Greater financial backing in terms of access to transformation funding
- Clearer routes for democratically elected councillors to influence, challenge and inform the development of integrated care for the people of West Yorkshire and Harrogate
- Better access to capital funding to support new service developments
- Capacity, support and access to expertise from national bodies and international best practice, including new models of care, transformation and analytics
- Taking on powers from NHS England, if the deal is fair and when the time is right

3.2 Towards a partnership agreement:

3.2.1 To date most of the working relationships in the partnership have been governed by the Terms of Reference for the Senior Leadership Executive (SLE). Going forward, and particularly in anticipation of greater levels of mutual accountability and devolved decision making, it was decided that there needs to be a clearer statement of intent from all partners, one that reflects the ways we have already developed of working together in West Yorkshire and Harrogate.

3.2.2 This will be further discussed over the summer months with the aim to have a proposal or recommendation for the September Health and Wellbeing Board.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 At this stage there are no consultation, engagement of hearing citizen voice implications for the Health and Wellbeing Board specifically relating to the joint decision by NHS England and NHS Improvement to include West Yorkshire and Harrogate in the ICS in Development programme. The continued relationship of the Health and Wellbeing Board to the governance of the WYH HCP as it progresses does, however, provide the opportunity for future good practice in relation to engagement.

4.2 Equality and diversity / cohesion and integration

4.2.1 At this stage there are no equality, diversity or cohesion and integration implications for the Health and Wellbeing Board specifically relating to the joint decision by NHS England and NHS Improvement to include West Yorkshire and Harrogate in the ICS in Development programme. The continued relationship of the Health and Wellbeing Board to the governance of the WYH HCP as it progresses does,

however, provide the opportunity for a clear focus on shared priorities that include health inequalities, workforce and healthy environments.

4.3 Resources and value for money

4.3.1 At this stage there are no resource implications for the Health and Wellbeing Board specifically relating to the joint decision by NHS England and NHS Improvement to include West Yorkshire and Harrogate in the ICS in Development programme. The continued relationship of the Health and Wellbeing Board to the governance of the WYH HCP as it progresses does, however, provide the opportunity to better understand how resources are flowing to our areas of highest concern.

4.4 Legal Implications, access to information and call In

4.4.1 At this stage there are no legal implications for the Health and Wellbeing Board specifically relating to the joint decision by NHS England and NHS Improvement to include West Yorkshire and Harrogate in the ICS in Development programme. The Health and Wellbeing Board will remain cognisant of any changes in the status of the partnership and will consider any proposals about the partnership agreement at a future Health and Wellbeing Board.

4.5 Risk management

4.5.1 There are currently no risks arising from this report. As the work progresses, risks will be managed through the WYH HCP with clear reporting and engagement with each of the place based areas, including Leeds, through existing partnership boards/groups such as the Leeds Health and Care Partnership Executive Group.

5 Conclusions

5.1 The next phase of development of the Integrated Care System will be important to ensuring that the WYH HCP continues to meet our aspirations.

5.2 The Health and Wellbeing board will engage with and monitor this process closely.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the decision by NHS England and NHS Improvement to include West Yorkshire and Harrogate Health and Care Partnership in the next wave of Integrated Care Systems in Development.

7 Background documents

7.1 None.

How does this help reduce health inequalities in Leeds?

A focus on improving the health of the poorest, the fastest is a key feature of the WYH HCP plan: Next Steps for Better Health and Care for Everyone.

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

Working towards better integration and higher quality care through learning from best practice – both locally and internationally – will enable us to make the best possible system for all 2.6 million residents in West Yorkshire and Harrogate.

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

The WYH HCP aims to ensure that all the investments we make in health and care lead to high quality outcomes in the immediate term and lead to greater emphasis on prevention and healthier lives for the future.

Future challenges or opportunities

The WYH HCP will continue to evolve and be discussed at future Health and Wellbeing Boards.

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

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Leeds Health and Wellbeing Board

Report author: - Lesley Newlove (Commissioning Support Manager, NHS Leeds CCG)

Report of: Steve Hume (Chief Officer Resources & Strategy, Adults & Health, Leeds City Council) & Rob O'Connell (Deputy Director of Commissioning, NHS Leeds CCG)

Report to: Leeds Health and Wellbeing Board

Date: 14th June 2018

Subject: iBCF (Spring Budget) Q4 2017/18 Return and BCF Performance Monitoring Q4 2017/18 Return

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

The Ministry for Housing, Communities and Local Government requires Local Authorities to submit quarterly returns regarding their use of the additional Improved Better Care Fund (iBCF) funding allocated through the Spring Budget 2017. The Spring Budget element of the iBCF Grant forms part of the adult social care element of local Better Care Funds, but is non-recurrent funding available up to 2020 only. These returns allow central government to monitor the success of this iBCF Grant.

NHS England (NHSE) requires Health and Wellbeing Board (HWB) areas to complete and submit quarterly BCF performance monitoring returns to ensure the requirements of the BCF are met and to provide insight on health and social care integration.

The iBCF Grant returns are distinct from the BCF performance monitoring returns. The deadlines for both these returns will be synchronised in the future.

The Leeds iBCF return for Quarter 4 of 2017/18 (Appendix 1) was submitted to the Ministry for Housing, Communities and Local Government by the deadline of 27th April 2018.

The Leeds HWB BCF Performance Monitoring return (Appendix 2) for the same period was submitted to NHSE by the deadline of 20th April 2018.

The quarterly returns were made available for comment to the members of the Health & Wellbeing Board, prior to their submission. This paper is therefore provided to the HWB for information.

Recommendations

The Leeds Health and Wellbeing Board is asked to:-

- Note the content of the Leeds iBCF Q4 2017/18 return to the Ministry for Housing, Communities and Local Government and;
- Note the content of the Leeds HWB BCF Performance Monitoring Q4 2017/18 return to NHSE

1. Purpose of this report

1.1 To inform the HWB of the contents of the Leeds iBCF Q4 2017/18 return and the Leeds HWB BCF Performance Monitoring Q4 2017/18 return.

2. Background information

2.1 The Spending Review 2015 announced the improved Better Care Fund; the Spring Budget 2017 announced additional funding for adult social care over the following three years.

2.2 This additional Spring Budget funding was paid to local authorities specifically to be used for the purposes of:-

- Meeting adult social care needs
- Reducing pressures on the NHS – including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local care provider market is supported

2.3 The Grant determination detailed the three purposes for which the iBCF money could be spent. The receiving local authority has to:-

- Pool the grant funding into the local Better Care Fund, unless the authority has written ministerial exemption
- Work with the relevant clinical commissioning group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19
- Provide quarterly reports as required by the Secretary of State

2.4 In Leeds, this non-recurrent three year funding has been used to fund transformational initiatives that have compelling business cases to support the future management of service demand and system flow and prevent the need for more specialist and expensive forms of care.

2.5 This is founded on the principles of the Leeds Plan, which contributes to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021 and links to the West Yorkshire and Harrogate Health and Care Partnership.

2.6 Each bid is supported by a robust business case which will address the challenges faced around health and wellbeing, care quality and finance and efficiency. A robust approach has been established which will:-

- Measure the actual impact of each individual initiative
- Monitor actual spend on each initiative and release funding accordingly
- Ensure that appropriate steps are being taken to identify ongoing recurrent funding streams after the iBCF funding period ends in cases where initiatives prove to be successful

- Ensure that exit strategies are in place for initiatives that do not achieve their intended results

3. Main issues

iBCF Grant Q4 2017/18 Return

3.1 Section A3 of this return provides progress updates for twenty of the thirty-six iBCF schemes that are being funded by the iBCF Grant. On the advice of the Ministry for Housing, Communities and Local Government, it has been decided to include only the top twenty schemes, in terms of the highest overall investment, as the spreadsheet is not designed for a large number of projects.

3.2 The remaining sixteen schemes are not detailed in section A3 of the return but are listed in the narrative - section A1a of the return.

3.3 Additional information in respect of the objective of these sixteen schemes is included as Appendix 3.

3.4 The majority of all of the individual schemes are at the early stages of development. This is because a cross-partner panel was held on 7th December 2017 to ensure that each bid was supported by a robust business case before releasing the funds.

3.5 The cross-partner nature of the panel was intended to provide a different system perspective and constructive challenge to ensure that collectively there was a balanced and holistic evaluation and to ensure each scheme addressed the challenges facing the health and care sector - health and wellbeing, care quality and finance and efficiency.

3.6 The panel was considered very successful and all members agreed it was a useful process which would promote better conversations in the future, ensuring that as a partnership we are in the best position to deliver the right outcomes for the citizens of Leeds.

3.7 In response to the questions in the return we calculate that the additional Spring Budget funding has the potential to fund 11,000 additional home care packages (126,000 hours) and an extra 219 care home placements. However, it should be noted that Leeds has the continued aim of reducing care home bed weeks by better meeting people's needs within their own homes and communities.

3.8 This strategic direction is reflected by the two locally devised metrics for measuring the impact of the Spring Budget monies that we have proposed in the return:-

- Number of commissioned care home weeks (65+);
- Percentage of new client referrals for specialist social care which were resolved at point of contact or through accessing universal services.

BCF Performance Monitoring Return Quarter 4 Return for 2017/18

3.9 The BCF Performance Monitoring Return Q4 2017/18 indicates a significantly improved performance in terms of non-elective admissions and a continued strong performance in relation to residential admissions. However, our performance in relation to re-ablement has declined recently whilst the changes made to facilitate the expansion and reconfiguration of the service to more effectively support system flow become embedded. Performance against DToC targets continues to be a challenge, although the latest position indicates a significant improvement in relation to those delays attributable to Adult Social Care.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and working with people in Leeds

4.1.1 Routine monitoring of the delivery of the BCF is undertaken by a BCF Delivery Group with representation from commissioners across the city. This group reports in to the Integrated Commissioning Executive, which in turn reports to the Leeds Health and Wellbeing Board in relation to the BCF. The BCF Plan has been developed based on the findings of consultation and engagement exercises undertaken by partner organisations when developing their own organisational plans.

4.1.2 Any specific changes undertaken by any of the schemes will be subject to agreed statutory organisational consultation and engagement processes.

4.2 Equality and diversity/Cohesion and Integration

4.2.1 Through the BCF, it is vital that equity of access to services is maintained and that quality of care is not comprised. The vision that ‘Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest’ underpins the Leeds Health and Wellbeing Strategy 2016 - 2021. The services funded by the BCF contribute to the delivery of this vision.

4.3 Resources and value for money

4.3.1 The iBCF Grant allocated to Local Authorities through the Spring Budget 2017 is focussed on initiatives that have the potential to defer or reduce future service demand and/or to ensure that the same or better outcomes can be delivered at a reduced cost to the Leeds £. As such the funding is being used as ‘invest to save’.

4.4 Legal Implications, Access to Information and Call In

4.4.1 There are no access to information or call In implications arising from this report.

4.5 Risk management

4.5.1 There is a risk that some of the individual funded schemes do not achieve their predicted benefits. This risk is being mitigated by ongoing monitoring of the impact of the individual schemes and the requirement to produce exit/mainstreaming plans for the end of the Spring Budget funding period.

5 Conclusions

5.1 Quarterly returns in respect of monitoring the performance of the BCF will continue to be completed and submitted to NHS England and quarterly returns in respect of the use and impact of Spring Budget monies will continue to be completed and submitted to the Ministry of Housing, Communities and Local Government as required under the grant conditions.

Locally we will continue to monitor the impact of the schemes and plan towards the exit from the Spring Budget funding period.

6 Recommendations

6.1 The Leeds Health and Wellbeing Board is asked to:-

- Note the contents of the Leeds iBCF Quarter 4 2017/18 return to the Ministry of Housing, Communities and Local Government, and :
- Note the content of the Leeds HWB BCF Performance Monitoring Q4 2017/18 return to NHSE

7 Background documents

7.1 None.

How does this help reduce health inequalities in Leeds?
The BCF is a programme, of which the iBCF grant is a part, spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

How does this help create a high quality health and care system?
The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with integrated health and social care services, resulting in an improved experience and better quality of life.

How does this help to have a financially sustainable health and care system?
The iBCF Grant funding has been jointly agreed between LCC and NHS partners in Leeds and is focussed on transformative initiatives that will manage future demand for services.

Future challenges or opportunities
The initiatives funded through the iBCF Grant have the potential to improve services and deliver savings. To sustain services in the longer term, successful initiatives will need to identify mainstream recurrent funding to continue beyond the non-recurrent testing stage.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	
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	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	
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	
The best care, in the right place, at the right time	X

Appendix 1 - iBCF (Spring Budget) Q4 2017/18 Return

QUARTERLY REPORTING FROM LOCAL AUTHORITIES TO MHCLG IN RELATION TO THE IMPROVED BETTER CARE FUND

IMPORTANT: PLEASE DO NOT ALTER THE FORMAT OF THIS SPREADSHEET BY INSERTING, DELETING OR MERGING ANY CELLS, ROWS OR COLUMNS. The data from this spreadsheet are transferred directly into a DCLG database using a macro and your return may flag as an error or be excluded from analysis if you attempt to alter the format. You can, however, resize the height and width of rows and columns if you need more space.

Instructions:

1. Select your local authority from the drop-down menu in Cell C11.

2. Enter the password provided in your email from DCLG into Cell C13.

2. Complete Sections A and C below by filling in the pink boxes as instructed. If copying and pasting in content from another document please paste your text directly into the formula bar.

3. Save the completed form in the original MS Excel macro-enabled workbook format. Do not convert this spreadsheet to another file format or provide any information in additional attachments.

4. Once completed and saved, please e-mail this MS Excel file by 27 April 2018 to: CareandReform2@communities.gsi.gov.uk

Local authority: (Select from drop-down menu)	**Leeds**
Enter password (as provided in email from MHCLG)	**ZRLB86**
E-code	**E4704**
Period	**2017-18 and Q4 2017-18**

Appendix 1 - iBCF (Spring Budget) Q4 2017/18 Return

Section A

Please provide a short narrative which summarises the key successes and challenges experienced in relation to the additional iBCF funding you were allocated at Spring Budget 2017. Your commentary should cover the whole of 2017-18.

A1a. What were the key successes experienced?

The full list of the schemes is:
Asset Based Community Development (ABCD); SkILs Reablement Service; Supporting Wellbeing and Independence for Frailty (SWIFt); Customer Access; Local Area Coordination (LAC); Dementia: Information & skills (online information & training); Falls Prevention; Time for Carers; Working Carers; Prevent Malnutrition Programme; Better Conversations; Alcohol and drug social care provision after 2018/19; Health Partnerships team; Peer Support Networks; Lunch Clubs; The Conservation Volunteers (TCV HOLLYBUSH) - Green Gym; Neighbourhood Networks; Leeds Community Equipment Services; Ideas that Change Lives (ITCL) investment fund; A&H - Change Capacity; Telecare Smartoom; Assisted Living Leeds Volunteer Drivers; Learning & Information Resource in recovery hubs; Business Development Manager for Assistive Technology post; Positive Behaviour Service; Yorkshire Ambulance Service Practioners scheme; Frailty Assessment Unit; Hospital to Home; Staffing resilience; Business Support for Discharge Process; Respiratory Virtual Ward; Falls Pathway Enhancement (LCH); Transitional Beds; Trusted Assessor (LGI); Trusted Assessor (SJH); Rapid Response
In addition, the following schemes are no longer included in the top 20:
Capacity for transition to strengths-based approaches; Retaining care home capacity during service transformation
Since Q3, Leeds has:
1. Further mobilised a broad transformational programme across Care and Health services funded through the Spring Budget monies
2. Continued to use the spring budget money to reverse planned service reductions that would have otherwise been inevitable (as detailed in our Q1 return to DCLG)
The transformational programme is focussed on initiatives that have compelling business cases to support the future management of service demand and system flow and prevent and delay the need for more specialist and expensive forms of care. This is founded on the principles of the Leeds Health and Care Plan as described in the narrative of Leeds Better Care Fund Plan (which sits under the Leeds Health & Well-Being Strategy and links to the West Yorkshire & Harrogate Health and Care Plan (STP).
We have prioritised funding for schemes that support our preparations for winter for example: SB49 – Yorkshire Ambulance Service practitioner scheme; SB50 – Frailty Assessment Unit; SB52 – Hospital to home; SB64 & SB65 – Trusted assessors.
Since Q3, a monitoring/accountability structure is operating which:-
• Measures the actual impact of each individual initiative
• Monitors actual spend on each initiative and releases funding accordingly
• Ensures that appropriate steps are being taken to identify ongoing recurrent funding streams after the iBCF funding period ends in cases where initiatives prove to be successful
• Ensures that exit strategies are in place for following the lifetime of the Spring Money funding or if the initiatives that do not achieve their intended results and are ceased.
For each of the Leeds iBCF schemes the following information is now being gathered routinely:-

Appendix 1 - iBCF (Spring Budget) Q4 2017/18 Return

• Submission of the required information on scheme spending and benefit delivery for the quarterly iBCF return to DCLG and NHSE, including the impact (if any) on key national metrics in a timely manner;
• Progress reports on delivery of the scheme and its benefits, including the escalation of issues that are likely to impact upon the success of the scheme, key gateways/milestones reached;
• Any requirements identified by the Leeds Health and Wellbeing Board, via the Leeds Plan Delivery Group to enable it to assess the success or otherwise of the scheme during its lifetime.
As per Q3, a number of the Leeds iBCF initiatives are specifically aimed at improving system flow by:-
1. Managing demand more appropriately at the 'front door' of the hospital (e.g. Frailty Assessment Unit) and
2. Supporting more timely discharge from hospital (e.g. Trusted Assessors)
In this way, the iBCF is supporting the High Impact Change Model delivery for the city.
The iBCF funding is also being used to support Adult Social Care's mandate to maximise the independence of its citizens through a preventative strength-based approach to social care and linking people to the existing assets in their own communities. The Leeds initiatives are therefore founded on these values:-
• Maximising people's potential through recovery and re-ablement
• Maximising the benefits of existing community assets and Neighbourhood Networks
• Improving the application and uptake of technology
As already outlined in the Leeds 2017/18 Quarters 1-3 iBCF returns, the mandated metrics relating to increasing home care and care packages are at odds with our local ambition. Indeed, we seek to reduce or at least level demand for this statutory provision through our strengths-based approach and through prevention, including that provided by our thriving third sector. Our revised local metrics for IBCF funding reflect this:-
1. Number of bed weeks residential/nursing care commissioned (as opposed to the number of placements in residential) and
2. Number of home care hours relative to residential (non-nursing) care bed weeks
Metrics remain unchanged from Q3.
This 2017/18 Q4 return has been approved by the Leeds BCF Partnership Board.

A1b. What were the challenges encountered?

See above

A2. Please show how the <u>additional iBCF funding you were allocated at Spring Budget 2017</u> has been distributed across the three purposes for which it was intended.

Appendix 1 - iBCF (Spring Budget) Q4 2017/18 Return

A2a. Please enter the amount you have designated for each purpose as a percentage of the total additional iBCF funding allocated at Spring Budget 2017. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. The figures you provide should cover the whole of 2017-18.

Meeting adult social care needs	Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	Ensuring that the local social care provider market is supported
73.6%	25.6%	0.8%

A3. Provide progress updates on the individual initiatives/projects you identified in Section A at Quarters 1, 2 and 3. You can provide information on up to 5 additional initiatives/projects not cited in previous quarters to the right of the boxes below.

Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5

Appendix 1 - iBCF (Spring Budget) Q4 2017/18 Return

A3a. Individual title for each initiative/project. Automatically populated based on information provided in previous returns. Please ensure your password is entered correctly in cell C13. Scroll to the right to view all previously entered projects.	Leeds Community Equipment Services (SB31)	Alcohol and drug social care provision after 2018/19 (SB23)	Better Conversations (SB22)	Neighbourhood Networks (SB30)	Frailty Assessment Unit (SB50)
A3b. Use the drop-down menu provided or type in one of the 17 categories to indicate which of the following categories the project primarily falls under.	3. DTOC: Reducing delayed transfers of care	2. Expenditure to improve efficiency in process or delivery	10. Prevention	10. Prevention	3. DTOC: Reducing delayed transfers of care
A3c. If other please specify (please do not use more than 50 characters):					
A3d. Use the drop-down options provided or type in one of the following 5 answers to report on progress over the year as a whole: **1. Planning stage** **2. In progress: no results yet** **3. In progress: showing results** **4. Completed** **5. Project no longer being implemented**	3. In progress: showing results	3. In progress: showing results	1. Planning stage	1. Planning stage	3. In progress: showing results
A3e. You can add some brief commentary on the progress to date if you think this will be helpful (in general no more than 2 to 3 lines).	First year of iBCF funding comitted and spent. Will be reported to joint commissioners through regular reporting.	The service continues to offer detox and rehab for adults in Leeds.	A team of 3 facilitators and 2 assistants have been recruited and start in April 2018. A project officer will be recruited in late April with the view to a June start. Scoping conversations for project deployment have commenced.	Start date is anticipated to be 01 Oct 2018.	Service in place since Novemebr 2017, very effective in preventing admissions for a defined cohort of frail patients. Integrated with the Leeds Integrated Discharge services across mutli agencies. Full evalaution of the servcice is underway to inform servcie development/improvements

Appendix 1 - iBCF (Spring Budget) Q4 2017/18 Return

	Initiative/Project 6	Initiative/Project 7	Initiative/Project 8	Initiative/Project 9	Initiative/Project 10
A3a. Individual title for each initiative/project. Automatically populated based on information provided in previous returns. Please ensure your password is entered correctly in cell C13. Scroll to the right to view all previously entered projects.	Respiratory Virtual Ward (SB58)	SkILs Reablement Service (SB3)	Local Area Coordination (LAC) & Asset Based Community Development (ABCD) (SB2 & SB12)	Yorkshire Ambulance Service Practitioners scheme (SB49)	Trusted Assessor (LGI) (SB64)
A3b. Use the drop-down menu provided or type in one of the 17 categories to indicate which of the following categories the project primarily falls under.	2. Expenditure to improve efficiency in process or delivery	12. Reablement	10. Prevention	1. Capacity: Increasing capacity	3. DTOC: Reducing delayed transfers of care
A3c. If other please specify (please do not use more than 50 characters):					
A3d. Use the drop-down options provided or type in one of the following 5 answers to report on progress over the year as a whole: **1. Planning stage** **2. In progress: no results yet** **3. In progress: showing results** **4. Completed** **5. Project no longer being implemented**	2. In progress: no results yet	2. In progress: no results yet	2. In progress: no results yet	1. Planning stage	2. In progress: no results yet
A3e. You can add some brief commentary on the progress to date if you think this will be helpful (in general no more than 2 to 3 lines).	Needed 3 cycles of recruitment to secure staff for the service. Small number now commenced from 3rd April and dates through May and June for remainder. Work undertaken to develop infrastructure for the service: Service modeland criteria; referral pathways; engagement with primary and acute care colleagues; documentation and IT	Posts established and on structure. Recruitment commenced.	Pathfinders extended, embedded intermediaries and training specifications developed.	Will form part of the developments within the St Georges Urgent Treatment Centre and will focus on the 999 pathways and the see and treat model along with the coveyance of patients to alternative servcies to A&E	Assisting LiDs team will have an impact on reducng the LOS and DTOC numbers . The additional posts are still in induction period therefore the impact of enhancing the TA role as yet is not evaluated.

Appendix 1 - iBCF (Spring Budget) Q4 2017/18 Return

	Initiative/Project 11	Initiative/Project 12	Initiative/Project 13	Initiative/Project 14	Initiative/Project 15
A3a. Individual title for each initiative/project. Automatically populated based on information provided in previous returns. Please ensure your password is entered correctly in cell C13. Scroll to the right to view all previously entered projects.	Trusted Assessor (SJH) (SB65)	Positive Behaviour Service (SB44)	Hospital to Home (SB52)	The Conservation Volunteers (TCV HOLLYBUSH) - Green Gym (SB28)	Falls Pathway Enhancement (LCH) (SB61)
A3b. Use the drop-down menu provided or type in one of the 17 categories to indicate which of the following categories the project primarily falls under.	3. DTOC: Reducing delayed transfers of care	10. Prevention	3. DTOC: Reducing delayed transfers of care	17. Other	1. Capacity: Increasing capacity
A3c. If other please specify (please do not use more than 50 characters):				Mental and physical health project	
A3d. Use the drop-down options provided or type in one of the following 5 answers to report on progress over the year as a whole: **1. Planning stage** **2. In progress: no results yet** **3. In progress: showing results** **4. Completed** **5. Project no longer being implemented**	2. In progress: no results yet	1. Planning stage	4. Completed	1. Planning stage	2. In progress: no results yet
A3e. You can add some brief commentary on the progress to date if you think this will be helpful (in general no more than 2 to 3 lines).	Assisting LiDs team will have an impact on reducng the LOS and DTOC numbers . The additional posts are still in induction period therefore the impact of enhancing the TA role as yet is not evaluated.	Match funding from the NHS has been secured. Reorganisation of the site to accommodate the new team is underway. Recruitment is expected to be agreed by the 20th April.	The Hospital to Home Service delivers 2 functions a) It supports admission avoidance in A&E (working both in frailty unit) and as part of Integrated Discharge Service and b) Service supports inpatients in their choice of a care home following referral from ASC	The staff team has been recruited and are all now in post. Sites for the gyms are being identified.	All staff recruited in to posts to increase capacity in teams and support pathway enhancements. Safety huddles commenced in one neighbourhood team and progressing well, work ongoing to expand. Group programmes due to start 2nd week in April 2018.

Appendix 1 - iBCF (Spring Budget) Q4 2017/18 Return

	Initiative/Project 16	Initiative/Project 17	Initiative/Project 18	Initiative/Project 19	Initiative/Project 20
A3a. Individual title for each initiative/project. Automatically populated based on information provided in previous returns. Please ensure your password is entered correctly in cell C13. Scroll to the right to view all previously entered projects.	Falls Prevention (SB14)	Transitional Beds (SB63)	Lunch Clubs (SB26)	Health Partnerships team (SB24)	Staffing resilience (SB54)
A3b. Use the drop-down menu provided or type in one of the 17 categories to indicate which of the following categories the project primarily falls under.	10. Prevention	1. Capacity: Increasing capacity	10. Prevention	7. Leadership	3. DTOC: Reducing delayed transfers of care
A3c. If other please specify (please do not use more than 50 characters):					
A3d. Use the drop-down options provided or type in one of the following 5 answers to report on progress over the year as a whole: **1. Planning stage** **2. In progress: no results yet** **3. In progress: showing results** **4. Completed** **5. Project no longer being implemented**	3. In progress: showing results	3. In progress: showing results	2. In progress: no results yet	3. In progress: showing results	3. In progress: showing results
A3e. You can add some brief commentary on the progress to date if you think this will be helpful (in general no more than 2 to 3 lines).	Falls prevention 20 week classes in place across the city and delivering to planned targets. All elements of initaitive progressing to plan.	J31 ward remains open providing capacity for medically optimised for discharge patients.	Of the 87 applications, 86 were approved and allocated funding in accordance with the agreed funding formula. One application was turned down, as they were unable to demonstrate they were operating in 2017/18.		3 agency staff in post to backfill permanent staff to work specitfically with the Out of Leeds Hospitals. Reduction in DToCs seen. Additional worker to be started.

Appendix 1 - iBCF (Spring Budget) Q4 2017/18 Return

	Initiative/Project 21	Initiative/Project 22	Initiative/Project 23	Initiative/Project 24	Initiative/Project 25
A3a. Individual title for each initiative/project. Automatically populated based on information provided in previous returns. Please ensure your password is entered correctly in cell C13. Scroll to the right to view all previously entered projects.	Dementia: Information & skills (online information & training) (SB13)	A&H - Change Capacity (SB35)	Time for Carers (SB15)	Peer Support Networks (SB25)	Rapid Response (SB66)
A3b. Use the drop-down menu provided or type in one of the 17 categories to indicate which of the following categories the project primarily falls under.	17. Other	2. Expenditure to improve efficiency in process or delivery	14. Carers	10. Prevention	17. Other
A3c. If other please specify (please do not use more than 50 characters):	Training				7 day working using existing capacity differently
A3d. Use the drop-down options provided or type in one of the following 5 answers to report on progress over the year as a whole: **1. Planning stage** **2. In progress: no results yet** **3. In progress: showing results** **4. Completed** **5. Project no longer being implemented**	2. In progress: no results yet	1. Planning stage	3. In progress: showing results	2. In progress: no results yet	1. Planning stage
A3e. You can add some brief commentary on the progress to date if you think this will be helpful (in general no more than 2 to 3 lines).	The 2017-18 allocation of iBCF has been used to award grant funding for initial project development. • Leeds Beckett University - School Of Dementia Research is carrying out engagement work with local care homes to understand current dementia training and identify opportunities and gaps; • mHabitat (LYPFT) are carrying out user-led design work for online dementia information.	Still at the stage of scoping the requirements	Approximately 85 carers have received a grant of up to £250 to promote their own health and wellbeing	The first objective (map the current provision and gaps in the provision of peer support networks for people living with LTC's) has been awarded to Health for All. The results from the scope are expected in June which will inform objective 2.	Work due to start beginning of May to develop offer

Appendix 1 - iBCF (Spring Budget) Q4 2017/18 Return

	Additional Initiative/Project 1	Additional Initiative/Project 2	Additional Initiative/Project 3	Additional Initiative/Project 4	Additional Initiative/Project 5
A3a. Individual title for each initiative/project. Automatically populated based on information provided in previous returns. Please ensure your password is entered correctly in cell C13. Scroll to the right to view all previously entered projects.	Business Support for Discharge Process (SB55)	Supporting Wellbeing and Independence for Frailty (SWIFt) (SB7)	Business Development Manager for Assistive Technology post (SB41)	Customer Access (SB8)	Working Carers (SB17)
A3b. Use the drop-down menu provided or type in one of the 17 categories to indicate which of the following categories the project primarily falls under. Hover over cell B33 to view comment box for the list of categories if drop-down options are not visible:	3. DTOC: Reducing delayed transfers of care	10. Prevention	13. Technology	2. Expenditure to improve efficiency in process or delivery	14. Carers
A3c. If other please specify (please do not use more than 50 characters):				Prevention, self care and crisis response	
A3d. Use the drop-down options provided or type in one of the following 5 answers to report on progress over the year as a whole: **1. Planning stage** **2. In progress: no results yet** **3. In progress: showing results** **4. Completed** **5. Project no longer being implemented**	3. In progress: showing results	3. In progress: showing results	1. Planning stage	3. In progress: showing results	3. In progress: showing results
A3e. You can add some brief commentary on the progress to date if you think this will be helpful (in general no more than 2 to 3 lines).	Increased capacity in BS means more timely processing of support plans and discharge	This project is already delivering and being evaluated, however the IBCF funding is not due to start until October. CCG match funding now secured. Workshop planned for August to consider any alterartions in light of evaluation.		Delivering 100% on talking point target (benefit 3 and 5). Delivering on benefit 2 (increase in signposting) and delivering benefit 1 (Leeds care record checks) but will confirm % on both after 6 months of data is gathered	Recruitment of project worker complete; working carers strategy agreed; 'offer' to network businesses part completed

Appendix 1 - iBCF (Spring Budget) Q4 2017/18 Return

Section B: **Information not required at Quarter 4**

Section C

	Metric 1	Metric 2
C1a. List of up to 20 metrics you are measuring yourself against. Automatically populated based on information provided in Quarter 3. Please ensure your password is entered correctly in cell C13. Scroll to the right to view all previously entered metrics. You can provide information on up to 5 metrics not cited previously to the right of these boxes.	Number of commissioned care home weeks (65+)	Percentage of new client referrals for specialist social care which were resolved at point of contact or through accessing universal services'
C1b. Use the drop-down options provided or type in one of the following 4 answers to report on any change in each metric over the year as a whole: **1. Improvement** **2. Deterioration** **3. No change** **4. Not yet able to report**	1. Improvement	1. Improvement
C1c. Provide any additional commentary on the metric above, if you wish.	The figures are showing a slightly improved position compared with the same time last year	The introduction of community led practise has had an impact upon increasing the numbers effectively supported at an early stage.

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Better Care Fund Template Q4 2017/18

1. Cover

Version 1.1

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Leeds
Completed by:	Lesley Newlove
E-mail:	lesley.newlove@nhs.net
Contact number:	0113 8431627
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Rebecca Charlwood

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Income & Expenditure	0
6. Year End Feedback	4
7. Narrative	0

Better Care Fund Template Q4 2017/18

2. National Conditions & s75 Pooled Budget

Selected Health and Well Being Board: Leeds

Confirmation of National Conditions		
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	**Response**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**	**If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)**
Have the funds been pooled via a s.75 pooled budget?	Yes		

Appendix 1 - BCF Q4 2017-18 Performance Monitoring Return

Better Care Fund Template Q4 2017/18

3. Metrics

Selected Health and Well Being Board: Leeds

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	On track to meet target	Activity remains that contained in the CCG operational plan and is below last years' activity levels as a result of increased focus of admission avoidance. However pressure on the acute sector remains high due to increasing Lengths of Stay	NEA is below plan	None
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	An increased focus upon transferring people from hospital may increase demand on services to support people to regain independence and lead to increased demand for care home placements	The projected figures show that we will meet the target. Work is ongoing to increase capacity across the city in the provision of CIC beds to support transfers of care rather than people being admitted to permanent care home placements	None
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	This measure relates to the proportion of people who are still at home 91 days after being discharged from hospital and the target is 90%. There is a balance to be made between a high level of performance and allowing people the opportunity of being supported to return home, when it may turn out that they are in fact not able to manage at home	ASC reablement services have been restructured to provide more capacity	None
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target	The number of DTOCs is starting to reduce in both the acute and mental health trust. The Acute Trust is now below 3.5% of its bed base being occupied by DTOCs	Agreement of a number of initiatives to support flow throuh iBCF. Implementation of Community Beds strategy. Also review of options for provision of out of hospital care for patients with complex behaviour as a result of dementia	None

** Your assessment of progress against the Delayed Transfer of Care target should reflect progress against the monthly trajectory submitted separately on the DToC trajectory template*

Appendix 1 - BCF Q4 2017-18 Performance Monitoring Return

Better Care Fund Template Q4 2017/18

4. High Impact Change Model

Selected Health and Well Being Board: Leeds

		Maturity assessment					Narrative			
		Q2 17/18	Q3 17/18	Q4 17/18 (Current)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg 1	**Early discharge planning**	Established	Established	Established	Mature	Mature		Size of hospital and challenge of ensuring consistent approach across all admission routes and wards across two sites	Ongoing process to improve discharge planning	None
Chg 2	**Systems to monitor patient flow**	Plans in place	Plans in place	Established	Established	Established		Ensuring routine/daily flows of demand data to support whole system responses to fluctuations in demand. Agreement to establish DTOC monitoring arrangements to all bed holding providers e.g. Mental Health and Community Beds to ensure flow maintained	Establishment of agreed daily system flow reporting by all NHS providers. Agreed Mutual Aid and Escalation Policy across all NHS providers	None
Chg 3	**Multi-disciplinary/multi-agency discharge teams**	Established	Established	Established	Established	Established		Expansion from current limited service (operating in A&E, Assessment and Medical and elderly wards only) to whole hospital	Agreement to funding increased for capacity. Agreement to review current model with aim to commission new whole systems model in readiness for Winter 2018/19	None
Chg 4	**Home first/discharge to assess**	Established	Established	Established	Mature	Mature		Large number of care home providers offering different approaches to trusted assessment and variable response times with regards to assessment within reasonable timeframe	Looking to explore increased scope for reablement following success in approach to date. New community bed capacity now in place. MADE event identified a need for increased focus on transfer/discharge to assess pathways	None
Chg 5	**Seven-day service**	Not yet established	Not yet established	Not yet established	Not yet established	Not yet established		Equipment Service is operating on a 7 day basis and iBCF monies have been prioritised for Rapid Response Social Workers to maintain a 7 day service during this coming Winter	Beginning to review feasibility of changing to 7 day working for services where there is interdependence between health and social care and changes in behaviour required to realise benefits	None
Chg 6	**Trusted assessors**	Established	Established	Established	Mature	Mature		Further work is required to understand options for Trusted Assessment for readmission to existing care homes. Main challenges associated with Trusted Assessment by Care Homes. We are working with Care Homes to improve response times for assessment	Continuing recruitment to iBCF funded Trusted Assessor capacity. This will extend trusted assessment to all base wards at Leeds Teaching Hospitals Trust	None

Chg 7	**Focus on choice**	Mature	Mature	Mature	Mature	Mature	Progress is being made on developing options for the commissioning of dementia care. It is estimated that up to 30 delayed transfers of care are associated with difficulties in providing care home placements for patients with dementia, many of whom are coded under the 'choice' category. Age UK are commissioned to support patients and their carers in viewing and selecting care homes	Lack of provision for patients with complex needs notably elderly with complex mental health issues associated with dementia	Significant workstream established to indentify capacity solution to meet needs of dementia patients. Options include enhancing support and funding to care homes, development of bespoke step down unit	None
Chg 8	**Enhancing health in care homes**	Established	Established	Established	Mature	Mature		See issue re dementia above	CCG is looking to appoint care home lead to support development of sector. Work is underway to review capacity in Mental Health community services with a scheme being developed aimed at offering support to care homes for patients with dementia	None

Hospital Transfer Protocol (or the Red Bag Scheme)

Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q2 17/18	Q3 17/18	Q4 17/18 (Planned)	Q1 18/19 (Planned)	Q2 18/19 (Planned)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	**Red Bag scheme**	Established	Established	Established	Established	Established		The red bags are not always sent from the acute setting at the same time as the patient	Care Homes have responded well to this scheme	None

Better Care Fund Template Q4 2017/18

5. Income & Expenditure

Selected Health and Wellbeing Board: Leeds

Income

	2017/18 Planned		2017/18 Actual	
Disabled Facilities Grant	£ 6,199,289		£ 6,199,289	
Improved Better Care Fund	£ 16,188,622		£ 16,188,622	
CCG Minimum Fund	£ 51,228,544		£ 51,228,544	
Minimum Subtotal		£ 73,616,455		£ 73,616,455
CCG Additional Contribution			£ -	
LA Additional Contribution	£ 2,877,333		£ 2,877,334	
Additional Subtotal		£ 2,877,333		£ 2,877,334

	Planned 17/18	Actual 17/18
Total BCF Pooled Fund	£ 76,493,789	£ 76,493,789

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2017/18	N/A

Expenditure

	2017/18
Plan	£ 76,493,789
Actual	£ 76,493,789

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2017/18	

Better Care Fund Template Q4 2017/18

6. Year End Feedback

Selected Health and Wellbeing Board: Leeds

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	There was already a well established, strong relationship between health and social care in Leeds. The BCF has added a bit more focus to this relationship but has also brought with it additional bureaucracy.
2. Our BCF schemes were implemented as planned in 2017/18	Agree	Our schemes have been implemented as planned.
3. The delivery of our BCF plan in 2017/18 had a positive impact on the integration of health and social care in our locality	Disagree	There was already a well established health and wellbeing structure in place before BCF and more confusion has now been created with a multiplicity of plans including BCF, A&E plan, WY and Harrogate STP and our own Leeds Plan.
4. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Non-Elective Admissions	Agree	The BCF process has prompted more focus onto NEAs and the number of NEAs is below plan.
5. The delivery of our BCF plan in 2017/18 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	The BCF process has prompted more focus onto DToCs and the number of DToCs is starting to reduce in both the Acute and Mental Health Trusts. The Spring Budget monies have also helped Adult Social Care related DToCs keep consistently under target.
6. The delivery of our BCF plan in 2017/18 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	Adult Social Care reablement services have been restructured to provide more capacity.
7. The delivery of our BCF plan in 2017/18 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Leeds implemented a new Community Care Bed Strategy in 2017-18 to support transfers of care rather than people being admitted to permanent care home placements.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and three Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

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8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest **successes**
Success 1	3. Integrated electronic records and sharing across the system with service users	The Leeds Care Record. This is a joined-up digital care record which enables clinical and care staff to view real-time health and care information across care providers and between different systems. It is a secure computer system that brings together certain important information about patients who have used services provided by their GP, at a local hospital, community healthcare, social services or mental health teams.
Success 2	6. Good quality and sustainable provider market that can meet demand	The Community Care Bed Strategy. Leeds implemented a new Community Care Bed strategy during 2017-18. Following a re-procurement exercise, the new Community Care Bed Service became operational on 1st November 2017. Capacity has increased to 227 beds across seven bed bases and will cater for both Intermediate Care and a new Transfer To Assess model. The pathway into the Community Bed Care Service is being delivered through an integrated approach between Leeds Teaching Hospitals Trust, Leeds Community Healthcare Trust, the Local Authority and the independent sector. The service will now include capacity for hospital 'discharge to assess' patients as well as people requiring active rehabilitation, so that people's longer term care needs can be assessed outside of the hospital environment and reduce delayed transfers of care.

8. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2017/18.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest **challenges**
Challenge 1	Other	Reducing delayed transfers of care. Increases in delayed transfers of care have been reported within the Leeds Mental Health provider with most of these DToCs being dementia related. A Dementia Board Workshop has been held to look at the issues and difficulties in out of hospital provision for dementia patients. A number of initiatives have been agreed, funded by monies from the iBCF grant/spring budget to support system flow.
Challenge 2	6. Good quality and sustainable provider market that can meet demand	Ongoing lack of nursing staff.

Footnotes:
Question 8 and 9 are should be assigned to one of the following categories:

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1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rurual factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

Better Care Fund Template Q4 2017/18

7. Narrative

Selected Health and Wellbeing Board: Leeds

Remaining Characters:	18,487

Progress against local plan for integration of health and social care

As articulated in the Leeds 2017-19 BCF Narrative Plan, the Leeds BCF is a contributor to the delivery of the Leeds Health and Care Plan (which in turn forms a strand of the Leeds Health & Well-being Strategy). The Leeds Plan is founded on the development of a Population Health Management approach for the city and all partners have been involved in a series of workshops which has identified the population segments that will be focussed on initially (frailty and end of life.) The new Frailty Unit has been established at LTHT which operates with resources from across health and social care agencies including 3rd sector. It integrates assessment and discharge planning by utilising the skills of staff from LTHT, LCH, Adult Social Care and 3rd sector. Partners are working together to support the commissioning and development of community provision for patients with dementia. This will require agreement to joint commissioning of both clinical teams and independent sector provision.

Our 13 neighbourhood teams continue to work in partnership with other organisations wrapping care around the patient. Each neighbourhood in Leeds is aligned to a Community Geriatrician and integrated neighbourhood team who work with our primary care teams as part of a wider MDT. These teams are providing a greater focus on preventative care and self-management, reducing hospital admissions. Often teams are required to prioritise their caseload to support system flow and respond to urgent and rapid requests.

Please tell us about the progress made locally to the area's vision and plan for integration set out in your BCF narrative plan for 2017-19. This might include significant milestones met, any agreed variations to the plan and any challenges.

Remaining Characters:	18,899

Integration success story highlight over the past quarter

We have now completed the implementation of the new Community Bed strategy across Leeds. Contracts were awarded for a new Community Care Beds Service (CCBS) in September 2017 following a procurement process led by the Leeds CCGs Partnership in readiness for Winter. Capacity is now at 227 beds across seven bed bases catering for both Intermediate Care and a new Transfer To Assess model. Despite a challenging winter and initial start up issues associated with implementing a new model we are now beginning to develop a better undertsanding of how to manage flow through our community beds. As such we have seen a gradual reduction in delays for patients waiting in hospital for community beds. We have also seen few delays associated with patients requiring community care.

We are now undertaking further work following on from the NHS Improvement led MADE event to further develop our approach to 'discharge to assess' to enable increasing number of patients longer term care needs to be assessed outside of the hospital environment and as such reduce long stays and delayed transfers of care.

Please tell us about an integration success story observed over the past quarter highlighting the nature of the service or scheme and the related impact.

Better Care Fund Template Q4 2017/18

Checklist

<< Link to Guidance tab

Complete Template

1. Cover

	Cell Reference	Checker
Health & Wellbeing Board	C8	Yes
Completed by:	C10	Yes
E-mail:	C12	Yes
Contact number:	C14	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	C16	Yes

Sheet Complete:	Yes

2. National Conditions & s75

	Cell Reference	Checker
1) Plans to be jointly agreed?	C8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements?	C9	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	C10	Yes
4) Managing transfers of care?	C11	Yes
1) Plans to be jointly agreed? If no please detail	D8	Yes
2) Social care from CCG minimum contribution agreed in line with Planning Requirements? If no please detail	D9	Yes
3) Agreement to invest in NHS commissioned out of hospital services? If no please detail	D10	Yes
4) Managing transfers of care? If no please detail	D11	Yes
Have the funds been pooled via a s.75 pooled budget?	C15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please detail	D15	Yes
Have the funds been pooled via a s.75 pooled budget? If no, please indicate when	E15	Yes

Sheet Complete:	Yes

3. Metrics

	Cell Reference	Checker
NEA Target performance	D7	Yes
Res Admissions Target performance	D8	Yes
Reablement Target performance	D9	Yes
DToC Target performance	D10	Yes
NEA Challenges	E7	Yes
Res Admissions Challenges	E8	Yes
Reablement Challenges	E9	Yes
DToC Challenges	E10	Yes
NEA Achievements	F7	Yes
Res Admissions Achievements	F8	Yes
Reablement Achievements	F9	Yes
DToC Achievements	F10	Yes
NEA Support Needs	G7	Yes
Res Admissions Support Needs	G8	Yes
Reablement Support Needs	G9	Yes
DToC Support Needs	G10	Yes

Sheet Complete:	Yes

4. HICM

	Cell Reference	Checker
Chg 1 - Early discharge planning Q4	H8	Yes
Chg 2 - Systems to monitor patient flow Q4	H9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4	H10	Yes
Chg 4 - Home first/discharge to assess Q4	H11	Yes
Chg 5 - Seven-day service Q4	H12	Yes
Chg 6 - Trusted assessors Q4	H13	Yes
Chg 7 - Focus on choice Q4	H14	Yes
Chg 8 - Enhancing health in care homes Q4	H15	Yes
UEC - Red Bag scheme Q4	H19	Yes
Chg 1 - Early discharge planning Q1 18/19 Plan	I8	Yes
Chg 2 - Systems to monitor patient flow Q1 18/19 Plan	I9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q1 18/19 Plan	I10	Yes
Chg 4 - Home first/discharge to assess Q1 18/19 Plan	I11	Yes
Chg 5 - Seven-day service Q1 18/19 Plan	I12	Yes
Chg 6 - Trusted assessors Q1 18/19 Plan	I13	Yes
Chg 7 - Focus on choice Q1 18/19 Plan	I14	Yes
Chg 8 - Enhancing health in care homes Q1 18/19 Plan	I15	Yes
UEC - Red Bag scheme Q1 18/19 Plan	I19	Yes
Chg 1 - Early discharge planning Q2 18/19 Plan	J8	Yes
Chg 2 - Systems to monitor patient flow Q2 18/19 Plan	J9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q2 18/19 Plan	J10	Yes
Chg 4 - Home first/discharge to assess Q2 18/19 Plan	J11	Yes
Chg 5 - Seven-day service Q2 18/19 Plan	J12	Yes
Chg 6 - Trusted assessors Q2 18/19 Plan	J13	Yes
Chg 7 - Focus on choice Q2 18/19 Plan	J14	Yes
Chg 8 - Enhancing health in care homes Q2 18/19 Plan	J15	Yes
UEC - Red Bag scheme Q2 18/19 Plan	J19	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	K8	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	K9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams, if Mature or Exemplary please explain	K10	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	K11	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	K12	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	K13	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	K14	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	K15	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	K19	Yes
Chg 1 - Early discharge planning Challenges	L8	Yes
Chg 2 - Systems to monitor patient flow Challenges	L9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	L10	Yes
Chg 4 - Home first/discharge to assess Challenges	L11	Yes
Chg 5 - Seven-day service Challenges	L12	Yes
Chg 6 - Trusted assessors Challenges	L13	Yes
Chg 7 - Focus on choice Challenges	L14	Yes
Chg 8 - Enhancing health in care homes Challenges	L15	Yes
UEC - Red Bag Scheme Challenges	L19	Yes
Chg 1 - Early discharge planning Additional achievements	M8	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	M9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	M10	Yes
Chg 4 - Home first/discharge to assess Additional achievements	M11	Yes
Chg 5 - Seven-day service Additional achievements	M12	Yes
Chg 6 - Trusted assessors Additional achievements	M13	Yes
Chg 7 - Focus on choice Additional achievements	M14	Yes
Chg 8 - Enhancing health in care homes Additional achievements	M15	Yes
UEC - Red Bag Scheme Additional achievements	M19	Yes
Chg 1 - Early discharge planning Support needs	N8	Yes
Chg 2 - Systems to monitor patient flow Support needs	N9	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	N10	Yes
Chg 4 - Home first/discharge to assess Support needs	N11	Yes
Chg 5 - Seven-day service Support needs	N12	Yes
Chg 6 - Trusted assessors Support needs	N13	Yes
Chg 7 - Focus on choice Support needs	N14	Yes
Chg 8 - Enhancing health in care homes Support needs	N15	Yes
UEC - Red Bag Scheme Support needs	N19	Yes

Sheet Complete:	Yes

5. Income & Expenditure

	Cell Reference	Checker
2017/18 - Actual CCG additional contribution income	G14	Yes
2017/18 - Actual LA additional contribution income	G15	Yes
2017/18 - Difference between plan & actual income Commentary	E21	Yes
2017/18 - Actual Spend	D31	Yes
2017/18 - Difference between plan & actual expenditure Commentary	E33	Yes

Sheet Complete:	Yes

6. Year End Feedback

	Cell Reference	Checker
Statement 1 - Joint working Delivery Response	C10	Yes
Statement 2 - BCF Scheme Delivery Response	C11	Yes
Statement 3 - Health & Social Care Integration Delivery Response	C12	Yes
Statement 4 - NEA Delivery Response	C13	Yes
Statement 5 - DTOC Delivery Response	C14	Yes
Statement 6 - Reablement Delivery Response	C15	Yes
Statement 7 - Residential Admissions Delivery Response	C16	Yes
Statement 1 - Joint working Delivery Commentary	D10	Yes
Statement 2 - BCF Scheme Delivery Commentary	D11	Yes
Statement 3 - Health & Social Care Integration Delivery Commentary	D12	Yes
Statement 4 - NEA Delivery Commentary	D13	Yes
Statement 5 - DTOC Delivery Commentary	D14	Yes
Statement 6 - Reablement Delivery Commentary	D15	Yes
Statement 7 - Residential Admissions Delivery Commentary	D16	Yes
Success 1 category	C22	Yes
Success 2 category	C23	Yes
Success 1 response	D22	Yes
Success 2 response	D23	Yes
Challenge 1 category	C27	Yes
Challenge 2 category	C28	Yes
Challenge 1 response	D27	Yes
Challenge 2 response	D28	Yes

Sheet Complete:	Yes

7. Narrative

	Cell Reference	Checker
Progress against local plan for integration of health and social care	B8	Yes
Integration success story highlight over the past quarter	B12	Yes

Sheet Complete:	Yes

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Appendix 3 – List of 16 schemes funded through the iBCF Grant which are not specified separately on the iBCF Grant quarterly return

Name of scheme	Objective of scheme
Dementia – Online information and training	To improve the dementia journey at all stages, but principally:- 1. Information seeking which is often at the earlier stages; 2. Quality and capacity of health and social care with a focus on a training offer for care homes.
Time for Carers	To continue the funding of the Time for Carers grant which is a well-established, successful and popular scheme administered by Carers Leeds and which provides unpaid carers with a small grant of up to £250 in order that they can take a break from caring.
Working Carers	To provide a funding contribution in order to expand existing and on-going work at Carers Leeds 'Working Carers Project' aimed at working with employers to improve support for carers who are in employment. The funding will also support the project to encourage SMEs in Leeds to take advantage of Employers for Carers membership.
Asset Based Community Development (ABCD)	To support further testing of Asset Based Community Development (ABCD) and asset based approaches, supporting individual and community wellbeing, with a view to developing the strategy for wider rollout.
Prevent Malnutrition Programme	To establish a single programme of work known as the 'Leeds Malnutrition Prevention Programme' that will encompass a) a series of malnutrition campaigns b) the dissemination of resources c) the increased effectiveness and capacity of the older people nutrition training (Improving Nutritional Care & Nutritional Champions) across the health and social care workforce and allied health professionals d) the reintroduction of the 2012 'Winter Pressure Project' which included a single point of contact for health and social care professionals who identified an older person to be at risk of malnutrition.
Peer Support Networks	To develop a sustainable network of peer support groups across Leeds for people living with Long Term Conditions.
Ideas that Change Lives investment fund	To strengthen the Ideas that Change Lives Investment fund, which supports socially enterprising activities that support people with care and support needs to remain independent. The additional funding will be particularly focused on encouraging the development of social enterprises in more deprived communities and the business support that works alongside the fund will also be refocused to support this.
A&H - Change Capacity	To create a call off provision for the supply of additional change capacity to support the development and improvement to Social Care processes - particularly linked to strengths based social care, maintaining a stable care market and maximising income collection.

Appendix 3 – List of 16 schemes funded through the iBCF Grant which are not specified separately on the iBCF Grant quarterly return

Telecare Smartroom	1. To Set up a "Telecare Room" package for the recovery bed bases. 2. To have a Telecare demonstrator area in each of the recovery hubs. 3. To have Telecare lifestyle monitoring devises for the recovery services. Customers and their carers using the recovery services will be able to use Telecare equipment whilst receiving the recovery services. A referral for equipment on discharge can be made with the knowledge of what is needed and the customer is confident using it.
Assisted Living Leeds Volunteer Drivers	To create volunteer driver posts at Assisted Living Leeds to collect small items of equipment, that do not require any technical ability to disassemble or remove, such as Zimmer frames, commodes, pick up sticks cushions etc.
Learning & Information Resource in recovery hubs	To set up learning and information resource in the four recovery bed bases and the three Complex Needs Centres. The resource will be for customers, carers and staff. The resource will have iPad/tablets and desk top computers for supporting customer to access the internet for home shopping, keeping in touch with family and friends.
Business Development Manager for Assistive Technology post	To create a 2 year fixed term post of Business Development Manager for Assistive Technology. The role of this post will be to bring additional business into AT services both by responding to approaches to Assisted Living Leeds and proactively looking for business opportunities in AT.
Business Support for Discharge Process	To provide additional Business Support in HSW to accommodate the centralisation of all hospital discharges within the HSW service.
Rapid Response	To provide a weekend city wide Rapid Response service to avoid potential hospital admission. Also to enable work on hospital discharge at weekends.
Supporting Wellbeing and Independence for Frailty	To work with older people who are living with frailty, socially isolated and with complex issues to improve their quality of life and support them to live independently.
Customer Access	To provide a Customer Service Officer role for two years so we can safeguard social care against any increases in call handling times while a new strength based process beds in.

Leeds Health and Wellbeing Board

Report author: Bryan Machin, Director of Finance and Resources, Leeds Community Healthcare NHS Trust

Report of: Leeds Health and Care Partnership Executive Group (PEG)

Report to: Leeds Health and Wellbeing Board

Date: 14th June 2018

Subject: Leeds Health and Care Quarterly Financial Reporting

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues:

This report provides the Health and Wellbeing Board with an overview of the financial positions of the health & care organisations in Leeds, brought together to provide a single citywide quarterly financial report (Appendix 1). This report provides an overview of each organisation's year end financial position for 2017/18 and their plans for 2018/19,

Key headlines are:

- At the end of the 2017/18, each of the partner organisations in the city met or exceeded their financial plans.
- For 2018/19 each of the health organisations has agreed its financial target with its regulator. The Council is planning a balanced financial position. There are significant challenges in achieving those plans and significant risks.

Recommendations:

The Health and Wellbeing Board is asked to:

- Note the 2017/18 end of year position and the 2018/19 financial plans.

1. Purpose of this report

1.1. This report provides the Health and Wellbeing Board with a brief overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide quarterly financial report (Appendix 1).

1.2. The report for this quarter is in two parts; the 2017/18 year end position and the 2018/19 financial plans.

1.3. Together, this financial information and associated narrative aims provide greater understanding of the collective and individual financial performance of the health and care organisations in Leeds and, for 2018/19 to signal where the current and expected financial pressures are. This provides the Health and Wellbeing Board with an opportunity to direct action which will support an appropriate and effective response.

1.4. This paper supports the Board's role in having strategic oversight of and both the financial sustainability of the Leeds health and care system and of the executive function carried out by the Leeds Health and Care Partnership Executive Group.

2. Background information

2.1. The financial information contained within this report has been contributed by Directors of Finance from Leeds City Council, Leeds Community Healthcare Trust, Leeds Teaching Hospital Trust, Leeds and York Partnership Trust and NHS Leeds CCG.

3. Main issues

3.1. At the end of the 2017/18, each of the partner organisations in the city met or exceeded their financial plans. This represents excellent performance particularly in the light of the continued challenging financial environment in which the local NHS and care system is operating.

3.2. For 2018/19 each of the health organisations has agreed its financial target with its regulator. The Council is planning a balanced financial position. There are significant challenges in achieving those plans and, already, significant known risks.

4. Health and Wellbeing Board governance

4.1. Consultation, engagement and hearing citizen voice

4.1.1. Development of the Leeds health & care quarterly financial report is overseen by the Directors of Finance from Leeds City Council, Leeds Community Healthcare Trust, Leeds Teaching Hospital Trust, Leeds and York Partnership Trust and the Leeds Clinical Commissioning Groups.

4.1.2. Individual organisation engage with citizens through their own internal process and spending priorities are aligned to the Leeds Health & Wellbeing Strategy 2016-2021, which was developed through significant engagement activity.

4.2. Equality and diversity / cohesion and integration

4.2.1. Through the Leeds health & care quarterly financial report we are better able to understand a citywide position and identify challenges and opportunities across the health and care system to contribute to the delivery of the vision that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest', which underpins the Leeds Health and Wellbeing Strategy 2016- 2021.

4.3. Resources and value for money

4.3.1. The Health and Wellbeing Board has oversight of the financial stability of the Leeds system with PEG committed to using the 'Leeds £', our money and other resources, wisely for the good of the people we serve in a way in which also balances the books for the city. Bringing together financial updates from health and care organisations in a single place has multiple benefits; we are better able to understand a citywide position, identify challenges and opportunities across the health and care system and ensure that people of Leeds are getting good value for the collective Leeds £.

4.4. Legal Implications, access to information and call In

4.4.1. There is no access to information and call-in implications arising from this report.

4.5. Risk management

4.5.1. The Leeds health & care quarterly financial report outlines the extent of the financial challenge facing the Leeds health and care system. These risks are actively monitored and mitigated against, through regular partnership meetings including the Citywide Director of Finance group and reporting to the PEG and other partnership groups as needed. Furthermore, each individual organisation has financial risk management processes and reporting mechanisms in place.

5. Conclusions

5.1. Whilst in 2017/18 all health and care partners in the city met the required financial targets some of this was due to non-recurrent benefits rather than sustainable changes to operational delivery. In 2018/19 partner organisations are predicting that they will again successfully discharge their financial responsibilities but have identified a number of challenges to doing so.

6. Recommendations

6.1. The Health and Wellbeing Board is asked to:

- Note the Leeds health & care quarterly financial report.

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7. Background documents

7.1. None

How does this help reduce health inequalities in Leeds?

An efficient health and care system in financial balance enables us to use resources more effectively and target these in areas of greatest need.

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

Driving up quality depends on having the resources to meet the health and care needs of the people of Leeds. Spending every penny wisely on evidence based interventions and ensuring we have an appropriate workforce and can manage our workforce effectively promotes system-wide sustainability.

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

It maintains visibility of the financial position of the statutory partners in the city

Future challenges or opportunities

Future updates will be brought to the Health and Wellbeing Board as requested and should be factored into the work plan of the Board.

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

Quarterly Finance Report to Leeds Health and Wellbeing Board

A. End of year financial position for 2017/18

A1 - City Summary

At the end of the 2017/18, each of the partner organisations in the city met or exceeded their plans. This represents excellent performance particularly in the light of the continued challenging financial environment in which the local NHS and care system is operating.

Outturn for 12 months ended 31st March 2018	Total Income/Funding			Pay Costs			Other Costs			Total Costs			Net surplus/(deficit)		
	Plan £m	Outturn £m	Var £m	Plan £m	Outturn £m	Var £m	Plan £m	Outturn £m	Var £m	Plan £m	Outturn £m	Var £m	Plan £m	Outturn £m	Var £m
Leeds City Council	615	618	2	143	143	0	473	475	(3)	615	618	(3)	0	(0)	(0)
Leeds Community Healthcare NHS Trust	148	150	1	104	104	0	41	41	0	145	145	1	3	5	2
Leeds Teaching Hospitals NHS Trust	1,207	1,236	29	682	703	(21)	515	514	1	1,198	1,217	(19)	9	19	10
Leeds & York Partnership Foundation Trust	151	157	6	110	108	2	37	45	(8)	147	153	(6)	4	4	0
NHS Leeds CCGs Partnership	1,195	1,195	0	15	14	0	1,181	1,174	6	1,195	1,189	7	0	7	7

Sign convention: (negative numbers) = adverse variances
Numbers may not sum due to roundings

A2 – Organisational commentary on year end position

a. Leeds City Council

The numbers quoted above relate solely to the Adults and Health directorate (which now includes Public Health) and the Children and Families directorate and are in line with the provisional outturn for 2017/18 reported to the Council's Executive Board on the 18th April 2018. Some further variations can be expected which will be reported in the final outturn to be reported in June 2018.

In summary, Adults and Health are projecting a balanced position after taking account of a contribution to their earmarked reserves. Children and Families are projecting an overspend of £0.4m, but this is after additional in-year funding of £3.7m from reserves outside of the directorate to support the looked after children's budget.

The budget for the Adults and Health directorate has been adjusted for the additional monies allocated by the Chancellor in the Spring Budget. Outside of this additional funding, the directorate's planned actions to reduce costs together with lower than anticipated demand pressures relating to the Learning Disability service and direct payments has resulted in a contribution of £1.4m to earmarked reserves rather than the budgeted contribution from earmarked reserves which will be carried forward to address anticipated pressures in respect of residential placements and increased cost pressures on commissioned care contracts. Staffing is underspent by £0.6m, additional income £0.7m and £0.3m of other costs make up this variance. The grant funded Public Health budget is projecting a small underspend of £122k (principally staffing) which will be carried forward.

Within Children and Families, the increase in the demand for external residential placements and Independent Fostering Agents placements during the autumn has now steadied. Based on current numbers a net variance of around £1.0m is projected for year end. Staffing costs are projected to overspend by around £0.6m. In order to offset these pressures, including a £0.3m pressure on commissioned services, the Directorate is looking to utilise an additional £2.0m of the Department for Education Partners in Practice funding earlier than profiled and will also maximise external income.

b. Leeds Community Healthcare Trust

LCH exceeded its control total by £1.7m having received £1.5m additional Sustainability and Transformation Funding (STF) and underspending by £0.2m a nationally mandated risk reserve released in the final quarter of the year. Other than that, the year broadly turned out as planned.

c. Leeds Teaching Hospitals Trust

The Trust delivered a year-end out-turn surplus of £18.9m, which was £9.8m better than plan. Prior to STF, the Trust planned to deliver a deficit of £14m, and ended the year with a deficit of £11m. The final position included a total of £29.9m STF, which was higher than plan due to the receipt of incentive STF payments following over achievement of the Trust's pre STF control total. Overall the Trust achieved its £63.9m waste reduction plan (CIP target), but the split of actual delivery was different to that planned at the start of the financial year, which explains the majority of the income over-performance and pay over-spend. Non pay spend overall was largely in line with plan.

d. Leeds and York Partnership Trust

LYPFT overachieved the planned surplus position (£0.2m over Control Total) and as a consequence received £1.5m additional STF incentive funding which was broadly offset by an impairment of £1.6m. Out of area placements represented the most significant challenge which was managed in year by a risk share arrangement agreed with NHS Leeds CCGs.

e. NHS Leeds CCGs

The three CCGs had each planned for in year breakeven position. However a small surplus of £6.7m was made, due to release of reserved STF per NHSE guidance, benefit of Category M drugs clawback, and other small non recurrent savings

B. 2018/19 Financial Plans

Each of the health organisations has agreed its financial target with its regulator. The Council is planning a balanced financial position. As the section for each organisation explains below the table, there are significant challenges in achieving those plans and, already, significant known risks. There is additional risk, at the time of writing, from the lack of clarity on the extent to which the NHS pay award will be funded and how the funds are distributed across organisations and the impact on other organisations and their commissioners where pay is heavily influenced by NHS pay rates.

B1 - City Summary

Plan for 12 months ended 31st March 2019	Total Income/Funding £m	Pay Costs £m	Other Costs £m	Total Costs £m	Net surplus/(deficit) £m
Leeds City Council	631.3	140.3	491.0	631.3	-
Leeds Community Healthcare NHS Trust	145.0	102.9	39.6	142.5	2.5
Leeds Teaching Hospitals NHS Trust	1,240.3	708.0	503.4	1,211.4	28.9
Leeds & York Partnership Foundation Trust	161.1	113.8	44.0	157.8	3.3
NHS Leeds CCG	1,218.4	15.5	1,202.9	1,218.4	-

B2 – Organisational commentary 2018/19 Financial Plans

a. Leeds City Council

Adults and Health

Pressures of £14.8m (7.2% of net budget) had been identified; £8.8m related to inflation including support to paying the national living wage for commissioned care; £4.5m due to demand pressures; and £1.5 in respect of client contributions. After taking account of a £2.4m net increase in the directorates funding and increased fees and charges of £1.6m, delivery of the £10.8m balance is through plans for efficiencies within the directorate (£6.6m) and service changes relating to care packages and costs and 'left shift' service models avoiding residential care through supported self-care and community based alternatives. As in previous years the Public Health Grant has been cut by a further £1.2m, or 2.57% compared to 2017/18 which has been mitigated through the use of alternative funding streams £0.7m and £0.5m from contracts and commitments set to expire and other savings.

Children and Families

The directorate identified total pressures of £13.7m: £2.8m due to inflation pressures; £4m due to demand pressures and £4.7m for the fallout of grant. Offsetting savings planned to be delivered through a mixture of increased grant and other income (£2.5m) and efficiency savings and service reviews (£2.1m).

b. Leeds Community Healthcare Trust

LCH accepted a control total surplus of £2.5m requiring efficiencies of 3.4% (£5m) of which £1.2m remained unidentified at the start of the year. The biggest risk to achievement of the control total concerns identification of savings to match CCG decommissioning plans; the Trust and the CCG are working together to mitigate this risk.

c. Leeds Teaching Hospitals Trust

The Trust plans to deliver a surplus of £28.9m in 2018/19, which would represent an increase of £10m compared to 2017/18. The pre-PSF position will be a small deficit of £3.5m (the Trust is eligible to receive up to £32.4m core PSF funding). The waste reduction programme for 2018/19 is £75.8m. There is a material risk to delivery; in particular the Trust needs NHSI and DH support for a number of the initiatives.

Overall income is not expected to grow significantly in 2018/19, predominantly because the Trust has agreed Aligned Incentive Contract figures with Leeds CCGs and NHSE. Towards the end of 2017/18 the Trust was already negotiating transition to the revised contracts, and that was recognised in contractual payments from CCGs. 2017/18 also included other non-recurrent non-contract income.

The pay increase mainly relates to an expected 1% pay award - the ongoing negotiations which may see a settlement in excess of 1% have not yet been included, but they are expected to be funded in year should they arise. Other local cost pressures and non recurrent savings made in 2017/18 are offset by waste reduction schemes identified for 2018/19.

The reduction in non-pay expenditure is driven principally by identified waste reduction schemes, which are expected to more than offset increases due to both inflationary pressures and additional activity expectations.

d. Leeds and York Partnership Trust

LYPFT accepted the Control Total surplus challenge for 2018/19 based on achieving a non-recurrent profit on disposal of assets. To maintain a balanced position we are required to deliver a 2% CIP target, currently £0.8m CIPs need to be identified in year.
Out of area placements remain a key pressure and we have agreed a trajectory for improvement over the year, funding for this trajectory is agreed with Leeds CCG.

e. NHS Leeds CCG

The 2018/19 financial plan for NHS Leeds CCG is prepared on the basis of a breakeven position in relation to the advised allocation. Financial sustainability is reliant on the achievement of a significant QIPP target against which there is significant risk. This system wide plan must focus on commissioning and providing cost effective services and the delivery of QIPP programmes through transformation whilst keeping system wide organisations financially stable at the same time as managing the increasing demands of health and social care needs within the local population

Leeds Health and Wellbeing Board

Report author: Shak Rafiq (NHS Leeds CCGs Partnership)

Report of: Shak Rafiq (Communications Manager, NHS Leeds Clinical Commissioning Groups)

Report to: Leeds Health and Wellbeing Board

Date: 14 June 2018

Subject: NHS Leeds Clinical Commissioning Groups Partnership Annual Reports 2017-2018

Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

NHS England requires all NHS Clinical Commissioning Groups (CCGs) to produce annual reports in a prescribed format to a specific timescale.

One of the statutory requirements is for CCGs to review to what extent they have contributed to the local joint health and wellbeing strategy, to include this review in our annual reports and to consult with the Health and Wellbeing Board in preparing them.

This is the formal wording taking from NHS England's guidance *"Please review the extent to which the CCG has contributed to the delivery of any joint health and wellbeing strategy to which it was required to have regard under section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007. It is a statutory requirement to include this review in your annual report and to consult with each relevant Health and Wellbeing Board in preparing it."*

At the Health and Wellbeing Board meeting on 19 February 2018, members agreed the process for the NHS Leeds CCG Partnership Annual Reports for 2017-2018. It was agreed that the NHS Leeds CCG contributions to the *Leeds Health and Wellbeing Board: Reviewing the year 2017-2018* would be used as the basis for highlighting the CCG's contribution to the delivery of the Leeds Health and Wellbeing Strategy.

A final draft was shared for comment by members. This section was then included in the draft Annual Report and Accounts which has been submitted to NHS England on 20 April 2018. The final NHS Leeds Clinical Commissioning Groups Partnership Annual Reports and Accounts 2017-2018 will be published on Friday 15 June 2018.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the extract from the final NHS Leeds CCG Annual Report 2017-2018 – "CCG's role in delivering the Leeds Health and Wellbeing Strategy 2016-2021".

1 Purpose of this report

1.1 This report is for information only, confirming that all arrangements agreed at the meeting on 19 February have been actioned.

1.2 Furthermore the report confirms that the CCG has ensured that it followed the prescribed guidance in preparing its annual report including involving and consulting with members of the board prior to submitting its review of how it has contributed to the delivery of the Health and Wellbeing Strategy.

2 Background information

2.1 NHS England requires all NHS Clinical Commissioning Groups (CCGs) to produce annual reports in a prescribed format to a specific timescale.

2.2 The annual report has three sections:

- Performance Report, including an overview and performance analysis
- Accountability Report, including a corporate governance report, CCG members' report, statement of the Accountable Officer's responsibilities, governance statement and remuneration and staff report
- Annual Accounts

2.3 One of the statutory requirements is for CCGs to review to what extent they have contributed to the local joint health and wellbeing strategy, to include this review in our annual reports and to consult with the Health and Wellbeing Board in preparing them.

2.4 The NHS Leeds CCGs Partnership contributed to the development of the *Leeds Health and Wellbeing Board: Reviewing the year 2017-2018* paper, which was considered by Health and Wellbeing Board on 19 February 2018. This included the information submitted to the self-assessment workshop held for Board members in January 2018 by NHS Leeds CCGs Partnership on its contribution to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021. It was agreed that the submission would be used as the basis for highlighting the CCGs' contribution to the delivery of the Leeds Health and Wellbeing Strategy.

2.5 Members were then asked for any additional content that needed to be included to reflect the breadth of work undertaken by the Board that has been supported by the CCG Partnership.

2.6 As the NHS Leeds Clinical Commissioning Groups Partnership Annual Reports 2017-2018 are retrospective statutory documents they have to reflect the work of the three legal entities for 2017-2018. Therefore the report is not described as the NHS Leeds CCG Annual Report and Accounts as the merged CCG was not a statutory body until 1 April 2018.

3 Main issues

3.1 We consider effective partnership working to be fundamental to the way we do our business as CCGs and reflect this throughout our annual reports.

3.2 Each of the NHS Leeds CCGs is represented on the Leeds Health and Wellbeing Board. We actively supported the Joint Strategic Needs Assessment (JSNA) to identify the current health and wellbeing needs of local communities and highlight health inequalities that can lead to some people dying prematurely in some parts of Leeds compared to other people in the city.

3.3 We consider ourselves to be full partners in commissioning health and care services for the benefit of local people, actively supporting the 12 priority areas:

- A child friendly city and the best start in life;
- An age friendly city where people age well;
- Strong, engaged and well-connected communities;
- Housing and the environment enable all people of Leeds to be healthy;
- A strong economy, with local jobs;
- Get more people, more physically active, more often;
- Maximise the benefits from information and technology;
- A stronger focus on prevention;
- Support self-care, with more people managing their condition;
- Promote mental and physical health equally;
- A valued, well trained and supported workforce; and
- The best care, in the right place, at the right time.

3.4 The process we worked to is as follows:

- Using feedback from the 19 Feb 2018 meeting of the Leeds Health and Wellbeing Board, the CCG liaised with relevant officers to draft the text.

- Mid-March – The CCG briefed the Chair of the Leeds Health and Wellbeing Board with the proposed draft text prior to seeking comments from other members.

- Late-March – Draft text circulated to Leeds Health and Wellbeing Board members with an offer of a briefing and allow one week to receive comments. The final comments need to be received by 28 March 2018.

- Mid-April – Final draft text circulated to Leeds Health and Wellbeing Board members for information only.

- 20 April by midday – The CCG draft annual report was submitted to NHS England. The final version of the section relating to the Health and Wellbeing Board is attached as Appendix 1. The full annual report and accounts will not be available until 15 June as the CCG is required to follow a mandated process set out by NHS England. All CCGs are required to publish their annual reports on Friday 15 June which is the day after the Board meeting. This means we can only share the relevant section of the report and not the full report with members. However once officially published we can share the report with all members.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 All CCG annual report must demonstrate how they have met their statutory duty to involve the public in our commissioning activity. The guidance, for reference purposes, is as below.

4.1.2 *"Please explain how the CCG has discharged its duty under Section 14Z2 of the NHS Act 2006 (as amended 2012) to involve the public (individuals and communities you serve) in commissioning activities and the impact that engagement activity has had. This includes designing and planning, decision-making and proposals for change that will impact on individuals or groups and how health services are provided to them. It is a statutory requirement to demonstrate how this duty has been met in your annual report."*

4.2 Equality and diversity / cohesion and integration

4.2.1 The annual report includes a contribution from our equality lead demonstrating how the CCG has met its duty to the equality, diversity and inclusion agenda. The CCG annual report also demonstrates how it contributes to reducing health inequalities either through the work of the health and wellbeing board or through local schemes, often at neighbourhood level, through its member GP practices.

4.3 Resources and value for money

4.3.1 The CCG annual report is a publically published document that provides an open and transparent reflection on our performance over the year. It also offers taxpayers the opportunity to see how we have made use of our publicly-funded resources.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 A risk register is held and regularly monitored by the NHS Leeds Clinical Commissioning Groups.

5 Conclusions

5.1 Reflecting on feedback from engagement with the Leeds Health and Wellbeing Board for this statutory requirement of our annual report we have ensured that it is presented in a timely manner. For the 2017-2018 annual reports we are confident we have given members sufficient notice to provide suggested content for inclusion and sufficient time to review any draft text prior to submission to NHS England.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the extract from the final NHS Leeds CCG Annual Report 2017-2018 – "CCG's role in delivering the Leeds Health and Wellbeing Strategy 2016-2021".

7 Background documents

None

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How does this help reduce health inequalities in Leeds?

The annual report of the NHS Leeds CCG Partnership highlight joined up working to reduce health inequalities, outlining plans, targets and achievements.

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

The annual report provides a narrative on how the NHS Leeds CCG Partnership has worked in partnership to help create and sustain a high-quality health and care system.

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

The annual reports outlines how the CCG is working in partnership across the Leeds health and social care economy as part of the wider STP and Leeds Plan process.

Future challenges or opportunities

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

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2.7.3 NHS Workforce Race Equality Standard

In April 2015, the NHS Workforce Race Equality Standard (WRES) became a mandatory requirement and now forms part of the CCG assurance framework. It requires NHS organisations to demonstrate progress against nine indicators.

Our third WRES reports (2017) were produced during July and detail performance for 2016-2017 against each of the nine indicators, enabling us to identify specific areas for improvement. The reports and proposed actions were presented to the senior management team and published on our websites at the end of July.

The key inequality identified in these reports is that BME staff are under-represented at senior levels within the organisation. We will take action to reduce this inequality and use WRES data to measure progress on an annual basis.

2.7.4 Monitoring NHS provider organisations

As a commissioner of healthcare, we have a duty to ensure that all our local service providers are meeting their statutory duties under the Equality Act 2010 Public Sector Equality Duty. As well as regularly monitoring performance, patient experience and service access, we work with them to consider their progress on their equality objectives. This includes the NHS Equality Delivery System (EDS2), the NHS Workforce Race Equality Standard (WRES) and the implementation of the accessible information standard. Each provider organisation is subject to the Public Sector Equality Duty and has published its own data.

When procuring new services, we ensure that service specifications include the requirement to have robust policies in place to ensure that the needs of the nine protected characteristics and other vulnerable groups are adopted. These policies are examined and approved by procurement teams and our equality lead prior to any contract being awarded.

2.7.5 Accessible information standard working group

The group continues to meet bi-monthly to ensure that we have a consistent approach implementing the standard across all GP practices and all commissioned healthcare in Leeds.

Membership of the group includes representatives from primary care teams, contract managers and quality managers, in addition to a patient representative and representative from adult social care.

The good practice checklist produced by the working group, has already been included in the annual performance reports the NHS provider trusts produce and is used during quality visits to providers.

A draft directory of potential providers who can help produce accessible information and communication has been developed and circulated to members of the working group.

2.8 Delivering the Leeds health and wellbeing strategy

We have consulted with members of the Health and Wellbeing Board before completing and submitting this section of our annual report. This included an agenda item at the Health and Wellbeing Board meeting on 19 February 2018 as well as additional consultation with members on the draft text before final submission. Evidence of our attendance at the meeting is available online (item 58): http://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=965&MId=7965&Ver=4

We have a seat on the Leeds Health and Wellbeing Board, a statutory committee of Leeds City Council. We actively supported the Joint Strategic Needs Assessment (JSNA) using a range of information and local and national statistics to identify the current health and wellbeing needs of our communities and highlighting health inequalities that can lead to some people dying prematurely in some parts of Leeds compared to other people in the city.

The findings from the JSNA fed into the Leeds Health and Wellbeing Strategy 2016-2021: www.leeds.gov.uk/docs/Health%20and%20Wellbeing%202016-2021.pdf

The Leeds Health and Wellbeing Strategy 2016-2021 has 12 priority areas:

- A child friendly city and the best start in life;
- An age friendly city where people age well;
- Strong, engaged and well-connected communities;
- Housing and the environment enable all people of Leeds to be healthy;
- A strong economy, with local jobs;
- Get more people, more physically active, more often;
- Maximise the benefits from information and technology;
- A stronger focus on prevention;
- Support self-care, with more people managing their condition;
- Promote mental and physical health equally;
- A valued, well trained and supported workforce; and
- The best care, in the right place, at the right time.

We have provided evidence demonstrating how we have contributed to the 12 priority areas.

Priority 1: a child friendly city and the best start in life

We continue to work on the Future in Mind strategy. The strategy has a strong emphasis on prevention and developing the emotional resilience of children, young people and their families, alongside strengthening access to local early help services We are making real progress, benefitting children and young people in Leeds. Partners include child and adolescent mental health service (CAMHS) providers, school cluster representatives, Leeds Teaching Hospitals NHS Trust service representatives and therapeutic social workers. One of the key developments has been Mindmate (www.mindmate.org.uk), a self-management tool for children, young adults and families, and the introduction of a single point of access ensuring 'no wrong door' for those in need of support.

In some of our communities infant mortality rates are higher than the average which sadly means children dying before they reach their first birthday. We have invested resources to increase knowledge of infant mortality risk factors. We have invested in Home Start Leeds, helping young mums have a better bond with baby, grow in confidence, improve self-esteem and self-worth.

The citywide maternity strategy has achieved the following in 2017-2018:

- Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 20% of women, and covers a wide range of conditions. If left untreated, it can have significant and long lasting effects on the woman and her family. To support mums a perinatal mental health pathway has been agreed and published. This covers a range of services from midwives and health visiting/children centres through to the specialist mother and baby unit.
- We have worked with local women to find out more about the emotional difficulties they experienced in pregnancy. This helped us develop animations that say it's ok to ask for help - available on Leeds-based websites Mindwell (www.mindwell-leeds.org.uk) and MindMate (www.mindmate.org.uk).
- Parents with a learning disability are often affected by poverty, social isolation, stress, mental health problems, low literacy and communication difficulties. To address this we have worked with the third sector to produce communication materials for women with learning disabilities

- Films of Leeds women and babies and our Infant Mental Health Service demonstrating baby cues and bonding commissioned are now an integral part of the national award winning Baby Buddy app
- Feedback across a range of health areas shows us that patients have concerns about continuity of care. As a result community midwifery teams have been aligned with health visiting and children centre teams.

Priority 2: an age friendly city where people age well

We want to give young people in the city the best start in life and as people progress through to becoming adults, we want to make Leeds the best city to grow old in. As our population ages and Leeds gets bigger, we want to make sure we take into account the health and quality of life for older adults.

Falls are a common problem and, as we get older, we can be more likely to fall. Whilst there are many reasons that make falls more likely as we age, there are also many different things we can do to prevent them. We have invested in a falls prevention programme targeting older people at risk through a combination of physical and emotional therapy, home improvements and peer support. By doing this we can help maintain independence and prevent hospital admissions.

More older people cite loneliness as part of their lives; more surveys indicate the scale of its incidence. Loneliness is a serious health hazard, and is closely linked to depression, self-neglect and mental illness. We have worked in partnership with Leeds City Council to support Time to Shine (https://timetoshineleeds.org), which is delivering local projects across Leeds that engage socially isolated people.

Our health grants programme provided 10 health grants supporting this priority. For example we have worked Black Health Initiative to raise awareness of dementia and memory loss among people within black and minority ethnic (BME) communities.

Cancer Research UK (2015 estimates that one in two people in the UK will develop cancer at some point in their lives. We have used additional earmarked investment to improve earlier diagnosis and test out different models of care for people living with and beyond cancer. By improving early diagnosis rates we can achieve three things - improve health outcomes for those diagnosed with cancer, reduce inequalities by targeting investment to people in specific population groups and communities who tend not to access screening and diagnostic services, and reduce the costs associated with treating later-stage cancer by shifting activity away from invasive treatments to outpatient-based treatments. By investing in services to help people live with and beyond cancer we are addressing the social, emotional and economic impacts of cancer for individuals and families - supporting people to get back into work and get back to living a full and active life.

We commissioned additional activities within three of the neighbourhood networks in Leeds and are currently supporting the recommissioning of the neighbourhood networks

Working in partnership with Leeds City Council we have continued to strengthen our range of community-based initiatives to support people and families living with dementia. We now have 45 memory cafes and 13 singing groups and our memory support workers (MSW) are well integrated into GP practices.

Priority 3: strong, engaged and well-connected communities

We have invested and improved patient and public engagement structures this year, for example:

- Promoting and growing members of our citywide network to provide opportunities for anyone living in Leeds to get involved and have their say.
- Developing the patient champion programme which recognises equality and diversity and provides assurance that our commissioning

activities fully-engage with the communities and people we represent.

- Investing in the Engaging Voices project which enables engagement with the hard to reach community and supports local community groups
- Our Future in Mind strategy, in partnership with Leeds City Council, has introduced five young Mindmate champions to help spread the word online and with peer groups in schools and community youth centres. They have had a fantastic impact already in reaching out to communities and supporting our ongoing work.
- We have established a citywide GP practice patient participation group network and held the first networking event in October attended by almost 200 people.

We have been working with our primary care partners and member GP practices to connect them with local communities as highlighted below.

- Leadership roles in general practice have increased. These roles are helping bring local partners and communities together to work on new models of care. 18 Local Care Partnerships are emerging that will help support integrated care for their local population. The term 'Local Care Partnership' (LCP) describes a way of different organisations working together to provide integrated local care, recognising general practice and the registered list as the cornerstone of out-of-hospital (community) planned and urgent care provision. The LCP model aims to address key Leeds Health and Wellbeing Strategy objectives by:
  - Focusing on the prevention of ill health and supporting people of all ages to remain fit, well and active
  - Giving children the best possible start
  - Safeguarding vulnerable people
  - Supporting people in the management of their long term conditions
  - Avoiding unnecessary admission to hospital and reducing the time people spend in hospital after a necessary admission
  - Supporting people to live in their own homes as long as possible
- We have been testing new models of care in Armley through the community wellbeing programme and in Beeston and Crossgates through the 'Live Well' service. The new models of care pilots are moving towards proactive care and working jointly with local agencies and communities.
- In Chapeltown, a jointly funded health and local authority community development role has supported three patient-led groups and trained 26 community champions, linking GP practices with the local community. The champions run nine regular health and wellbeing sessions, including exercise classes, long term conditions groups and chess clubs. On a weekly average they have 85 participants attending.

2017 also saw two rounds of engagement with the 10 Community Committees (local public meetings led by elected members) where a local GP, alongside a senior health and care leader, presented on the Leeds Health and Care Plan and local health issues. These sessions aimed to prompt conversations, raise awareness, seek feedback and encourage local communities to take action to improve health outcomes. The success of these sessions has been held up as a best practice example across the region of the value of working 'with' elected members and our local communities.

These conversations have played a significant role in shaping the future of health and care in the city through the development of the draft Leeds Health and Care Plan and supports our commitment in the city to progress the conversation with the public further.

The Leeds CCGs' third sector health grants programme funded 77 grants across 50 third sector organisations reaching 20,000 people

living in Leeds over the last two years with 50% focused on specific areas of deprivation within Leeds. The remaining 50% focused on meeting the priorities of the Leeds Health and Wellbeing Strategy.

Priority 4: housing and the environment enable all people of Leeds to be healthy

Our citywide social prescribing schemes continue to support people with issues that are contributing to them feeling unwell where the primary reason is not a medical one. Social prescribing is the term used when you are referred to a service (usually non-medical) that allows a GP or GP practice staff to refer an individual to community groups and activities that could help them.

Sometimes people come to see their GP about an issue which is actually caused by things that are not medical. This could be stress caused by housing concerns, money worries or issues relating to loneliness. By being referred to a social prescribing scheme a skilled advisor will find out what's affecting an individual and the services in the community that could be better placed to help them.

Priority 5: a strong economy with quality, local jobs

From 1 April 2017, the CCG is required to pay the apprenticeship levy. The purpose of the levy is to encourage employers to invest in apprenticeship programmes and to raise additional funds to improve the quality and quantity of apprenticeships. The apprenticeships levy paid by businesses can be accessed by those same businesses to fund apprenticeship training in their business.

In March 2018 the CCG recruited its first apprentice who has joined the communications and engagement team. This is part of our commitment to be an employer of choice and to increase the diversity of our workforce using a range of demographic metrics from age, ethnicity, disability, sexuality and so on.

The CCG is a key partner in the Leeds Academic Health Partnership and has been actively involved in work to establish the Leeds Health and Care Academy. Over the coming 12 months we will look at:

- Collaborating on delivering learning management systems
- Developing effective use of estates and buildings for learning and development
- Consolidating our assets around learning and development to support the city's 57,000 health and care staff

Priority 6: get more people, more physically active, more often

Public Health England estimates that obesity is responsible for more than 30,000 deaths each year. On average, obesity deprives an individual of an extra nine years of life, preventing many individuals from reaching retirement age. In the future, obesity could overtake tobacco smoking as the biggest cause of preventable death.

We have worked with Leeds City Council to support the relaunch of One You Leeds (http://oneyouleeds.co.uk/) - the lifestyle service for people in the city. One You Leeds provides online support as well as links to local services including those that help people lead more active lifestyles with information eating well and managing weight.

Priority 7: maximise the benefits of information and technology

We have achieved a number of digital milestones this year; including:

- integrating the CCG and public health analytical service providing a broader and deeper skill base and a more holistic analytical picture
- 5000 active users of the Leeds Care Record (www.leedscarerecord.org) showing a 25% increase on last year. Leeds Care Record is a joined-up digital care record which enables clinical and care staff to view real-time health and care information across care providers and

between different systems.

- We have seen a reduction in 800,000 printed outpatient letters to GP practices as we have supported Leeds Teaching Hospitals NHS Trust to send these letters electronically - saving money and time.
- We have been encouraging take up of online GP services supporting patients with repeat prescriptions and allowing them to book/cancel GP appointments without the need to call or visit their practice. Free Wi-Fi is now available at all GP practices in Leeds
- Templates within electronic patient records have been developed for use by primary care to record any concerns relating to safeguarding adults, domestic violence and abuse and mental capacity. This enables practitioners to easily identify any concerns and ensure an appropriate assessment and response. They also allow practices to understand their practice population in terms of risks and needs.

Priority 8: a stronger focus on prevention

We know that prevention, self-management and self-care offer benefits to patients as well as to the health service. This is by reducing the need for intense health-setting based care for any long-term health conditions or preventing them from developing in the first place.

As part of this drive we are looking at how we can use our resources - including staff, equipment and our estate - towards proactive primary and secondary care prevention services. We have been focussing on long-term conditions such as diabetes, respiratory and heart failure; in child, adolescent and adult mental health services (CAMHS); and for vulnerable groups such as homeless, gypsy and travellers. For example, we were successful in obtaining national funding to increase access to foot protection services and foot awareness for people with diabetes to reduce risks of deterioration and amputation.

The CCG health grants programme invested in 20 projects that support this priority. For example, Purple Patch Arts increased knowledge of health and wellbeing amongst people with learning disabilities and the people that support them.

We have invested in various prevention strategies delivered to local populations in the last 12 months (within specific communities and/or population groups). This includes cancer awareness, winter warmth schemes, debt advice, first aid for families and HIV and hepatitis B and C screening. We have also been proactively screening at risk people against latent tuberculosis (TB).

We, alongside partners Leeds City Council, West Yorkshire Police, Leeds Community Healthcare NHS Trust and Leeds Teaching Hospitals NHS Trust, signed a pledge to support victims of honour based violence and abuse.

The CCGs Partnership safeguarding team have been successful in obtaining funding from NHS England to develop an e-learning training package as part of the Government's Prevent programme tackling violent extremism.

Healthcare providers and advocates around the world are increasingly recognising that all forms of domestic violence can have devastating physical and emotional health effects. Since August 2016 the CCG's safeguarding team has introduced a process of notifying individual GP practices of high risk victims of domestic violence and abuse which have been discussed at the daily risk and coordination meeting. This ensures that GPs are aware of the social situation and risks to individual patients and can provide a timely and coordinator response to support victims and their children who are experiencing domestic violence and abuse.

Priority 9: support self-care, with more people managing their own conditions

Empowering people with the confidence and information to look after themselves when they can, and visit the GP when they need to, gives people greater control of their own health and encourages healthy behaviours that help prevent ill health in the long-term.

People living with respiratory have been provided access to breathe easy support groups delivered by the British Lung Foundation: www.blf.org.uk/support-for-you/breathe-easy

Structured education programmes help people with diabetes to improve their knowledge and skills and also help to motivate them to take control of their condition and self-manage it effectively. We were successful in gaining national funding to deliver a structured education programme, with a particular focus on people from black and ethnic minority backgrounds.

Looking after mental health is just as important as looking after physical health. To support this we have launched two websites in the city:

- **MindMate** - for children and young people up to the age of 25. MindMate is aimed at young people in Leeds to help support mental health and wellbeing. It includes some useful self-help tools like mindfulness videos, apps and information on support services in Leeds, plus details on coping with university life.
- **MindWell** - for adults over the age of 18 MindWell is the single 'go to' place for information about mental health in Leeds. The website includes lots of resources that allow people to try self-help techniques as well as links to services that could help.

Twelve health grants supported this priority. For example, Holbeck Elderly Aid encouraged more people to manage their healthcare and long-term conditions better and Advonet increased the confidence of 400 adults with autism to manage their long-term conditions more effectively, reducing avoidable contact with health services.

Priority 10: promote mental and physical health equally

The CCG is committed to working with members of the Board to ensuring parity of esteem which means valuing mental health equally with physical health.

We have continued to invest the equivalent of our growth in resource allocation in mental health services.

This has enabled us to invest and achieve very good outcomes in early intervention in psychosis and liaison psychiatry services based within A&E and hospital wards. We have also invested in community-based memory support workers to provide ongoing support for people diagnosed with dementia and their families.

We are addressing health inequalities for people with serious mental illness through a series of initiatives. This includes improving the quality of physical health monitoring within inpatient and community mental health services, developing pathways to address nutritional needs and supporting people to manage multiple medications and their side effects.

We have developed enhanced primary mental health care to offer early intervention, relapse prevention, and reduce the number of referrals into more specialist care, which is not always appropriate.

Seventeen health grants supported this priority. People who are victims of domestic violence or those who witness it can be affected by mental ill-health. One of our grants supported local charity, Behind Closed Doors, help victims of domestic violence and abuse with co-presenting mental health issues with signposting and referrals into services, plus immediate support intervention.

As part of our Future in Mind Strategy and our work to improve emotional health in children and young people we launched Mindmate lessons. This provides teachers and pupils at key stage 2 (children aged 7-11) and 3 (children aged 11-14) with high quality, evidence-based content to reduce stigma and raise awareness of mental health.

Our maternity strategy has had a strong focus on promoting mental as well as physical health; achievements this year include:

- To support mums a perinatal mental health pathway has been agreed and published. This covers a range of services from midwives and health visiting/children centres through to the specialist mother and baby unit.

- We have worked with local women to find out more about the emotional difficulties they experienced in pregnancy. This helped us develop animations that say it's ok to ask for help - available on Leeds-based websites Mindwell (www.mindwell-leeds.org.uk) and MindMate (www.mindmate.org.uk).

Priority 11: a valued, well trained and supported workforce

Our nursing and quality team have worked in partnership with Leeds City Council's adult social care team to develop a 'One City' approach to delivering high quality care in care homes. They have begun implementing a plan that improves the care people experience in our care home settings.

Over the past year we have invested significantly in developing the primary care workforce; for example:

- Coaching and mindfulness offered to general practice and wider staff groups. 42 staff have completed a mindfulness course in the last three months, 150 more mindfulness course places will be available in 2018.
- New workforce roles are being introduced into general practice to ease some of the pressure on the GP workforce. This includes physiotherapists working across three localities in GP practices; pharmacists working across 37 practices and 12 mental health posts working across 29 general practice teams.
- Chapeltown and Harehills have brought their local health and social care workforce together to build relationships, provide peer support and understand each other roles to support better working relationships.

Seventeen health grants supported this priority - supporting unpaid carers of all ages and recruiting an additional 822 volunteers to support peers and/or people in their local communities.

Our safeguarding team deliver training to GPs across the city as well as CCG staff to ensure that they have the knowledge to safeguarding children and adults within the city. In the last year this has included training in relation to human trafficking, Prevent (tackling extremism), the child protection process, safeguarding adults and female genital mutilation (FGM) The safeguarding team continue to offer support and advice to primary care and CCG staff in all issues related to safeguarding.

Priority 12: the best care, in the right place, at the right time

We have led on developing the A&E delivery plan through a combination of new funding, service improvement, new system-wide processes and new care models to focus on achieving the A&E 4-hour standard. The system now has one approach to identifying, reporting and mitigating system pressures. The plan is about so much more than just A&E and is a true reflection of whole-system working. For example the system has introduced a number of new care models such as the multi-disciplinary frailty unit within the hospital and a GP streaming service so that people with minor conditions can be treated quickly without needing A&E. We understand that pressures on the system also come from delayed discharges and therefore we have established the Leeds Integrated Discharge Service and community-based discharge to assess. This allows patients to go home when they are medically fit to do so and an assessment of their ongoing care needs - such as social care - is done within their home. We have set up the 'well bean' crisis café - which provides an appropriate non-clinical safe space to access support and early intervention for people with complex lives and multiple needs - often the underlying cause of them using A&E in the first place.

We invested to increase community bed capacity by 26%. The additional 48 beds will be fully open in March 2018 and will increase opportunities for GPs and district nurses to avoid admissions to hospital. This will promote earlier discharge from hospital for those who no longer need to be in hospital but cannot return to their own

home. The Leeds CCGs have supported many other innovations through the integrated better care fund (iBCF) year which will support this priority for the remainder of the Leeds Health and Wellbeing Strategy term.

Leeds became one of first cities in England to commission a social prescribing service for its citizens, with local service offers based on local population needs. All local offers have been evaluated in readiness for future commissioning opportunities. The service is a recognition that many service users of primary care, ambulance, hospital and mental health care could have benefitted from a non-medical response - often linked to a social determinant of health (e.g. debt, poor housing, domestic violence, loneliness, poor-quality employment). The services not only improved health outcomes but also reduced the burden on health services.

We have supported Leeds Community Healthcare NHS Trust through a combination of incentives, service improvement and monitoring to significantly reduce waiting times for children and young people requiring access and treatment from mental health services - for general support and specialist such as eating disorders and autism.

We have supported Leeds and York NHS Partnership Foundation Trust in their preparation to launch new mental health and dementia services to older people in spring 2018. They will use the existing local care footprints already established for primary and community health care to enhance support available in communities and care homes.

Suggested priorities for our work against the priorities in 2018-2019

We will continue to develop our approach to commissioning and delivering positive and enduring health and wellbeing outcomes for the people of Leeds. This includes sharing responsibility for outcomes and inequalities as a result of our health, care and support services and to work together to integrate care around population and community needs. In 2018-2019 we will be testing this approach, alongside our commissioner and provider partners in Leeds, for people living with frailty and older people at the end of life.

Work will continue to support proactive care so that we can contribute to the future health and wellbeing for our city. This in turn supports the future resilience and sustainability of our health and social care economy. This means continuing our focus on:

- Supporting children, young people and their families to prevent longer term problems and proactively manage crisis care
- Mental health and wellbeing across our big strategic areas (e.g. maternity, cancer, dementia, long term condition management), and the needs of vulnerable population groups such as gypsy and travellers, the homeless, people with learning disabilities
- Investing in secondary prevention, self-management and proactive care delivered or supported by local care partnerships that grow from strength to strength

2.9 Working with our partners

2.9.1 West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs). It brings together all health and care organisations in our six places: Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

In November 2016 the partnership published draft high level proposals. Since then the way the partnership works has been further strengthened by a shared commitment to deliver the best healthcare possible for the 2.6 million people living across our area. This is priority to us all.

In February 2018, the partnership published 'Our Next Steps to Better Health and Care for

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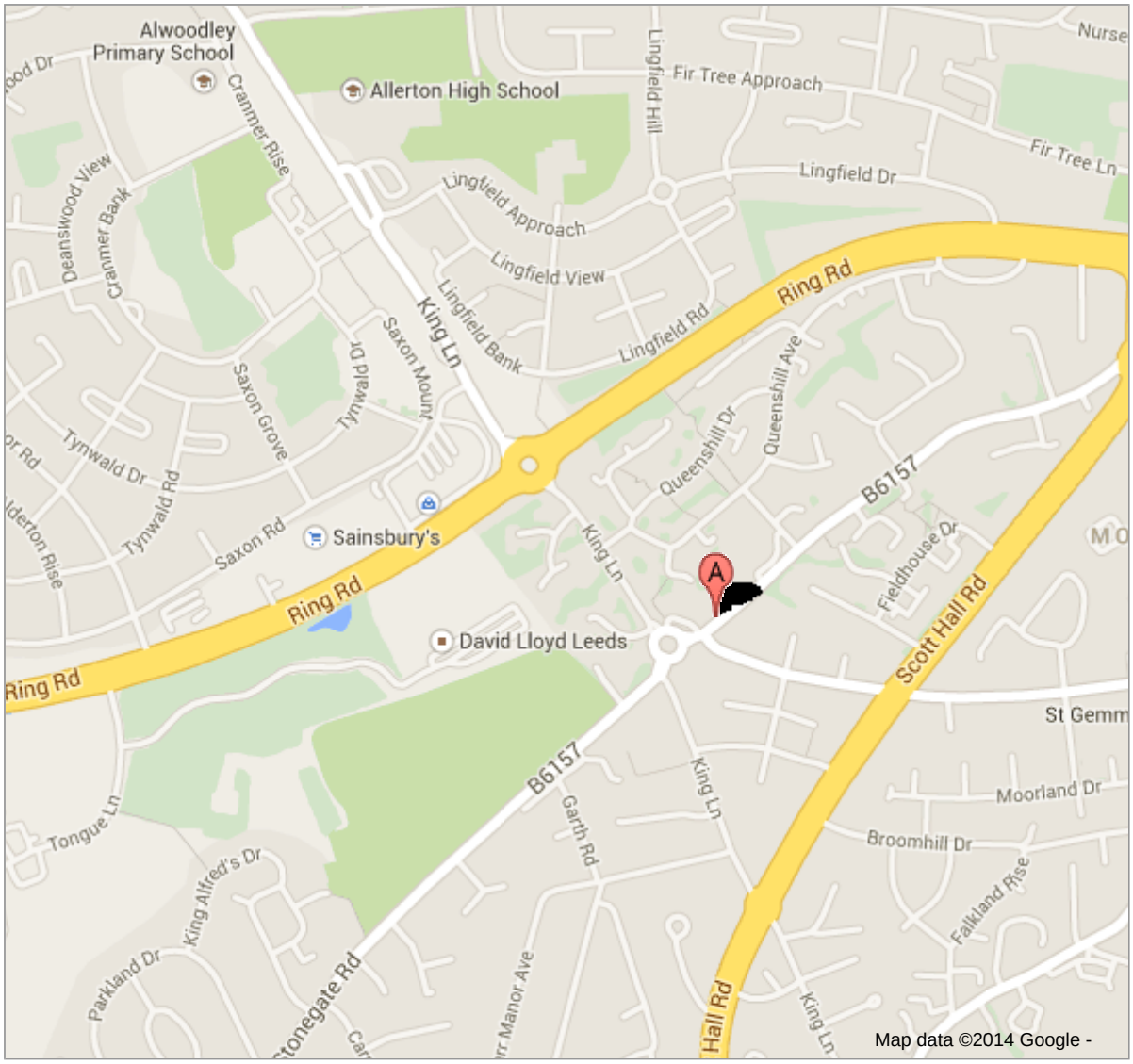

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