Public Document Pack

Leeds CITY COUNCIL

HEALTH AND WELLBEING BOARD

Meeting to be held in Function Room, St George's Centre, 60 Great George Street, Leeds, LS1 3DL on
Wednesday, 12th December, 2018 at 1.00 pm

MEMBERSHIP

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

Representatives of Clinical Commissioning Group
Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group
Phil Corrigan – Chief Executive of NHS Leeds Clinical Commissioning Group
Dr Alistair Walling – Chief Clinical Information Officer of Leeds City and 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

Representative of Leeds GP Confederation
Jim Barwick – Chief Executive of Leeds GP Confederation

Agenda complied by: Harriet Speight
Governance Services 0113 37 89954

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 5th September 2018 as a correct record.	1 - 8
9			**JOINT STRATEGIC ASSESSMENT UPDATE** To consider the joint report of the Chief Officer, Health Partnerships, and the Head of Intelligence and Policy, Leeds City Council, that provides an update on the development of the draft Joint Strategic Assessment and emerging headlines around health inequalities. (Report attached)	9 - 64

10			**PRIORITY 8 - A STRONGER FOCUS ON PREVENTION** To consider the report of the Director of Public Health presenting an overview of the range of preventative work occurring in Leeds to achieve our ambition, vision and explore how they are working together to address the emerging headlines from the Joint Strategic Assessment. (Report attached)	65 - 90
11			**LEEDS HEALTH PROTECTION BOARD - ANNUAL REPORT** To consider the report of the Director of Public Health presenting an overview of the Leeds Health Protection Board's Annual Report and proposed priorities for 2018-19. (Report attached)	91 - 114
12			**FOR INFORMATION: ANNUAL REFRESH OF THE FUTURE IN MIND - LEEDS LOCAL TRANSFORMATION PLAN** To note, for information, receipt of the joint report of the Director of Operational Delivery, NHS Leeds CCG, and the Director of Children and Families, Leeds City Council, introducing the Future in Mind - Leeds Local Transformation Plan annual refresh, which was previously submitted nationally following circulation to members for comments. (Copy attached)	115 - 178
13			**FOR INFORMATION: BCF QUARTER 2 2018/19 RETURN PERFORMANCE MONITORING** To note, for information, receipt of the joint report of the Chief Officer Resources and Strategy, Adults & Health, Leeds City Council and the Director of Operational Delivery, NHS Leeds CCG, introducing the BCF Q2 2018/19 return (incl iBCF), which was previously submitted nationally following circulation to members for comments. (Copy attached)	179 - 214

14			**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)	215 - 224
15			**FOR INFORMATION - CONNECTING THE WORK OF THE LEEDS HEALTH AND CARE PARTNERSHIP** To note, for information, the report of the Chief Officer, Health Partnerships, presenting overview of the work from the Health and Wellbeing Board workshop on communities (10th October 2018) and Health and Wellbeing Board to Board (22nd November 2018). (Copy attached)	225 - 232
			ANY OTHER BUSINESS	
17			**DATE AND TIME OF NEXT MEETING** Thursday 28th February 2019 at 10am	
			MAP OF MEETING VENUE	

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.

HEALTH AND WELLBEING BOARD

WEDNESDAY, 5TH SEPTEMBER, 2018

PRESENT: Councillor R Charlwood in the Chair

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

Representatives of Clinical Commissioning Group
Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group
Phil Corrigan – Chief Executive of NHS Leeds Clinical Commissioning Group
Dr Alastair Cartwright – Digital Programme Director for Leeds City and NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council
Dr Ian Cameron – Director of Public Health
Shona McFarlane – Deputy Director, Adults and Health, LCC
Sue Rumbold – Chief Officer, Children and Families, LCC

Third Sector Representative
Rachel Koivunen - Forum Central

Representative of Local Health Watch Organisation
Dr John Beal – Chair, Healthwatch Leeds
Hannah Davies – Chief Executive, Healthwatch Leeds

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

Representative of Leeds GP Confederation
Jim Barwick – Chief Executive of Leeds GP Confederation

19 Welcome and introductions

The Chair welcomed all present and brief introductions were made.

20 Appeals against refusal of inspection of documents

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

21 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

22 Late Items

There were no formal late items, however there was some supplementary information in relation to Item 11 “West Yorkshire & Harrogate Health and Care Partnership – a Memorandum of Understanding”, which was not available at the time of agenda publication. (Minute 29 refers)

23 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

24 Apologies for Absence

Apologies for absence were received from Cath Roff, Dr Sara Munro, Dr Alistair Walling, Steve Walker, Moira Dumma, Supt. Sam Millar and Heather Nelson. The Board welcomed Shona McFarlane, Andy Weir, Alastair Cartwright and Sue Rumbold as substitutes.

25 Open Forum

No matters were raised under the Open Forum.

26 Minutes

RESOLVED – That, subject to an amendment to include Councillor Mulherin’s apologies, the minutes of the previous meeting held 14th June 2018 were agreed as a correct record.

27 Priority 4 - Housing and the Environment Enables all People of Leeds to be Healthy

The Director of Resources and Housing submitted a report in support of discussions on the importance of greater collaboration on housing, the environment and health issues.

The following were in attendance:

- Neil Evans, Director of Resources and Housing (LCC)
- Tony Cooke, Chief Officer for Health Partnerships
- Jenny Fisher, Principal Design Officer (LCC)

The Director of Resources and Housing introduced the report and spoke to a PowerPoint presentation, highlighting the following key areas:

- Housing as a key determinant of health and wellbeing, and understanding the connection between housing and employment.
- The Board identified one of the greatest challenges as being low quality conditions in the private rented sector, particularly in our deprived communities and in the context of a decline in home ownership
- The increase in residential dwellings in the City Centre, and the need for health infrastructure to support the new influx of residents.

- Homelessness trends across the city, including a reduction in the amount of temporary accommodation used to home families. However, the Board were informed of the prominence of issues associated with 'street users', particularly in relation to drug and alcohol abuse.
- The focus on ensuring future developments included child friendly community spaces.

During discussions, the Board considered the following:

- Models of co-location were reported to be successful in shared buildings such as Tribeca House. Although the Board recognised that this approach was not always practical, Members encouraged consideration of co-location for housing and health / social care teams where possible.
- The trend of more affluent areas influencing planning decisions through Neighbourhood Plans, and the need for further engagement with deprived communities to ensure that planning decisions are community led.
- The use of Local Care Partnerships to integrate housing officers into health / social care teams and the third sector.
- That health and care colleagues would benefit from greater knowledge of planning and design, particularly in relation to legislation and barriers to housing improvements.
- The planned increase in residential dwellings in the city centre, and thus the need for strong health and social care infrastructure to support families, along with green spaces.
- That spaces and places undergoing development and redesign must be welcoming for all ages and demographics of our population.
- The need for more systematic lobbying to rise the standards for privately rented homes across the city, to tackle poor living conditions in the sector. This issue was agreed to be incorporated into the Board's work plan.
- The availability of digital technology in future developments and for future generations, as a tool to ensure better connectivity between communities and the services they require.

RESOLVED –

a) To note the Board's suggestions to further integration between housing, environment and health partners at both strategic and operational levels.
b) To note the Board's discussions around priority areas for future consideration and collaboration on housing issues which have an impact on health.
c) To agree to use the learning from the NHS England Healthy New Towns and best practice (including Wakefield Housing, Health and Social Care Partnership) to provide strategic direction and influence for partners including the NHS, Local Care Partnerships, LCC Planning and Highways.

d) To endeavour to help drive the work forward locally and regionally in line with a Health in all Policies approach and the Leeds Health and Wellbeing Strategy.
e) To note the aims, principles and progress of the Planning and Design for Health and Wellbeing group to date.

28 Draft Safer Leeds Community Safety Strategy (2018-2021)

The Director of Communities and Environment and the Chief Officer, Community Safety submitted a report which presented the draft Safer Leeds Community Safety Strategy 2018-21 and provided an opportunity for the Board to provide views; help shape the Strategy and discuss ongoing strategic support around system changes and operational response; where improving health and wellbeing outcomes are directly connected to community safety priorities.

Head of Safer Leeds, Simon Hodgson, introduced the report, and highlighted the following key areas:

- The key ambitions and shared priorities, in line with the Leeds Health and Wellbeing Strategy 2016-2021, and a new approach distinguishing between outcomes focused on victims, offenders and locations.
- Some examples of critical issues, including reference to the prevalence of New Psychoactive Substances (NPS) among street users and the launch of 'Big Change' – an alternative giving scheme coordinated by the third sector to support homelessness.

During discussions, the Board considered the following:

- The need for stronger partnerships with the prison service. The Board were informed that prisoners are currently released on a Friday, which can be detrimental for those with a history of drug and alcohol problems.
- The Board suggested a whole city approach was necessary to deal with some of the critical issues outlined in the report, which could be addressed through the Joint Strategic Assessment (JSA).
- Members noted that the impact of drug and alcohol problems on children and families could be more evident in the report, however welcomed the reference to safeguarding against criminal exploitation in the report. The Board requested that the Strategy focuses on the whole family, with vulnerable families needing tailored support.
- The Board welcomed the publication and implementation of a new drug and alcohol strategy for the city.

RESOLVED –
a) To note and endorse the strategic priorities outlined in the Safer Leeds 'Community Safety Strategy' for 2018-21.
b) To note the Board's discussion in relation to the action the HWB can take collectively and at organisational level to help achieve the

outcome that ‘people in Leeds are safe and feel safe in their homes, in the streets and the places they go’.

c) To note the Board’s discussion in relation to the consultation on the strategy as part of the HWB’s role in providing strategic, place-based direction around wider determinants of health, linked to the Leeds Health and Wellbeing Strategy.
d) To note feedback provided on pertinent issues that support on-going discussions around ‘system changes’ and ‘operational response’; where improving health and wellbeing outcomes are directly connected to community safety priorities.

29 West Yorkshire and Harrogate Health and Care Partnership Update

The Chief Officer, Health Partnerships; and the Head of Regional Partnerships submitted a report which provided an update on the progress of the Memorandum of Understanding.

The following were in attendance:

- Tony Cooke, Chief Officer for Health Partnerships
- Rachael Loftus, Head of Regional Health Partnerships

The Head of Regional Health Partnerships and the Chief Officer for Health Partnerships introduced the report and highlighted the key amendments to the Memorandum of Understanding following consultation, which included:

- A stronger focus on ensuring local government have a key role in democracy and decision making.
- Emphasis on the need for coordination across boundaries to enable quick and easy access to services when people need them the most.
- The introduction of a partnership board at West Yorkshire level, to engage the public and the third sector, and increase political engagement.

The Board commented that the document was a much improved version, welcomed the changes, and thanked the Chair for ensuring the Board maintained influence. However, Members were keen for the document to be viewed as a ‘living’ document, to reflect future changes, particularly in relation to commissioning.

RESOLVED –

a) To note discussions around the text of the Memorandum of Understanding contained in Appendix 1.
b) To agree to sign up to the spirit and content of the Memorandum of Understanding.

30 Leeds System Resilience Plan

The System Resilience Assurance Board (SRAB) submitted a report which provided an overview of the Leeds Health and Care System approach to the

recovery, management, sustainability and transformation of the unplanned health and care system in Leeds.

The report included the Leeds System Winter Plan 2018/19 and a review of the outcomes from winter 2017/18. The report also set out the key performance indicators for 2018/19 to track progress against urgent demand care; acute flow and the Home First Strategy.

The following were in attendance:

- Sarah Miller, Head of Nursing, Neurosciences (LTHT)
- Debra Taylor-Tate, Senior Commissioning Manager (Leeds CCG)
- Liz Ward, Head of Independent Living Service (LCC)
- Fiona Allport, Clinical Pathway Lead for Rehabilitation and Self-Management (LCH)
- Gillian Meakin, Project Manager, Virtual Respiratory Ward and Neurology Services (LCH)

The Board received a presentation on the Stroke Pathway service as an example of change and best practice for care, record keeping and collaboration between partners.

An overview of partnership working between the Independent Living Service and Leeds Community Healthcare Neighbourhood Teams was provided setting out the approach taken to ensure timely discharge from care through a review of patient entry criteria, staff knowledge of the service and how referrals were made.

The following key areas were highlighted during discussions:

- The need to reference links to the LCC Children and Families Services.
- Acknowledgement that pressures still existed when seeking to secure beds following clinical discharge.
- Acknowledgment that the health and care sector was working more closely in partnership and on balance, would be better prepared for this winter's pressures.

The Board noted the offer from the representative of Leeds Older Peoples Forum to work with the SRAB.

RESOLVED - To note the Board's feedback and comments on the approach to developing the Leeds System Resilience Plan.

(Councillor Golton, Thea Stein, Phil Corrigan and Gordon Sinclair left the meeting at this point.)

31 Arts and Health and Wellbeing

Mick Ward, Chief Officer, Transformation & Innovation, (LCC Adults & Health) introduced a report containing a proposal to develop work on the Arts in Leeds, focusing on the potential for the Arts to contribute to improved health

and wellbeing. The Board noted that health and wellbeing groups and artists had already expressed an interest in being involved with this developing project, which aimed to establish a network for groups to communicate, participate and share.

During discussions, the Board acknowledged the role Art can play in the workplace for the general health and wellbeing of staff and Board members as employers were encouraged to support art in the workplace. The success of a recent play supported by Leeds GP Confederation on the theme of dementia was noted, with the Board noting a suggestion that consideration could be given to this type of presentation being supported by HWB in the future.

Additionally, Jim Barwick agreed to act as the lead HWB member to support the emerging creative Leeds Arts and Heath Network and a focus on arts and health in the work of the Board.

RESOLVED –

a) To note the powerful contribution the arts can make to health and wellbeing.
b) To agree to support and develop within direct provision and commissioned services art interventions as a tool to meet health and wellbeing outcomes.
c) To agree to influence arts based commissioning and arts organisations to have a stronger focus on improving health and wellbeing.
d) To support the establishment of an Arts and Health and Wellbeing Network in the city.
e) To note that Jim Barwick was identified as the lead champion from the Health and Wellbeing Board to support this work.

32 For Information: Connecting the work of the Leeds Health and Care Partnership

The Board received, for information, a copy of the report from the Chief Officer for Health Partnerships (LCC) which provided an overview of the work from the April Health and Wellbeing Board informal workshop and the July Health and Wellbeing Board To Board meeting.

RESOLVED – To note the contents of the report.

33 For Information: BCF Quarter 1 2018/19 Return Performance Monitoring

The Board received, for information, a copy of the joint report from the Chief Officer Resources & Strategy, LCC Adults & Health and the Deputy Director of Commissioning, NHS Leeds CCG, detailing the BCF Performance Monitoring return for 2018/19 Quarter 1, which were previously submitted nationally following circulation to members for comment.

RESOLVED – To note the contents of the report.

34 For Information: Leeds Health and Care Quarterly Financial Reporting

The Board received, for information, a copy of the report of 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 contents of the report.

35 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next meeting as Wednesday 12th December 2018 at 1.00 pm (with a pre-meeting for Board members at 12.30 pm)

Leeds Health and Wellbeing Board

Report author: Tony Cooke / Simon Foy

Report of: Tony Cooke (Chief Officer, Health Partnerships) and Simon Foy (Head of Intelligence and Policy, Leeds City Council)

Report to: Leeds Health and Wellbeing Board

Date: 12 December 2018

Subject: Joint Strategic Assessment: a more comprehensive approach to city-wide analysis

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. The Health and Wellbeing Board has a statutory responsibility to produce a Joint Strategic Assessment (JSA) to inform the direction and effectiveness of the Health and Wellbeing Strategy.

2. The Health and Wellbeing Board has commissioned a forward-looking approach to the ownership, production and utilisation of the JSA. It considers the wider determinants of health and wellbeing and facilitates linkages across strategies, including the Inclusive Growth Strategy.

3. The analysis will combine quantitative and qualitative evidence to provide a rich intelligence at community and city-wide level. It will also outline inequalities and best practice in tackling these.

4. This will give us an opportunity to understand and assess progress at the mid-point of the Health and Wellbeing Strategy and to use the analysis to set a clear future direction of travel that reflects our values as a City, prioritising our ambition to an inclusive and ambitious City that is the Best core City for Health and Wellbeing.

5. Learning from good practice and innovation from elsewhere, the Leeds JSA will take a ‘Future Generations’ approach, helping us to understand current population trends and allowing us to consider the choices we have in response. We are increasingly articulating what we want it to be like to live in Leeds in 10/20 years’ time and future developments like the new NHS plan, Innovation district, HS2, Leeds United estates plans and the transformation of the City Centre necessitate a longer term approach to health and care.

6. The JSA process is led by a citywide partnership steering group, with strong ownership, input and commitment from all relevant partners.

7. Whilst many of the trends, particularly in relation to employment, remain positive particular attention should be paid to the rapid population growth of young people concentrated in deprived areas. Coupled with an ageing population, there are health related implications that partners need to understand.

8. The health and wellbeing issues highlighted, in particular those related to life expectancy and multiple morbidity, reflect those outlined in the Director of Public Health Annual Report and have also been highlighted by national research into the health impacts of austerity.

9. Findings support our ambition to improve the health of the poorest the fastest and drive compassionate, inclusive economic growth.

10. In particular, commissioners and policy makers need to better understand the actions they can take in relation to the interplay between population growth in deprived areas (at both ends of the age spectrum), low skills, low-waged employment, poor quality private rented accommodation and lifetime health/development of long term conditions.

Recommendations

The Health and Wellbeing Board is asked to:

- Note and provide feedback on the initial findings and structure of the draft report including linkages to the Leeds Observatory and existing/planned Health Needs Assessments.
- Comment on the strategic and commissioning implications, in particular those related to the changing shape of the Leeds population.

1 Purpose of this report

1.1 This paper provides an overview of progress made in the JSA process since it was recommissioned by the Health and Wellbeing Board in February 2018 and is attached for consideration as Appendix 1.

2 Background information

2.1 The Health and Social Care Act 2012 introduced a statutory responsibility for Health and Wellbeing Boards to commission Joint Strategic Needs Assessments (JSNAs) which in-turn would form the analytical basis to inform the direction and effectiveness of Health and Wellbeing Strategies.

2.2 The Joint Strategic Assessment (JSA) process was recommissioned by the HWB in February 2018 and focuses on the assets and needs of local communities in more depth. This will help understand the intensification of inequalities and multi-faceted challenges since the production of the last JSNA, alongside the strengths and opportunities, particularly in the most deprived communities.

3 Main issues

Context

3.1 Given its statutory responsibility for the JSA, the Leeds Health and Wellbeing Board has been engaged about the next iteration of the process throughout the year including workshops in Jan and again in Oct 2018, which updated on progress and outlined emerging findings. The HWB recommended that the JSA:

- Make best use of the city's excellent informatics and data capabilities to ensure the product of the JSA drive conversation and action.
- Use existing data sets, for example Mental Health Needs Assessment.
- Take the opportunity to link with data sets developed for the Local Care Partnerships.
- Link quantitative and qualitative information, ensuring that the voices of our most vulnerable communities are heard.
- Make use of the city's asset-based philosophy and transition to a Joint Strategic Assessment.

3.2 Our intention is that all documents and source material that inform the Leeds JSA will be on the Leeds Observatory website (https://observatory.leeds.gov.uk/jsna/) and accessible from the homepage. We are currently working to improve the functionality of the Leeds Observatory, with the ultimate intention that we establish a web-based approach to the JSA, where the analysis is updated as new information becomes available.

3.3 The Joint Strategic Needs Assessment for 2015 made recommendations for further work in areas where we need to gain more detailed insights, greater clarity and deeper understanding with focussed analysis particularly about the needs of a changing population, including:

- Deeper knowledge about changes in the rates of population growth and age profile, ethnic composition, changes in household make up, and the changes taking place, both within and between communities, is critical. This JSA includes a deeper analysis of key demographic trends, not least in helping to understand how factors such as economic growth, labour market trends, patterns of housing tenure all influence demographic change, which in turn can have profound effects on service provision.

- It is important to better understand the health and wellbeing needs of those individuals belonging to specific Communities of Interest (COI). These are groups of people who share an identity or experience, which in turn may result in disadvantage, discrimination and challenges in accessing mainstream services. A range of analysis has been undertaken or in train including:

    - Health within the Leeds Roma Community – 2016
    - Health Needs Assessment of Sex Workers – 2016
    - Leeds LGBT+ Mapping Project - 2017
    - The State of Men's Health in Leeds – 2017
    - Women's Health Needs Assessment - to be completed 2019

- A range of work looking at the challenges facing children and young people in the city, including:

    - Children and Young Peoples Emotional Mental Health HNA – 2016
    - Children and Young Peoples Physical Activity HNA – 2016
    - Maternal and Child Health Nutrition HNA – 2016

- Further needs assessments have been undertaken, with a particular focus on mental health, including:

    - Leeds in Mind: Adult Mental Health HNA - 2017
    - Leeds Perinatal Mental Health HNA – 2017

3.4 The JSA builds on learning from the previous Joint Strategic Needs Assessment by adopting a continuous approach to analysis and engagement rather than three-yearly set-piece reports. In addition, the gaps outlined above in the 2015 assessment reinforced the need to promote cross-policy linkages and engage more effectively with city partners. These are central to the revised JSA approach.

Structure of the JSA

3.5 As stated above, we have adopted a broader approach to the JSA, extending the analysis of wider determinants of health, to cover wider individual and community wellbeing, the economy and environment. The analysis is grouped under the following headings to facilitate linkages with Best City priorities:

- Population
- Inclusive Growth
- Health and Wellbeing
- Child-Friendly City
- Safe, Strong Communities
- Housing
- 21st Century Infrastructure (TBC)
- Culture (TBC)

Geographic analysis

3.6 The detailed analysis underpinning the JSA includes localised geographic analysis to help understand the challenges and opportunities encountered in different localities and communities across the city. In Leeds, like elsewhere, various geographies are used by different services and partners to both deliver services and work with local communities. Beyond ward boundaries, these include Local Care Partnerships (LCPs), School Clusters, Priority Neighbourhoods and so on. The JSA adopts the most appropriate boundary depending on the analytical theme, rather than attempting to 'shoe-horn' the analysis into a single geography. The Leeds Observatory allows analysis to be mapped using a range of 'administrative' boundaries (accessible here and for LCPs). The building blocks for the analysis is usually either Middle Super Output Areas (MSOAs[1]) or Lower Super Output Areas (LSOAs[2]) depending on the data availability.

Initial headline findings

3.7 Overall:

3.7.1 The Leeds economy continues to grow and there are genuine strengths in our economy including overall levels of employment. There is continued growth in high quality jobs in digital, health, social care, professional and managerial roles.

3.7.2 Our comparative position on most health and social care indicators compared with other Core Cities remains strong and is important context for the JSA, although like all Core Cities, stubborn challenges and inequalities remain.

3.7.3 There is evidence of an intensification of inequalities, confirming the very dynamic and multi-faceted challenges often in our most deprived communities and the requirement for us and partners to respond more collaboratively – particularly at either end of the age-spectrum.

3.7.4 The assets we have in communities and our growing city centre reflect a confident and ambitious city.

[1] MSOAs are built up LSOAs. The average number of people living in an MSOA is 7,000. There are 107 MSOAs in Leeds.
[2] LSOAs typically have an average 1,500 residents and 650 households. There are 482 LSOAs in Leeds

3.7.5 The evidence and analysis in this Joint Strategic Assessment supports the priorities and ambitions outlined in our Health and Wellbeing and Inclusive Growth strategies to improve the health of the poorest the fastest and drive compassionate, inclusive economic growth.

3.7.6 In particular, commissioners and policy makers need to better understand the actions they can take in relation to the interplay between population growth in deprived areas (at both ends of the age spectrum), low skills, low-waged employment, poor quality private rented accommodation and lifetime health.

3.7.7 Social capital in communities is a protective factor that mitigates the worst impacts of these social determinants. So, how partners can better work together to focus on creating the conditions for people to reshape the bonds of modern communities and build community assets will be a central factor in successfully responding to these challenges.

3.8 Population

3.8.1 Since 2011 there has been a disparity between ONS (Office for National Statistics) population estimates and data based on GP registrations. The greatest variance in population numbers is found primarily in our most deprived communities, particularly for the male population of these areas.

3.8.2 International immigration remains an important factor behind the city's growth, with the population continuing to become more ethnically diverse since the 2011 Census. EU countries such as Romania, Poland, Italy and Spain make up a significant proportion of new arrivals, as do more well-stablished countries from south-east Asia and Africa. Almost 8,000 people have migrated to Leeds from Romania between 2011 and 2016.

3.8.3 The wider trend of the city's ageing population continues, as the baby-boomer generation grows older there will be a range of implications for service provision, not least as a result of a far more ethnically diverse older population, with a greater concentration in the city's inner areas.

3.8.4 The population of children and young people is growing at a faster rate than the population of the city as a whole, and this is particularly acute in our most deprived communities. **Across the city as a whole the number of 11 year olds has grown by 9%, in the poorest ten percent of neighbourhoods it has grown by 33% and in the poorest three percent of neighbourhoods by 91%**. This has implications for health and social care as people age. International evidence shows a strong association between deprivation, income inequality and a variety of health problems (substance misuse, mental health, earlier onset of long term health conditions).

3.8.5 Leeds has the youngest age profile of the core cities. Whilst population growth in poorer communities undoubtedly offers a challenge, it also offers an opportunity for much longer terms benefits, for example if we can improve education and skills and maximise the potential of the cities young people, this will improve population health across Leeds.

3.9 Inclusive Growth

3.9.1 450,000 people work in Leeds, with three quarters in the private sector, putting the city in the top five nationally for private sector employment. Very strong private sector growth since 2010 has maintained the city's employment rate, with 77% of the economically active in employment, above regional and national averages.

3.9.2 Leeds continues to be the main driver of economic growth for the city-region, and has key strengths in financial and business services, advanced manufacturing, health and creative and digital industries, with a strong knowledge-rich employment base. These strengths linked to the city's universities and teaching hospitals are major innovation assets for Leeds. Leeds also performs well in terms of business start-ups, with strong growth in digital and medical technologies, telecoms and creative industries.

3.9.3 An area for concern is the 'hollowing-out' of skilled and semi-skilled occupations increasing across a wider range of sectors. Recently this has been accompanied with growth in high skilled/high valued jobs in the knowledge-based sectors, together with growth in lower skilled/lower income jobs often in consumer-services, which combined with flexible employment and perhaps the early impact of welfare reforms has seen a growth of in-work poverty.

3.9.4 Despite our high levels of employment, our economic output growth has only been mid-table in relation to core cities in recent years (despite doing relatively well in terms of productivity per worker - reflecting our significant knowledge-base). This could be a hangover from the 'great recession', where key sectors particularly in financial and business services have faced prolonged challenges or due to recent employment and output growth been in 'lower productivity' sectors e.g. consumer services.

3.9.5 There continues to be strong growth in quality jobs associated with digital, health and social care, and professional and managerial roles.

3.10 Health and Wellbeing

3.10.1 Realising our ambition for Leeds to be the best city for health and wellbeing requires improvements in all the factors that support healthy lives: the social determinants - particularly employment and skills; the living conditions - such as

housing, air quality, access to green space; and lifestyle choices - such as physical activity levels, food choices, alcohol intake and smoking.

3.10.2 Over 170,000 people in Leeds live in areas ranked amongst the most deprived 10% nationally. One in five children in Leeds live in poverty. Childhood poverty has lifelong implications for health and wellbeing.

3.10.3 At the heart of our Health and Wellbeing Strategy is our ambition to improve the health of the poorest, fastest. Analysis of key indicators confirms that, in line with wider national trends, people living in deprived neighbourhoods continue to have poorer health outcomes. Whilst there has been some improvement (smoking continues to reduce, more people are surviving for longer with long term conditions) in some cases progress has slowed and the gaps have widened.

3.10.4 A particular concern is the stalling of improvements in life expectancy for people living in deprived areas.

3.10.5 The 2017/18 Annual Report from the Director of Public Health in Leeds identifies a number of areas of concern: infant mortality, multiple morbidities, life expectancy, deaths in men from drug overdose, deaths in women from alcoholic liver disease, an increase in male suicides, an increase in women who self-harm.

3.10.6 As described above a number of health needs assessments have taken place. The JSA also describes health by locality/LCP as noted.

3.11 Child-Friendly City

3.11.1 More children in Leeds are now safe and secure in their families; children and young people have greater voice and influence; and an increasing number are achieving good outcomes. However, this is an ongoing journey: we need to maintain this progress, staying focused on keeping children safe and working collectively to ensure that families get the support they need.

3.11.2 Since 2011, the number of children looked after has seen a 12% reduction in Leeds compared to an 11% rise over that period across England. More recently numbers have risen slightly over 2017/18 from 1,253 (76.6 per 10,000 children and young people) to 1,275 (77.4 per 10,000), broadly tracking the general increase in the under-18 population in the city.

3.11.3 Educational attainment, particularly of more disadvantaged children, is still a significant challenge. Performance at Foundation and Key Stage Two is below regional and national averages, particularly amongst disadvantaged children, with the gap in attainment towards the bottom of the rankings. This performance recovers somewhat by Key Stage 4, where the city's performance (for non-disadvantaged children) is close to the national average.

3.11.4 The Health Foundation note that the single most modifiable social determinant of health is a person's level of education and skill. With population growth most acute in the poorest areas of the city, it will be necessary for commissioners of health, education and community services to work together to understand the immediate and longer term implications of this for Leeds.

3.12 Safe, Strong Communities

3.12.1 The analysis suggests some intensification of inequalities across the city and reaffirms the very dynamic and multi-faceted challenges often in our most deprived communities and the requirement for us and partners to respond more collaboratively – particularly at either end of the age-spectrum.

3.12.2 Child poverty is at the root of many poor outcomes for children and young people and their families. In 2016 over 17% of children (under 16s, 26,000 children)) were estimated to live in poverty in Leeds, compared to 16% nationally.

3.12.3 National estimates of 'relative poverty after housing costs' when applied to Leeds equate to almost 172,000 people living in relative poverty.

3.12.4 More recently we have seen a growth of in-work poverty, with an estimated 70,000+ working age adults across the city are from working households and in poverty

3.12.5 After sustained periods of crime reduction both nationally and locally, crime levels have started to increase. In Leeds, we have seen total recorded crime rise in the last three years. In 2017, there were 95,011 crimes, an increase of 11.7% on the previous year. The reasons for these increases are not straight forward. Although there have been changes in how crimes are reported, the nature and type of crime has also changed: cyber related crime has become more prevalent and there are a multitude of platforms that are now used to facilitate, exploit and groom vulnerable people.

3.13 Housing

3.13.1 The overarching challenge is to provide enough quality and accessible homes to meet the city's growing population, whilst protecting the quality of the environment and respecting community identity. Within this overall context the need for affordable housing and affordable warmth are key issues. Good quality housing is a pre-requisite for good health. People who live in clean, warm, safe and affordable homes are less likely to experience housing-related ill health.

3.13.2 The mix of housing tenure has changed significantly over two decades. The significant growth of the private rented sector is a key trend which brings with it associated challenges, particularly at the low cost end of the market where

housing conditions can be poor. The only reliable city-wide data is the 2011 Census, which confirms growth in the private rented sector, which almost doubled between 2001 and 2010, to 18%. It is likely that this rate of change has continued if not accelerated.

3.13.3 Research highlights the change in composition of our most deprived neighbourhoods influenced by the growth of the private rented sector, with an expansion of 'disconnected' neighbourhoods. It is notable that some of our neighbouring authorities, most notably Wakefield have housing markets in their relatively deprived areas that promote mobility. The extent to which these localities provide affordable 'starter housing' for a wider geography should be considered.

Next steps

3.14 Next steps will be built on the HWB's commitment that the JSA champion our 'working with' approach – in this case a partnership approach that looks at assets and needs and blends quantitative data with qualitative voice and experience of our communities. The process will be designed to drive decision making that contributes to our city's vision of improving the health of the poorest the fastest.

3.15 The recent HWB workshop (October 2018) explored the value of connecting the JSA process with the LCC led priority neighbourhoods approach to help us better understand the assets and needs of our poorest neighbourhoods and to target our work with people in these places – all based on what people are telling us.

3.16 There are 6 priority neighbourhoods, which could be selected from to trail a new, community-led, asset based approach to the JSA process.

3.17 There are strong links between this approach and the Leeds Health and Wellbeing Strategy and Inclusive Growth Strategy. The priority neighbourhood's framework provides the opportunity to target partner efforts in those communities who need to see the greatest and fastest improvement.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 This iteration of the JSA is just beginning and will be a live document/ process. Given the statutory responsibility, the HWB have been engaged throughout. The JSA will combine quantitative and qualitative evidence, meaning that engagement and hearing citizen voice is integral to the process.

4.2 Equality and diversity / cohesion and integration

4.2.1 The JSA process helps to identify inequalities and illustrate trends. This in turn can inform the design and delivery of our Leeds Health and Wellbeing Strategy, with the vision of improving the health of the poorest the fastest. Regularly engaging the HWB throughout the process has ensured that the Board's work plan can respond accordingly.

4.3 **Resources and value for money**

4.3.1 Building local intelligence strengthens our evidence base, making for better public policy and informing commissioning decisions.

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 Any implications will be escalated to the Board as required.

5 Conclusions

5.1 The Leeds JSA is an essential part of the fabric of the health and care system and drives our understanding of the factors that influence health and wellbeing in Leeds. It also provides a good understanding of the assets and needs we have in neighbourhoods and at Local Care Partnership level.

5.2 The issues and trends outlined provide us with the ability to work together to understand our choices as a system and what we can do to support/strengthen positive factors and mitigate less positive ones. The Leeds system has both the intelligence and relationships to come together to understand the implications of the findings.

5.3 Ultimately the JSA confirms that our primary strategies (Health and Wellbeing/Inclusive Growth) have the correct focus on improving the health of the poorest the fastest and compassionate inclusive growth.

5.4 In addition to existing plans, commissioners and policy makers need to better understand the actions they can take in relation to the interplay between population growth in deprived areas (at both ends of the age spectrum), educational attainment, low-waged employment, poor quality private rented accommodation and lifetime health/development of long term conditions. Strengthening a life-course based approach to population health could be the best means of improving our understanding and response to these issues.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note and provide feedback on the initial findings and structure of the draft report including linkages to the wider Observatory and existing/planned Health Needs Assessments.
- Comment on the strategic and commissioning implications, in particular those related to the changing shape of the Leeds population.

7 Background documents

7.1 The Kings Fund (2018) A Vision for Population Health

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How does this help reduce health inequalities in Leeds?
By its very nature, the JSA process helps to identify inequalities and illustrate trends. This in turn can inform the design and delivery of our Leeds Health and Wellbeing Strategy, with the vision of improving the health of the poorest the fastest.

How does this help create a high quality health and care system?
The findings of the JSA process can be used to design and deliver more effective services, community led solutions, and to make improvements to the way the health and care system works together for people in Leeds. It is a fundamental evidence base for the Leeds Health and Wellbeing Strategy, which, in its current iteration, is well established and guides the work of the health and care system.

How does this help to have a financially sustainable health and care system?
The JSA process allows us to understand the needs in the city as well as the assets that exist to meet the needs. This is an exercise in intelligence gathering – knowing more about our communities enables better decision making and more effective solutions.

Future challenges or opportunities

- Continue to build on and strengthen the relationship between the Leeds Health and Wellbeing Strategy and the Inclusive Growth Strategy.
- Continued commitment to progressing Local Care Partnerships
- Targeting support in Priority Neighbourhoods considering opportunities to target efforts in communities who need to see the greatest and fastest improvement.
- Engage, contribute and take action on the Child Poverty Impact Board workstreams.
- Factor in the conversations and learning from the JSA process into refresh of the Leeds Mental Health Framework and integrated commissioning framework.

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 Joint Strategic Assessment 2018

Executive Summary Report

Foreword

Introduction

The purpose of the Joint Strategic Assessment (JSA)

The JSA aims to provide a live, interactive approach to the detailed analysis of key demographic, socio-economic and health trends in Leeds. Its practical purpose is to shape priorities, inform commissioners and guide the use of resources as part of the commissioning strategies and plans for the city. The foundation of the JSA is in understanding the core drivers of health and wellbeing, with the primary purpose to inform the two key strategies for Health and Wellbeing and Inclusive Growth.

Reducing health inequalities is central to our approach in Leeds, with improving the health of the poorest fastest central to our ambition. Therefore in Leeds we have over the last decade adopted a wider approach to the JSA, extending the analysis to cover the wider determinants of health, not only to ensure we gain a deeper insights into the relationship between health, wider-wellbeing, the economy and environment, but also to inform the Best City strategic framework, in which the Health and Wellbeing Strategy plays a key part, alongside other strategies such as Inclusive Growth, Safer Leeds Plan, Children and Young People's Plan, Leeds Housing Strategy, Leeds Transport Strategy and the Better Lives Strategy.

The JSA provides the most comprehensive and reliable source of data and analysis which the city can use to inform and shape its priorities and interventions. We will adopt the city's asset-based philosophy to more effectively link quantitative and qualitative intelligence in ensuring the voices of our most vulnerable are heard, and that the contribution and potential of our key assets is understood.

This Executive Summary provides an outline of key issues and implications identified in the latest data and analysis available. It is supported by more detailed data, analysis, themed reports and geographic profiles, which will be hosted on the Leeds Observatory website as we develop our approach.

Accessing the JSA

Our intention is that all documents and source material that inform the Leeds JSA will be on the Leeds Observatory website - http://observatory.leeds.gov.uk (and currently accessed by clicking on the Joint Strategic Assessment icon on the Observatory homepage). We are currently working to improve the functionality of the Leeds Observatory, with the ultimate intention that we establish a web-based approach to the JSA, where the analysis is updated as new information becomes available.

The JSA work programme

The Joint Strategic Needs Assessment for 2015 made recommendations for further work in areas where we need to gain more detailed insights, greater clarity and deeper understanding with focussed analysis particularly about the needs of a changing population, including:

- Deeper knowledge about changes in the rates of population growth and age profile, ethnic composition, changes in household make up, and the changes taking place, both within and between communities, is critical. This JSA includes analysis of key demographic trends, not least in helping to understanding how factors such as economic growth, labour market trends,

patterns of housing tenure all influence demographic change, which in turn can have profound effects on service use and provision.

- It is important to better understand the health and wellbeing needs of those individuals belonging to specific Communities of Interest (COI). These are groups of people who share an identity or experience, which in turn may result in disadvantage, discrimination and challenges in accessing mainstream services. A range of analysis has been undertaken or in in train including:

    - Health within the Leeds Roma Community – 2016
    - Health Needs Assessment of Sex Workers – 2016
    - Leeds LGBT+ Mapping Project - 2017
    - The State of Men's Health in Leeds – 2017
    - Women's Health Needs Assessment - to be completed 2019

- A range of work looking at the challenges facing children and young people in the city, including:

    - Children and Young Peoples Emotional Mental Health HNA – 2016
    - Children and Young Peoples Physical Activity HNA – 2016
    - Maternal and Child Health Nutrition HNA - 2016

- Further needs assessments have been undertaken, with a particular focus on mental health, including:

    - Leeds in Mind: Adult Mental Health HNA - 2017
    - Leeds Perinatal Mental Health HNA – 2017

The JSA builds on learning from the previous Joint Strategic Needs Assessment by adopting a continuous approach to analysis and engagement rather than three-yearly set-piece reports. In addition to the gaps outlined above the 2015 assessment reinforced the need to promote cross-policy linkages and engage more effectively with city partners, these are central to the revised JSA approach.

Structure of the JSA

As stated above, we have adopted a wider approach to the JSA, extending the analysis of wider determinants of health, to cover wider individual and community wellbeing, the economy and environment. The analysis is grouped under the following headings to facilitate linkages with Best City priorities:

- Population
- Inclusive Growth
- Health and Wellbeing
- Child-Friendly City
- Safe, Strong and Vibrant Communities
- Housing
- 21st Century Infrastructure (to be added)
- Culture (to be added)

Geographic Analysis

The detailed analysis underpinning the JSA includes localised geographic analysis to help understand the challenges and opportunities encountered in different localities and communities across the city. In Leeds, like elsewhere, various geographies are used by different services and partners to both deliver services and work with local communities. Beyond ward boundaries, these include Local Care Partnerships, School Clusters, Priority Neighbourhoods and so on. The JSA adopts the most appropriate boundary depending on the analytical theme, rather than attempting to 'shoe-horn' the analysis into a single geography. The Leeds Observatory allows analysis to be mapped using a range of 'administrative' boundaries (accessible here and for LCPs). The building blocks for the analysis is usually either Middle Super Output Areas (MSOAs[1]) or Lower Super Output Areas (LSOAs[2]) depending on the data availability.

[1] MSOAs are built up LSOAs. The average number of people living in an MSOA is 7,000. There are 107 MSOAs in Leeds.

[2] LSOAs typically have an average 1,500 residents and 650 households. There are 482 LSOAs in Leeds

Headlines

Overall

- The Leeds economy continues to grow and there are genuine strengths in our overall levels of employment. There is continued growth in high quality jobs in digital, health, social care, professional and managerial roles.

- Our comparative position on most health and social care indicators with other Core Cities is strong, although like all Core Cities, stubborn challenges and inequalities remain.

- There is evidence of an intensification of inequalities, confirming the very dynamic and multi-faceted challenges often in our most deprived communities and the requirement for us and partners to respond more collaboratively – particularly at either end of the age-spectrum.

- The assets we have in communities and our growing city centre reflect a confident and ambitious city.

- The analysis in this Joint Strategic Assessment supports the priorities and ambitions outlined in our Health and Wellbeing and Inclusive Growth strategies.

- Our ambition to improve the health of the poorest the fastest and drive compassionate, inclusive economic growth is supported by the evidence from the JSA.

- In particular, commissioners and policy makers need to better understand the actions they can take in relation to the interplay between population growth in deprived areas, low skills, low-waged employment, poor quality private rented accommodation and lifetime health.

- Social capital in communities is a protective factor that mitigates the worst impacts of these social determinants. So, how partners can better work together to focus on creating the conditions for people to reshape the bonds of modern communities and build community assets will be a central factor in successfully responding to these challenges.

Population

- Since 2011 there has been a disparity between ONS population estimates and data based on GP registrations. The greatest variance in population numbers is found primarily in our most deprived communities, particularly for the male population of these areas.

- International immigration remains an important factor behind the city's growth, with the population continuing to become more ethnically diverse since the 2011 Census. EU countries such as Romania, Poland, Italy and Spain make up a significant proportion of new arrivals, as do countries from more well-established migration routes from south-east Asia and parts of Africa.

- The wider trend of the city's ageing population continues, as the baby-boomer generation grows older there will be a range of implications for service provision, not least as a result of a far more ethnically diverse older population, with a greater concentration in the city's inner areas.

- The population of children and young people is growing at a faster rate than the population of the city as a whole, and this is particularly acute in our most deprived communities. Across the city as a whole the number of 11 year olds has grown by 9%, in the poorest ten percent of neighbourhoods it has grown by 33% and in the poorest three percent of neighbourhoods by 91%. This has implications for health and social care as people age. International evidence shows a strong association between deprivation, income inequality and a variety of health problems (substance misuse, mental health, earlier onset of long term health conditions).

- Leeds is has the youngest age profile of the core cities. Whilst population growth in poorer communities undoubtedly offers challenge, it also offers an opportunity for much longer terms benefits, for example if we can improve education and skills and maximise the potential of the cities young people, this will improve health over a lifetime.

Inclusive Growth

- 450,000 people work in Leeds, with three quarters in the private sector, putting the city in the top five nationally for private sector employment. Very strong private sector growth since 2010 has maintained the city's employment rate, with 77% of the economically active in employment, above regional and national averages.

- Leeds continues to be the main driver of economic growth for the city-region, and has key strengths in financial and business services, advanced manufacturing, health and creative and digital industries, with a strong knowledge-rich employment base. These strengths linked to the city's universities and teaching hospitals are major innovation assets for Leeds. Leeds also performs well in terms of business start-ups, with strong growth in digital and medical technologies, telecoms and creative industries.

- An area for concern is the 'hollowing-out' of skilled and semi-skilled occupations increasing across a wider range of sectors. Recently this has been accompanied with growth in high skilled/high valued jobs in the knowledge-based sectors, together with growth in lower skilled/lower income jobs often in consumer-services, which combined with flexible employment and perhaps the early impact of welfare reforms has seen a growth of in-work poverty.

- Despite our high levels of employment, our economic output growth has only been mid-table in relation to core cities in recent years (despite doing relatively well in terms of productivity per worker - reflecting our significant knowledge-base). This could be a hangover from the 'great recession', where key sectors particularly in financial and business services have faced prolonged challenges or due to recent employment and output growth been in 'lower productivity' sectors e.g. consumer services.

- There continues to be strong growth in quality jobs associated with digital, health and social care, and professional and managerial roles.

Health and Wellbeing

- Realising our ambition for Leeds to be the best city for health and wellbeing requires improvements in all the factors that support healthy lives: the social determinants - particularly employment and skills; the living conditions - such as housing, air quality, access to green space; and lifestyle choices - such as physical activity levels, food choices, alcohol intake and smoking.

- Over 170,000 people in Leeds live in areas ranked amongst the most deprived 10% nationally. One in five children in Leeds live in poverty. Childhood poverty has lifelong implications for health and wellbeing.

- At the heart of our Health and Wellbeing Strategy is to improve the health of the poorest, fastest. Analysis of key indicators confirms that, in line with wider national trends, people living in deprived neighbourhoods continue to have poorer health outcomes. Whilst there has been some improvement (smoking continues to reduce, more people are surviving for longer with long term conditions) in some cases progress has slowed and the gaps have widened.

- A particular concern is the stalling of improvements in life expectancy for people living in deprived areas.

- The 2017/18 Annual Report from the Director of Public Health in Leeds identifies a number of areas of concern: infant mortality, multiple morbidities, life expectancy, deaths in men from drug overdose, deaths in women from alcoholic liver disease, a rise in male suicides, a rise in women who self-harm.

Child-Friendly City

- More children in Leeds are now safe and secure in their families; children and young people have greater voice and influence; and an increasing number are achieving good outcomes. However, this is an ongoing journey: we need to maintain this progress, staying focused on keeping children safe and working collectively to ensure that families get the support they need.

- Since 2011, the number of children looked after has seen a 12% reduction in Leeds compared to an 11% rise over that period across England. More recently numbers have risen slightly over 2017/18 from 1,253 (76.6 per 10,000 children and young people) to 1,275 (77.4 per 10,000), broadly tracking the general increase in the under-18 population in the city.

- Educational attainment, particularly of more disadvantaged children, is still a significant challenge. Performance at Foundation and Key Stage Two is below regional and national averages, particularly amongst disadvantaged children, with the gap in attainment towards the bottom of the rankings. This performance recovers somewhat by Key Stage 4, where the city's performance (for non-disadvantaged children) is close to the national average.

- The Health Foundation note that the single most modifiable social determinant of health is a person's level of education and skill. With population growth most acute in the poorest areas of the city, it will be necessary for commissioners of health, education and community services to work together to understand the immediate and longer term implications of this for Leeds.

Safe, Strong Communities

- The analysis suggests some intensification of inequalities across the city and reaffirms the very dynamic and multi-faceted challenges often in our most deprived communities and the requirement for us and partners to respond more collaboratively – particularly at either end of the age-spectrum.

- Child poverty is at the root of many poor outcomes for children and young people and their families. In 2016 over 17% of children (under 16s, 26,000 children)) were estimated to live in poverty in Leeds, compared to 16% nationally.

- National estimates of 'relative poverty after housing costs' when applied to Leeds equate to almost 172,000 people living in relative poverty.

- More recently we have seen growth of in-work poverty, with an estimated 70,000+ working age adults across the city are from working households and in poverty

- After sustained periods of crime reduction both nationally and locally, crime levels have started to increase. In Leeds, we have seen total recorded crime rise in the last three years. In 2017, there were 95,011 crimes, an increase of 11.7% on the previous year. The reasons for these increases are not straight forward. Although there have been changes in how crimes are reported, the nature and type of crime has also changed: cyber related crime has become more prevalent and there are a multitude of platforms that are now used to facilitate, exploit and groom vulnerable people.

Housing

- The overarching challenge is to provide enough quality and accessible homes to meet the city's growing population, whilst protecting the quality of the environment and respecting community identity. Within this overall context the need for affordable housing and affordable warmth are key issues. Good quality housing is a pre-requisite for good health. People who live in clean, warm, safe and affordable homes are less likely to experience housing-related ill health.

- The mix of housing tenure has changed significantly over two decades. The significant growth of the private rented sector is a key trend which brings with it associated challenges, particularly at the low cost end of the market where housing conditions can be poor. The only reliable city-wide data is the 2011 Census, which confirms growth in the private rented sector, which almost doubled between 2001 and 2010, to 18%. It is likely that this rate of change has continued if not accelerated.

- Research highlights the change in composition of our most deprived neighbourhoods influenced by the growth of the private rented sector, with an expansion of 'disconnected' neighbourhoods. It is notable that some of our neighbouring authorities, most notably Wakefield have far more positive housing markets in their relatively deprived areas. The extent to which these localities provide affordable 'starter housing' for a wider geography should be considered.

Population

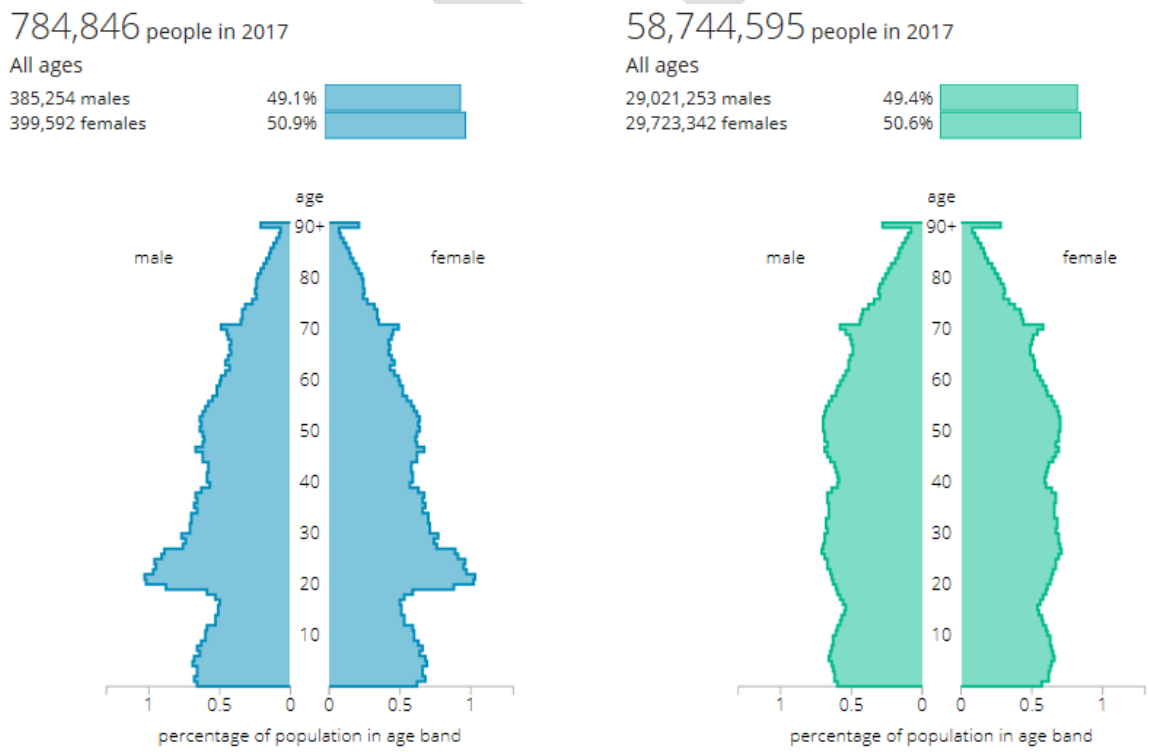
ONS Projections v GP Registrations

According to the Office for National Statistics (ONS) Mid-year estimates for 2017, there are now 785,000 people living in Leeds, up by over 33,000 from the 2011 Census. Our Public Health population model (based on GP registrations, but accounting for cross district registrations) puts the population at 846,000.

Until 2011 the ONS mid-year estimates for Leeds population tallied closely with GP registration populations. Following the 2011 Census, ONS revised their figures downwards. Since 2011 there has been a disparity between ONS estimates and data based on GP registrations.

Historically, duplicate registrations were a problem in GP registrations, though it is thought that over-counting has been addressed in recent years. However, Leeds's large student population is an added element of over-counting, with the delay in the removal of student registrations being a factor. That said it is unlikely the scale of the disparity can be fully explained by this over-counting.

Figure 1: 2017 Mid-year population estimates for Leeds (blue) and England and Wales (green)



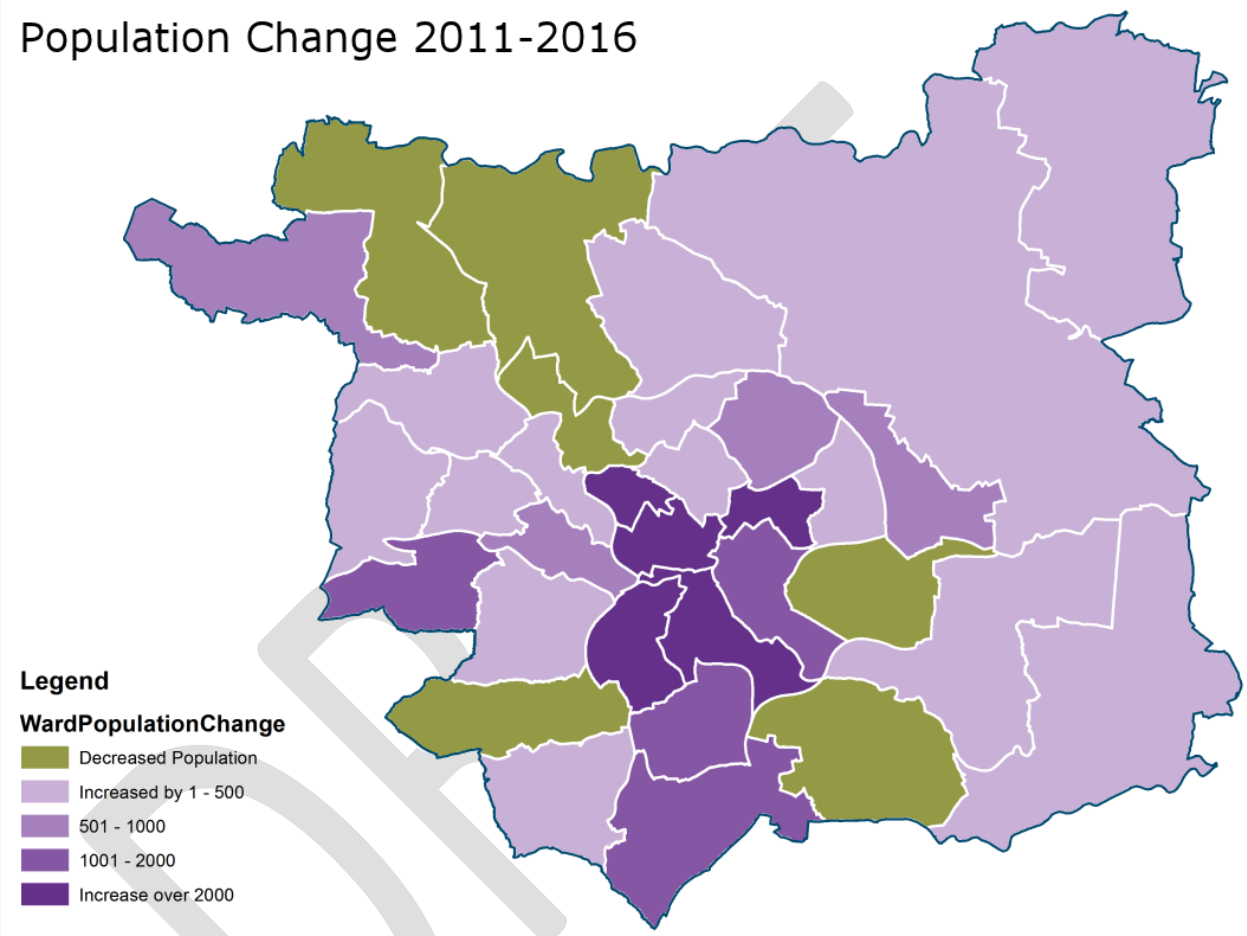
Source: ONS mid-year estimate of population 2017

Rapid Growth in our most deprived communities

The greatest variance in population numbers is found in areas of immigration and high population movement, primarily in our most deprived communities, particularly the male population of these areas. Either ONS is progressively underestimating the immigration of people into poorer areas of Leeds, or the

GP registration data is significantly over-counting the population. This is the subject of future research in collaboration with Leeds Institute of Data Analytics at the University of Leeds.

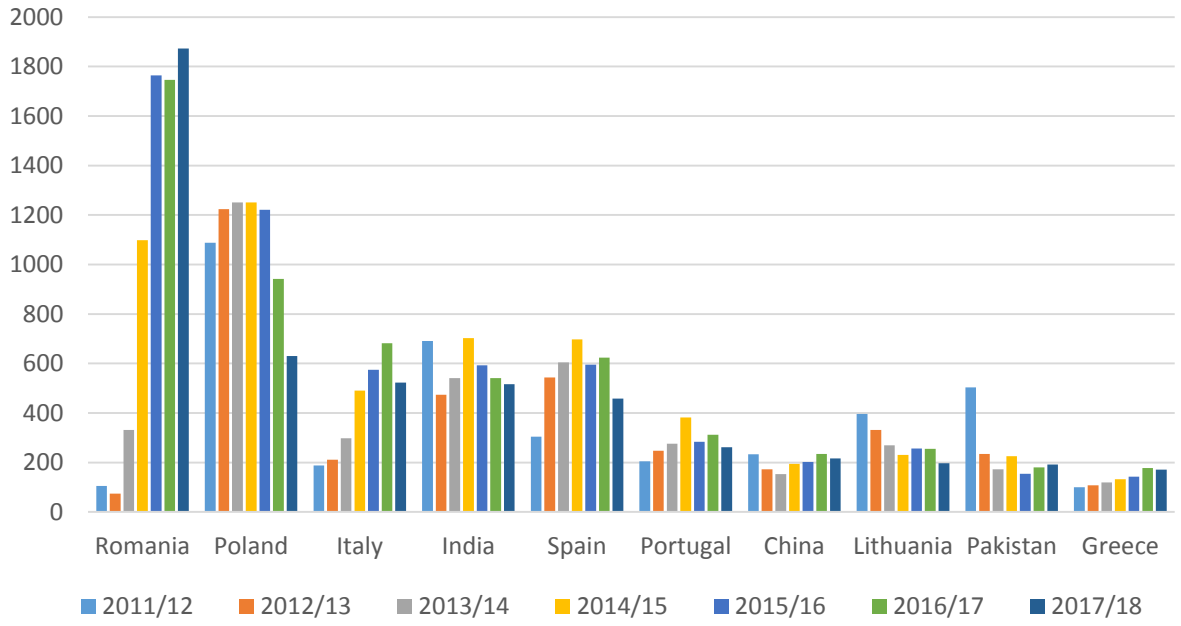
Intelligence regarding the demand for services confirms these very rapid demographic changes, particularly in our most deprived communities, not only driven by immigration, but also influenced by the local housing tenure, Figure X below illustrates these changes.



A More Diverse Population

The population has continued to become more diverse since the 2011 Census, both in terms of age, countries of origin and ethnicity. The nationality breakdown of non-British National Insurance Number (NINo) applications, can be used to provide an indication of economic migration. Between 2011 and 2016, the highest number of non-British NINo applications in Leeds were from Polish and Romanian nationals (see Figure X below).

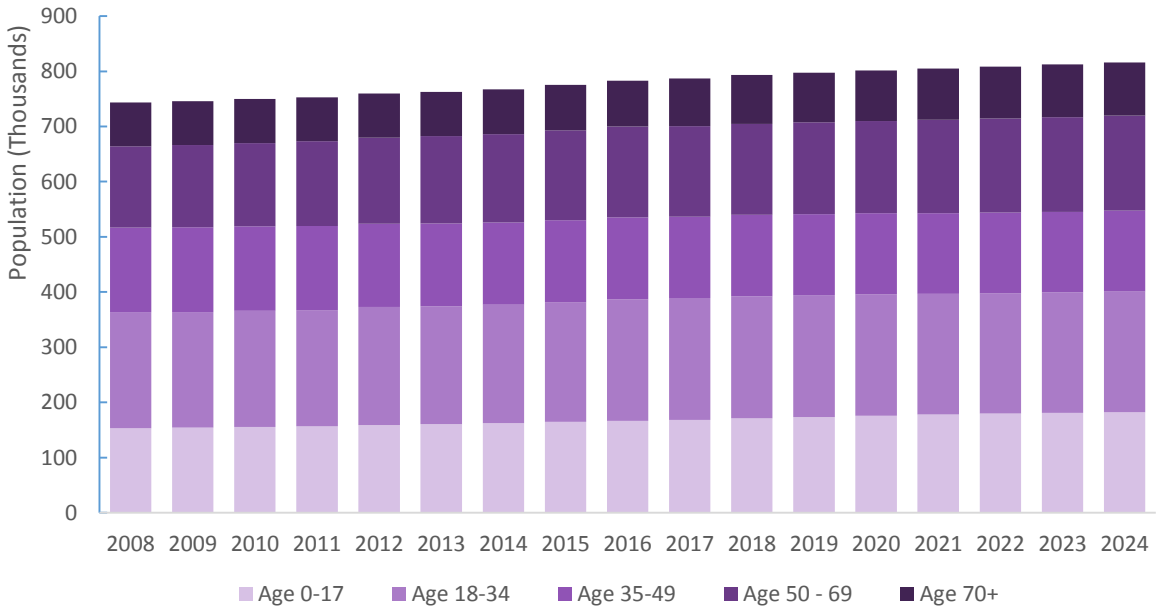
Figure X NINo applications by overseas nationals in Leeds: 10 largest nationality groups in 2017/18



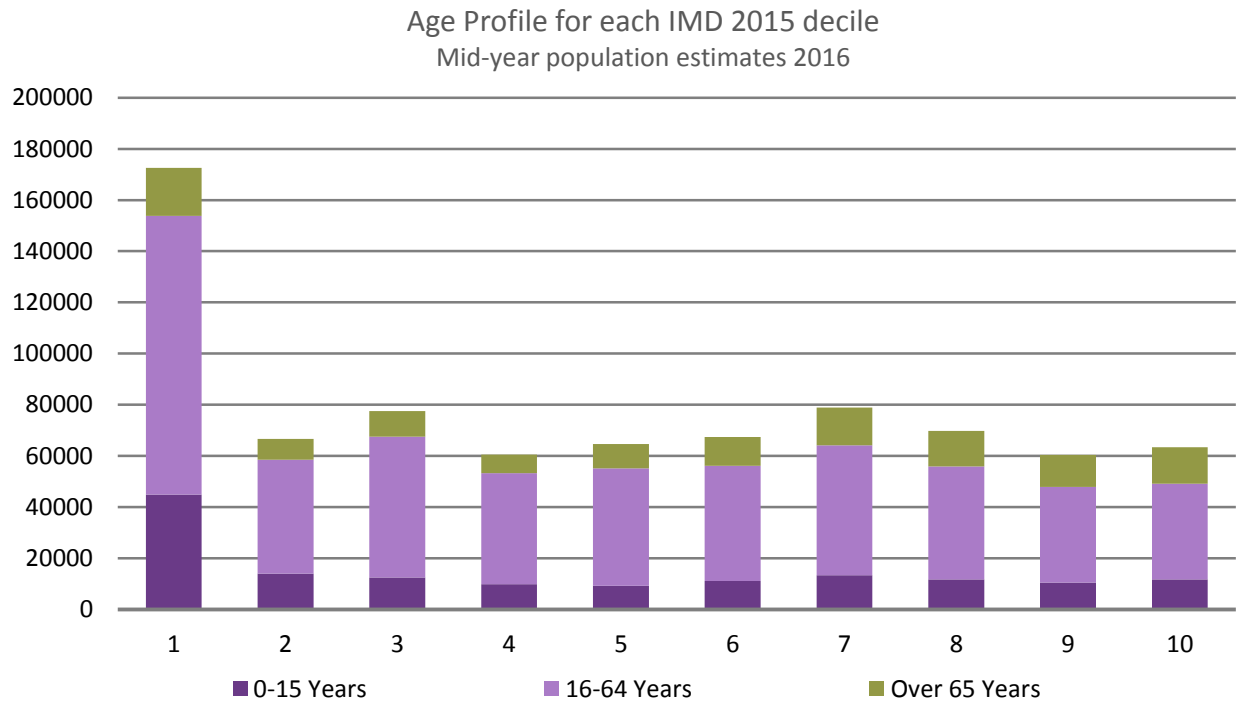
Population is still ageing

The backdrop to these localised pressures is the wider trend of the city's ageing population: as the baby-boomer generation grows older there will be a range of implications for service provision. The 65+ age group is projected to grow by over 15,000 (+13%) and the between 2016 and 2026.

Figure X: Leeds population by age



The city's outer areas is where there are currently higher numbers of older people, however this may change as the recent changes in the composition and spatial concentration of the population work through, resulting in a far more ethnically diverse older population, with a greater concentration in the city's inner areas.



More Children and Young People

Although the increase in the birth rate, from early 2000's appears to have plateaued at around 10,000 per annum in the last six years, the child population is growing at a faster rate than the population of Leeds as a whole. Again this is most acute in our deprived communities. This is illustrated by the variations in population growth for 11 year olds between 2011 and 2015. For the city as a whole the 11 year-old population grew by 9%, it grew by almost a third in our 10% most deprived communities as identified in the Index of Multiple Deprivation, and by a staggering 91% in the 3% most deprived communities during the same period.

Although it is no surprise the city's most deprived communities show higher birth rates than the Leeds average, as a result of the age-profile of these areas, with a greater proportion of residents of childbearing age, combined with higher housing densities and well as patterns of migration. However, it is the scale of the change that has most impact on the provision of services.

Data from the city's schools, shows there are more children and young people of black and minority ethnic heritage, particularly Black African and White Eastern European. The number of children and young people with English as an additional language (EAL) has increased from 13% in 2010 to 19% in 2017. After English, the main languages spoken are Urdu, followed by Polish, which has doubled since

2012. Other substantial increases, particularly in primary schools are the number of Kurdish and Romanian first languages. Altogether there are nearly 200 languages spoken in Leeds schools.

Leeds also has one of the highest student populations in the UK with over 62,000 students attending the city's universities, with the student population heavily concentrated in the city centre and Inner West areas.

Inclusive Growth

During the two decades prior to the global financial crisis, the city's economy experienced significant growth, driven in large part by financial and business services. Leeds has established itself as a vibrant, diverse and dynamic city, with a strong knowledge-based economy. During the recession Leeds fared better than many of its neighbours, with workplace-based employment in the city now estimated to have recovered to pre-recession levels.

However not everyone is benefitting from this economic success. Poverty and deprivation remain significant challenges. Despite very strong performance in job creation, low pay is an increasing problem, with people caught in a loop of low pay, low skills and limited career progression. These challenges not only limit the opportunities for individuals, they hold back the economy. They affect productivity, cause skills shortages, and create additional costs for business and the public sector.

Employment

Latest estimates suggest that 444,000 people work in Leeds, of which around three quarters are employed in the private sector, putting the city in the top five nationally for private sector employment. Indeed, Leeds has witnessed very strong private sector growth since 2010, which in turn has maintained the city's employment rate, with 77% of the economically active in employment, well above regional and national averages.

This strong employment performance is mirrored in the unemployment data, where the city's unemployment rate is relatively low, only slightly above the national rate and amongst the lowest of the core cities. This position is further confirmed by the proportion of working-age households in the city where no-one is in employment, so called 'workless households', which is also below, national, regional and core city averages.

Earnings

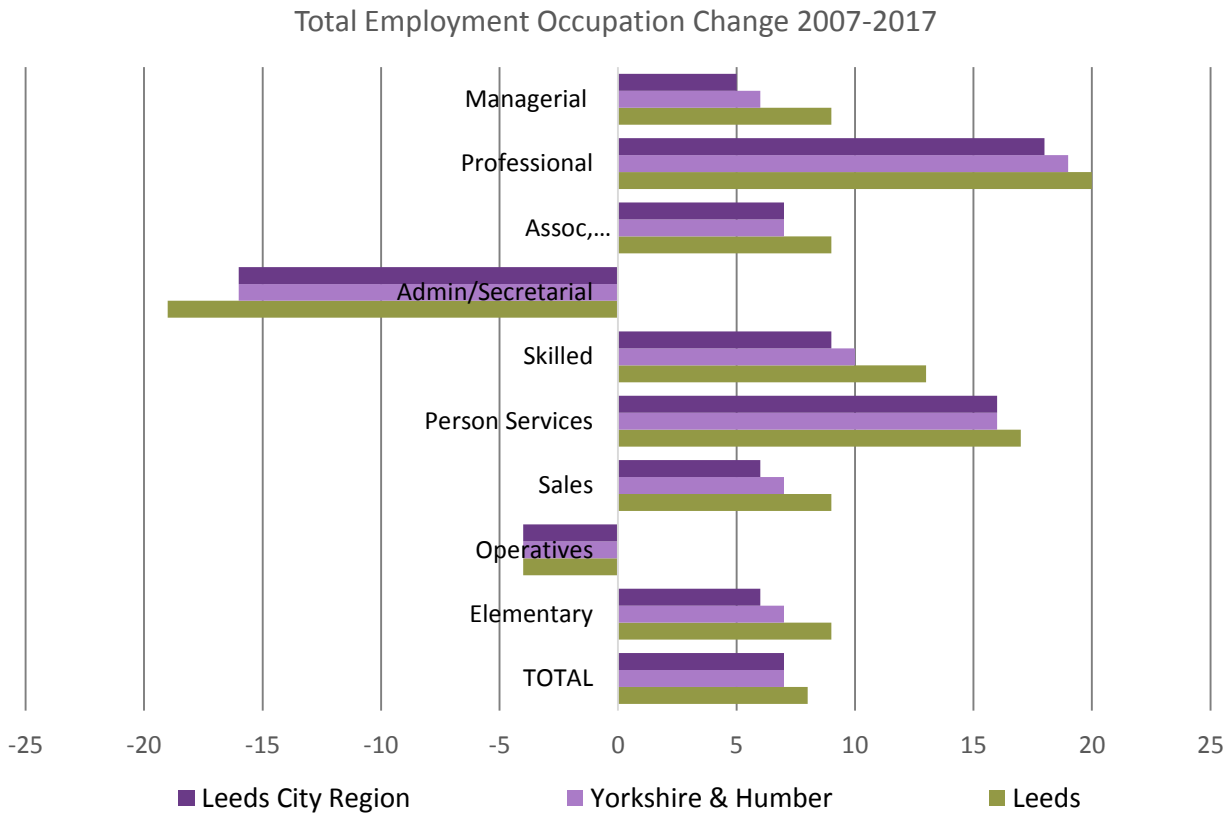
In many ways the earnings of Leeds workers reflects the economic success of the city. Overall the average weekly earnings for those working in Leeds are close to the national average at £552 per week. Although the average weekly wages for workers who live in Leeds is slightly lower than the workplace average at £548, this gap is the lowest of all core cities.

However, this relatively strong performance in earnings at a city-wide level masks some significant inequalities in the labour market. Linked to the growth in low skilled jobs (see below) and flexible employment and perhaps the early impact of welfare reforms. For some people, the city's strong employment rate, rather than a providing route out of poverty has resulted in a growth of in-work poverty. It is estimated that over 71,000 working age adults across the city are from working households and in poverty. In addition an estimated 65,000 full-time workers in Leeds earned less than the Living Foundation's Living Wage in 2017.

Skills and Occupational Change

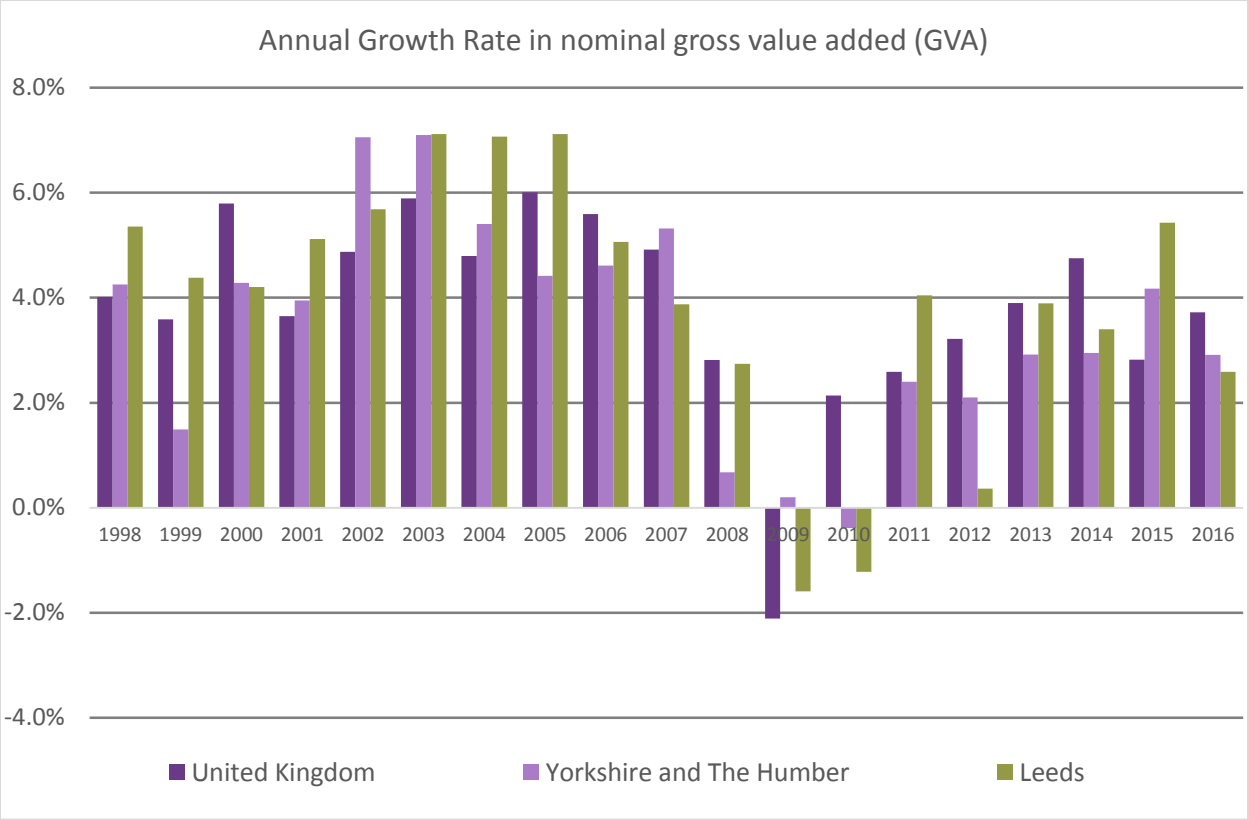
The qualification profile of the city's workforce generally mirrors the national average, with 36% achieving NVQ level 4 or equivalent and over half qualified at level 3 or above. In contrast to our strong knowledge base, over 1 in 10 people in Leeds have no qualification, above both regional and national averages.

However, perhaps the key area for concern is the continually changing labour market, where in response, primarily to new technologies, there is a 'hollowing-out' of skilled and semi-skilled occupations, traditionally in the manufacturing sector, but increasing across a wider range of sectors. In recent years this has been accompanied with growth in both high skilled, high valued jobs in the knowledge-based sectors, together with lower skilled, lower income jobs often in consumer-services (see Figure X).



Business Performance – Growth, Diversity and Productivity

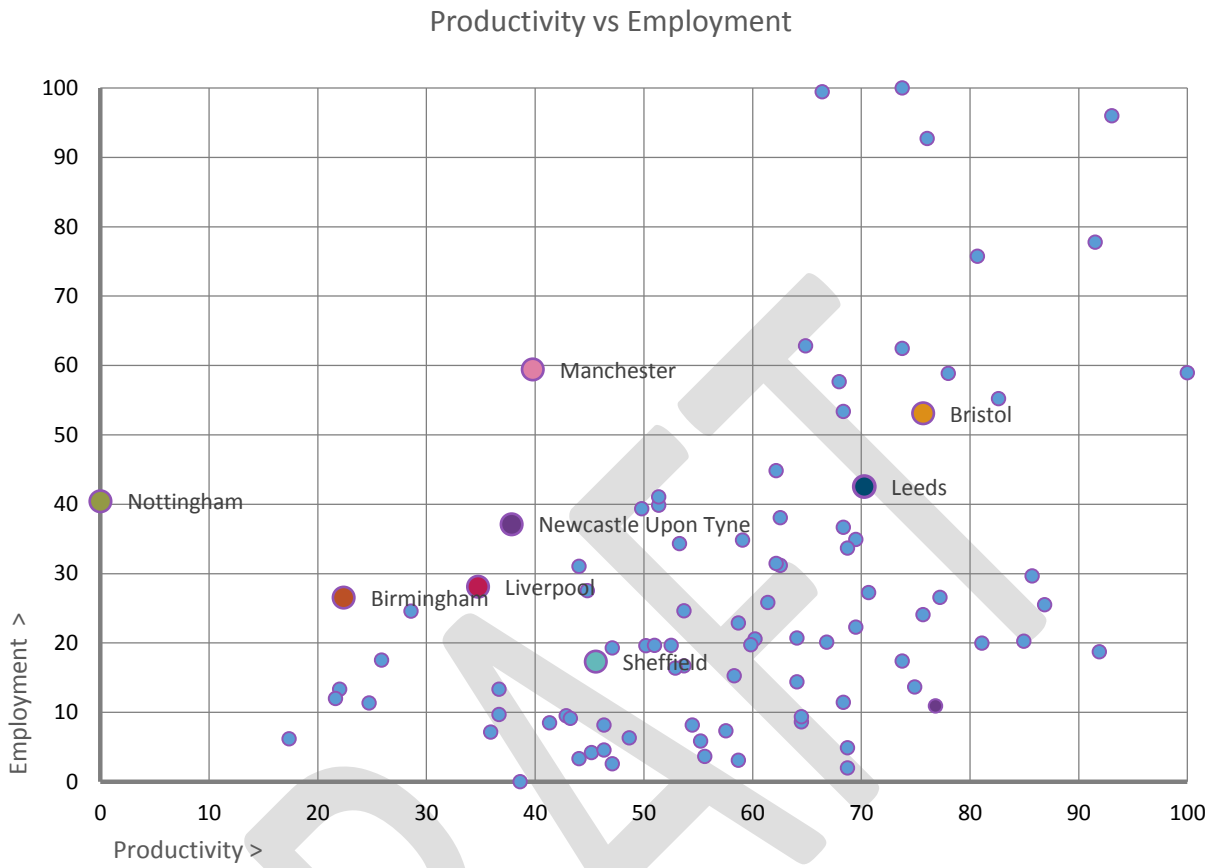
Leeds continues to be the main driver of economic growth for the city-region, and has key strengths in financial and business services, advanced manufacturing, health and creative and digital industries, with a strong knowledge-rich employment base. These strengths linked to the city's universities and teaching hospitals are major innovation assets for Leeds. Leeds also performs well in terms of business start-ups, with strong growth in digital and medical technologies, telecoms and creative industries.



The relatively diversity of the Leeds economy has also been a key asset in its resilience to economic shocks, with the city being able to retain its manufacturing strength as well as consolidating its position a major centre for finance and business services.

However despite our relatively high levels of employment, like other northern cities our productivity remains a key issue, although Leeds does relatively well in terms of productivity per worker (GVA per head), perhaps a reflection of our significant knowledge-based economy, consistently being the strongest performing core city after Bristol. Our economic output growth has only been mid-table in relation to core cities in recent years, perhaps a hangover from the 'great recession', where key sectors particularly in financial and business services have faced prolonged challenges.

Figure X below attempts to illustrate the relationship between employment and productivity in England's core cities, by indexing employment rates and GDP per head. Bristol performs relatively well against both indicators, Leeds benefits from a strong employment rate, whereas Manchester has relatively strong GDP performance.


Productivity vs Employment
Employment >
Productivity >
0
10
20
30
40
50
60
70
80
90
100
Manchester
Bristol
Leeds
Nottingham
Newcastle Upon Tyne
Liverpool
Birmingham
Sheffield

Health and Wellbeing

The first task in addressing the challenges posed by population health trends is to understand what drives health and wellbeing, and our level of control or autonomy over these factors. Judged by increases in life expectancy we are heathier now than we have ever been. Historic improvements in sanitation, nutrition and vaccination followed by post-war increases in living standards and the introduction of free health care all played a part. More recently, reductions in smoking rates and better treatment for heart conditions and cancer continue to drive improvements in premature mortality. However we have also seen a transition from mortality to morbidity, much of which is preventable, and a clearer understanding about how inequalities in morbidity are driven by a combination of socio-economic factors, communities, social capital, behaviours, genetics and the health and social care system itself.

The Kings Fund (2018) describes the four pillars of a population health system as:

- The wider determinants of health;
- Health behaviours and lifestyles;
- An integrated care health and care system;
- The places and communities we live in and with.

We have structured the JSA to understand how the city is performing against these 'wider factors' and how we might gain traction and exert pressure on the key issues that have arisen, as well as testing the robustness of our existing strategies and plans. In Leeds, health and wellbeing starts with people. The Leeds Health and Wellbeing Strategy describes how we collectively nurture our shared assets and put in place the conditions for people to live fulfilling and healthy lives.

Becoming the Best City for health and wellbeing, one that improves the health of the poorest the fastest, requires improvements in the social determinants of health, in living conditions and in lifestyle choices. A stronger focus on social policies and place shaping will help us to live healthier lives, not just longer ones (Kings Fund, 2018). Leeds closely follows the pattern set across the UK in which significant inequalities exist on virtually every measure, despite an overall picture of improvement. The Office for National Statistics (2018) shows that, after a period when the gap between the most and least deprived narrowed, rates for age-standardised, avoidable mortality stabilised and have once again started to widen. The Kings Fund (2018) have described 'the double jeopardy of inequalities in health' with far shorter lives spent in poorer health between richer and poorer areas.

Our population in Leeds is nearly 800,000 people. Over 170,000 people in Leeds live in areas ranked amongst the most deprived 10% nationally. Our strategy describes the need for long term co-ordinated action to become a Child Friendly City, and this JSA describes how one in five of our children lives in poverty. Children living in deprived neighbourhoods are more likely to experience multiple disadvantage, die earlier, and spend more years in ill health.

The opportunities and challenges presented by an ageing population are well-rehearsed. In high numbers, older people contribute in countless ways to rich and vibrant communities – though high levels of volunteering, unpaid caring roles and acting formally and informally as community connectors. We also know that many older people are also more likely to have multiple long term conditions. An Age Friendly City requires us to better understand how best to promote healthy ageing across the life-course

but the changing population at both ends of the age spectrum also provides opportunities for intergenerational work, ways to address loneliness and to promote social inclusion across all age groups.

The majority of early deaths are related to unhealthy lifestyles which are themselves related to socio-economic factors such as poor housing, access to healthy food, green space and opportunities for exercise. Improving health simply cannot be achieved without improved social and economic conditions for all residents. Therefore we must enhance our focus on education, housing, skills and health improvement in our poorest neighbourhoods. Focusing our efforts on the conditions that create health will enable us to address the problems related to anxiety and depression, insufficient fruit and vegetable consumption, low levels of physical activity, smoking and excessive alcohol use – all factors that are often present in people who develop long term health conditions.

To be the best city for health and wellbeing everyone must work together to get mentally and physically healthier and this starts with understanding how the evidence revealed in this JSA might impact on all our residents, but particularly people living in deprived areas. The reasons why we must continue to focus on work, skills, population and housing as key building blocks for health is because the evidence is stark. If we neglect the socio-economic context the ramifications for lifetime health are clear. The Kings Fund (2018) outlines the following evidence, which clearly shows the how health is impacted by social factors:

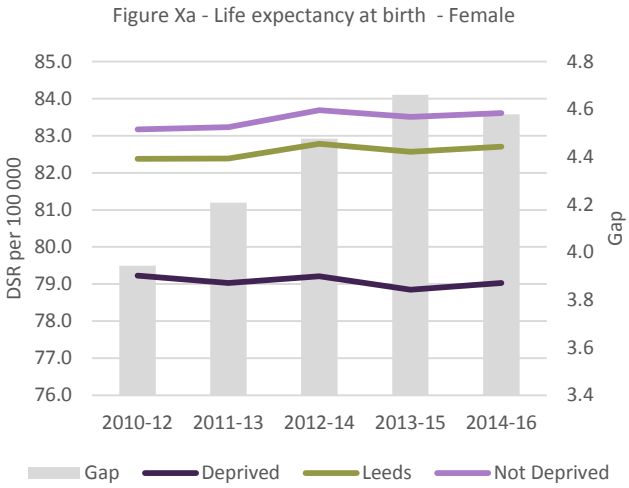
- Every 10% increase in employment is associated with a reduction in life expectancy of one year;
- Every 10% increase in an area where housing was deemed unfit was associated with a two-month reduction in life expectancy ;
- Every 10% increase in the proportion of older people in an area claiming pension credit was associated with a reduction in life expectancy of six months;
- Education is the single most important modifiable social determinant of health, and skill levels at age 18 correlates to life time health (Health Foundation, 2017);
- Evidence shows that income plays a key role in managing health; managing on a low income is stressful, related to unhealthier behaviours and the ability to buy health improving goods (Wickham et al, 2016);
- Economically worse-off children have worse cognitive, social-behavioural and health outcomes independent of other factors associated with child poverty, e.g. household and parental characteristics (Mullainathan and Shafir, 2013).

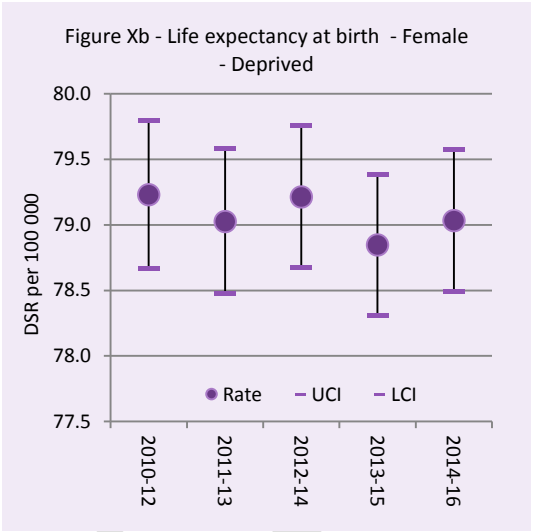
The wider determinants of health and wellbeing are examined throughout the report. This section takes a lead from the Annual Report from the Director of Public Health by focusing on a number of health indicators to understand the current position in the city.

Life Expectancy and Infant Mortality

Note: Further detail/context to be added to graphs

Female Life Expectancy in Leeds

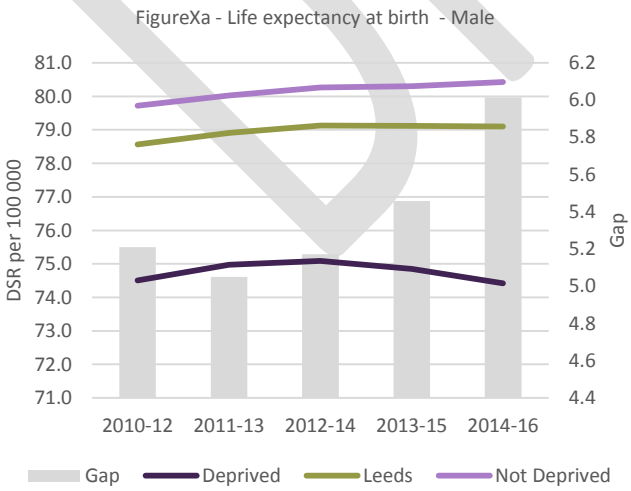


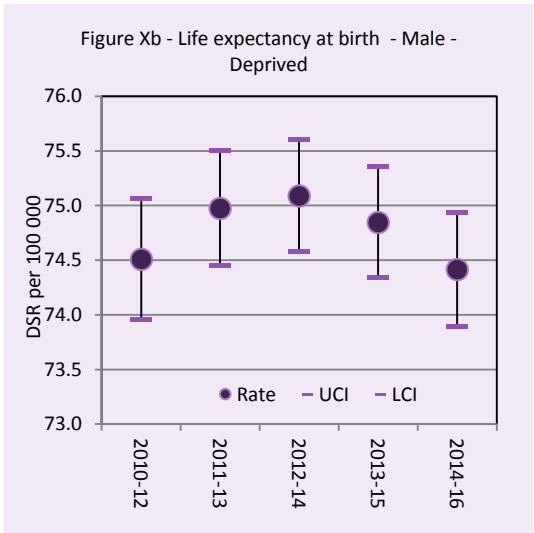


Female life expectancy has stagnated in recent years, with the gap between deprived communities and the city average widening during the period 2013-15. In 'deprived Leeds' (10% most deprived Index of Multiple Deprivation 2015) the life expectancy at birth figure has fallen overall since 2010-12, however none of these changes are classed as statistically significant.

In terms of wider comparisons, Leeds remains one of the top three core cities for female life expectancy whilst a number of core cities have seen a more significant and continuing trends in the decline of this rate. Since 2006-08, Leeds has had a statistically significantly lower life expectancy at birth for females than England. The national trend for female life expectancy is a stagnant virtually no uplift for the last three years.

Male Life Expectancy in Leeds





Male life expectancy has also stagnated in Leeds. The major contribution to the city-wide levelling-off is a decrease in life expectancy in 'deprived Leeds'. Once again, none of these changes in deprived Leeds is statistically significant, however the trend in the year on year increases in the inequality gap is of concern.

Looking more widely, Leeds is ranked third for male life expectancy within the core cities group, where the levelled off trajectory is also present. Compared to national trends, Leeds has low rates than England (Leeds 78.2, England 79.5 – 2014-16)

In summary, the widely reported recent slowing in life expectancy gains at a national level are reflected in the latest data for the city. The data also confirms the stubborn gap in life expectancy between our most deprived and least deprived communities confirming the need improve the socio-economic conditions in our most challenging communities.

Infant Mortality

Figure Xa - Infant Mortality - Person

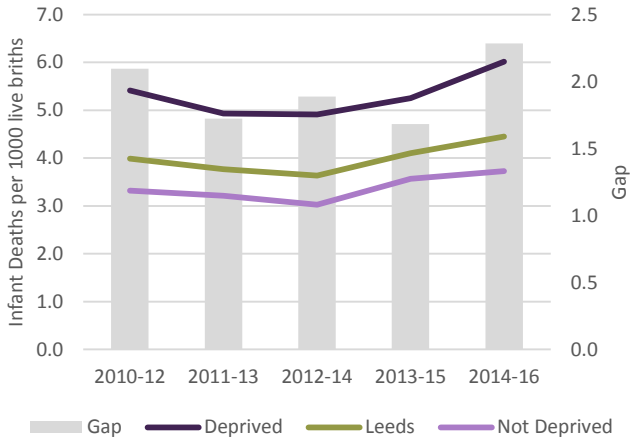
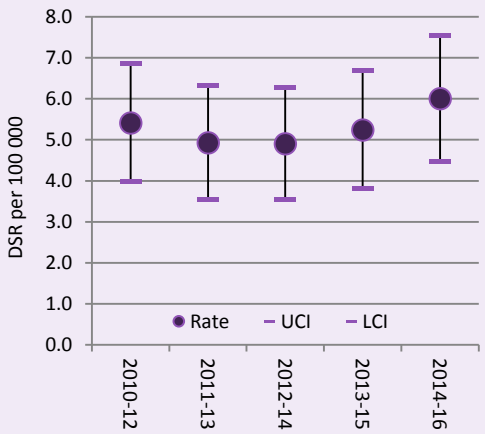


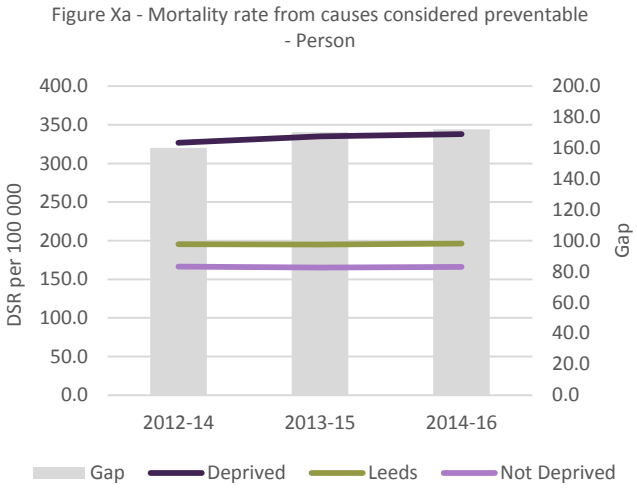
Figure Xb - Infant Mortality - Person - Deprived

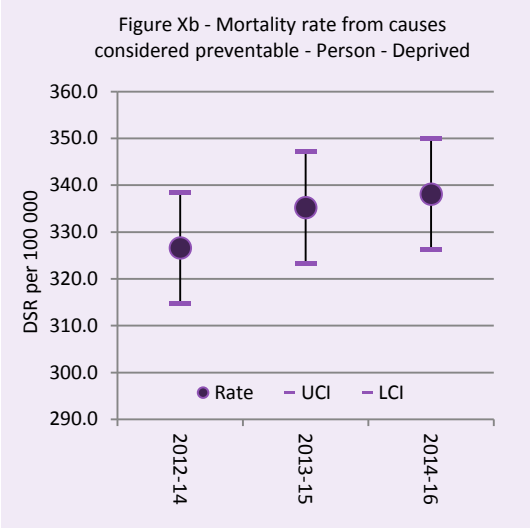


Infant mortality is the death of a live-born baby before their first birthday. Infant mortality rates have increased in Leeds. The gap between 'deprived Leeds' and the city-average has fluctuated but data for the most recent period (2014-16) has shown an increase.

Although more broadly Leeds remains in the lowest three core cities for Infant Mortality, the latest analysis conforms the need to help ensure that parents are well prepared for pregnancy and that families with complex lives are identified early and supported.

Preventable Mortality

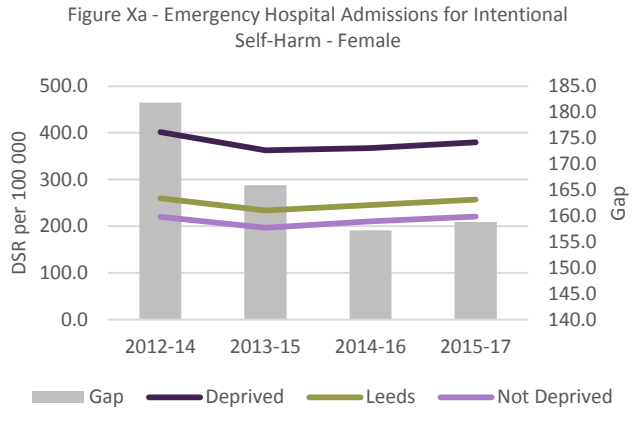


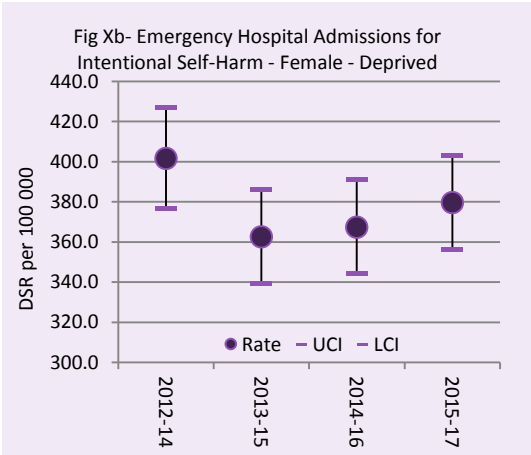


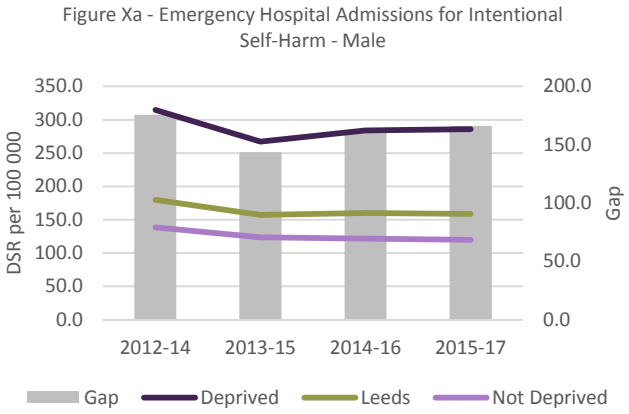
Preventable deaths are a measure of the success of Public Health interventions where deaths could have been prevented. Preventable mortality has remained fairly constant in Leeds during the 2012-2016 period. The one notable change is a slight increase in 'deprived Leeds', however, none of the changes have been statistically significant.

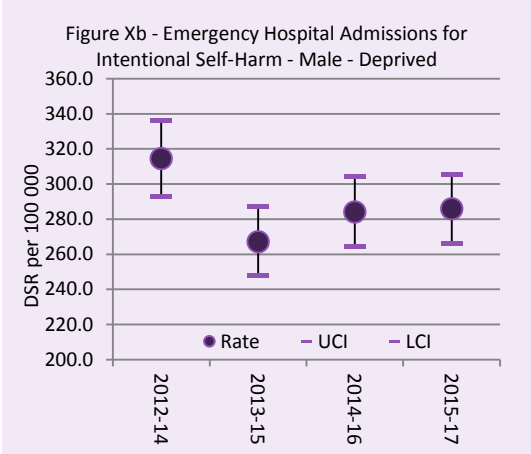
Leeds is one of the better performing core cities, though is below the national average. Deprivation is a key contributor to this indicator, looking at nationwide analysis, the most deprived communities (decile 1 IMD) show a doubling of the rate compared to the least deprived communities (decile 10 IMD).

Admissions for deliberate Self-Harm





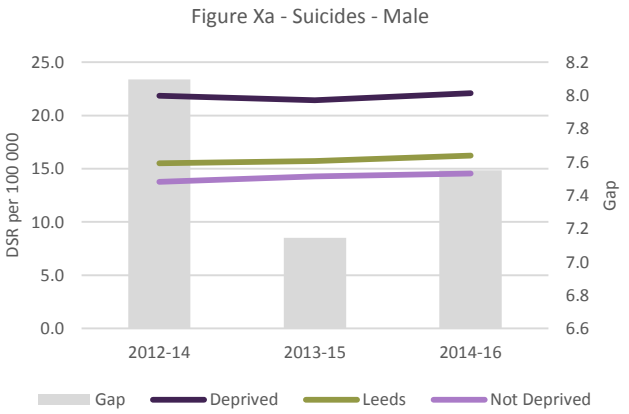


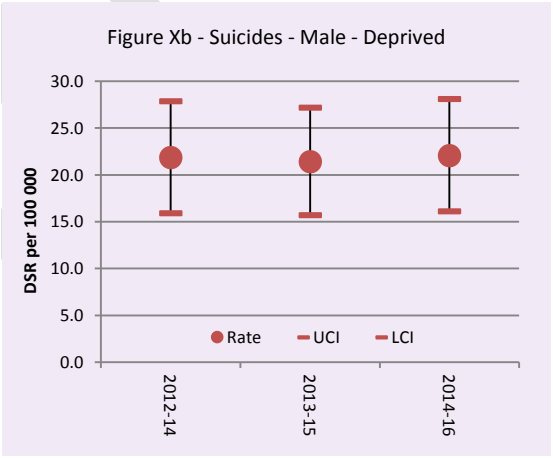


Female rates of self-harm, as represented by hospital admissions are much higher than rates for males. In 2015-17 the rate for females in Leeds was 257, for males the rate was 158. Whilst the trajectories for females are upward since 2013-15, the inequality gap has reduced as rates in non-deprived Leeds have increased more quickly. The inequality gap remains large.

Whilst rates for males are lower than females overall, the inequality gap in Leeds has risen consistently since 2013-15. Leeds deprived now has over double the rate of non-deprived Leeds.

Suicide Rates





Female rates of suicide are too unstable to analyse at a sub-Leeds level. However, male suicides, due to the larger number are more statistically reliable. There is a growing inequality gap.

Figure Xa - Suicides - Person

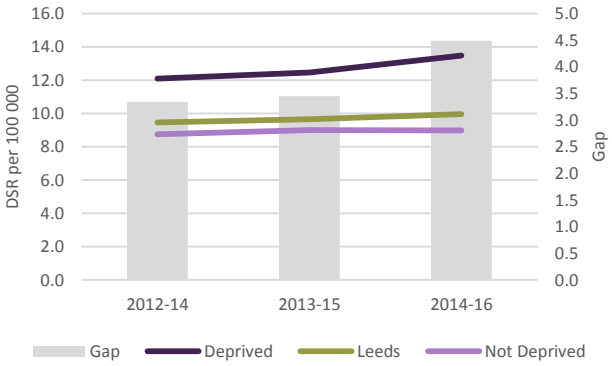
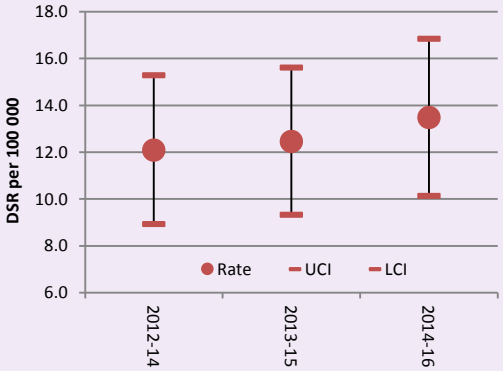


Figure Xb - Suicides - Person - Deprived



Rates for persons show the clearest picture. The growing inequality gap is quite pronounced, based on a rise within the 'deprived Leeds' population set against a flat rate for Leeds as a whole.

Alcohol Related Admissions

Figure Xa - Admission episodes for alcohol-related conditions (narrow) - Male

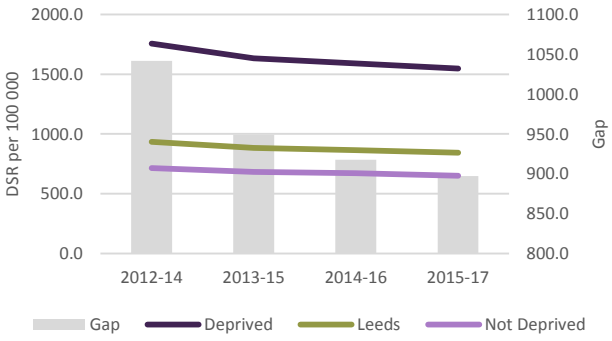


Figure Xb - Admission episodes for alcohol-related conditions (narrow) - Male - Deprived

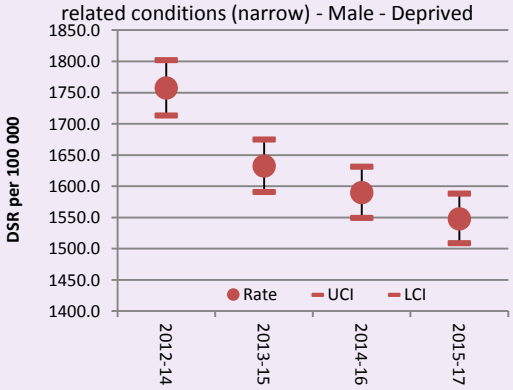


Figure Xc - Admission episodes for alcohol-related conditions (narrow) - Female

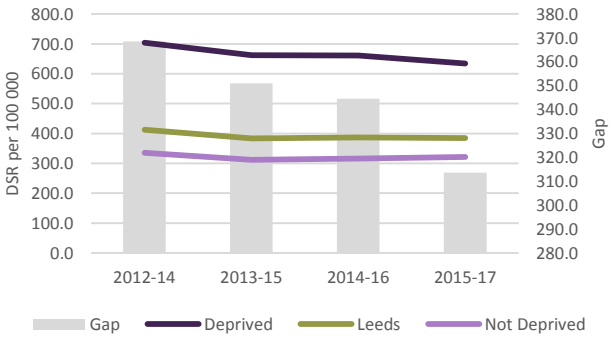
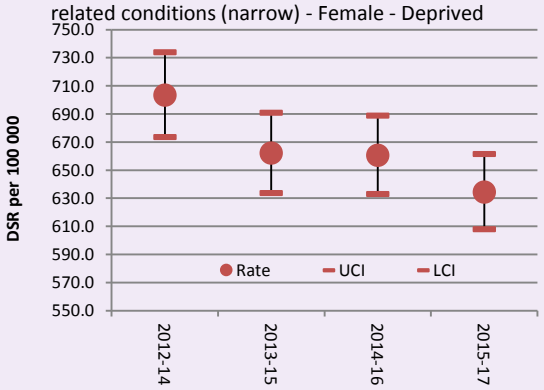
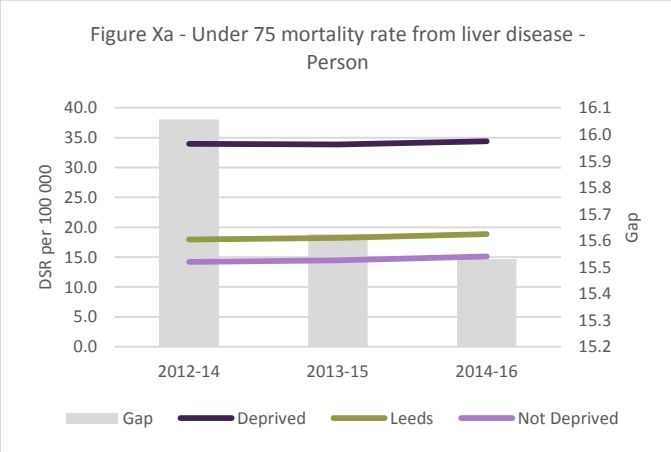


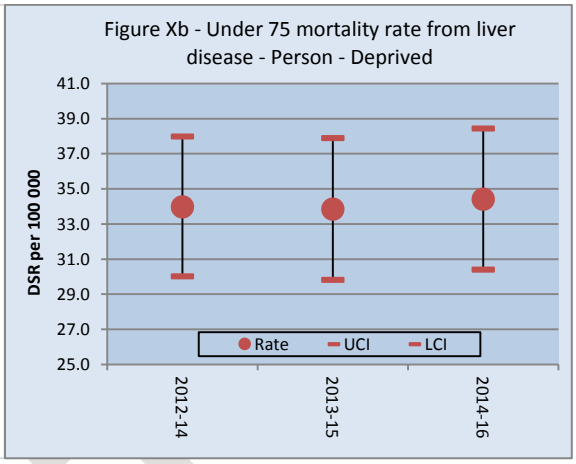
Figure Xd - Admission episodes for alcohol-related conditions (narrow) - Female - Deprived



Alcohol related admissions as represented by hospital admissions are falling, though rates for the males are far higher than for females. Leeds is the best performing core city for this indicator and is currently on a similar trajectory and rate as England.

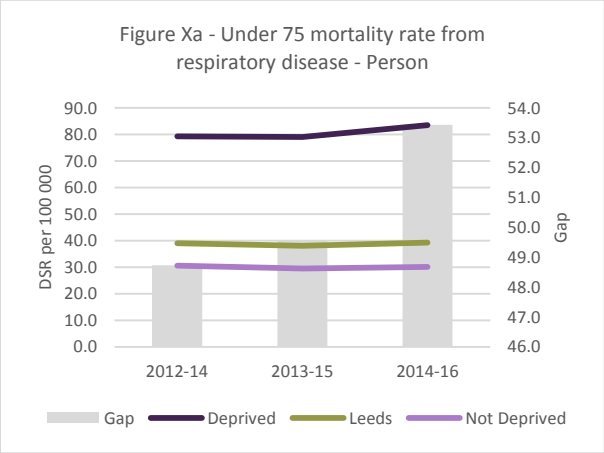
Liver disease mortality

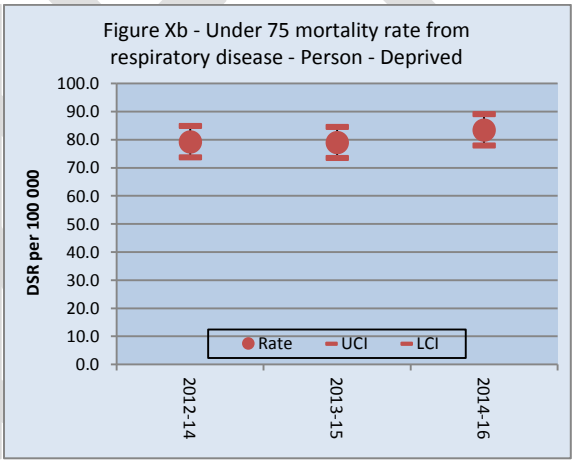




Liver disease mortality for persons is following a similar inequalities pattern though rates are static; this is caused by a slight increase in 'less deprived' Leeds rate year on year.

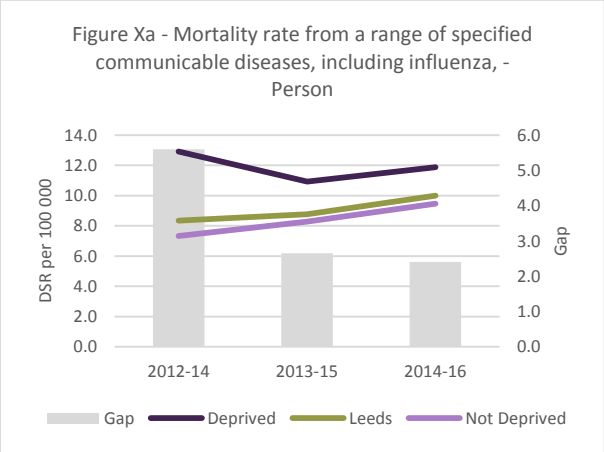
Respiratory Disease Mortality

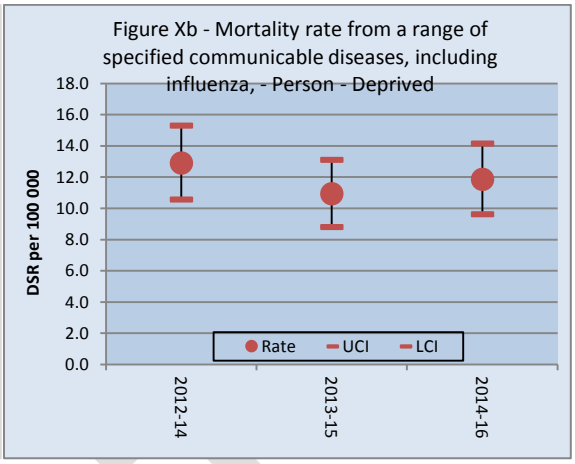




Respiratory disease mortality is much higher in 'deprived Leeds' than the Leeds average, and is growing. This inequality gap is related to lifestyle factors such as smoking.

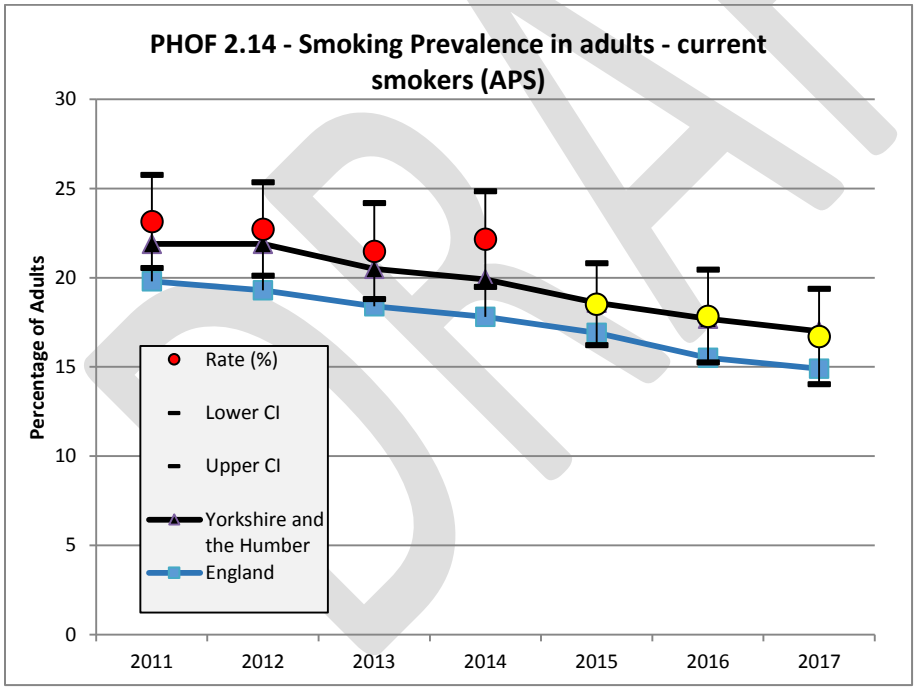
Communicable diseases mortality



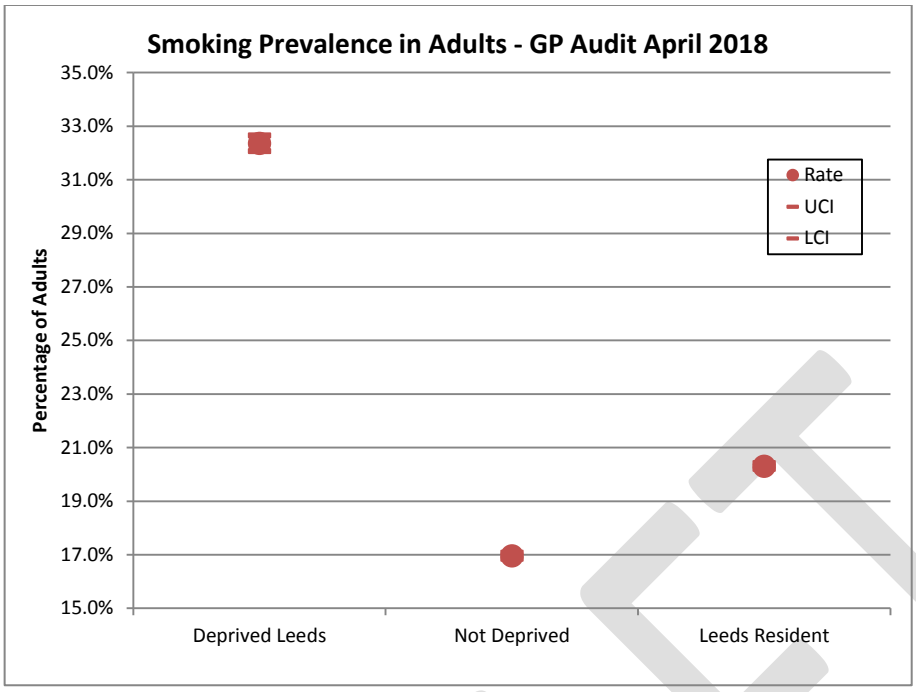


Communicable diseases mortality rates have increased during 2014-16, although the inequality gap has narrowed.

Smoking Prevalence Note: Further detail/context to be added to graphs
Smoking Prevalence (in adults) by calendar year – PHE Fingertips



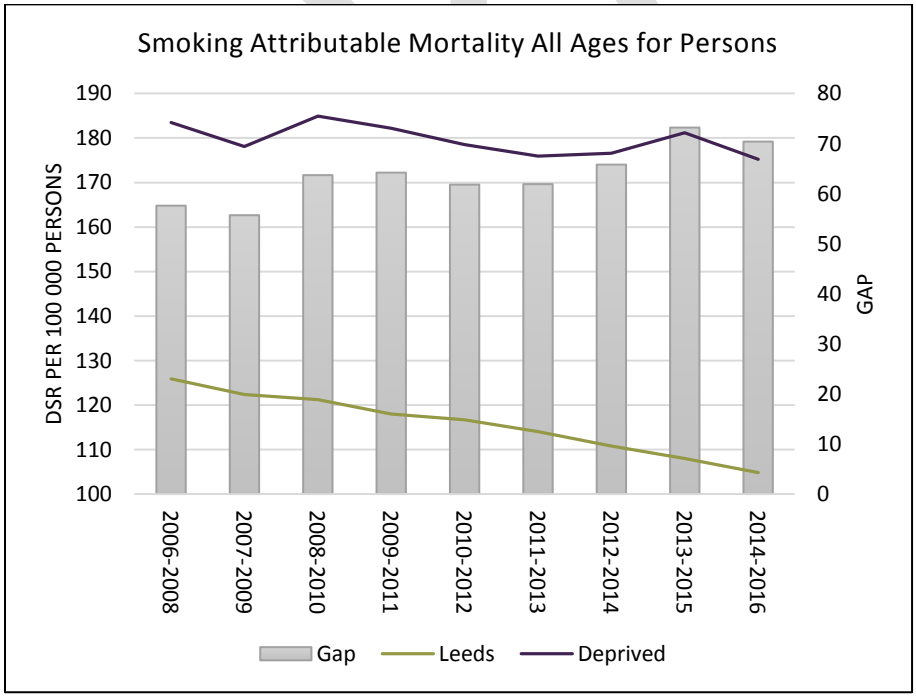
Leeds prevalence according to PHE, and using the ONS mid-year estimate population figures shows Leeds to be very close to the regional rate, and not significantly higher than England. The trend is generally downward for Leeds and England.



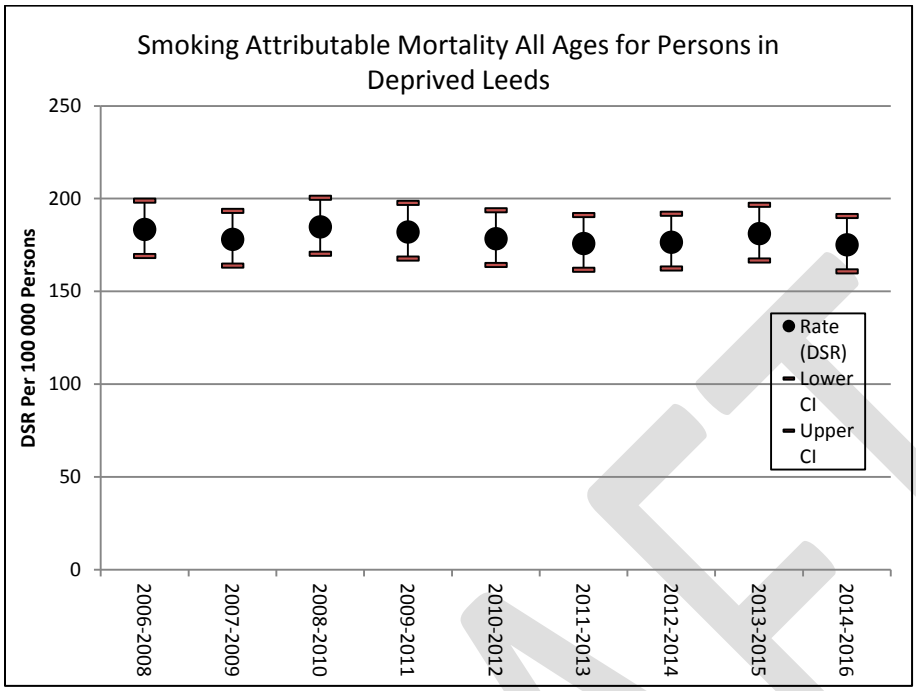
Local analysis of smoking in Leeds, based on the Leeds Public Health Intelligence audit of GP Practice records shows a slightly higher rate of smoking for Leeds. The latest figure for April 2018 is 20.3% for Leeds with statistically significantly higher score of 32.4% for deprived Leeds.

Smoking Attributable Mortality

Mortality data from Primary Care Mortality Database (PCMD), NHS Digital/ ONS



As a consequence of lower smoking prevalence there has been a slow reduction in mortality from smoking attributable deaths in Leeds.



Notice however that the rate has not fallen as much for deprived Leeds and the gap has grown slightly as a result.

Child-Friendly City

The city has a vision to be a child friendly city, where young people enjoy growing up and achieve their potential to become successful citizens of the future. More children in Leeds are now safe and secure in their families; children and young people have greater voice and influence; and an increasing number are achieving good outcomes. However, this is an ongoing journey: we need to maintain this progress, staying focused on keeping children safe and working collectively to ensure that families get the support they need.

Safeguarding of Children and Young People

The safeguarding of children and young people remains a key focus and pressure. Since 2011, the focus on safely and appropriately reducing the number of looked after children has seen a 12% reduction in numbers in Leeds (from 1,450 children and young people in March 2011 to 1,275 in March 2018) compared to an 11% rise over that period across England. Numbers in Leeds have risen slightly over 2017/18 from 1,253 (76.6 per 10,000 children and young people) to 1,275 (77.4 per 10,000) at the end of March 2018, broadly tracking the general increase in the under-18 population in the city; the 1,275 includes 51 unaccompanied asylum-seeking children.

At the end of March 2018 there were 527 children and young people subject to a child protection plan, down from 533 the year before. 96% of child protection reviews in March 2018 met timeliness criteria.

Education and Learning

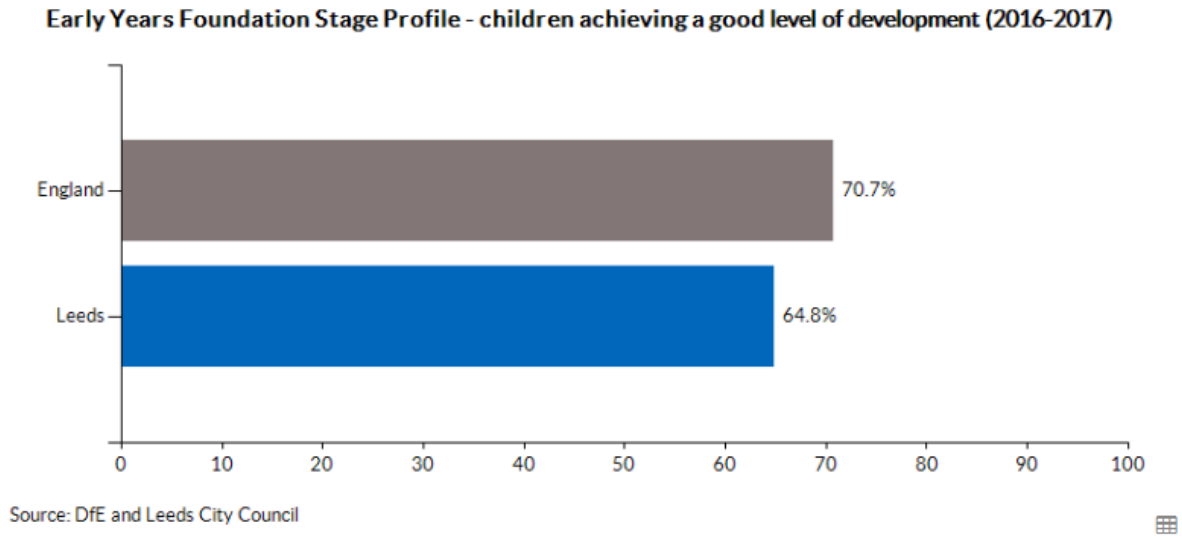
Clearly, children must first of all be safe and healthy but this has to be as a basis to learn and develop. The first years of life are increasingly recognised as a priority given their profound influence on the development of a child's emotional and social capacity and cognitive growth. Analysis shows that economic investment into the early years gives the greatest return, impacting on key outcomes such as emotional wellbeing, improved behaviour, school readiness and educational attainment and fulfilment of potential. Areas of focus include breastfeeding, good antenatal nutrition, the promotion of language development and perinatal mental health services. Readiness for learning at the start of school is connected to support in the early years.

Good progress and successful achievement in learning increases opportunities into adulthood and supports good health, lifestyle, career and family choices. School attendance is vital in ensuring children are receiving their entitlement to learning remains a priority. However, being in learning is not enough, children and young people need to be making good progress and reach age 19 equipped for the next stage of their life.

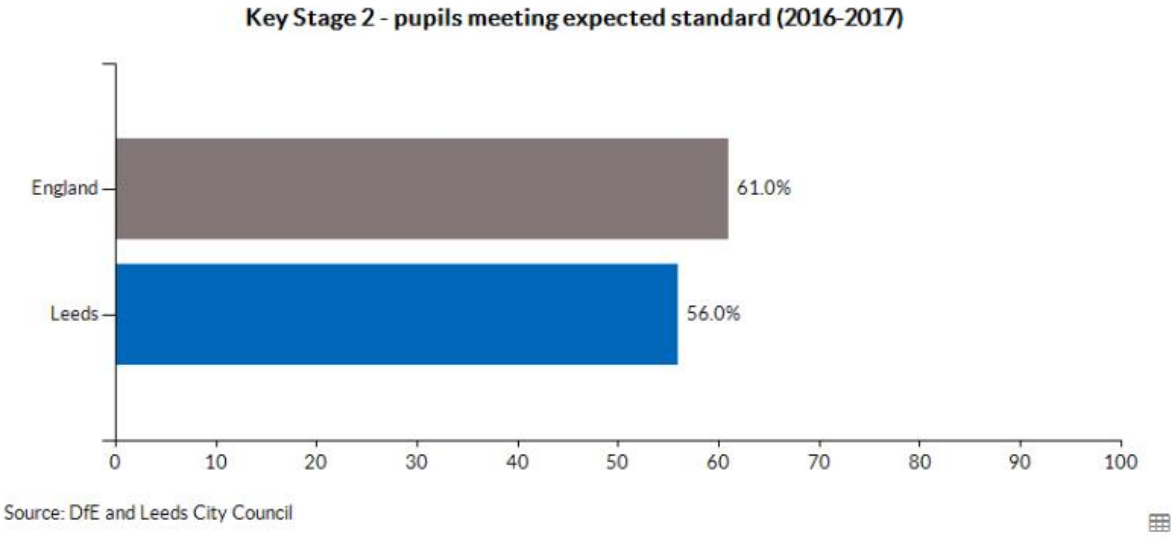
In Leeds primary schools, attendance levels have remained the same at 96% for the academic years 2015/16 and 2016/17, matching the national average and slightly above the Yorkshire and Humber regional average of 95.8%. Within this, persistent absence for 2016/17 was just over 8%, in line with the England average, but below the regional average of 9%. In secondary schools, the absence rate also remained the same over the two academic years at 94%, matching the regional average but below the England rate of 95%. Within this, persistent absence for 2016/17 was 15%, above the England average of 14%. Of particular concern are those classed as 'Children in Need': of this group, one quarter of all

primary age pupils were persistently absent in 2016/17 and almost one half of all secondary age pupils. Authorised absences in Leeds compare well at both primary and secondary levels (primary: 2.7% in Leeds, below England's 3.0% and the region's 2.9%; secondary: 3.4% in Leeds, below England's 3.8% and the region's 3.7%), reflecting our schools' commitment to good attendance.

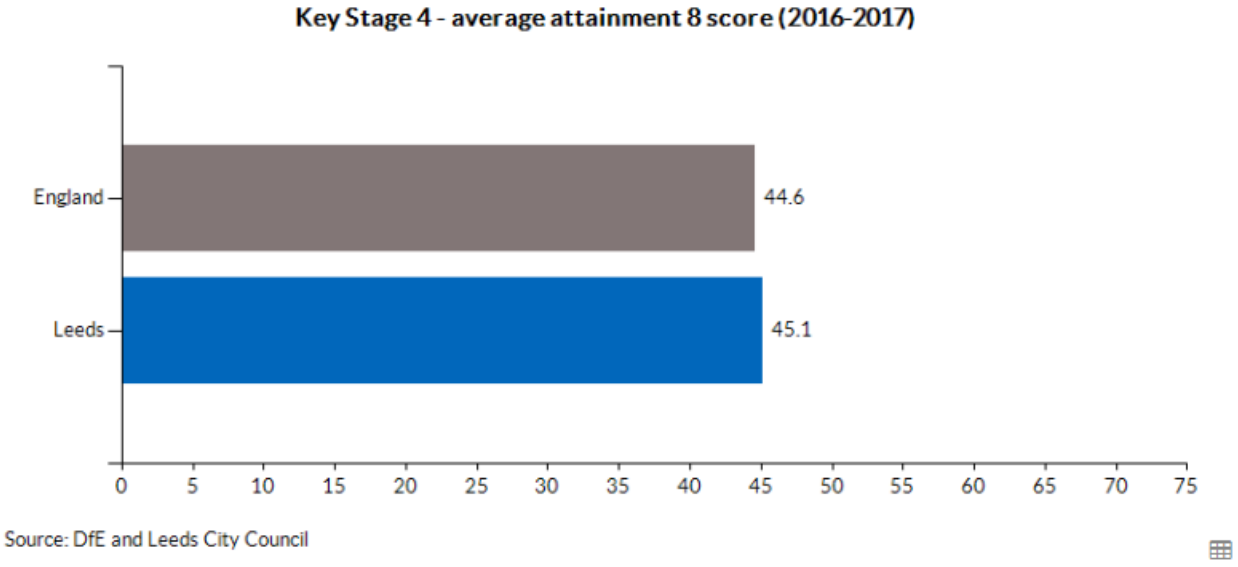
There has been a considerable increase in the proportion of children achieving a good level of development in Leeds at the Early Years Foundation Stage: from 51% in 2013 to 65% in 2017, though still below the national levels of 69% and 71% in 2016 and 2017 respectively. In 2013, Leeds was the poorest performing local authority on the 'gap for lowest attaining children' measure but the gap to national has reduced in every year since then, now standing at 1.6 percentage points.



The percentage of children reaching the expected standard at the end of primary school (Key Stage 2) in reading, writing and maths significantly improved in Leeds from 48% in the 2016 academic year to 56% in 2017, though remains below the national figures which went up from 53% in 2016 to 61% in 2017 and the Yorkshire and Humber regional 58% for 2017.



Progress 8 aims to capture the progress a pupil makes from the end of key stage 2 (Year 6) to the end of key stage 4 (Year 11). It compares pupils' achievement – their Attainment 8 score – with the average Attainment 8 score of all pupils nationally who had a similar starting point (or 'prior attainment'), calculated using assessment results from the end of primary school.



Progress 8 is a relative measure, therefore the national average Progress 8 score for mainstream schools is very close to zero; a Progress 8 score above zero indicates a school is making above average progress. Leeds schools have performed well with a Progress 8 score of +0.07 for the 2016/2017 academic year, placing Leeds as the 37th best performing authority in the country. However, the percentage of pupils achieving a strong pass (9-5) in their GCSEs at the end of key stage 4 was 39% for the 2016/17 academic year, below the Yorkshire and Humber regional rate of 41% and the national average of 43%, placing Leeds in the third quartile nationally (98 of 147 local authorities)

At all key stages in Leeds, non-disadvantaged pupils perform either broadly in line with, or better than, their peers nationally, but the attainment of the disadvantaged group in Leeds lags far behind. The refreshed Children and Young People's Plan 2018-23 acknowledges this ongoing challenge with a strong focus on learning, and readiness for learning, to narrow the gap, enabling all children and young people to achieve, particularly those learners who are more vulnerable to poor outcomes.

The national NEET (young people who are not in employment, education or training or whose status is 'not known') measure changed in September 2016 when government changed the definition, timing and the cohort to be tracked. The most recent published national data (December 2016 to February 2017) shows that Leeds ranked 98th amongst local authorities at 6% mirroring the national average.

Safe, Strong and Vibrant Communities

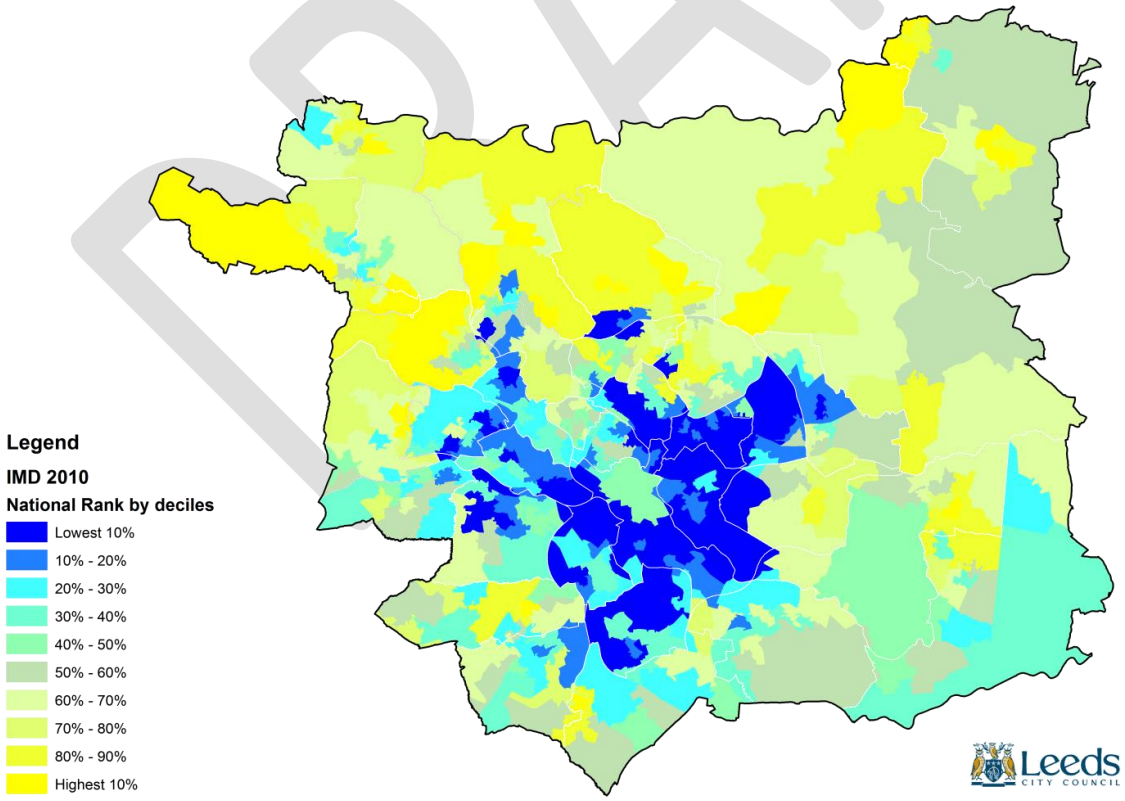
Leeds has an increasingly changing population, with people of different ages and from many different backgrounds, cultures and beliefs living and working alongside each other. In pursuing our ambition to build safer, stronger and more vibrant communities across the city we need strong local leadership, to increase community conversations to resolve problems and conflict locally, we need to continue to raise aspirations, creating better links to social and economic opportunities, and improve the city's resilience to extremist narratives. Increasing opportunities for community engagement, working on strengths-based and asset-based community development will build more resilient communities across the city who are able to overcome their own challenges and reduce unnecessary dependence on public services.

Socio-Economic Diversity

Leeds' diversity is reflected across all its communities and neighbourhoods, both in the physical identity of our neighbourhoods and in the variety of cultures and ethnic identities of our residents. However, it is the divergence in economic characteristics that is most prominent, and perhaps more so than most other core cities.

Using the Index of Multiple Deprivation (IMD) 2015 to illustrate the divergent economic wellbeing of the city, highlights that although there are concentrations of relative deprivation, there are significant areas of the city which are relatively affluent.

Figure X IMD 2015 Ward Analysis



Analysis across a range of indicators suggests that there has been some intensification of the concentration of our most deprived and least deprived neighbourhoods across the city.

Figure X attempts to provide a more detailed analysis in the relative changes in deprivation of neighbourhoods across deciles between the 2015 and 2010 IMD.

Figure X: LSOAs in each IMD decile in 2015 and 2010

Number of LSOAs in each decile of the Index of Multiple Deprivation 2015 and the 2010 index

Number of Lower Super Output Areas		IMD 2015 Deciles										
		Most Deprived 10%	10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%	80-90%	Least Deprived 10%	TOTAL
IMD 2010 deciles	Most Deprived 10%	86	2									88
	10-20%	13	23	3								39
	20-30%	1	10	25	8							44
	30-40%			11	17	10	3					41
	40-50%				4	12	7	4				27
	50-60%					10	18	15	3	1		47
	60-70%						10	23	14	2		49
	70-80%							6	20	10	1	37
	80-90%								3	24	14	41
	Least Deprived 10%									2	25	27
	TOTAL	100	35	39	29	32	38	48	40	39	40	440

Analysis is based on the 440 Lower Super Output Areas that have not undergone boundary changes since the 2010 Index of Multiple Deprivation. The total number of LSOAs in each decile varies because of the differential impact of these boundary changes

Comparing the distributions in this way shows the extent of changes in relative rankings, and how large the changes are for those areas that have moved. The chart can be read down (for 2015) or across for 2010. For instance, in the 10% most deprived decile, 86 LSOAs have not changed and 2 have improved from 2010 and have moved into the second decile up. Conversely, 13 LSOAs have moved down from 10-20% into the worst 10%, and 1 LSOA has moved 2 deciles down.

This analysis highlights the relative movement in rankings and also suggesting that there has been some intensification of the concentration of our most deprived and least deprived neighbourhoods.

Poverty

Poverty affects individuals, families and neighbourhoods in multiple ways, and it impacts people at different times in their lives. Child poverty is at the root of many poor outcomes for children, young people and their families. In 2016 over 17% of children (under 16s, 26,000 children) were estimated to live in poverty in Leeds, compared to 16% nationally. The proportion has remained fairly static in recent years, against a slight increase nationally.

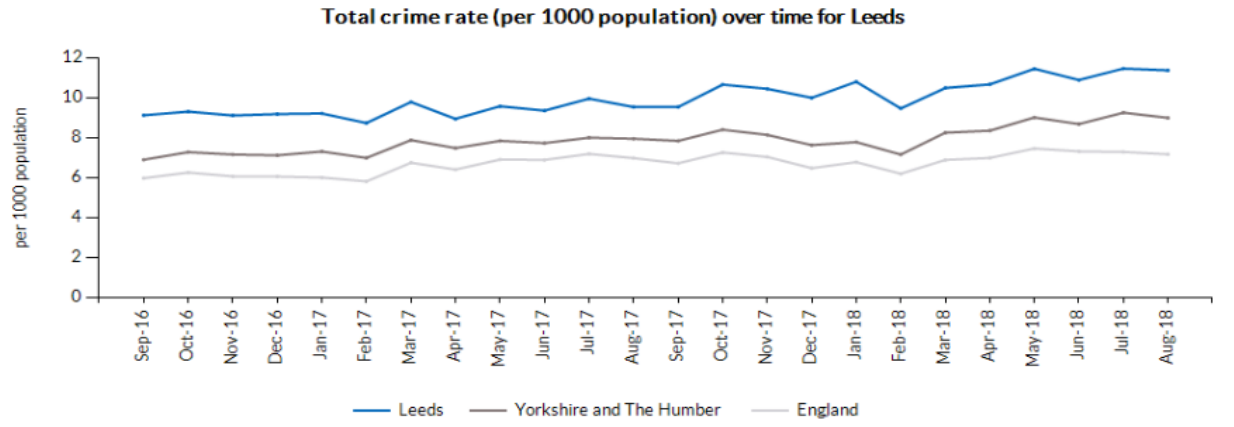
More broadly, taking the Government's national estimates for 'relative poverty after housing costs' and applying them to Leeds, a national proportion of 22% equates to almost 172,000 people living in relative poverty in Leeds. In addition the Inclusive Growth analysis confirms growth of in-work poverty for some people in recent years, estimating that over 71,000 working age adults across the city are from working households and in poverty.

Data from the Leeds Food Aid Network suggests that almost 27,000 people access a foodbank during the 2016/17 period, and increase of almost 7% on the previous year. In terms of fuel poverty, the latest data from 2016 estimates that 13% of Leeds households were in fuel poverty (43,000 households), signalling a slight decline from the previous year. The city's rate is slightly above the national average of 11%, primarily due to the nature of the housing stock.

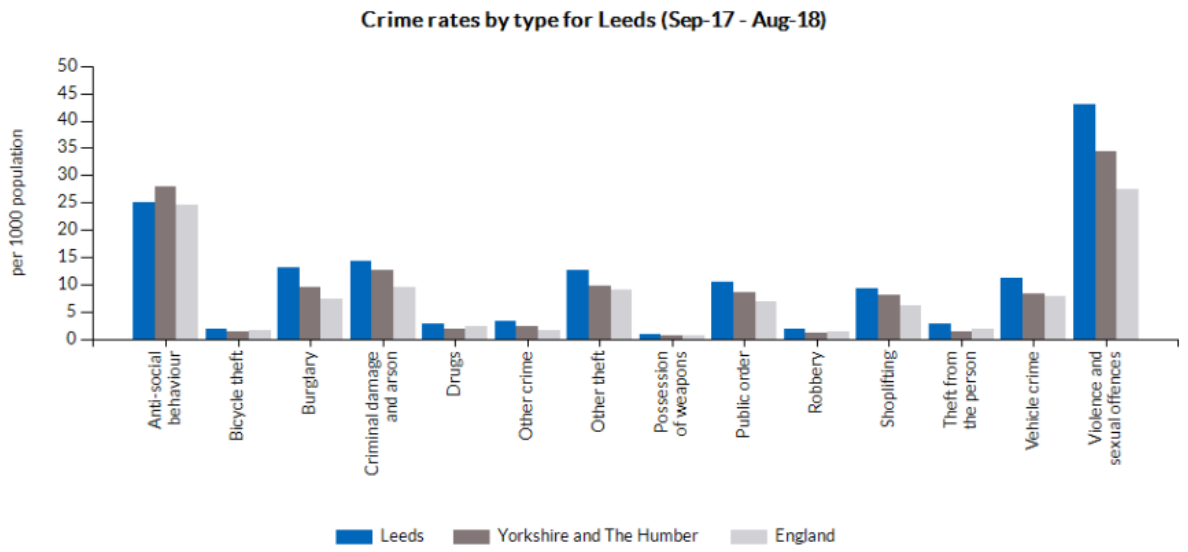
Safe Communities

Making all our communities safe for everyone remains a central priority. In 2017, the Office of the Police and Crime Commissioner (OPCC) for West Yorkshire launched a new 'Your Views' survey. From data collected over the previous three quarters to March 2018, 82% of people in Leeds said that they felt 'safe or very safe' in their local area, slightly above the average for West Yorkshire. Across West Yorkshire, 75% of respondents said they were satisfied with their local area as a place to live (defined as a 15 minute walk from your home) with 11% dissatisfied. Leeds compares favourably with 79% being satisfied and 10% dissatisfied. To understand residents' sense of positive community cohesion and wellbeing, the survey asked, 'do people from different backgrounds get along well in your area?' For West Yorkshire, just over half (54%) felt that they did get on well together. Leeds (58%) and Kirklees (59%) gave the strongest positive scoring.

The two tables below are drawn from data.police.uk and summarise the recent trends in reported crime in Leeds.



Source: data.police.uk *



Source: data.police.uk *

Over recent decades, there has been a fall in overall levels of crime, a trend that now looks to be stabilising. However, this hides variation in different crime types. Over the last year, we have seen rises in some types of theft and in lower-volume but higher-harm types of violence. This is balanced by a fall in the high-volume offence of computer misuse.

In terms of the volume of domestic violence and abuse incidents reported to police in Leeds rose by 9% between 2016/17 and 2017/18: 20,434 incidents were reported in the 12 months to March 2018 with a repeat victim rate of 46%. The level of self-reporting of domestic violence and abuse recorded by West Yorkshire Police fell slightly to 30% during 2017/18 compared to 32% in 2016/17. The relative stability in the rate of self-reporting is a perhaps a reflection of the confidence that victims have in West Yorkshire Police and the Safer Leeds Partnership.

18,709 'serious acquisitive crime' (SAC) offences were recorded in Leeds in 2017/18 (equivalent to 25 offences per 1,000 population), an increase on the 18,334 offences (24 per 1,000 population) in 2016/17. Based on provisional figures - which do not represent the official data provided by the Home Office - the greatest increases in offences in 2017/18 were for burglary (up by 37%), and theft of a motor vehicle (up by 9%). (The Home Office uses a different measure of 'serious acquisitive crime' offences which excludes 'burglaries').)

During 2017/18, the number of reported incidents of anti-social behaviour/nuisance concerns rose by 11% to 19,727, compared to 17,807 incidents reported during 2016/17. Of the total number of reported incidents, the two most frequently recorded categories were 'Youth Related' (38% – up from 36% the year before) and 'Neighbour Related' (17% – down from 19% in 2016/17).

A hate crime is defined as a crime which is committed against someone due to their race, religion, gender, sexual orientation, age or disability. Almost 2,500 incidents were reported in the 12 months to March 2018, up by 11% on the year before but considerably lower than the rate of increase of 27% two years ago. During 2017/18, Police in Leeds recorded 1,892 Race hate incidents, 280 Sexuality hate incidents, 258 Disability hate incidents, 168 Faith hate incidents, and 51 Transphobic hate incidents. In March 2018, 257 hate incidents were reported compared to 199 in March 2017. This recent increase

may be influenced by international and national events: for example, repeated malicious communications targeting a specific faith group were reported in national media and widely condemned. A range of activity was carried out across Leeds to reassure communities.

Overall, although 'serious acquisitive crime' increased slightly and the number of anti-social behaviour and nuisance concerns (particularly youth-related) reported increased too, this is against a fairly stable longer-term trend.

Housing

The overarching challenge is to provide enough quality and accessible homes to meet the city's growing population, whilst protecting the quality of the environment and respecting community identity. Within this overall context the need for affordable housing and affordable warmth are key issues. Good quality housing is a pre-requisite for good health. People who live in clean, warm, safe and affordable homes are less likely to experience a number of forms of ill-health.

Leeds has 335,322 households listed for council tax. The mix of housing tenure has changed significantly of the two decades. The significant growth of the private rented sector is a key trend which brings with it associated challenges, particularly at the low cost end of the market where housing conditions can be poor. The only reliable city-wide data is the 2011 Census, which confirms growth in the private rented sector, which almost doubled between 2001 and 2010, to 18%. It is likely that this rate of change has continued if not accelerated.

The private-rented sector across Leeds is complex. In Harehills and Chapeltown, there is a concentration of private-rented houses with a significant number of transient, often migrant, households. By contrast the private rental market in Headingley, Hyde Park and adjacent areas has traditionally been driven by demand from student households, resulting in considerably higher rents. In the City Centre, the rapid growth in the numbers of apartments developed since 2001 has created a new private rental market attracting yet another range of occupiers.

Like most large cities, Leeds has a substantial amount of older housing, which tends to be concentrated in more deprived neighbourhoods. What sets Leeds apart from other places, though, is the large amount of back-to-back housing still in use across the city. Most of the 19,500 back-to-backs in Leeds are in the private-rented sector and were built before 1919. As a result, many of them are in poor condition, particularly in relation to their energy efficiency. The concentration of this type of housing, combined with the significant expansion of the private rented sector has a major impact of large areas of the inner city.

This impact is illustrated by research commissioned under the More Jobs, Better Jobs collaboration between Leeds City Region and the Joseph Rowntree Foundation, undertaken by University of Sheffield and Sheffield Hallam University. The research looked at the role residential mobility plays in determining neighbourhood structure. It identified neighbourhood typologies in deprived neighbourhoods (defined as the 20 per cent most deprived in the Index of Multiple Deprivation) into one of four types:

- An **escalator** area is one where in-movers mainly come from areas that are more deprived while most out-movers go to areas that are relatively less deprived. They can play an important role in the upward progression through the housing market since movers often see them as a kind of 'stopping off point' on their way to affording a more expensive property.

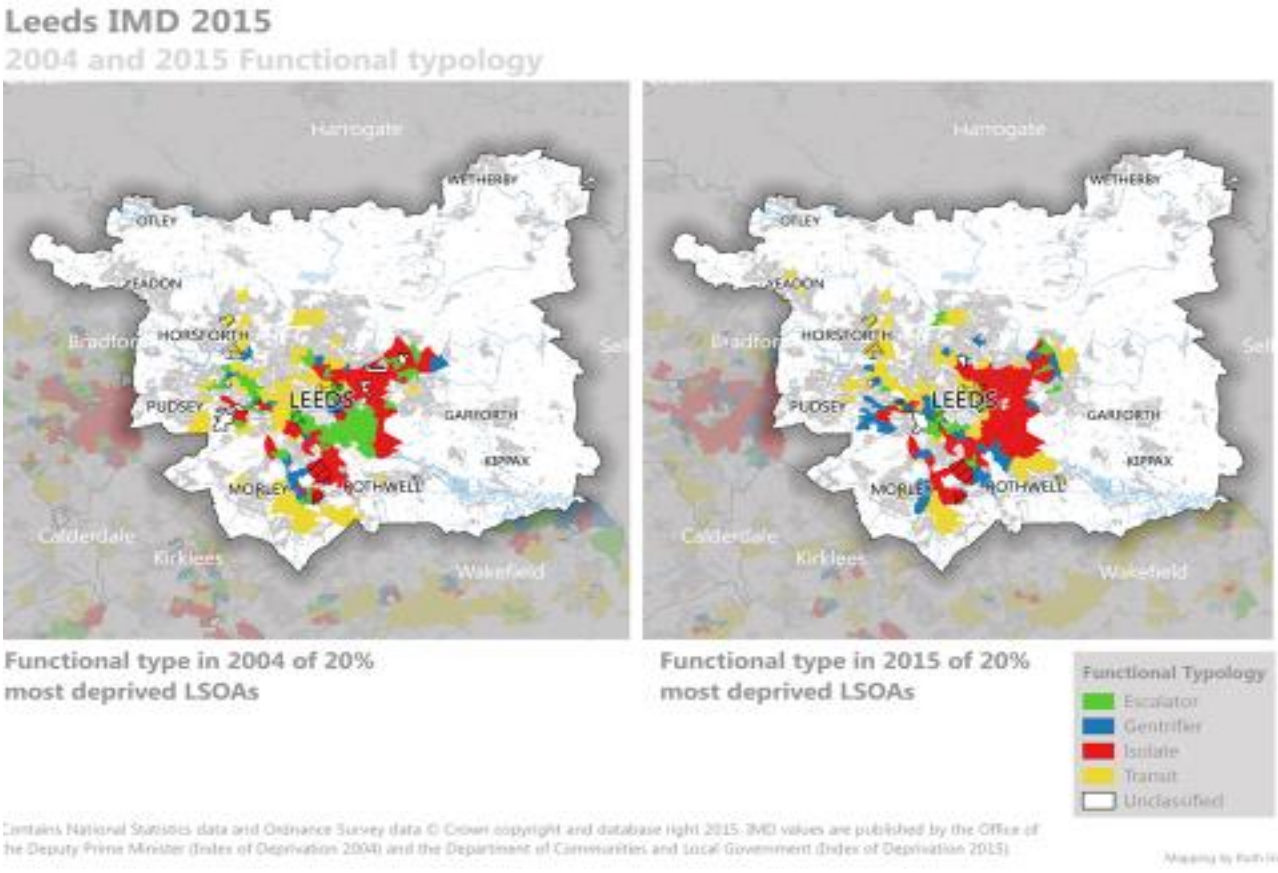
- **gentrifier** area is one where in-movers come from relatively less deprived areas and out-movers go to similarly or more deprived areas. This may reflect a process of localised economic opportunism as existing residents in 'low value' neighbourhoods are displaced by people moving in from less deprived areas to take advantage of cheaper housing costs.

- An **isolate** area is defined as an area where in-movers and out-movers come from and move to similarly or more deprived areas. It is an 'isolate' area in the sense that it is relatively disconnected from the wider housing market and residential mobility patterns, not in relation to social cohesion. Therefore, its socio-economic composition is less likely to be altered by people moving in or out. These areas have the highest average deprivation score out of all four types.

- The final type is a **transit** area where both in-movers and out-movers are moving from and to less deprived areas. This may reflect areas with high student populations or young households getting onto the housing ladder for the first time.

Figure X below is taken from the research report. It highlights the change in composition of neighbourhood typologies between 2004 and 2015. The expansion of 'isolate' areas is striking, perhaps a reflection of the expansion of the private rented sector, which in-turn is heavily influenced by the nature of the housing stock. The implications of this change are keenly felt in some neighbourhoods.

The research mapped this typologies across all of the UK. It is notable that some of our neighbouring authorities, most notably Wakefield have far more positive housing markets in their relatively deprived areas. The extent to which these localities provide affordable 'starter housing' for a wider geography should be considered. The full research can be found at https://www.jrf.org.uk/report/overcoming-deprivation-and-disconnection-uk-cities



The links between fuel poverty, poor housing and ill health are well established. Cold homes may exacerbate problems associated with cardiovascular illness and the onset of stroke or heart attacks, while damp and poorly ventilated homes are associated with a range of respiratory and allergic conditions such as bronchitis, pneumonia, and asthma. Cold homes may also impact on conditions such as rheumatism or arthritis and adversely affect people with poor mobility, increasing the risk of falls and other household accidents. Living in a cold, damp and poorly ventilated home is not only uncomfortable but may also be stressful and affect an individual's mental health. This may be compounded by anxiety about high bills, fuel debt or other fuel poverty-related factors.

The educational attainment of school age children may be adversely affected if they do not have a warm space to study and are forced to share general living space or need to take time off from school due to cold-related illness.

The affordability of housing is of increasing importance, evidence suggests there is a continuing, and often growing gap between the income of families and individuals and the cost of housing, both in terms of access to mortgages and the cost of the rented sector.

Leeds Health and Wellbeing Board

Report authors: Emma Strachan, Deb Lowe, Gill Keddie, Judith Fox, Catherine Ward

Report of: Director of Public Health

Report to: Leeds Health and Wellbeing Board

Date: 12th December 2018

Subject: Priority 8 - A stronger focus on prevention: Healthy Weight Declaration, our approach to Physical Activity and the Mental Health Prevention Concordat

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 Healthy Weight Declaration, Physical Activity Social Movement and the Mental Health Prevention Concordat will provide a focus and a platform to integrate strategies and principles between partners and strengthen partnership working across the city on healthy weight, physical activity and mental health.

- The Healthy Weight Declaration (HWD) provides a framework which can guide Local Government and partners to demonstrate their commitment and responsibility to become the best city with regard to developing and implementing policies and supporting local people to be a healthy weight. It includes 14 standard commitments and six local priorities that have been identified through consultation and will spearhead the Declaration.

- Local partnerships will need to work together and follow a collaborative Whole Systems Approach and principles to be effective to promote healthy weight, physical activity and mental health.

Recommendations

The Health and Wellbeing Board is asked to:

- Support and champion the Healthy Weight Declaration, Physical Activity conversations and evolving Social Movement and the Mental Health Prevention Concordat

- Explore adopting the Healthy Weight Declaration within their own organisations

- Support the development of a new physical activity ambition and Social Movement for Leeds

- Help influence a whole city (or system) approach to Physical Activity, designed to make it easy for people to be active

- To take note of Leeds City Council's signing of the Prevention Concordat for Better Mental Health.

1 Purpose of this report

1.1 The purpose of this report is to provide information and an overview of the Healthy Weight Declaration, Physical Activity Social Movement and the Mental Health Prevention Concordat to seek approval from the Health and Wellbeing Board to support these three approaches and principles.

1.2 The Healthy Weight Declaration will support the vision of Leeds to be the best city for health and wellbeing by contributing to the outcome 'people will live longer and have healthier lives'. It will provide a focus to raise awareness and help support the local community achieve a healthy weight.

1.3 The report also asks members of the Board to:

- Explore signing up to the Healthy Weight Declaration for their respective organisations.
- Explore how we can make Leeds the most active city, supporting the inactive to become active.
- Support the Mental Health Prevention Concordat across the city.

2 Background information

2.1 1 in 5 children start primary school overweight or obese and just over 1 in 3 children leave primary school overweight or obese. Nearly two thirds of adults in the UK are overweight or obese.

2.2 The Local Authority Healthy Weight Declaration was developed under the banner of Food Active, a healthy weight programme supported by North West Directors of Public Health with input from colleagues across public health, academics and policy makers. The final declaration has been endorsed by national organisations: North West Regional Association of Directors of Public Health, British Dental Association, Children's Food Campaign and UK Health Forum.

2.3 Following its launch in August 2015, the Healthy Weight Declaration was first adopted by Blackpool Council in January 2016. It has subsequently been adopted by several councils, teaching hospitals and Clinical Commissioning Groups.

2.4 On 19th September 2018, Leeds City Council, Executive Board adopted the Healthy Weight Declaration and were the first Council in Yorkshire and Humber to do so.

2.5 Increasing physical activity has the potential to improve the physical and mental health and wellbeing of individuals, families, communities and the city as a whole. Sport England's most recent Active Lives Survey shows over 239,000 people in Leeds are not being active enough for good health, with 21.6% of adults obese; rates that are higher than the national average. There is strong evidence to suggest that an active lifestyle is essential for physical and mental health and wellbeing. For example;

- Being active can help stay a healthy weight or lose weight and reduce the risk of developing diabetes by 30-40%. People with diabetes can reduce their need for medication and the risk of complications by being more active.
- Persuading inactive people to become more active could prevent one in ten cases of stroke and heart disease in the UK.
- Being active every day can reduce the risk of developing breast cancer by up to 20% and also improve the lives of those living with cancer.
- Staying active can reduce the risk of vascular dementia and also have a positive impact on non-vascular dementia.
- People who are inactive have three times the rate of moderate to severe depression of active people. Being active is central to our mental health.

2.6 Mental wellbeing and resilience are protective factors for physical health as they reduce the prevalence of risky behaviours such as heavy drinking, illegal drug use, smoking and unhealthy food choices which are often used as coping and management mechanisms in the absence of other support.

2.7 There is strong evidence that investment in the protection and promotion of mental wellbeing, including early intervention and prevention, improves quality of life, life expectancy, educational achievement, productivity and economic outcomes, and reduces violence, antisocial behaviour and crime.

2.8 The emerging findings of the Joint Strategic Assessment process further provides evidence stating the need to work more collaboratively to reduce the health inequalities with the intensification of the concentration of our most deprived and least deprived neighbourhoods.

3 Main issues

3.1 Chapter 1: Healthy Weight Declaration

3.1.1 The majority of adults in the UK are an unhealthy weight. Approximately 20% of Leeds reception age children, 34% of Year 6 children and 64% of adults are overweight or obese compared to 23%, 34% and 61% for England respectively.

3.1.2 The obesity rate for Leeds Reception children has followed a downward trend from 10.3% in 2008/09 to 8.6% in 2016/17, with a single fluctuation in 2013/14. For the last three years Leeds Reception obesity rate has been lower than both regional and national rates, where both have continued to increase year on year and are now at 9.7% (regional) and 9.6% (national), much higher than Leeds.

3.1.3 Healthy Weight Declaration covers the full span of body weight and includes malnutrition. Older people are at increased risk of malnutrition and dehydration due to other health reasons and social reasons. Undernourished people require twice as many GP appointments, three times as many hospital admissions and twice as many bed days in hospital, demonstrating the impact that malnutrition can have on the individuals themselves and health and care services. The best way to prevent malnutrition is to eat a healthy balanced diet.

3.1.4 The Healthy Weight Declaration has been designed to support Local Government to exercise its responsibility in developing and implementing policies which promote healthy weight and to emphasise collaboration with external partners with the opportunity to drive activity to focus on local healthy weight priorities and challenge existing practice on a city scale and be an exemplar.

3.1.5 The Healthy Weight Declaration recognises the important role local authorities have to play in their control of planning, public and environmental health, leisure and recreation, and regeneration. The Declaration is a vehicle to take the sort of whole-systems approach needed to tackle this complex issue. The Declaration can have an impact across Local Authority departments, ensuring that the Council works as one to achieve maximum impact, and works with other local partners to have an impact beyond Council controlled areas.

3.1.6 The Healthy Weight Declaration includes 14 standard commitments. Progress to date against each priority has therefore been mapped, and demonstrates that a significant amount of work has already been undertaken that will contribute to Leeds achieving the Healthy Weight Declaration. A Healthy Weight Declaration monitoring toolkit has recently been produced and Leeds City Council will be one of several Councils piloting this tool. Appendix 1 provides details of the standard commitments and examples of work completed by the Council so far.

3.1.7 The Healthy Weight Declaration also provides the opportunity for the partners to add local priorities additional to the 14 standard commitments. Discussion with colleagues across the Council and community groups helped select the six local priorities which target different age groups:

- Influencing planning and design for a healthy weight environment
- Influencing the Council's food offer to promote a healthy weight
- Encouraging an active healthy workforce
- Implementing our local whole school food policy
- Increasing active travel and improving air quality
- Implementing a Leeds 'Move More' style campaign

Appendix 2, has further information about each of these priorities.

3.1.8 A launch event will be organised on 1st February 2019, which will provide the opportunity for the Council to receive the Healthy Weight Declaration certificate. This will be an opportunity to highlight the work Leeds City Council is doing to reduce obesity and to publicise the key services that can offer support to those wishing to achieve a healthy weight. The event will also kick-start some of the local priorities and greater engagement with partners to progress formally supporting and committing to the Declaration recognising the range of work already occurring across the Leeds health and care system. This includes further strengthening the positive work occurring with the Leeds Academic Health Partnership's (LAHP) Strategic Framework priority of 'A good start in life: obesity'.

3.1.9 A cross-council Healthy Weight Declaration working group chaired by Public Health has been established and is responsible for delivering the operational tasks needed to enable Leeds City Council to adopt the Declaration. This working group reports to the Child Healthy Weight Partnership, chaired by the Head of Public Health (Children and Families), Adults and Health directorate, which will monitor progress and provide the governance oversight and link to the Health and Wellbeing Board and Children and Families Trust Board. Individual members of the HWD working group and the Child Healthy Weight Partnership will link back to the wide range of other partnerships (e.g. Planning and Design Partnership, Human Resources Health and Wellbeing Group, Leeds Food Partnership, Physical Activity Steering Group).

3.1.10 The Healthy Weight Declaration group aims to promote the Healthy Weight Declaration to wider partners and begin to support them in the process of adopting the HWD. This will be further helped when the Healthy Weight Declaration for NHS organisations is completed by Food Active.

3.1.11 Going forward, an annual Healthy Weight Declaration work programme will be developed and delivered. An initial review of progress towards achievement of the Healthy Weight Declaration standard and local commitments will be undertaken in 2019.

3.1.12 The Healthy Weight Declaration will provide a platform to integrate strategies between partners and strengthen partnership working across the city on healthy weight. It provides an umbrella to focus on healthy weight, physical activity, food, nutrition and mental health strategies across a life course.

3.2 Chapter 2: Our approach to physical activity

3.2.1 We want Leeds to be the most active city in England. This is the clear and simple ambition outlined in the Leeds Health and Wellbeing Strategy. Priority 6 of our Strategy, 'get more people, more physically active, more often' is a key component of reaching our vision to be a healthy and caring city where people who are the poorest improve their health the fastest. We know from our Strategy that 'if everybody at every age gets more physically active, more often', we will see a major improvement in health and happiness.

3.2.2 The vision is to create a Social Movement that will encourage everyone in Leeds to move more every day. Enabling the population of Leeds to be physically active

is vital to the health and wellbeing of the city in addition to the contribution it can make across all city priorities. In order to achieve this a new bold approach is needed which requires cross-service and cross-agency collaboration that is driven by the needs of the most deprived communities in Leeds where health inequalities are highest and participation levels in physical activity the lowest. There is a need to influence the behaviour of the most inactive to evoke a cultural change in which being physically active becomes the norm and where being active and moving more is an easy choice. This has to be a long-term systemic approach that results in significant change.

3.2.3 In order for us to fulfil the commitments made in our Health and Wellbeing Strategy and the priorities of the Leeds Health and Care Plan, we propose the creation of a social movement to get more people, more physically active, more often. This proposal has two distinct components:

1. Promoting a physical activity conversation across the city, we will make it as easy as possible for the people of Leeds to be part of this 'chat'. We will talk with individuals, communities, organisations and policymakers to understand more about people's attitudes to activity, their understanding of its benefits, its role in their lives and how living and working in Leeds affects their levels of activity. We want people to think about what Leeds would be like if it was the perfect place for them to be active.

2. Following the strategic direction detailed above and using this learning and the relationships we've developed, we shall co-produce an ambition and action plan for physical activity in Leeds. We envisage that the focus of the Social Movement will comprise of two levels:

    - **People**: Create a recognisable visual identity that each citizen of Leeds can respond to. Working in an asset-based approach to empower people to move more than they currently are, whatever their baseline is.

    - **Policy**: Influencing the design and delivery of strategy and services with the intention for them to promote the impact that physical activity can have and to make physical activity the easiest option for all. This would require changes across city policy, public services, organisational behaviours, the built and natural environment, marketing and communications.

The ultimate ambition is to develop a whole city (or system) approach, designed to make it easy for people to be active in Leeds.

Progress to Date

3.2.4 **People**

The Active Leeds Service (formerly Sport and Active Lifestyle Service) provides a valuable contribution to the achievement of the priorities within the Health and Wellbeing Strategy and towards the Social Movement. Active Leeds is working collaboratively with Public Health to increase levels of Physical activity in the city and continually building connections at both community and strategic levels.

Active Leeds programmes are aimed at people over 16 years of age who are inactive or are engaged in low to moderate activity. A large proportion of those who use the service have low mobility and/or a medical condition and the service also supports individuals with long term health conditions and those at risk of falling. Offers include the Active Leeds Health Referral Programme, Postural Stability classes, Aqua mobility and hydrotherapy, Active Beyond Cancer and Leeds Let's Get Active (free, locality based sessions developed with community groups and organisations). In addition there are partnership programmes with Leeds Community Healthcare, including Breathe Easy and ActivAge.

Programmes are designed based on a robust understanding and experience of behaviour change, successful examples include Leeds Girls Can, Run Leeds, PING and a citywide series of lead walks.

Physical Activity across life course is fundamental to our approach and supporting young people to get the best start in life is vital, partnerships with for example, Bumps and Babes, are key to this, aiming to improve maternal health.

The Leeds "Active Schools" programme provides school children with opportunities for physical activity and sport through attendance at events, festivals and competitions and through planned physical activity breaks throughout the school day. Schools receive support for their curricular and extra-curricular offer and high quality professional development opportunities for their staff. The programme is helping schools to develop a sustainable system for PE, sport and physical activity to enrich the lives of all children and young people.

The Young People's Physical Activity Steering Group, led by Public Health, demonstrates strong cross service working in this area, bringing together Active Schools, Active Leeds, Youth provision, Play, Dance and Travel Behaviour Team around a coordinated plan (which includes priorities from within the Health Weight Declaration) to improve children and young people's health.

In order to co-produce a vision/plan to get Leeds more active, we have successfully commissioned Social Marketing Gateway (SMG), through funding from Sport England, to work in our 1% community neighbourhoods to produce a Physical Activity Asset Framework - mapping the physical, social, people and behavioural assets and capabilities of each area. Each locality area will have a co-produced vision / plan by mid December 2018; helping to start shape a more active Leeds.

3.2.5 **Policy**

At the November 2017 Health and Wellbeing Board, members recommended a whole systems approach to physical activity and that commissioners determine how to integrate physical activity into health and care pathways and services. We have identified priority long-term conditions that can significantly benefit from pathways in physical activity, which are also priorities for the Leeds Health and Care Plan – diabetes, Musculoskeletal (MSK), cancer and mental health.

A piece of work to map PA System/Services to MSK and Diabetes pathways has been started. Based on information collated from Public Health commissioned

services we have mapped the current physical activity offer for people across Leeds. This exercise helps identify gaps in physical activity opportunities so future commissioning and resource allocation can be effective and will reduce duplication across the system.

We are working collaboratively with Active Leeds and NHS Leeds CCG to explore the feasibility of developing an online information platform highlighting physical activity opportunities for people across the city. This working group aims to establish a resource that can be used by people and professionals which will also support the NHS Leeds CCGs' desire to create physical activity pathways for patients with MSK and Diabetes conditions that would benefit from safe and accredited physical activity opportunities.

This online platform will enable patients to find condition specific self-management information and self-referral opportunities into physical activity opportunities. This gateway/portal will also engage health professionals from primary and secondary care and the third sector. The purpose is to provide one central place for relevant, up to date information about the physical activity system for Leeds.

The Planning and Design for Health and Wellbeing Group was set up in 2017 to bring together planning and health colleagues in response to the opportunities for housing environment to impact positively on health. The group aims to establish key principles that are underpinned in national and local planning policy and meet strategic priorities for the city, which can be signed up to by all directorates and partners:

- Active neighbourhoods
- Better air quality and green space
- Cohesive communities

The Cycling Starts Here programme board is a city-wide partnership that oversees the Leeds Cycling Starts Here Strategy which aims to:

- Develop a thriving and active cycling city
- Promote a cycle friendly city
- Build a great city for cycling

We are currently looking into the feasibility of developing a walking Charter and Action Plan for the city. We are also linking closely with a new Park Run in Potternewton Park where walking all or some of the distance will be encouraged. A survey has gone out to all GP's to explore if patients are signposted to Park Run and/or Physical Activity opportunities. When families walk together children develop independence, learn safe habits and are less likely to become obese. When people walk all or part of the way to work, they save money and minimise harmful emissions caused by vehicles. The health benefits of walking are clear – and there are so many more positive impacts which ripple out to families, communities and the city as a whole.

We have currently working on a 2 year programme to get the Physical Activity Social Movement off the ground to get Leeds moving at scale.

It is worth concluding that the role of Physical Activity in delivering city outcomes is increasingly being recognised and valued, not only as a priority within the Health and Wellbeing Strategy but also reflected in the Best Council Plan and significantly in other key strategies such as Inclusion Growth.

3.3 Chapter 3: Mental Health Prevention Concordat for Better Mental Health

3.3.1 In August 2017 Public Health England (PHE) launched the Prevention Concordat for Better Mental Health and a suite of supporting resources. It is a national resource to help local areas establish prevention planning arrangements to improve the public's mental health.

3.3.2 The Prevention Concordat for Better Mental Health is taking a prevention-focused approach to improving the public's mental health and aims to make a valuable contribution to a fairer and more equitable society. This resource has been developed to help local areas put in place effective arrangements to promote good mental health and prevent mental health problems. There is a 5-part framework for effective planning for better mental health. It also highlights a range of actions and interventions that local areas can take to improve mental health and tailor their approach. This includes illustration through practice examples and links to further supporting resources. (Appendix 3).

3.3.3 **Progress to Date**

Leeds City Council have fully embraced the public mental health agenda across the life course and is committed to reducing mental health inequalities. This work sits as part of a broader upstream public health approach which is asset based and addresses wider health inequalities.

3.3.4 Since the launch of the Concordat there has been both national and regional activity to promote it and for local areas signing up to the consensus statement.

3.3.5 In Leeds, the Concordat has been promoted with wider partners across the city including presentations at the Mental Health Partnership Board, Mental Health Crisis and Urgent Care meeting, 136 Meeting and the Forum Central Member's Forum and the Strategic Suicide Prevention Group. Citywide Mental Health Commissioners and Forum Central partners attended a regional learning event held in Sheffield to share regional activity and mutual learning whilst demonstrating collaborative partnership commitment as a city.

3.3.6 At the May 2018 Regional PHE Mental Health and Suicide Prevention Communities of Interest Group (COI) meeting, PHE requested that local areas sign the Prevention Concordat for Better Mental Health consensus statement through the leadership role of Local Authorities via their Health and Wellbeing Boards. A template to undertake this has been developed. Leeds fully meets the criteria. Our key public health priorities are clearly demonstrated within the template as shown in Appendix 4.

3.3.7 For this year's World Mental Health Day a joint statement from regional partners was issued (Appendix 5) on the 10 October. Eight local authorities in Yorkshire and the Humber demonstrated that mental health matters by committing to the principles of a Prevention Concordat for Better Mental Health. Leeds is one of the eight authorities to welcome this framework and commitment to public mental health. Local authorities are working to adopt whole population approaches that not only strengthen individual and community resilience.

3.3.8 **Opportunities to go further and faster**

We see the Prevention Concordat as a positive endorsement of the work across the council and in the city on our ambitious and broad commitment to improving mental health and wellbeing across Leeds, and reducing poor mental health outcomes. It will also give us an opportunity to address any gaps and needs that are not being met on this agenda and be driven by the Health and Wellbeing Board.

3.3.9 The Mental Health Strategy for Leeds is being refreshed and the scope will include prevention of poor mental health, mental health promotion and building on protective factors that help keep us mentally well. The Concordat will be an opportunity to link this work across the city.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

Healthy Weight Declaration

4.1.2 An event was held on 12th March 2018 to introduce the Healthy Weight Declaration and seek views from Leeds City Council colleagues and Elected Members on the proposed local priorities.

4.1.3 A report was produced for the Community Committees to inform and consult with Councillors with subsequent invites to specific meetings and attendance at the Community Committees.

4.1.4 Consultation about the HWD including the local priorities via an on-line survey with staff was completed at the end of June. 181 staff responded to the survey across council teams at various levels. The priority with the highest vote was *encouraging an active healthy workforce*; followed by *implementing a whole school food policy* and there was very little between the other four priorities; *influencing planning and design for a healthy weight environment; influencing the Councils food offer to promote a healthy weight; increasing active travel and improving air quality and implementing a Leeds 'Move More' style campaign*. Many staff acknowledged the importance of being healthy and that a healthy workforce is far more productive and less likely to be sick, however, many commented that it is difficult when they have a sedentary job and the work environment can make it more difficult to achieve healthy food choices (e.g. bake sales and biscuits culture).

4.1.5 The Healthy Weight Declaration working group and with partners, over the summer, conducted public consultation to understand what a healthy weight

means to the public and to explore what action the public expect of the Council and partners in regards to the agenda. This will be mainly through several workshops asking a series of set questions. Examples of the some of the groups consulted with, a conservation volunteer group, Youth Council, children's activity holiday programmes, One You Leeds, Migration Action Group.

4.1.6 This community involvement work will continue, using asset based and participatory approaches to obtain community views on the needs and assets relating to the HWD and to identify opportunities.

Physical Activity

4.1.7 There has been, on the back of starting to develop a physical activity ambition for the city, wide stakeholder consultation both across the council and with wider partners. We are currently developing an extensive engagement plan that seeks to build conversations with residents, stakeholders and community leaders gathering their views on physical activity. The outcome of this work will help formulate the new ambition (a shared goal / vision) which will also include and help shape the development of a social movement campaign slogan.

4.1.8 The Big Leeds Chat, which took place in Kirkgate market on the 11th October and was led by People's Voice Group and was a first step to engaging the people of Leeds in a conversation about their health and wellbeing; with commentary and feedback collated around "being active". It provided key learning as an approach to adopt and build on going forward.

4.1.9 As previously highlighted Social Marketing Gateway (SMG) are currently pulling together an asset based framework for the 1% Priority Neighbourhoods which will include capturing conversations and discussions with community leaders, key local organisations and residents around "being active". Again, this work, will also help in our understanding at how best to engage with communities and residents as we extend the "physical activity" conversations across the city.

Mental Health Prevention Concordat for Better Mental Health

4.1.10 Various presentations and engagement opportunities have been held with wider partners across the city and region to discuss opportunities to sign the prevention concordat. Public Health colleagues presented a workshop to Forum Central partners in relation to the Mental Health Concordat.

4.1.11 To ensure a citywide understanding, commitment and full engagement, Mental Health Commissioners and Forum Central partners attended a regional PHE learning event held in Sheffield to share regional activity and mutual understanding of how the concordat can be used locally in a meaningful way. The event demonstrated our partnership commitment with strong representation from across the Leeds health and care system.

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

4.2.1 There is a strong relationship between poverty and health. There is robust evidence to demonstrate that certain groups of the population who live in the most

deprived areas of the city are more likely to suffer more ill health and diseases. This is particularly highlighted in the local child obesity data which consistently shows the rate of obesity for children living in deprived areas of Leeds is almost double the rate for children living in non-deprived Leeds. Also, obesity prevalence based on the last five years' aggregated data is higher for Black children (12.9% in Reception and 25.2% in Year 6) compared to White children (8.2% in Reception and 17.6% in Year 6). For adults nationally, women living in the most deprived areas are more likely to have higher levels of obesity than those living in the least deprived areas. This is less marked for men. Obesity prevalence for adults also varies by ethnic group with the highest rates being among Black African and Pakistani women.

4.2.2 An equality, diversity, cohesion and integration screening on the Healthy Weight Declaration was completed in August 2018.

4.2.3 The approach to delivering physical activities is across the life course ensuring that everyone will have improved access to opportunities to be more active regardless of their age. Our Teams and resources are aligned to specifically work with individuals and bodies within the communities that can represent the views of under-represented groups such as women and girls, older people, disabled people, Black and Minority Ethnic groups and LGBT+ groups. More recently, through the Leeds Plan and engagement planning process there clearly shows a need to focus our efforts to working with Asian Women and People with a Learning Disabilities. An equality impact assessment will be completed as part of the development of the final ambition / production of a shared vision in 2019.

4.3 **Resources and value for money**

4.3.1 Obesity costs the wider society £27 billion and the NHS £6.1 billion each year. We spend more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined. The Healthy Weight Declaration is a cost-efficient approach to harness the existing resources of the Council to address this important issue. Any projects or developments arising from the Healthy Weight Declaration will be contained within existing council budgets.

4.3.2 The economic and social costs of mental health problems are very high. People with a mental health condition are more likely to experience higher costs for treatment of their physical health condition because of the complexity of dual conditions, the severity of the physical condition, and the lack of integrated treatment.

4.3.3 Productivity losses, benefit payments and cost to the NHS associated with mental health problems cost the English economy £70bn a year. The prevention Concordat for Mental Health supports public mental health interventions that have been shown to give excellent returns on investment.

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

4.4.1 There are no legal implications arising from this report.

4.5 **Risk management**

4.5.1 Risks arising from the Healthy Weight Declaration, Physical Activity Social Movement and the Mental Health Prevention Concordat will be monitored and managed through existing partnership boards/groups and escalated as needed.

5 Conclusions

5.1 The Healthy Weight Declaration, Physical Activity Social Movement and the Mental Health Prevention Concordat provide either a framework or principles for organisations to make a commitment to promote healthy weight, physical activity and mental health to improve the health and wellbeing of the local population. It will raise the profile of the City and highlight good work and significantly contribute towards Leeds being the best city for health and wellbeing.

5.2 These prevention approaches will in turn help to deliver future health benefits including Type 2 diabetes, cardiovascular disease, depression, suicide and some cancers and in the long term leading to less social care needs.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Support and champion the Healthy Weight Declaration, Physical Activity conversations and evolving Social Movement and the Mental Health Prevention Concordat
- Explore adopting the Healthy Weight Declaration within their own organisations
- Support the development of a new physical activity ambition and Social Movement for Leeds
- Help influence a whole city (or system) approach to Physical Activity, designed to make it easy for people to be active
- To take note of Leeds City Council's signing of the Prevention Concordat for Better Mental Health.

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?

Collaborative approaches which follow a Whole Systems Approach or framework provide a structure and focus to be more effective and will help reduce health inequalities. The Marmot Review of Health Inequalities and the Sustainable Development Commission reports have evidenced how people with mental health problems experience area inequalities. The populations of deprived areas are characterised by concentrations of disabled people, including people with mental health problems and studies have found that prevalence of mental illness maps closely with deprivation. LCC have fully embraced the public mental health agenda across the life course and are committed to reducing mental health inequalities.

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

Each of these preventive areas and the approach will provide a strategic leadership and will contribute to several of the key outcomes in the Leeds Health Care Plan across the life course and will deliver future health benefits. This will decrease the demand on health and care services.

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

The financial burden of obesity is significant. In 2014/15, it was reported the cost of obesity related ill health to the NHS in the UK was estimated at £6.1 billion per annum. Obesity also impacts on local authorities' social care budgets with direct costs attributed to obesity which have been estimated at £352m per annum and wider costs to the economy estimated at £27bn per annum.

There are important links between obesity, physical activity and social care. There is pressure on health and adult social care, which cannot keep pace with the demand by just making services more efficient. Being obese can increase the risk of developing a range of serious diseases, including hypertension, Type 2 diabetes, cardiovascular diseases, some cancers, obstructive sleep apnoea and musculoskeletal problems.

There is overwhelming evidence to focus on public mental health initiatives which demonstrate positive outcomes for people. Productivity losses, benefit payments and cost to the NHS associated with mental health problems cost the English economy £70bn a year. The prevention Concordat for Mental Health supports public mental health interventions that have been shown to give excellent returns on investment.

Future challenges or opportunities

To support and champion the Healthy Weight Declaration, Physical Activity Social Movement and the Mental Health Prevention Concordat.

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	

Appendix 1 Healthy Weight Declaration: Mapping of the 14 standard commitments

Standard Commitment	Examples of what Leeds City Council is already doing
Engage with the local food and drink sector where appropriate to consider responsible retailing, offering and promoting healthier food and drink options, and reformulating and reducing the portion sizes of high fat, sugar and salt products	Leeds Food Charter approved by Executive Member for Health, Wellbeing and Adults, Councillor Charlwood to set the vision for food in the city. Leeds City Council officers actively involved in the Leeds Food Partnership which aims to develop partnerships with the food and drink sector. Public Health working with Leeds Catering to improve food provision at Schools and Children's Centres.
Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities. Funding may be offered to support research, discretionary services and town centre promotions	Public Health working in partnership with Street Licensing and City Development to identify opportunities and look at how the Council responds to commercial interest. Leeds Food Partnership is developing a Food ethos in regards to commercial partnership which can offer good practice for Leeds City Council. Good practice from Baby Friendly Initiative.
Review provision in all our public buildings, facilities and 'via' providers to make healthy foods and drinks more available, convenient and affordable and limit access to high-calorie, low-nutrient foods and drinks	Public Health leading discussions regarding Leeds City Council vending contract and implementing good practice from a healthy vending trial pilot in Leeds Teaching Hospitals Trust. No schools in Leeds have vending machines and benefit from healthy eating support from the School Health and Well-Being service.
Increase public access to fresh drinking water on local authority controlled sites	An audit is planned as part of this declaration and will require cross cutting work across Council directorates.
Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited	Supplementary Planning Document on hot food takeaways drafted by City Development, consultation complete and due to seek approval shortly via Development Plans Panel.
Advocate plans with our partners including the NHS and all agencies represented on the Health and Wellbeing Board, Healthy Cities, academic institutions and local communities to address the causes and impacts of obesity	Healthy Weight Declaration will enable this work to reinforce and raise the profile of existing local healthy weight policy groups including Child Healthy Weight Partnership and the Leeds Food Partnership and Physical Activity Breakthrough projects.
Protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing in close proximity to schools; 'giveaways' and promotions within schools; at events on local authority controlled sites	This is a priority within the Child Healthy Weight Plan which includes improving the environment to support families to be a healthy weight. Health and Wellbeing Service support schools to implement the School Food Standards which includes monitoring school links with industry.

Support action at national level to help local authorities reduce obesity prevalence and health inequalities in our communities	Leeds City Council active partner in regional networks such as with Public Health England, Yorkshire & Humberside Physical Activity Knowledge Exchange (YOPAKE) and Whole Systems Approach (Leeds Beckett University). Local implementation of national Change4 Life campaigns occurs each year; Be Food Smart and Shake Up and One You – requires wider involvement. One You Leeds integrated lifestyle Service up and running also supports national and local campaigns. Maternal health, Best Start and physical activity included in Leeds Health Care Plan.
Ensure food and drinks provided at public events include healthy provisions, supporting food retailers to deliver this offer	Work planned to ensure that Leeds City Council can role model the principles referenced in the Leeds Food Charter. This will include work with Civic Enterprise to look at food and drinks provided. Good practice available from Public Health England. Guidance for nurseries re-special events – list of recommended products. Policies in place to include healthy provisions through Catering Leeds and Civic Flavour. Catering Leeds leading discussions to develop a council food policy.
Support the health and well-being of local authority staff and increase knowledge and understanding of unhealthy weight to create a culture and ethos that normalises healthy weight	Workplace health champions within Leeds City Council services. Cycle to work scheme available. Breastfeeding Workplace Policy in place.
Invest in the health literacy of local citizens to make informed healthier choices	Recognition of good practice – Leeds Change 4Life case study showcased in Public Health England annual report. Local alcohol campaign aimed at 18-25 to have a focus on messages on calories in alcohol.
Ensure clear and comprehensive healthy eating messages are consistent with government guidelines	Delivery of a co-ordinated training offer led by Public Health for practitioners and workers which embed the Making Every Contact Count (MECC) principles i.e. Health, Exercise, Nutrition for the Really Young (HENRY), Healthy Living Training and Introducing Nutritional Care. Resources been updated to include Eatwell Guide.
Consider how strategies, plans, and infrastructures for regeneration and town planning positively impact on physical activity	Neighbourhood Living Memoranda document. Leeds Design Wellbeing group meet regularly and are developing principles for developers. Public Health commissioned public street audits in Lincoln Green to help influence highways and transport decisions. Council represented at the regional Transport and Health Board.
Monitor the progress of our plan against our commitments and publish the results	Existing partnerships such as Eat Well Forum, Child Healthy Weight Partnership will provide updates on progress.

Appendix 2 Healthy Weight Declaration - 6 local priorities

Priority Area	Description
Influencing planning and design for a healthy weight environment	We will work with partners to implement key principles such as active neighbourhoods, better air quality and green space and cohesive communities.
Influencing the Council's food offer to promote a healthy weight	Influencing the food environment to enable healthy eating can be accomplished through a collaborative approach, effective partnerships across Council teams and co-ordinated action.
Encouraging an active healthy workforce	To promote and encourage the health of our staff to be regularly active and provide a workplace that supports this.
Implementing our local whole school food policy	We would like to ensure schools are supported to provide nutritionally healthy meals using this locally produced toolkit.
Increasing active travel and improving air quality	Active travel, such as walking and cycling is a great way for people to routinely achieve at least the minimum recommended levels of physical activity and at the same time help reduce the levels of air pollution. This priority will look at ways to enable this.
Implementing a Leeds 'Move More' style campaign	A 'Move More' campaign will be developed with the people of Leeds to provide positive messages to encourage physical activity across the City.

Appendix 3

Public Health England

Prevention Concordat for Better Mental Health: Prevention planning resource for local areas

Why? The case for action:

- **1 in 10** children experience a mental health problem
- **1 in 6** adults have had a common mental health problem in the last week
- **1 in 5** adults has considered taking their life at one point
- **9 in 10** people with mental health problems experience stigma and discrimination

Good mental health is a vital asset for **dealing with** the different **stresses** (physical and mental) and problems in life

Good mental health is associated with better **physical health, increased productivity** in education and at work and **better relationships** at home and in our community

What good looks like:
A five domain framework for local action

Needs and asset assessment - effective use of data and intelligence
- analyse quantitative and qualitative data
- analyse and understand key risk and protective factors
- engage with the community to map useful and available assets
- agree the priority areas

Partnership and alignment
- form a local multi-agency mental health prevention group
- establish opportunities to bring mental health professionals from wider networks together
- involve members of the community with lived experiences in the planning
- pool resources together and share benefits

Translating need into deliverable commitments
- modify existing plans to Include mental health
- determine the approach that best meets local need
- provide varying approaches in the action plan
- ensure a community centred approach to delivery
- reinforce actions with existing and new Partnership plans
- use the human rights-based approach
- regularly invite feedback

Defining success outcomes
- map out who the interventions work with and why, as well as recognising inputs and outputs
- identify 5-10 measures from already available data sources which most closely resemble what success looks like
- develop a measurement, evaluation and improvement strategy to:
  a) identify the impact
  b) highlight areas for development

Leadership and accountability
- delegate a leader
- work is linked and aligned to other strategic priorities
- develop a clear accountability structure

Consider How to support mental health across:

Whole population approaches
- strengthening individuals eg mental health literacy
- strengthening communities and healthy places eg housing, social networks
- addressing wider determinants eg mentally healthy policy

Life course approaches
- family, children and young people
- working age
- older people

Targeted prevention approaches
- groups facing higher risk eg criminal justice
- individuals with signs and symptoms eg suicidal behaviour
- people with mental health problems eg recovery

PHE publications gateway number: 2017209

Appendix 4 Mental Health Public Health Priorities

We are delighted that you are interested in becoming a signatory to the Prevention Concordat for Better Mental Health Consensus Statement. You will be joining a number of organisations who have committed to working together to prevent mental health problems and promote good mental health through local and national action.
Please can you complete the template below to enable us capture your pledge and the key contacts in your organisation.

Lead contact	Victoria Eaton, Consultant in Public Health / Chief Officer.
Name of local authority	Leeds City Council (LCC)
Please tell us more about your work	LCC have fully embraced the public mental health agenda across the life course and are committed to reducing mental health inequalities. Our Chief Executive Tom Riordan and Executive Member for Health and Wellbeing Councillor Rebecca Charlwood demonstrate leadership by being proactive and visible Mental Health Champions within the Council and across Leeds. The Public Mental Health team leads and delivers programmes to improving the mental health and wellbeing of the population of Leeds, reflecting a key priority and commitment of the Leeds Joint Health and Wellbeing Strategy. We support and influence the council to prioritise a public mental health approach. This work sits as part of a broader upstream public health approach which is asset based and addresses wider health inequalities. It complements and supports wider work around poverty e.g. housing, gambling, welfare advice and promoting positive use of green spaces. It links to the social prescribing work, local peer support and community development commissioning in Leeds.
What are you currently doing on: • **prevention of mental health problems and suicide** • **promotion of mental health**	Our priorities reflects our vision and commitment to investing in upstream interventions which have an impact on positive mental health across the life course. Our vision includes our ability to lead and provide influence across the city on this agenda by being part of Leeds City Council. Our work also supports and links to other public health priorities such as increasing physical activity, reducing loneliness and employment.

	Key priorities of the Leeds Public Mental Health programme; • Population mental health promotion and wellbeing (more people will have good mental health, fewer people will suffer avoidable harm) • Reducing stigma and discrimination (fewer people will experience stigma and discrimination) • Reducing suicide and self-harm (more people will have good mental health, fewer people will suffer avoidable harm) • Effective and equitable mental healthcare services (Best value healthcare informed by need. More people with mental health problems will recover, joined up approaches for improving both physical and mental health. **Prevention of Mental Health Problems and Suicide / Promotion of good Mental Health and Suicide** LCC leads on suicide prevention work across the city and it is a key public mental health priority. We have developed the Leeds Approach . There is a long-standing, multi-agency strategic suicide prevention group, and the Leeds Suicide Audit 2008-20102 (published in 2012) is nationally recognised as best practice by PHE. Our robust audits inform our citywide action plan which is refreshed every 3 years by the Strategic Suicide Prevention Group. In October 2018 Leeds submitted the refreshed plan as part of a national peer led self-assessment process led by PHE, Local Government Association (LGA) and the Association of Directors of Public Health (ADPH's). Following this process, Leeds has been recognised for its suicide prevention work and the plan will be used as a national case study of best practice. Our most recent suicide audit was published in September 2016. Key Findings here. Leeds has also been cited as best practice case study (LGA 2017, Suicide Prevention – a case for Local Authorities) for investing in postvention bereavement services at a time of budget cuts and disinvestment. This service has been well evaluated (Infographic here) and is contributing to global evidence of effective peer led postvention intervention. This service has been shortlisted in the Best Service Delivery Model category in the Local Government Chronical (LGC) awards to be held in 2019. **Commissioning Function** We currently commission the following public mental health services which delivers on our commitment to Public Mental Health; • **Mentally Healthy Leeds** is a new upstream service that is commissioned by Leeds City Council Public Health. The overall aim of the new service is to contribute to reducing

	health inequalities by focusing on wider determinants that can affect resilience and impact negatively on mental health. • **Leeds Suicide Bereavement Service** – this is a unique peer led service that leads on postvention activity within Leeds including working with a whole family approach to supporting those bereaved by a suicide. This service has been nationally recognised as good practice. • **Mindful Employer**- Public Health commissioned service which leads on citywide network and local activity with Leeds employers culminating in a national conference every other year. We have built strong partnerships with local employers and are the citywide experts on workplace mental health promotion and workforce retention. We currently have over 250 active employers in the network. Our Chief Executive, Tom Riordan cited this work at the recent 'Heads Together' event in Leeds, with Prince Harry in attendance. Leeds Mind has developed the 10 steps toolkit for employers and this is nationally recognised. • **Regional Time to Change Hub Status -** Leeds has led for many years on investing in Anti-Stigma work particularly supporting those with lived experience of mental health to be actively involved and steer the campaign. In 2017 Leeds were successful in becoming the first regional Time to Change Hub and will oversee a bespoke grants programme and citywide action plan jointly with third sector partners. This work has been sustained by being incorporated into the new Mentally Healthy Leeds service as we value the impact the work on stigma makes and demonstrates commitment to ensuring the sustainability of the citywide work plan with those with lived experience at the heart of developing and championing this work. • **Wellbeing Space and Support Service.** The public mental health team has worked closely with locality public health colleagues to help shape a new service which focuses on providing more opportunities for those living in the 10% most deprived areas in South Leeds to access services promoting positive mental health. The Wellbeing Space will provide a community based drop in with the aim of improving protective factors and reducing risks around poor mental health, and reducing social isolation • **Welfare Advice in acute mental health setting.** The purpose of this mental health outreach work is to reduce health inequity and barriers in accessing welfare advice for people in acute mental health settings. This service is part of the wider welfare advice contract and ensures dedicated access for people who have poor mental health and needing help with welfare issues such as housing, debt, benefit support and legal matters. This service also provides a good opportunity to engage with the wider workforce around health inequalities in a health care setting and their public health role.

	Effective and Equitable Mental Healthcare As part of our function to provide public health advice and support to the healthcare system, a series of Mental Health Needs Assessments have been carried out under the banner of Leeds in Mind, 2017. These reports can be found here: www.observatory.leeds.gov.uk. They cover adult mental health, perinatal mental health and the mental health of young people. Findings are being used to inform strategic direction of mental health services and citywide strategy. Further work streams – including improving equity of access and outcome for people from Black, Asian Minority Ethnic (BAME) have also been established due to the recommendations in these reports.
I confirm that we have a suicide prevention plan in place (please attach this or provide a link).	Leeds Strategic Suicide Prevention Plan 2018 - 2021
I confirm that we have a mental health champion who is:-	An elected member X A member of the H&WB Board X The CEO of either the LA or the CCG X
I can confirm that we:	Have completed and published a mental health JSNA in the past eighteen months X Are planning to start a mental health JSNA in the next three months ☐
What contribution would you like to commit to in 2018/19 and beyond	There is strategic leadership and commitment from our Mental Health Champions within LCC and that public mental health work is valued and recognised: Our vision is for Leeds to be a Mentally Healthy City.
Can you provide a brief communication plan to indicate how you will promote your commitment?	We work alongside our communications team who work collaboratively with all other key communication teams across the city. This is to ensure we deliver consistent and reliable messages on promoting good mental health. We will continue to use citywide mechanisms that reach all partners, including statutory, voluntary and those with lived experience and volunteer as mental health champions through varied mediums.
Please provide a confirmation from the CEO or Board of your organisation	**Tom Riordan** – CEO Leeds City Council and Mental Health Champion. October 10th , 2018.
Name of the signatory from your organisation (should be the chair of your Health & Wellbeing Board).	**Cllr Rebecca Charlwood** - Executive Member for Health, Wellbeing and Adult's Services in Leeds. Cllr Charlwood is also the Chair of the city's Health and Wellbeing Board and a Mental Health Champion.

Appendix 5 World Mental Health Day joint statement

Media Release

Issued: Tuesday 09 October 2018
Embargoed until 00.01 hrs, Wednesday 10 October 2018

Public Health Leaders Call for Action on Mental Health

Today (10 October) is World Mental Health Day and eight local authorities in Yorkshire and the Humber are saying ***mental health matters*** by committing to the principles of a Prevention Concordat for Better Mental Health.

The Concordat describes a shared commitment to preventing mental health problems and to promoting good mental health. Developed by a partnership of statutory and voluntary sector organisations, and in conjunction with people who have experienced mental health problems, the Concordat calls for a range of national and local action on mental health, including:

- Transformation of the health system so it has prevention-focused leadership, enabling help and support to be provided much earlier and therefore avoid mental health crisis
- Collaboration to improve the public's mental health
- Drawing on the expertise of people with experience of mental health problems and for the wider community to identify solutions and promote equality
- Building the capacity and capability across the health and care workforce

Corinne Harvey, Public Health Consultant in Health and Wellbeing at Public Health England Yorkshire and the Humber, said: *"Good mental health is essential for everybody to thrive; it helps us deal with life's stresses, it makes us more productive in education, in work and at home. It enables us to build better relationships at home and in our community and good mental health is also associated with better physical health.*

"Sadly, unlike physical wellbeing, mental health is often taken for granted until it becomes a problem. The Prevention Concordat seeks to change the approach to mental health, from one that only focuses on those who are unwell at times of highest need to one that also seeks to improve mental wellbeing for all. By doing this, we hope to increase understanding of mental health problems and reduce the stigma and discrimination that is still experienced by many."

Local authorities will be working to adopt whole population approaches that not only strengthen individual and community resilience but also address the wider determinants of mental health, such

as housing and employment and tackle stigma and discrimination. In addition, there will be targeted work with groups at higher risk of mental health problems at all ages.

Julia Weldon, Director of Public Health (DPH) at Hull City Council, and the lead DPH for mental health in Yorkshire and Humber Mental, said: *'I'm delighted that so many of our local authorities are speaking out today, World Mental Health Day, to show their commitment to improving mental health across Yorkshire and the Humber. Mental health shouldn't be a poor relation to physical health and our actions today will give a fresh momentum to our message that mental health matters, and that we can all share in making sure that message is heard and understood by everybody.'*

Ends

Notes to Editors:

The local authorities announcing their commitment to the principles of the Prevention Concordat today are: Hull City Council, Leeds City Council, Doncaster Metropolitan Borough Council, Calderdale Metropolitan Borough Council, City of York Council, North Yorkshire County Council, Wakefield Metropolitan Borough Council, East Riding of Yorkshire Council. Other local authorities in the region continue to work on promoting positive mental health and may sign the Concordat in the future. https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health

Key facts about mental health include:

- 1 in 10 children experience a mental health problem
- 1 in 6 adults have had a common mental health problem in the last week
- 1 in 5 adults has considered taking their life at one point
- 9 in 10 people with mental health problems experience stigma and discrimination
- Good mental health is a vital asset for dealing with the different stresses (physical and mental) and problems in life
- Good mental health is associated with better physical health, increased productivity in education and at work and better relationships at home and in our community

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Leeds Health and Wellbeing Board

Report author: Dawn Bailey
Head of Public Health,
Health Protection, Adults and Health

Report of: The Director of Public Health

Report to: Leeds Health and Wellbeing Board

Date: 12 December 2018

Subject: Leeds Health Protection Board – Annual Report

Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Are specific geographical areas affected? If relevant, name(s) of area(s):	☐ 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. This paper provides the Health and Wellbeing Board with the third annual report of the Health Protection Board since it was established in June 2014. The paper sets out progress made on the six 2017/18 priorities and other key areas including significant infectious disease outbreaks experienced in the city.

2. The role of the Leeds Health Protection Board is to undertake the duties to protect the health of the population as laid out in national guidance and in the local West Yorkshire Health Protection Specification (April 2015). Since 2014 the Leeds Health Protection Board, chaired by the Director of Public Health, has been leading programmes of work focusing on identified emerging health protection priorities for Leeds. An annual work plan has been developed by members of the Board and good progress has been made against all areas.

3. In addition, the Leeds Health Protection Board has worked to ensure that arrangements are in place to protect the health of communities, meeting local health needs across Leeds through the development of robust assurance frameworks. This includes a health protection indicators report, associated reporting systems, strengthened governance arrangements, development of the Leeds outbreak and pandemic plans and weekly updates to system leaders on surveillance of circulating infections.

4. The Health Protection Board discussed and reviewed the priorities identified by the Board in 2017 at the October 2018 Board meeting.

5. The Board identified that good progress had been made in all priority areas identified in 2017; this is a positive step forward for health protection in Leeds. The Board recommended that as a result, the priority 'to develop an outbreak plan', could be closed from the priorities list, due to the development and sign off of an outbreak plan for Leeds being completed. In addition, the Board recommended one new priority to be added. To increase uptake of childhood vaccinations in areas of low uptake. This was due to increased levels of risks associated with low uptake rates.

6. Health Protection Board priorities for 2018-2020:

    - Tackling antibiotic resistance.
    - Addressing air quality and impact on health.
    - Reducing seasonal deaths from severe temperatures.
    - Reducing the incidence of TB.
    - Reduce the incidence of health care associated infections across the Leeds.
    - Increase uptake of childhood immunisations in areas of low uptake.
    - Refresh and exercise the overarching Leeds Pandemic Influenza Plan.

Recommendations

The Health and Wellbeing Board is asked to:

- Endorse the Health Protection Board's Annual report.
- Note and discuss the key progress made against the priorities identified in the Health Protection Board Annual report 2017.
- Support the new priorities identified by the Health Protection Board for 2018/20.
- Consider and comment on how the HWB can support the new emerging health protection priorities in relation to underserved populations, particularly those living in the most deprived 10% parts of the city.

1. Purpose of this report

The purpose of this report is to update the Health and Wellbeing Board on progress made on the Health Protection Board priorities and other key areas including significant infectious disease outbreaks experienced in the city.

The Health Protection Board first identified health protection priorities in 2015 for Leeds and reviews these regularly to ensure that partnership activity remains focused. A work plan and dashboard have been developed and endorsed by members of the Board. This report does not cover all areas under the jurisdiction of the Health Protection Board but only those that have been identified as priorities. The Board does however gain assurance from lead organisations on all health protection priorities and monitors performance through a health protection indicators report. A summary of this report, based on national outcomes indicators, is provided as (Appendix 1).

2. Background information

In March 2014, the Leeds Health and Wellbeing Board agreed to establish the Leeds Health Protection Board in line with Department of Health recommendations. The role of the Health Protection Board is to undertake the duties to protect the health of the population as laid out in national guidance and in the local West Yorkshire Health Protection Specification (April 2014).

The Board undertakes the Leeds City Council duties under the Health and Social Care Act 2012 to:

- Be assured of the effective and efficient discharge of its health protection duties;
- Provide strategic direction to health protection work streams in ensuring they meet the needs of the local population;
- Provide a forum for the overview of the commissioning and provision of all health protection duties across Leeds.

The Board is chaired by the Director of Public Health. Members represent Leeds City Council services including Environmental Health, Resilience and Emergency, and Adults and Health. Other organisations represented include Public Health England, NHS Leeds CCG, Leeds Teaching Hospitals (LTHT), Leeds and York Partnership Foundation Trust (LYPFT), Leeds Community Health Trust (LCH), and NHS England. Each organisation has a responsibility and accountability for the city's health protection risks and the key performance indicators. Regular updates are provided on key areas;

- Communicable Disease Control
- Infection Prevention & Control
- Environmental Health
- Emergency Preparedness, Resilience and Response
- Screening
- Immunisation

In addition, the Board identified seven priorities in 2014, which were reviewed and refreshed in 2017 and again in 2018. These priorities require focused partnership activity to improve performance in Leeds. Subgroups have been developed for each

priority and progress reports to the Health Protection Board have been submitted and reviewed.

The Health Protection Board has been working to get beneath the headlines to better understand the real areas of concern for Leeds. The Board continues to monitor the health status of our population in relation to health protection priorities. The emerging health protection priorities that require focused attention disproportionately affect those people living in the most deprived 10% of communities in the city. The Board will continue to consider the impact of worsening deprivation statistics and the impact of health inequalities when planning programmes and monitoring progress on priorities.

The priorities identified in 2017 by the Board were:

- To reduce the incidence of TB
- To reduce the impact of poor air quality on health
- To develop a Leeds outbreak plan
- To reduce the incidence of health care associated infections
- To tackle antibiotic resistance in Leeds
- To reduce excess winter deaths in Leeds

3 Main Issues

Progress on priorities identified by the Health Protection Board (2017)

3.1 Reducing the incidence of Tuberculosis

Tuberculosis (TB) rates are declining both regionally and nationally. Leeds identified 83 active TB cases in 2016 which is a reduction from the 93 average number of cases between 2010 and 2016, and significant reduction from 123 average number of cases between 2004 and 2008. Leeds TB treatment completion rate in 2015 was 88% (target 85%). However, Leeds has the second highest local authority rate in Yorkshire and Humber of 10.6 per 100,000 (Yorkshire and Humber 7.8 per 100,000).

The reduction in numbers of TB cases in the past year has occurred in both the non-UK born population and the UK born populations. However, the regional incidence rates were nearly 21 times higher in those born outside the UK compared to the UK born population and 69% of all TB cases notified in the local population in 2016 were born abroad (where country of birth is known). The regional non-UK born rate (54.2 per 100,000) exceeds the national average (49.1 per 100,000). Incidence in recent migrants is decreasing more quickly than the incidence in established migrants. For example, 57% of regional non-UK born TB cases have lived in the UK for more than six years.

Despite the overall reduction in TB cases in Leeds, the number of cases with treatment medication resistance and/or social risk factors (homelessness, drug or alcohol misuse or imprisonment) has not declined in keeping with the national picture. TB cases with social risk factors are more likely to have pulmonary disease and drug resistance, and have worse outcomes. In general the number of TB cases is reducing but the complexity of treatment and supporting social needs is increasing.

A priority for the Health Protection Board continues to be Latent TB Infection (LTBI). Latent TB Infection means a person has been infected with TB but is not infectious and has no signs and symptoms. However, the identification and treatment of people with LTBI is an important part of managing the disease. The main risk of latent TB is that 10% of people go on to develop active TB. Leeds had 174 cases of Latent TB Infection (LTBI) in 2016 compared to 120 in 2015. This increase in numbers is a positive reflection of the success of the LTBI public awareness and screening programme.

Key achievements for TB:

- NHS Leeds CCG with support from LCH and LCC Public Health have been successful with securing continued funding from NHS England to provide a targeted and enhanced screening and diagnosis service across Leeds for LTBI. The focus is to deliver the three stages of a successful LTBI programme – access, testing and treatment. The city wide service identifies people registering at GP surgeries for the first time, who have visited or have moved from countries with high incidences of TB. This service has been in operation for two years and has been successful in detecting previously undiagnosed LTBI, as a result an increased number of people have been identified as positive for LTBI and have been referred for treatment. Between January to October 2018, 474 people were screened, 74 people were found to be positive for LTBI. This is a 15.6% positivity rate and excellent value for money in reducing treatment costs for future active TB cases.

- Leeds has seen a number of highly complex active TB patients recently who have been diagnosed with complex active TB with no money, no housing and no recourse to public funds. To date there has been no agreed approach to support these vulnerable patients. This year the LCC Health Protection team led the development of a partnership TB housing pathway to support patients in accessing housing and subsistence to enable them to continue with their treatment in the community. This innovative approach has been developed with Leeds City Council's Housing Options, Adults and Health, Leeds Teaching Hospitals and Leeds Community Healthcare NHS Trust. The Leeds TB Housing Pathway has been recognised at national and international level as best practice to support treatment compliance.

- LCH's Community TB Service continues to deliver an excellent service with above average treatment completion rates and community awareness activities.

3.2 Air Quality

Air quality monitoring in Leeds shows NO2 remains the pollutant of concern with the main source being vehicle emissions. Whilst levels have reduced overall across the city in recent years, measurements have identified locations at which air quality objectives have been exceeded and where there is also prolonged exposure.

For Leeds, an estimated 4.3% of all-cause mortality is attributable to air pollution. However, the impact is better understood in terms of lifetime lost to the population, currently estimated at around 6 months on average for each person in the UK. It is

not currently known how this effect is distributed across the population, although much of the impact is linked with cardiovascular deaths, and it is likely that air pollution places an additional burden on many people, being a contributory factor in bringing deaths forward, rather than being the sole cause of death for individuals.

There are no safe levels of the main pollutants of concern, meaning that any reduction will achieve health benefits. There is a clear public health case for continued action to improve air quality in Leeds.

The Health Protection Board has been fully engaged in the support of national guidance on the role of Public Health in improving health outcomes in relation to air quality by:

- Being active in the leadership and planning for achieving improvements in air quality. This has included connections to active travel and reviewing the NHS vehicle fleet to identifying pollution reductions.

- Initiating work to gain a greater understanding of the local air quality profile between air quality monitoring, traffic flow modelling and Public Health Outcome Framework indicators. The Board has developed a Leeds Atlas of the Strategic Health Asset Planning and Evaluation (SHAPE). SHAPE is a web enabled, evidence based application which informs and supports the strategic planning of health services and physical assets across the NHS health economy. The Leeds SHAPE Atlas supports the planning and monitoring as well as forming part of the evaluation of the Leeds Clean Air Zone (CAZ) and additional measures being put in place to drive health improvement. The engagement with SHAPE has been identified as good practice at a national and regional level.

- Being fully engaged in the development and review of the health related information on the Clean Air Leeds website. Whilst there are complexities surrounding the health impacts of various air pollutants, the associated health messages and communication mechanisms should remain simple. By having a simple means of gathering clear information of the effects of air pollution in the local population, this will help empower people to make informed decisions on how to reduce exposure and if required, to better manage their health conditions.

Members of the Health Protection Board, including the organisations that they represent, will continue to engage with the CAZ and additional measures to deliver a number of benefits across the city, the key one will be compliance with air quality standards for NO2. However, it will also reduce Particulate Matter and CO2 emissions. This will lead to an improvement in public health and a reduction in hospital admissions related to poor air quality.

3.3 Leeds Outbreak Planning

The Leeds Outbreak Plan has been developed and signed off by the Health Protection Board and ratified by the System Resilience Assurance Board. In addition, the Health Protection Board has overseen the agreement of roles and responsibilities of key partners in responding to a range of outbreak scenarios, applying an agreed set of principles. The system has agreed that outbreak

management should operate under the Leeds EPRR (emergency preparedness, resilience and response) system, and identified who pays, who the lead commissioners are, how to mobilise services and who the primary responding services are in the event of a specific outbreak.

The Outbreak Plan and the supporting roles and responsibilities in an outbreak document were tested at the live Leeds Outbreak Exercise – Bevan in September 2018. The exercise was well attended and involved 40 senior colleagues from across the Health and Social Care system. The exercise demonstrated excellent engagement, commitment to joint working and provided assurance that the arrangements agreed would provide a fast, effective and safe response. The Outbreak Plan is to be updated in light of learning from the exercise and this will also be shared at the Health Protection Board to ensure continuous improvement and learning.

3.4 Health care associated infections

In Leeds, as in other areas, there is an ongoing challenge regarding Health Care Associated Infections (HCAI). The key HCAIs that present a potential risk to the health of the population are Meticillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C.diff). The NHS also launched a new target in 2017/18 relating to the reduction of blood stream infections caused by gram negative bacteria initially focussing on E coli blood stream infections. The NHS sets targets each year for the Clinical Commissioning Groups and for the acute Trusts. The target for MRSA is zero tolerance and C.diff thresholds are set each year by NHS England to reflect an improvement trajectory and therefore these relate to the previous year's performance.

NHS Improvement issued updated guidance regarding post infection reviews of MRSA bacteraemia cases in 2017. Post Infection Reviews (PIRs) now only need to be conducted in CCG and NHS Trusts with an infection rate within the top 15% across England. Leeds is included in this 15% therefore continues to be required to conduct PIR's for all MRSA cases. The root cause analysis seeks to identify the cause of the infection and where a lapse of care may have occurred. This helps to inform future practice and ensure that identified learning is disseminated across the health care economy. In Leeds this process involves all stakeholders including Leeds City Council, Leeds Community Healthcare, Leeds Teaching Hospital, NHS Leeds CCG, primary care and the private sector care homes and hospitals.

The 'HCAI Improvement Group' was established in 2016 within the city to address the challenges of HCAI's. Under the leadership of the Director Nursing and Quality for NHS Leeds CCG, and with cross city representation, this group continues to make significant progress in improving cross system collaboration, improving quality through an enhanced root cause analysis process, post infection review process and improved communication across a complex system.

The key achievements in 2017/18 include:

- Significantly improved collaborative discussions, decisions and channels of communication.
- Improved engagement of primary care for post infection reviews.

- Development of a localised Post Infection Review process following the national changes by NHSI.
- Development of collaborative city wide patient information and leaflets.
- Support for city wide HCAI campaigns (e.g. I spy E coli).
- Improved process/templates/information for decolonisation practice between acute trust and primary care.
- Development of a gram negative reduction strategy focussing initially of E coli blood stream infections.
- Development of a proposal for mutual aid arrangements to improve Infection Prevention resilience across the Leeds provider organisations.

Current position:

Clostridium difficile infection (CDI) numbers have improved within Leeds since mandatory reporting by the NHS began in 2009. During 2017/18 Leeds Teaching Hospital and NHS Leeds CCG achieved the nationally set NHS targets and overall the trend across the city is an improving one. A key priority for Leeds next year is to review and address the issue of CDI across the whole health economy to provide assurance that there is a robust system is in place to prevent infection and where unavoidable manage the risk effectively.

From April 17 – April 18 Leeds had a total of 13 cases of MRSA bacteraemia, this is a reduction of 50% on the previous year. Of the 13 cases 7 were identified as a lapse in care having taken place contributing to the infection. 6 other cases were successfully submitted to a panel at NHS England who agreed with the local investigation that no lapse in care had taken place and assigned the cases to 'third party'. NHSE withdrew the third party option this year therefore since April the assignment is based on time of onset regardless of whether any lapse in care is identified. However this information continues to be recorded within the newly developed local PIR process.

The work plan for 2018/19 has been agreed and will be reported on in due course.

3.5 Tackling antibiotic resistance

Antimicrobial resistance threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi. This is now a government priority as it is an increasingly serious threat to global public health. The UK government now has an Antimicrobial Resistance Strategy and Antimicrobial Resistance is now on the Department of Health's risk register. Action is required across all government sectors and society.

Since 2003 there has been a sustained increase in the numbers of a relatively new and highly resistant infection called Carbapenemase Resistant Enterobacteriaceae (CPE). Identification of CPE in England by PHE has risen from fewer than 5 patients in 2006 to over 600 in 2013. Leeds so far, has only had a handful of positive cases compared to the North West where Trusts in Manchester and Liverpool have had more than 100 patients identified with CPE during the same period.

Antimicrobial stewardship is a national programme to take action to address drug resistant infections. Leeds is fortunate to have national leaders in tackling antibiotic

resistance working in Leeds Teaching Hospitals, Public Health England, Leeds CCG, Leeds University and LCC. Led by the Deputy Director of Public Health, these partners are working collaboratively and proactively to ensure that antimicrobial resistance is a priority locally.

Key achievements include:

- Leeds University has secured funding to develop a point of care test in primary care to enable fast and accurate testing of infections to inform more appropriate prescribing of antibiotics. This is in development and will be piloted locally in the next two years.
- Through the AMS group a joint programme by Leeds University, LCC Healthy Schools team and Public Health has been developed to target 47 primary schools in areas of high antibiotic prescribing and deprivation. The aim is to raise awareness of school children and their families of the importance of protecting antibiotic effectiveness through age appropriate activities.
- NHS Leeds CCG and Public Health England with support from partners continue to improve appropriate antibiotic prescribing by GPs and non-medical prescribers through education and training sessions. As a result the prescribing data collected locally indicates that the prescribing of broad spectrum antibiotics continues to reduce and is below the national target which is an important positive indicator for reducing the burden of drug resistant infections.
- Yorkshire and Humber Public Health England working with partners has developed and disseminated two local resources for GPs and non-medical prescribers outlining local resistance patterns to ensure effective prescribing focusing on urinary tract infections and COPD. This resource has received excellent feedback and is being used in practices to inform prescribing decisions.
- A local antibiotic campaign ‘Seriously resistant’ has been implemented by NHS Leeds CCG and LCC targeting the general public. Specific campaigns have taken place in Leeds schools and universities to increase awareness in children and young people. This campaign has been very well received and has been replicated across the country. Insight work has been carried out to understand how effective these messages are and to establish the level of understanding of the public on this issue. The findings of this work will be used to inform future campaigns.

3.6 Tackling seasonal deaths

The Health Protection Board has made significant progress towards reducing seasonal deaths and supporting the wider system pressures during winter. In Leeds, as in the rest of the country, more people die in the winter than in the summer. Many of these deaths are avoidable and are primarily due to heart and lung conditions rather than hypothermia.

Modelled figures show that Leeds has seen a continued decrease in numbers of people dying from the effects of living in cold conditions, with a reduction in excess winter deaths to 350 in 2015/16 compared to 470 deaths in 2014/15.

There have been cross organisational efforts to address the negative impacts of cold weather in Leeds, work programmes are well established and embedded in

services to protect the most vulnerable in the city. The Health Protection Board has endorsed prevention and preparedness programmes contributing to the Leeds System Resilience Plan. These will ensure that vulnerable people stay well and warm over the winter months, supporting the system to achieve its objective of managing demand and improving patient flow during the winter period.

The work has focused specifically on reducing infections and outbreaks in the community, reducing the hazardous impact of cold on vulnerable people, preventing falls and injuries in vulnerable people, improving respiratory pathways and tackling social isolation.

3.6.1 Increasing uptake of influenza vaccination

A system wide partnership approach has been implemented this year to target priority groups and low uptake areas in Leeds. For the first time Leeds has achieved the national target of 75% uptake for flu vaccination in over 65s for NHS Leeds CCG. Uptake for flu vaccination for other target groups was also higher than last year.

Flu vaccination levels were also increased on last year in LCH (77%), LTHT (80%), LYPFT (65%) and Leeds City Council (911 Leeds City Council members of staff received their seasonal flu immunisation - an increase of over 300 from the previous year).

The Leeds Flu Group received a highly commended award by the national NHS Flu Fighters Awards scheme 2018– Digital and Innovative Campaign.

3.6.2 Reducing impact of cold on vulnerable people

A range of LCC and Leeds CCG funded winter warmth services have been delivered across the city:

Warmth for Wellbeing Service (part of Home Plus as of 1st October 2018): Since the contract started on the 1st of October 2015, 2877 clients have been visited with around 5700 beneficiaries (as on average there are two people per household), exceeding annual targets for two consecutive years. The Service is receiving excellent feedback from clients and referral agencies.

Winter Wellbeing Small Grants Scheme Leeds Community Foundation (LCF) delivered a Winter Wellbeing small grants scheme for the 6th year running in 2017 and grants have just been allocated for 2018. In 2017, 20 community groups were awarded a total of £58K worth of grants. Projects to keep people well and warm this winter were completed by April. A summary of End of Grant Reports, indicating outputs and impact, is now available.

Leeds City Council's Warm Well Homes project provides funding for large scale heating and insulation measures to low income private sector households suffering from cardio-vascular, respiratory or mental illness, many of whom are in crisis due to being without heating or hot water. Households in need can be referred by front line staff and volunteers through the Warmth for Wellbeing scheme.

Winter Friends programme: Public Health has reviewed and relaunched the Winter Friends programme. The programme now has an e-briefing package to promote the scheme to organisations and the public. LCC workforce have been provided with training, including social care, housing and Children's Services staff, from service delivery manager level to frontline staff. 122 organisations have signed up as Winter Friends. 100% of participants in Winter Friends evaluation said they would recommend becoming a Winter Friend to others. Over 85% said they experienced people using the Winter Friends resources and 53% of winter friends referred vulnerable people into services for them.

Met office alerts and cascade of information: When trigger criteria are met the Leeds City Council Resilience and Emergencies Team (RET) cascade severe weather warnings received from the Met Office to LCC services via the LCC Severe Weather Group distribution list. All services are requested to ensure that staff act in accordance with the LCC Severe Weather Plan, local service plans and procedures and business continuity\prioritised service plans. Where relevant staff are advised to refer to the Department of Health and Social Care (DHSC) Cold\Heatwave Plans highlighting the serious impact of cold\ hot weather on vulnerable people and advising how best to support service users during periods of cold\hot temperatures. Warning and informing messages are sent out via Leeds Alert when Met Office medium impact levels forecasted\DHSC level 3 cold and heat warnings are received.

3.6.3 Preventing falls and injuries amongst people living with frailty to improve independence and reduce vulnerability to winter

As part of the Leeds Health and Care Plan work stream on supporting people living with frailty, funding was secured Improved Better Care Funding (iBCF) to continue and expand falls prevention programmes to April 2020.

Work has progressed to deliver a specialist falls services single referral pathway with a single triage directing patients to the most appropriate service, reducing waiting times for the medical falls clinic service in LTHT.

The single point of urgent referral (SPUR) pathway has been opened up to facilitate clinician to clinician discussions and referrals from Telecare for fallers to support following a fall and support the prevention of unnecessary A&E attendances.

3.7 Improving respiratory pathways

The aim of this programme of work is that people living with severe breathing difficulties will know how to manage anxiety issues due to their illness and have a supportive plan about what's important to them

As part of the Leeds Health and Care Plan ambition for people with respiratory conditions to be supported to manage their condition Leeds took up the NHSE offer of 3,200 MYCOPD licences. With additional training for key staff and support to roll-out, the App is now live within two LCH settings, Pulmonary Rehabilitation and Chronic Disease Management. 18 free licences have been awarded within the first week.

British Lung Foundation commissioned to develop 10 sustainable Breathe Easy peer support groups and exercise classes in areas of high COPD prevalence over a 2 year period. Six groups established to date.

3.8 Tackling social isolation

The aim of this programme is to ensure that vulnerable people who are socially isolated or at risk of social isolation are provided with appropriate support.

SWIFT – iBCF funding and CCG funding was been agreed to provide funding for the service to continue past October 2018. The projects worked with 394 clients and 46 volunteers (approx. 1576 hours) in total since the start date.

The Big Lottery funded Time to Shine programme, managed by Leeds Older People's Forum, aims to reduce loneliness and social isolation in people over the age of 50. Between 2015-end 2017 nineteen projects were commissioned to address social isolation in priority groups, with approximately 1500 older people participating in the commissioned projects this year. Evaluation of the programme has shown that activities have reduced both loneliness and social isolation for beneficiaries and volunteers.

3.9 Children and families

Work has been developed to increase awareness of high impact interventions to keep families well and warm in their homes. An increased number of family outreach workers have attended training and have now become Winter Friends. Leaflets and resources have been developed specifically targeting children, to promote flu immunisation have been distributed to Health Centres and Children's Centres. A winter checklist has been produced and disseminated focussing on issues for children and families, these have been distributed to Early Start Teams and some winter friends.

3.10 Notifiable infectious disease management

Despite advances in the control and prevention of communicable diseases including vaccination programmes some infections still occur and require a public health response. During 2017/18 there were 3158 notifications of Infectious disease reported to Public Health England. These range from Campylobacter, a self-limiting gastroenteritis infection, to Meningococcal meningitis which can be fatal and requires a range of control measures to be implemented for each case. In addition there are a range of infectious incidents that required a routine response such as norovirus in a school or influenza within a care home. Systems are in place in Leeds to ensure these incidents are reported quickly and managed appropriately.

The following sections highlights some of the incidents and cases that required partners to work together across the whole health economy to ensure the appropriate management of infection therefore protecting the health of the population:

- There were a total of 16 care homes in Leeds which closed in 2017/18 due to an outbreak of Influenza. The care homes are supported by PHE and the LCH

infection control team to ensure appropriate control measures are implemented. These include standard infection control practices such as good hand and respiratory hygiene and may also include a recommendation from PHE to ensure all residents receive anti-viral medication. In addition, proactive infection control audits have been undertaken in over 50 Care Homes in the last 12 months (152 care homes in total) providing support and advice to prevent outbreaks occurring. Quarterly educational sessions covering a range of topics have been delivered to all Care Homes and a dedicated Leeds Community Healthcare infection control website was made available, to ensure best practice guidelines. Work has commenced to establish clear decision making processes regarding bed closures due to infections.

- There were a total of 19 confirmed meningococcus cases in 2017/18 compared to 25 cases in 2016/17. Due to the unpredictability of all infections it is difficult to speculate as to why there has been this slight drop in cases, however over the last few years, changes to the UK vaccination schedule has meant that more people are protected against more strains of meningococcal.

- The number of reported whooping cough cases in Leeds in 2017/18 reduced by over 50% from the previous year. In 2012 there was a marked increase in the number of whooping cough cases notified. This resulted in PHE declaring a national outbreak and introducing the whooping cough vaccine for all pregnant women in order to protect their infant from birth.

- By contrast scarlet fever notifications in Leeds have increased from 437 cases in 2016/17 to 664 notified cases in 2017/18. This is reflective of a national rise seen since 2014. It is not known why the number of cases has risen and though easily treated with antibiotics there is no vaccine available.

It is essential that Leeds is able to respond to local, national and international incidents such as the recently emerging Monkey Pox virus in Nigeria and the continued threat of Middle Eastern Respiratory Syndrome. Any new or emerging infection can cause a real or potential threat to the health of the population. The threats from communicable disease are varied and unpredictable and strong local networks ensure information is shared quickly and appropriately therefore providing assurance that actions can be implemented to address future public health challenges.

3.11 Significant outbreaks requiring a system wide response

Overall

A number of significant outbreaks have been effectively managed over the winter period affecting nurseries, schools, care homes and the community. These have included IGAS (invasive group A streptococcal), Hepatitis A in a group of farm workers and a measles outbreak affecting communities living in LS7 and 8. The wider system response was mobilised effectively.

3.11.1 Invasive Group A Streptococcal Infection in a Care Home (June 17)

Group A streptococcus infections (IGAS) are spread through close contact between individuals through respiratory droplets and direct skin contact. It can also be spread through contact with contaminated objects such as towels or bedding. Spread within a care home environment is not common hence the public health response which aims to prevent further spread. Most Group A streptococcus infections are relatively mild illnesses such as tonsillitis, scarlet fever or a skin infection such as impetigo. On rare occasions, these bacteria are invasive and can cause severe and even life-threatening diseases such as pneumonia, rheumatic fever and sepsis.

A Leeds care home reported in June 17 that 2 residents had died from IGAS 1 month apart and had been cared for in the same room at the home. PHE led an incident team and recommended that approx. 30 residents and 35 staff within the unit receive antibiotics to prevent further spread. The arrangements for the prophylaxis were be made via GPs, and all those identified to be at risk received antibiotics. A letter was also provided for relatives and staff. The home was very helpful and cooperative, ensuring control measures were implemented including improvements to infection control measures. There have been no further incidents of infection reported.

3.11.2 Hepatitis A (Sept 17)

Hepatitis A virus infection causes a range of illness from mild, non specific nausea and vomiting, through to hepatitis (liver inflammation and jaundice) and rarely liver failure. It is normally spread by the faecal-oral route but can also be spread occasionally through blood. Good hygiene including safe drinking water and food handling and good handwashing practice prevents infection. In September 2017 three confirmed cases of Hepatitis A were reported to Environmental Health and Public Health England. Prior to this there had not been a case in Leeds since April 17, it was therefore concerning to have 3 cases reported within 1 month. Contact tracing of the cases revealed no known links between the cases. However all were in the same postcode area and 1 case worked as a seasonal fruit picker on a local farm. An inspection of the fruit picking operation was made by environmental health officers and a specialist infection control nurse. Hygiene standards at the site were found to be satisfactory and no risk of contaminated fruit entering the food chain was identified.

As a precaution PHE recommended offering Hepatitis A vaccine to all remaining fruit pickers on site. However as it was the end of the season very few remained and 41 contacts of the index case were vaccinated. There have been no further issues identified.

3.11.3 Measles Outbreak (October 17)

Measles is a highly infectious virus and can be severe, particularly in immunosuppressed individuals and young infants. The MMR (Measles, Mumps and Rubella) vaccine is a safe and effective vaccine and generally across Leeds MMR uptake is good. In September 2017 the World Health Organisation announced the UK had achieved measles elimination in 2016. However there continues to be a risk of imported cases from other countries and in late 2017 there were large outbreaks

with over 100 cases of measles in 15 European countries. Leeds had an outbreak of Measles from November 17 - January 18 with 36 confirmed cases. There were concurrent outbreaks in other parts of the country including Liverpool, Birmingham, Manchester and Bradford.

In response to the outbreak a multi-agency team led by Public Health England and including partners from across the health and care worked together to contain the outbreak. The following control measures were implemented –

- Awareness raising and promotion of the MMR vaccine through various channels including –
  - MMR promotion posters and letters to all schools and children's centres.
  - Letters to GP's, A&E's and other healthcare providers.
  - Launch of a social media campaign.
- An additional 750 children and young adults were given the MMR vaccine through a combined approach of MMR vaccine sessions in schools, community venues and clinics within GP practices.
- Approximately 150 suspected cases were investigated and nearly 400 contacts traced.

The outbreak concluded in January 2018 and partners continue to work together on a task and finish group, led by Public Health England Screening and Immunisation Team, to ensure MMR vaccine rates are sufficient in all parts of the city to prevent another outbreak. The response and learning from the outbreak has been shared across the UK including the delivery of a session at the Annual PHE conference in September 18 and the inclusion as a case study of the work undertaken in a document entitled 'Measles: resources for local government':

www.gov.uk/government/publications/measles-resources-for-local-government

3.11.4 Pandemic Flu planning

Pandemic Influenza continues to represent the most significant civil emergency risk to the UK. The Local Authority has led on the development of an overarching Pandemic Influenza Plan for the city. This wider document links the plans of each individual organisation across the city clearly outlining the roles and responsibilities of each organisation during a pandemic response.

Following on from the development and sign off of the Leeds Outbreak Plan the Leeds Outbreak Planning Group will turn its attention back to review and exercise the overarching Leeds Pandemic Influenza Plan. The updated plan will address outstanding issues such as local, regional and national Command and Control arrangements\structures, access to Personal Protective Equipment and the inclusion of Third Sector support. The review will consider: the evaluation report and detailed lessons from the Public Health England led Exercise Cygnus – 2016; the Yorkshire and Humber Local Resilience Forum; and Local Health Resilience Partnership Pandemic Influenza Framework (version 0.3); the Ministry of Housing, Communities and Local Government (MHCLG) Pandemic Influenza local Tier workshop – Jan 18; and the MHCLG Pandemic Influenza Standard due to be released in Autumn 2018. The group will also consider learning from the West Yorkshire Local Resilience Forum Gold Exercise – Brisbane held in May 2018.

3.12 Health protection planning for large city events

The Leeds City Council Safety Advisory Group (SAG) is now well established. The group is co-ordinated by the Local Authority (LA) and made up of representatives from the LA and the emergency services. The role of the SAG is to take a lead in ensuring the safety of all events held in the Leeds area. Each event is RAG rated against the National Purple Guide and ranked as either low, medium or high risk. Those events which meet the medium\high risk criteria are incorporated into the formal SAG process requiring the production and circulation of Event Management Plans including Medical provision (scrutinised by Yorkshire Ambulance Service and the Emergency Planning Officer, Health Protection), the organisation of Multi agency meetings (MAMs) and attendance at a formal SAG meeting. (http://www.leeds.gov.uk/leisure/Pages/Organising-Events.aspx)

Leeds is currently seeing an increase in the number of large events coming to the city, these include: World Triathlon, Tour de Yorkshire, high profile concerts and the UCI World Cycling Championships, these are alongside our regular large scale events such as the Leeds Carnival and Black Music Festival, Leeds Festival, Leeds Pride and the Leeds 10K. All of these events have the potential to disrupt the delivery of health and social care services across the city therefore the links with the SAG, the event organisers and with key colleagues (e.g. Highways are critical to ensure the continuity of services when these events take place).

3.13 Screening and Immunisation programmes

NHS England West Yorkshire Screening and Immunisation Service is responsible for the commissioning of screening and immunisation programmes nationally under the Public Health Functions Agreement (Section 7A).

Progress on performance is considered at the Health Protection Board for the following screening and immunisation programmes; cervical, breast, bowel, AAA (Abdominal Aortic Aneurysm), diabetic retinopathy, new born blood spot, ante-natal infectious diseases, Down's syndrome, Thalassemia, sickle cell, new born hearing, the childhood immunisation programme, seasonal influenza programme and the adult immunisation programme including Pneumococcal (PPV) vaccine and shingles vaccine, Where there are concerns within immunisation and screening programmes, these are addressed through the West Yorkshire screening and immunisation oversight group (WYSIOG). Any risks are discussed at the Health Protection Board and addressed as required.

For the purpose of this report four areas of concern are highlighted – cervical, breast, and bowel cancer screening and immunisation programmes in particular childhood immunisations.

NHS England has established a Leeds plan to improve uptake and coverage; this involves all stakeholders across Leeds. This includes the three cancer screening programmes and childhood vaccines, in particular MMR vaccine (Measles, mumps and rubella) and Pre School Booster uptake. There is a particular focus on addressing inequalities in terms of access of defined at risk group, for example raising awareness of the Equality Act within Primary Care.

Women attending for cervical screening in Leeds is declining and this reflects the position across England. Against the uptake target of 80%, Leeds has slipped from just under 80% to around 75%. Breast cancer screening uptake too has fallen although each CCG is still just above the minimum standard of 70%. Again, this mirrors the national position where screening uptake has fallen for the third year running.

The bowel screening programme meets the National Service specification target of 52%. The priority for the Health Protection Board has been to extend the ages covered by the programme. Previous operational difficulties have been addressed by commissioners and providers so that the programme age was extended in January 2015. Work will continue to meet the NHS England aspirational target of 60% uptake.

Childhood vaccination coverage across Leeds fluctuates between 88% and 94% and has remained static within this range for all childhood vaccines for a number of years. This is consistent with the national picture of vaccine uptake. However, it is important to recognise that Leeds has a high population of new migrants many of whom experience difficulties with engagement of primary care health services.

Following the Measles outbreak in 2017 a review of the vaccination offer within primary care was identified as a need. Based on the NICE guidance an audit tool was launched results for review will be available by December 2018 with the overarching aim of influencing the primary care offer.

3.14 Health Protection Priorities going forward

The Health Protection Board has regularly discussed and reviewed the priorities first identified in 2015, these priorities were most recently reviewed at the October 2018 Board meeting.

The Board identified that good progress has been made in all priority areas; this is a positive step forward for health protection in Leeds. The Board recommended that as a result, the priority ‘to develop an outbreak plan’, could be closed from the priorities list, due to the development and sign off of an outbreak plan for Leeds. The Board recommended one new priority to be added; to increase uptake of childhood vaccinations in areas of low uptake. This was due to increased levels of risks associated with low uptake rates.

Health Protection Board priorities for 2018-2020:

- Tackling antibiotic resistance.
- Addressing air quality and impact on health.
- Reducing seasonal deaths from severe temperatures.
- Reducing the incidence of TB.
- Reduce the incidence of health care associated infections across the Leeds.
- Increase uptake of childhood immunisations in areas of low uptake.
- Exercise and refresh the overarching Leeds Pandemic Influenza Plan.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

This report has been developed in collaboration with the members of the Health Protection Board including NHS England, Public Health England, LTHT, Leeds Community Healthcare NHS Trust, Leeds and York Partnerships NHS Trust, Leeds City Council, Leeds CCG. All organisations consult and engage with the affected population groups.

4.2 Equality and Diversity / Cohesion and Integration

While there are no direct Equality/Diversity/Cohesion or integration implications of this paper, all organisations concerned are actively involved in work in this area, and the raising of the standard of quality care in the city contributes directly to access and equality issues. In addition, some migrant population groups can bear a disproportionate burden of infectious diseases, particularly TB, HIV, hepatitis A and B. The Health Protection Board has ensured that programmes are designed to meet the specific needs of migrant population groups in Leeds working with the Leeds Migrant Health Board, third sector, interpreting services and specialist services.

4.3 Resources and value for money

There are no direct resources/value for money implications arising from this paper.

4.4 Legal Implications, Access to Information and Call In

There are no legal or access to information implications of this report. It is not subject to call in.

4.5 Risk Management

The Health Protection Board works to ensure that they continually strengthen their approach to understanding the health protection risks in Leeds. The Health Protection Board, as a sub-group of the Health and Wellbeing Board, has an assurance role to ensure that the city identifies health protection risks across the system and agrees plans to mitigate against these risks. The Board ensures that the system is prepared to respond to health protection risks, for example, infectious disease outbreaks. The Board utilises a robust evidence base to inform the health protection system when managing risk and tackling health and wellbeing inequalities.

5 Conclusions

This paper provides the Health and Wellbeing Board with the third annual report on the progress of the Health Protection Board since the last report in 2017. The Board identified that good progress had been made in all priority areas; this is a positive step forward for health protection in Leeds. The Board recently reviewed the priorities and recommended that a new priority was added ‘to increase uptake of childhood vaccinations in areas of low uptake’. This was due to increased levels of risks associated with low uptake rates. The Health Protection Board has been

assured to date that robust arrangements are in place to protect the public from health protection threats.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Endorse the Health Protection Board's Annual report.
- Note the key progress made against the priorities identified in the Health Protection Board Annual report 2017.
- Support the new priorities identified by the Health Protection Board for 2018/20.
- Consider and comment on how the HWB can support the new emerging health protection priorities in relation to underserved populations, particularly those living in the most deprived 10% parts of the city.

7 Background documents

7.1 None.

How does this help reduce health inequalities in Leeds?
The growing health protection challenges such as emerging infectious diseases, air pollution and antimicrobial resistance are driven by a diverse range of factors from environmental change, urbanisation and the widening gaps between the least and most deprived communities. These health protection threats to health are not equally shared; marginalised populations experience extremes of poor health due to a combination of poverty, social exclusion and increased burden of risk factors.

The Health Protection Board has been working to focus on the emerging health protection priorities that require focused attention and which disproportionately affect at risk groups and those living in the most deprived 10% of communities in the city. The Board will continue to consider the impact of worsening deprivation statistics and the impact of health inequalities when planning programmes and monitoring progress on priorities.

How does this help create a high quality health and care system?
The Health Protection Board works to create a high quality health and care system through an established assurance framework and health protection dashboard where risks and gaps are addressed; through the provision of leadership to deliver a one system approach; coordination of the health protection system to establish clear roles and responsibilities and assessment of emerging trends which can be assessed and communicated to system leaders to inform priority setting.

How does this help to have a financially sustainable health and care system?
The Health Protection Board helps to have a financially sustainable system through ensuring there is emphasis on collaboration between organisations when commissioning and planning health protection programmes, promoting cross-sectoral partnerships that help create healthy and resilient people and communities and agreeing joint priorities, gaps, risks and plans to address.

Future challenges or opportunities

- Tackling antibiotic resistance.
- Addressing air quality and impact on health.
- Reducing seasonal deaths from severe temperatures.
- Reducing the incidence of TB.
- Reduce the incidence of health care associated infections across the Leeds.
- Increase uptake of childhood immunisations in areas of low uptake.
- Exercise and refresh the overarching Leeds Pandemic Influenza Plan

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	
Maximise the benefits of information and technology	x
A stronger focus on prevention	x
Support self-care, with more people managing their own conditions	
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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Headline Health Protection Indicators Annual Report November 2018

(Source is July 2018 HWB dashboard with some updates)

PHOF	Reduce the incidence of TB	Detail	Most recent figure	Date		Time series / rating
3.05ii 4.03 4.07 4.08	**TB** rate per 100,000. Target year on year decrease *(7.8 per 100,000 Y&H in 2016)*	Leeds	**10.6** per 100,000 (Leeds with 83 cases)	2016	Annual	Steady decrease from 91 in 2015
	Treatment completion for **TB**, target 85%		**88%** 69/78 cases completed	2015		Achieved
4.03 4.07 4.08	Reduce **deaths** in Leeds caused by **TB**		**2** deaths in treatment			Fluctuating small numbers achieved in 2015
	New active TB cases		**83** cases in 2016 *No target set*	2016		Improving. Average cases 2012-2016 is 93 per year
	Multi-drug resistant TB cases		**1.2% Y&H** in 2016 *No target set*			Improving. Y&H 2.7% in 2015
	Latent TB Infection cases		**174** cases in Leeds *No target set*			Improving from 120 in 2015 Positive screening activity
	Vaccination and Immunisations					
3.03 4.03 4.07 4.08 4.15 NHSOF 1.2	Uptake of **influenza** programme in **under 65** clinical at risk groups, target standard 55%	*NCCG*	**50.3%**	Sept 2017 - March 2018	Annual	Improving
		WCCG	**50.2%**			Improving
		SECCG	**50.5%**			Improving
	WHO **influenza** vaccination target for **over 65s**, target 75%	*NCCG*	**75.6%**			Improving
		WCCG	**76.7%**			Improving
		SECCG	**76.0%**			Improving
3.03ii 4.08	**MMR** uptake of two doses at 5 years, target 90-95%	*Leeds*	**82.2%**	Q1 2018 -19	Qtr	Falling
	Pre-school **booster** Dtap/IPV, target 95%		**96.5%**			Exceeded
3.03xvi, 4.03, NHSOF 1.4	Increase uptake **HPV** programme year 8, target 90%		**88.6%**	2016-17	Annual	Lower than 2015-16
2.20ii 4.03 4.05i 4.05ii	**Cervical** screening - % women eligible for screening who were screened within a specified period, target 80%		**73.9%**			Slightly lower than 2015-16
	Breast cancer screening coverage - % women aged 53-70 screened within previous 3 years, target 80%		**74.0%**			Below target but higher than 2015-16
2.20iii 4.03 4.05i 4.05ii	**Bowel** cancer screening 60-74 years uptake, target 52%	*NCCG*	**58.8%**	Q3 2017 -18	Quarterly	Exceeded
		WCCG	**56.9%**			Exceeded
		SECCG	**54.4%**			Exceeded
	Reduce the impact of poor air quality / environmental conditions on health					
4.03	Excess winter deaths ***index*** (3 years, all ages, persons)	Leeds	**Lds 19.8 Eng 21.1**	2014 - 17	Annual	Better than England, not significantly
3.01 4.03 4.08	Annual average **NO2 concentration** at realtime monitoring stations. 40 µg/m3 annual mean objective	2 Background sites	**18/32** µg/m3	2017	Annual	Attained and reducing
		4 Kerbside sites	**35/67** µg/m3			Above target but reducing
		6 Exposure sites	**27/55** µg/m3			Above target but reducing
	Air quality annual average concentration at **worst** performing site in Leeds. Annual mean target not to be exceeded and reducing trend. PM10 target 40 µg/m3 . PM2.5 target 25 µg/m3	PM10	***17*** *ug/m3*			Attained and reducing
		PM2.5	***10*** *ug/m3*			Attained and reducing

NHSOF	**Reduce the incidence of health care associated infections**	Detail	Most recent figure	Date		Rating and trend description
NHSOF 5.2	**MRSA** bacteraemia cases Targets = 0	LTHT	**6**	2017-18	Annual	Above target, lowest recorded numbers
		LCH	**0**			Attained
		LYPFT	**0**	2017-18	Ann.	Attained
		Nuffield	**0**		Qtr	Attained
		Leeds CCG	**2**		Annual	Above zero, diff. narrowing
		NCCG	***0***			*Achieving zero*
		WCCG	***1***			Above zero, diff. narrowing
		SECCG	***1***			Above zero, diff. narrowing
NHSOF 5.2	**C Difficile**: Incidence of healthcare associated infection Reducing targets set nationally	LTHT	**124** *Target 119 per annum*	2017-18	Quarter	Slightly above culmulative target
		LCH	**1** *Target 0*			Virtually attained
		LYPFT	**1** (2018-19)	Q1 2018-19	Ann.	Attained
		Nuffield *(Calendar years)*	**0**	Q1-Q2 2018	Quarter	Attained
		Leeds CCG	**263**	2017-18		Just above target
		NCCG	***60*** *Target 58 per annum*			*Very slightly above*
		WCCG	***106*** *Target 90 per annum*			*Slightly above*
		SECCG	***97*** *Target 104 per annum*			*Attained*
NHSOF 5.2	**CPO** *Carbapenemase Producing Organism cases* *No target set*	LTHT (acute trust inpt.)	**No data since mid 2017** PHE centres are having problems accessing the national CPE database		Quarter	Data issues continue
		Leeds CCGs (all res.)				Data issues continue
		LCH		2017-18	Annual	**0** cases LCH in-patient areas **6** cases referred to IPC
		LYPFT	**0**	Q1 2018-19		zero (no target)
	CPE *Carbapenemase-producing Enterobacteriaceae*	Nuffield	**0** *Target 0*	Q1-Q2 2018	Quarter	Attained
	E coli bloodstream infections - *in development* -	Leeds	50% reduction from 2016 to 2020	2017-18	Annual	Reducing but slightly over target

Emergency planning. Ensure citywide exercises have taken place to validate emergency plans

Exercise Bevin – citywide Outbreak Exercise held on 13.09.18 at St Gemma's Hospice. A very successful exercise with Senior level attendance from across H&SC partner organisations in Leeds.

Exercise White Dove - COMAH Exercise – Unilever (Control of Major Accident Hazards) held on 09.10.18. All local health organisations were invited to take part in this exercise as members of the Tactical Co-ordinating Group (TCG) which was located in the Leeds City Council Emergency Control Room. Those organisations who took part will also be reviewing their own plans in light of learning\outcomes from the exercise.

Leeds Health and Wellbeing Board

Report author: Dr Jane Mischenko (NHS Leeds CCG)

Report of: Sue Robins (Director of Operational Delivery, NHS Leeds CCG) and Steve Walker (Director of Children and Families, Leeds City Council)

Report to: Leeds Health and Wellbeing Board

Date: 12 December 2018

Subject: Annual refresh of the Future in Mind: Leeds Local Transformation Plan for children and Young People's Mental Health and Wellbeing

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

Future in Mind: Leeds Strategy and Local Transformation Plan (2015-2020) sets out our vision, progress and next steps to improve the social emotional, mental health and wellbeing of children and young people aged 0-25. Our strategy brings together the Leeds response to the recommendations from the Department of Health's publication Future in Mind (2015) and the duties within the Children & Family Act (2014), in terms of the SEND requirements for pupils with Social Emotional and Mental Health needs.

The purpose of this paper is for HWB members to retrospectively note the third annual refreshed LTP (Appendix 1), which sets out for each priority, what has been achieved so far, how we know it is making a difference and next steps.

Recommendations

The Health and Wellbeing Board is asked to:

- Retrospectively note the refreshed Annual refresh of the Future in Mind: Leeds LTP
- Note how the child and young person's voice has been integral in developing the priority work-streams and going forward is embedded in the co-production of their delivery.
- Note the strong contribution this strategy and plan delivers to the core prevention agenda of the city.

1 Purpose of this report

1.1 The purpose of this paper is for HWB members to retrospectively note the refreshed LTP (Appendix 1). NHS England's national requirement to publish the refresh of the LTP before the end of October 2018 did not align with the timelines of the formal Health and Wellbeing Board meetings. As a result, the refreshed document was considered through the Chair and email consultation with members.

1.2 This report is an update on how we are driving forward our ambitious strategy to transform how we support and improve the emotional and mental health of our children and young people and therefore, ultimately impact on the wellbeing of all of our population. The refresh clearly sets out for each priority, what has been achieved so far, how we know it is making a difference and the next steps to progress.

2 Background information

2.1 We want Leeds to be the best city for health and wellbeing and for children to grow up in: a healthy and caring city for all ages, where people who are the poorest improve the health the fastest. The Leeds Health and Wellbeing Strategy 2016-2021 and Children and Young People's Plan 2018-2023 are our blueprints for how we will put in place the best conditions in Leeds for people to live fulfilling lives – a Child Friendly, healthy city with high quality services.

2.2 Essential to this is our Future in Mind: Leeds Strategy and Local Transformation Plan (2015-2020), which sets out our vision, progress and next steps to improve the social emotional, mental health and wellbeing of children and young people aged 0-25.

2.3 Our vision is to develop a culture where talking about feelings and emotions is the norm, where it is acceptable to acknowledge difficulties and ask for help and where those with more serious problems are quickly supported by people with skills to support their needs.

2.4 As demonstrated within the plan, Leeds is also part of the West Yorkshire and Harrogate Health and Care Partnership, working together with partners across the sub-region to improve mental health as one of its priorities.

3 Main issues

3.1 To achieve our vision and priorities in a context of resource pressures and evidence of increasing demand we need to work together in a single approach and to combine and transform our services. The strategy and plan evolve from the already strong relationships across our children's partnership, across health, education, social care and the third sector.

3.2 The LTP moves from a truly preventative approach, recognising the importance of the first 1001 days from conception for lifelong emotional wellbeing and moves through universal programmes to support resilience, to early help and targeted support services for the most vulnerable, through to specialist CAMHS. The

emphasis is working together as a system to ensure children and young people receive the support and advice they need as early as possible.

3.3 Some of our key areas of achievement are highlighted below with many more in the LTP document:

- The award winning Infant Mental Health Service that developed a universal screening tool for health visiting to identify emerging relationship difficulties in the first weeks of life, thereby enabling very early intervention.

- The programmes and resources that support emotional wellbeing and resilience, such as, the MindMate Champion programme for schools and MindMate Lesson resource for schools.

- The launch of self-referrals at MindMate SPA, following Healthwatch Leeds feedback.

- We have six employed MindMate Ambassadors, young people with lived experience of mental health difficulties who are passionate about driving forward change and engaging with other children and young people.

- The new specialist education school buildings have delivered to the project deadline (creating capacity for 340 specialist SEMH places in Leeds).

- Improved waiting times for specialist CAMHS (for routine appointments and for autism assessments).

- The launch of the Teen Connect helpline for young people in crisis.

- The new CYP community eating disorder service is established and is on track to support the expected number of young people and delivery of the national access targets.

- West Yorkshire and Harrogate Partnership CAMHS new care model has been successful in reducing the number of admissions to CAMHS beds and reduced the length of stay, thereby freeing up resource for investment into community services. For Leeds this will support the establishment of a discrete CAMHS crisis team.

3.4 And key areas to progress over the next 18 months are:

- Strengthen the early help service model, working with schools and clusters.

- Maximise digital opportunities and commission access to online counselling services, integrated into the Leeds system and pathways.

- Deliver the full children and young people mental health crisis offer.

- Develop the MindMate website further to include increasing resources for professionals.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 The key delivery and governance structure for this work is the Future in Mind: Leeds Programme Board made up of officers and leads from across the programme of work and chaired by the Executive Lead Member for Children and Families. This board reports to the Children and Family Trust Board and the Health and Wellbeing Board.

4.1.2 The voice of children, young people and the views of their parents and carers strongly informed our key priorities. The working groups continue with this principle in the delivery of the priorities. An example is where young people have led from the start the content, design and language of the MindMate website and now regularly co-present at local, regional and national conferences.

4.1.3 We continue to use Healthwatch and Common room to consult with young people and families on progress to date and what we need to improve further. A current review is on our MindMate Champion Programme, where school staff and pupils are being consulted on their experience of the programme and related resources.

4.1.4 Children and young people supported the development of a quick guide to our strategy and MindMate Ambassadors reviewed and advised us on the language and content of this refresh.

4.2 Equality and diversity / cohesion and integration

4.2.1 As reflected in the national Future in Mind (2015) publication there has to be an additional effort in Local Transformation Plans to respond to the needs of certain vulnerable groups of children and young people. In Leeds there are examples of multi-agency services supporting young people in the youth justice system and care system.

4.2.2 A specific priority in our LTP is to continue to review and check that the needs of vulnerable young people are met. This is supported by the intelligence gathered by the commissioned Future in Mind: Leeds Health Needs Assessment (2016). As stated in the plan there is an intention to add to and update the HNA over the next 18 months.

4.3 Resources and value for money

4.3.1 There are strong principles underpinning our plan that will maximise the best use of resource and best value for money; these are listed below:

- Prevention (following the principles of the WAVE report, of the importance of the first 1001 days)
- New ways of working to develop emotional resilience and support self help
- Early support/help to prevent escalation
- Evidence based practice
- Use of digital technologies

- Transforming existing services and combining resources across the partnership to prevent duplication
- Noting that getting it right in childhood supports reduced need and demand in adulthood

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 programme board reviews the risks to the delivery of the strategy and LTP every time it meets. The key risks reflect those known nationally, reducing resource but rising demand, rapidly changing policy across education, health and social care, and workforce challenges in recruiting the staff with the right skills. Mitigation is in place and constantly reviewed for all of these areas.

5 Conclusions

5.1 The refreshed LTP clearly sets out how progress has been made against all of our strategic priorities. However, we are not complacent and there is more to do. This plan sets out our key next steps in delivering our strategy and improving the outcomes of the children and young people.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Retrospectively note the refreshed Annual refresh of the Future in Mind: Leeds LTP
- Note how the child and young person's voice has been integral in developing the priority work-streams and going forward is embedded in the co-production of their delivery.
- Note the strong contribution this strategy and plan delivers to the core prevention agenda of the city.

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?
The plan adopts a proportional universalism approach in that it is for all Leeds children and young people but additional resource and services are targeted at those in most need. The plan adopts a holistic approach to mental health and wellbeing and a key priority is to ensure the groups of children and young people most vulnerable to mental health needs are recognised and evidence based service models are in place (and outreach) to them.

How does this help create a high quality health and care system?
Partners work in the city together to deliver high quality health and care resources and services. These are informed by the available evidence base, by a commitment to the voice of children and young people being integral to their care plan and service development, There is a partnership group that oversees this agenda and a dashboard to indicate progress against key standards.

How does this help to have a financially sustainable health and care system?
Partners work together to align and maximise investment and resource. Investing and getting it right for infants, children and young people supports the lifelong delivery of improved mental health and wellbeing.

Future challenges or opportunities
There is increasing demand and need; the JSA indicates the increase of children, particularly in deprived areas. This is occurring at a time of increased pressure on resources across the partnership.

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	√

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Future in Mind: Leeds Local Transformation Plan for children and young people's mental health and wellbeing

Annual refresh: October 2018

Author: Dr Jane Mischenko, Lead Strategic Commissioner: Children & Maternity Care, NHS Leeds CCG

Contents

Open letter to children and young people

We are writing to you as we publish our refreshed plan in our continued commitment to improve the mental health and wellbeing of children and young people in the city. We are entering our fourth year and want to recognise some of the really positive developments achieved to date and to tell you that we know there is more to do and to share what we are focusing on in our fourth year.

What we did: Right from the start we have listened to what you have told us needs to change. You were very clear that you wanted the stigma of talking about mental health to be challenged, you wanted information about how you could help yourself and you wanted to know where you could get help from others. You wanted teachers to be supported to feel comfortable responding to mental health needs and for support and mental health services to be delivered locally and not have long waiting times.

In response to these clear requests we now have the **MindMate** website, developed from the start with young people to ensure we have the right content, function and language. If you haven't seen it yet, do take a look (mindmate.org.uk). We continue to develop the site and lots has been added this year both to the young people pages and to the section for parents and carers. This year we will be improving the section for professionals so they feel supported in helping you. There is a message box on the site if you have ideas for new content. We have about a hundred young people involved in improving the website, some of this is done in face-to-face workshops but much is done online.

Last year we employed some **MindMate Ambassadors**; they are a group of young people who are passionate about improving mental health support for children and young people in Leeds. The impact they are having is tremendous. They are reaching out across the city to promote **MindMate** and to work with young people to develop the website and help normalise talking about mental health.

What about schools? We have created programmes of support and training for our schools to feel more confident and supported in responding to mental health needs. This year we launched the **MindMate Lessons**; these are multimedia lessons for teachers to use in class, across the key stages of learning and were developed by teachers and experts in mental health in response to what you said is needed.

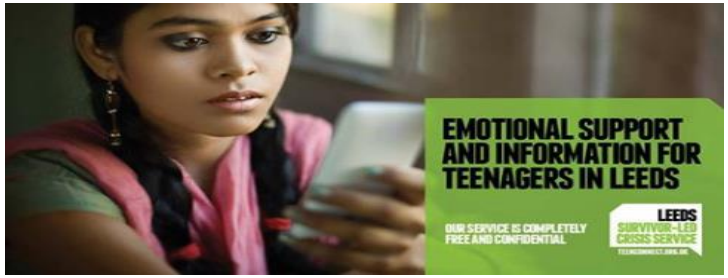
This year **Leeds Healthwatch** will be visiting schools to talk to children and young people, as well as teachers to hear what difference the **MindMate Champion Programme** and **MindMate Lessons** are making and what we need to do to improve and embed them.

We work with clusters of schools to offer early help services for mental health and these local services now cover most of the city's schools. This year we will be working closely with the school clusters to secure and strengthen this local service and will make sure we involve young people and their families in this work.

Services: Our mental health services have worked really hard to reduce the time you have to wait to be seen. The wait for **CAMHS** is 12 weeks and this last year there has been a real focus on reducing the time it takes for children and young people to have an autism assessment; this is now meeting the national standard of 12 weeks. We know that there is more to do, 12 weeks is still a long time to wait for support and we have some exciting developments over the next year to reduce the wait you have for your first supportive conversation and mental health service.

Later this year we are introducing direct contact for children, young people and parents to our **MindMate SPA**. Up to now referrals to get support have had to come either from schools to the cluster, or from health and social care professionals to the **MindMate SPA**. We are really pleased that this will change and that you or your parents will be able to directly phone or message the **SPA** to access help. We will also be adding online counselling as an additional way to access support in the city; this will be available through our **MindMate** website.

Young people in Leeds have been very clear that when you are in a crisis situation there needs to be immediate support. In June we launched our new **Teen Connect helpline**. To find out more visit **Teen Connect**



What's next? This coming year we will be working to create places in the city for you to go to if you feel you are having a crisis and need somewhere safe and supportive to be. We are also working with colleagues in West Yorkshire to make sure we have a dedicated mental health crisis team for you that does not have to see you in a clinic or hospital but will go to wherever you are. This is something you told us was very important.

Our plan recognises that there are factors that support your emotional resilience and experiences that can put you at a higher risk of developing mental health needs. Our plan works to strengthen the positive factors and to respond swiftly to those of you who perhaps because of trauma, life circumstances or conditions need specialist help.

We have some really good services in our city that reflect this commitment; we have the award winning infant mental health service that helps create a supportive bond between parents and their babies. We have a dedicated service for children and young people who are in care and we are working with our **West Yorkshire** colleagues to improve the therapeutic support offer for parents who adopt children. Later this year we are launching our intensive **Positive Behaviour Service** for families who have a child with autism or learning disability. We have mental health nurses as part of our **Youth Offending Service** and later this year, working with **NHS England**, we hope to also have a dedicated psychologist and access to speech and language therapy in the team.

We hope this has been a helpful summary of what we are doing in response to the key issues you asked us to address. There is more detail in the full plan but we wanted to start with our letter to you. You have our commitment and that of all our partners who are represented on the programme board of this plan that we will continue to work to deliver the improvements you have asked for. MindMate Ambassadors are members of our board and are very good at keeping this focus.

Cllr Lisa Mulherin
Executive Member for Children & Families
Leeds City Council

Dr Jane Mischenko
Strategic Lead Commissioner for Children and Maternity Services
NHS Leeds CCG

1. Introduction

We want Leeds to be the best city for health and wellbeing and for children and young people to grow up in; a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. The Leeds Health and Wellbeing Strategy 2016-2021 and Children and Young People's Plan 2018-2023 are our blueprints for how we will put in place the best conditions in Leeds for people to live fulfilling lives – a Child Friendly healthy city with high quality services.

Essential to this is our Future in Mind: Leeds Strategy 2016-2020 and Local Transformational Plan, which sets out our vision, progress and next steps to improve the social, emotional, mental health and wellbeing of children and young people aged 0–25. Our vision is to develop a culture where talking about feelings and emotions is the norm, where it is acceptable to acknowledge difficulties and ask for help and where those with more serious problems are quickly supported by people with skills to support their needs.

As demonstrated in the plan, Leeds is also part of the West Yorkshire and Harrogate Health and Care Partnership, working together with partners across the region to improve mental health as one of its priorities.

Our Local Transformation Plan is refreshed every year and we are now in our 4th year.

We began with an open letter to the children and young people of Leeds as we are very clear that we are primarily accountable to them. The letter responds to the key issues they have told us we need to address, our progress to date and the areas we recognise we need to make further improvements on and how this will provide our focus this coming year.

We have set out our Local Transformation Plan in clear chapters. The first chapter sets out for each of our priorities:

- Why this is a priority
- What has been achieved so far
- How we know it is making a difference
- Next Steps

We also share best practice case studies in this chapter.

MindMate Ambassadors are a group of young people who are passionate about improving mental health support for children and young people in our city. They are supported by CommonRoom and paid for their time. They have worked with us to guide the language and content of this first chapter.

Subsequent chapters provide more detail on specific key areas; chapter 2 focuses on finance and sets out how we allocate funds to support the delivery of our Local Transformation Plan, as well as the existing investment across the partnership. Chapter 3 reports our current performance across key national measures and the tools we have developed to monitor this, including our local Future in Mind dashboard. Chapter 4 details how we ensure the voice of children, young people and families informs our priorities. This chapter also evidences how we work with children,

young people and families in the development of our resources, pathways and new services. Chapter 5 is our strategic workforce plan; this recognises how investment in our staff is key in delivering transformational and sustainable change. Chapter 6 includes our initial Future in Mind Health Needs Assessment, our Perinatal Mental Health Needs Assessment and our Young Adults Health Needs Assessment. And finally Chapter 7 sets out the issues and risks we recognise in the delivery of our plan along with the mitigating actions we are taking to address them. The programme board oversees the management of these each time it meets.

Priority 1: Develop a strong programme of prevention that recognises how the first 1001 days of life impacts on mental health and wellbeing from infancy to adulthood

Why this is a priority

Babies are born pre-programmed to seek out and adapt to the relationship that they have with their parents. The child's first relationship with the primary care giver, acts as a template for all subsequent relationships. The quality and content of this primary attachment has a physical effect on the neurobiological structure of the child's brain that will be enduring. The brain is at its most adaptable, in pregnancy and for the first two years after birth. Secure attachment is a protective factor, which delivers confidence and adaptability. Although not a total guarantee of future mental health, without secure attachment neither child nor adult will be free to make the most of life's possibilities.
Children with problems related to insecure attachment begin to soak up statutory resources when their distress leads to 'externalising' behaviour (aggression, non-compliance, negative and immature behaviours,) and demands a response. The most sensible, ethical and economic time to put in therapeutic resources is into promoting and supporting the first key relationship.

In Leeds we have the Best Start Plan that uses the strong and increasing evidence base of the importance of the first 1001 days of life to inform priorities across the partnership. Those who want to see the full breadth of the Best Start programme of work are advised to review the full Best Start Plan. In our Local Transformation Plan we contribute to the Best Start agenda through our jointly commissioned Infant Mental Health Service and our work to support perinatal mental health (the mental health needs of mothers in pregnancy and early motherhood).

What has been achieved so far?

Infant Mental Health Service

We have a dedicated infant mental health service. This service provides a really well evaluated training programme to key children and adult service staff groups on the importance of a secure attachment and how to support this. This has expanded its reach from universal services such as midwives, health visitors and children centres to specialist service groups (including, adult mental health practitioners, social workers and more recently family court personnel). In addition the team provides consultation and supervision to key groups of staff and works directly with families who have the greatest need, for example working with those women who struggle to have a secure attachment due to their own traumatic childhood, or due to mental health needs.

The service and a number of Leeds families feature in videos promoting how to “Understand Your Baby”. These videos are incorporated into the Best Beginnings “Baby Buddy” app and this is an app promoted to all Leeds women in the Leeds maternity pathway.

This year the service developed an Early Attachment Observation tool for health visitors to use routinely with all families in Leeds. This works to identify any emerging relationship difficulties between infants and their caregivers in the first few weeks of life. This supports early intervention to resolve the issues and the infant mental health service and health visiting service received recognition in the national Innovation in Health Visiting Practice award.

Perinatal mental health

The Leeds Best Start Plan prioritises the development of support for women with perinatal mental health needs in recognition of the impact this can have on infant mental health.

Partners across Leeds have worked together to develop a clear plan and pathway of care for women’s mental health needs in pregnancy and early motherhood. Women who have experience of perinatal mental health needs have developed an anti-stigma campaign with us; this includes an animation encouraging women and partners to speak out and ask for support when they need it. This can be found on the Leeds Mindwell website alongside advice where and how to access support.

This year Leeds has worked with partners across West Yorkshire and Harrogate, to successfully bid for money from NHS England to expand our community perinatal mental health service. The Infant Mental Health Service offers specific support for mother baby attachment within the Leeds PNMH Mother and Baby unit and for Leeds women as continued support in the community following discharge home.

How we know it’s making a difference?

The Infant Mental Health Service evaluates all the training and consultation that they provide to the workforce groups across Leeds and receive extremely positive feedback scores on content and delivery. The team uses a range of recognised psychological measures in their direct work with families and consistently demonstrate improved outcomes. Their annual report provides a number of case-studies that powerfully illustrate the impact their work has in the city.

We are limited in what we know at the moment in relation to our perinatal mental health support services and so are focussing on improving the information that we collect. We are developing a data framework to bring together information from different services, which will allow us to look at the numbers of people in Leeds who have perinatal mental health issues, whether they are accessing our services (and how quickly), and what the outcomes are for those that access the services. This information has not been available in Leeds before. This will help us to find out how effective all the services are and what we need to do to keep improving.

To find out the views of professionals, who work with people with perinatal mental health issues, we are currently doing a survey and this will inform our pathway development work.

Next steps

We are talking to women and families with experience of perinatal mental health issues to inform our service development. For example, the women explained that childcare was a big barrier to accessing mental health services, so we are making sure that future IAPT services will consider how to overcome this barrier.

We will recruit paid ambassadors; these will be parents who have experience of perinatal mental health issues and their role will be to promote the Mindwell anti-stigma resources and the services available in Leeds. They will also engage with families to hear what needs to improve.

We will implement the expansion of specialist community perinatal mental health team and use this expanded team to increase the amount of training and support available to other organisations in the pathway. We are working to agree a training framework for all of our professionals.

We will evaluate the pilot of a mindfulness course that midwives are running and if positive will consider expansion.

We identified as a gap, a lack of support for women and partners who have had children removed into care and who then have an increased chance of having future children removed. We have jointly funded a new service called 'Futures', which will work intensively and therapeutically with young parents who have had their first child removed. Our aim is to improve the mental and physical health of these young parents. We hope this will prevent the trauma of having further children removed and will create mental health benefits for the parents and infants involved.

Best practice case study

'Infant Mental Health: Babies, Brains and Bonding' enters the legal arena!

"We have shared the research and learning about infant mental health and the importance of early experience with our colleagues working in the context of family court and involved in decision making within the legal framework of care proceedings. Sharing the information with these groups means that they are more prepared to understand and engage with information on infant mental health presented to the court in written and oral evidence by practitioners. Importantly, they are also better equipped and supported to make good decisions about residence, contact and transition planning for compromised infants in the care of the local authority" – Sue Ranger, Consultant Clinical Psychologist

To see the full case study please click here

Priority 2 - Work with young people, families and schools to build knowledge and skills in emotional resilience and to support self-help.

Why this is a priority

Children, young people and families have repeatedly told us that they need accessible, trusted information to support them to build emotional resilience and to help them know where to go when they need help. They have told us that stigma around mental health is still an issue and that raising awareness is key. We recognised that working alongside children, young people and their families is critical to ensure the development of resources and programmes that will be used, trusted and valued.

What has been done so far

The anti-stigma “Open Minds” project has worked with young people in schools, colleges and youth settings creating campaigns to improve children and young peoples’ awareness of mental health, build confidence to access services, if and when required, ensure they feel confident to support a friend around their mental health and well-being and challenge mental health stigma.

The Mindfulness in Schools pilot has been delivered in primary and secondary schools and has improved children and young people’s attention and social skills, reduced their anxiety and looked to bring about a sense of calm. The Mindfulness training offer and lessons has been built into the wider Social Emotional Mental Health (SEMH) offer to schools.

Leeds Health and Wellbeing Service provides support to schools via the Leeds Healthy Schools programme. The MindMate Champion programme is the SEMH offer https://mindmatechampions.org.uk/. This takes a whole school approach to create an environment and the staff confidence and capability to support children and young people’s mental wellbeing and to help develop their emotional resilience.

This year the Leeds Health and Wellbeing Service launched the new MindMate Lessons for use in schools. This is a brand new social, emotional and mental health curriculum for Keystages 1 – 4. The ‘MindMates’ take you through the Powerpoint lessons, which are full of multimedia content, for easy teaching.

We have been continuously working with the MindMate Ambassador team and MindMate Youth Panel (including other engagement activity, e.g. with parents and other partners) in order to:

- Develop our MindMate website
- Raise awareness of MindMate across the city
- Increase the voice and influence of children and young people in the different work streams e.g. crisis support
- Increase engagement and promote good mental health for young people in the city

We have been working with Voluntary Action Leeds to understand the support parents require in order for them to feel equipped to support their child's mental health needs.

How we know we are making a difference?

The Anti-stigma project evaluation showed improvements in the following areas:

- Students' attitudes and knowledge towards those experiencing mental health problems;
- The ability to have an open conversation about the mental health of themselves and others;
- Confidence about when to seek help;
- Confidence of how to support a friend.

An evaluation of the Mindfulness in Schools pilot suggested improved personal, social and emotional development for primary school aged children however without a control group it is difficult to measure the actual impact of the programme. Qualitative data shows improvements in behaviour, aggression, better control of emotions and ability to concentrate. The secondary school pupils participating in the pilot showed a reduction in wellbeing. This could be due to a number of reasons including, exam stress during the summer term and some students reported struggling to understand the questions.

We continuously review activity on the MindMate website and our social media channels. We use this to identify which resources are most popular and also where we can make improvements to the site. This also allows us to target our social media posts to be relevant and appropriate.

We receive informal (and invaluable) feedback through the comments left on the website and through the many and varied conversations with children and young people, parents, carers and professionals. These comments allow us to make continuous improvements to meet the needs of those who are accessing the MindMate website.

Next steps

We will work with schools and colleges to enhance the Leeds MindMate Champion Programme by the introduction of the recommendations in the Green Paper, "Transforming children and young people's mental health provision" (2018), such as the Designated Senior Lead for Mental Health.

In addition Healthwatch and MindMate Ambassadors are currently visiting schools to hear from pupils and staff their experience of the MindMate Champion programme and MindMate Lessons. The findings will help us understand how embedded these programmes are in the city and shape our next developments.

Three MindMate conferences will be held over the next academic year (2018/19); these will disseminate best practice and deliver training to the school leaders engaged in the MindMate Champion programme.

We will develop and deliver a school and college based resilience programme, which enables young people aged 11-18 years to access a range of tools and strategies, to improve emotional resilience and manage stressful and challenging situations.

We are developing a community based children and family bereavement service, which will support the family unit as a whole, where a child or young person has experienced the death of a parent/carer or sibling. The service will work collaboratively with other partners in the city to ensure a joined up approach that compliments existing provision.

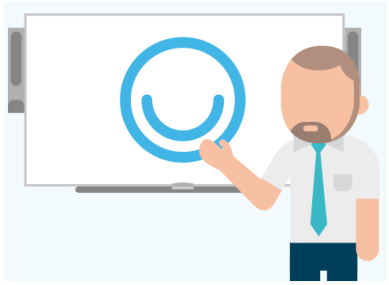
We will commission the development of a local self-harm app for young people; it will include Leeds specific information with MindMate branding.

We will continue to engage with children, young people and their parents as well as the workforce, through:

- Work with the MindMate Ambassadors and peer led initiatives
- Through public and professional events
- Ongoing development and approval of MindMate resources and content by children, young people and parents
- Development of the MindMate section for professionals and practitioners. This will add useful tools and resources to help them support children and young people they come into contact with during their day-to-day work
- Ongoing MindMate Youth Panel meetings and activity on and off line
- Further user testing workshops to ensure our website is fit for purpose for all who access it
- New scrutiny work being undertaken by the Common Room and Healthwatch (including surveys with children and young people) to get feedback on our school programmes and resources
- The findings of our parents' consultation to inform the development of support mechanisms that fit the needs of our local population

Best practice case study

MindMate Lessons



Children and Young People told us they wanted to learn more about their mental health **before** they had issues. We therefore developed a brand new, exciting and modern social, emotional and mental health curriculum for Keystages 1 - 4. The MindMates take you through PowerPoint lessons, full of multimedia content, for easy teaching.

To see the full case study please click here

Priority 3 – Continue to work across health, education and social care to deliver local early help services for children and young people with emotional and mental health needs who require additional support.

Why this is a priority

Children and young people in Leeds tell us they want to be able to easily access mental health support locally, in or near to their schools or colleges. The Green Paper, 'Transforming children and young people's mental health provision' (2018), notes that 'We know that half of all mental health conditions are established before the age of fourteen and we know that early intervention can prevent problems escalating and has major societal benefits. Informed by widespread existing practice in the Education sector and by a systematic review of existing evidence on the best way to promote positive mental health for children and young people, we want to put schools and colleges at the heart of our efforts to intervene early and prevent problems escalating.' A key commitment in Leeds is to provide help and support early in the life of a problem to reduce suffering and prevent problems escalating.

What has been done so far?

In Leeds we work closely with the school clusters; they offer flexible support for a whole range of family and life circumstance and issues. A multi professional conversation at the cluster support and guidance meeting determines the support for families in their area and children attending their schools. The clusters take Social Emotional and Mental Health (SEMH) referrals directly from schools and from MindMate SPA. Schools with contributions from health and social care fund the cluster SEMH offer.

- We are working to improve the data collection and reporting method for the clusters, which will enable us to flow data better and monitor the impact of the support offered
- The latest twelve month evaluation of referral volume into clusters show 6136 referrals from 21 clusters, with 1867 cases accessing the mental health service (30%)
- We have worked with private schools in the city to promote the MindMate resources and to connect them to the MindMate SPA

In addition Children Wellbeing Practitioner (CWP) posts were recruited during 2017/18 to test out a health coaching brief intervention approach within our MindMate Single Point of Access (SPA).

The CWPs see children and their families who are in need of brief support for their mental health and wellbeing. They provide a fantastic opportunity to offer swift access to time-limited evidence-based treatment. CWPs therefore are able to see a high volume of children and young people, with a view to preventing the need for additional input.

Funding has been secured for two permanent CWPs; there is support to create additional CWP posts over the next few years as part of the national mental health strategy and through local CAMHS development.

How we know it's making a difference?

We monitor and evaluate the interventions provided by the SEMH services within the cluster model. Six monthly reports are produced to assure the programme board that children and young people are being supported and that the interventions are having a positive impact. Evaluations demonstrate positive change and service satisfaction.

The review of the cases that the Children Wellbeing Practitioners have supported demonstrates that the young people reported an increase in their goal scores from the Goal Based Outcomes approach taken. Feedback from children, young people and their families supported by the CWPs has also been extremely positive. These roles enable a high volume of children, young people and their families to be supported. During training, each of the CWPs is able to see 30 cases each (making a total of 90 cases). On completion of their training it is expected that they will be able to see up to 200 cases each over the space of a year.

Next steps

A key area of focus over the remaining months of 2018/19 will be a review of the cluster SEMH offer. We will work closely with schools, clusters and our partners to ensure the sustainability of this critical early intervention service. Children, young people and their families will have the opportunity to be involved. We are working to ensure a consistent model across the city, of evidence based practice and improved data flow into the Mental Health Service Data Set (MHSDS) for both the numbers of children and young people being supported and outcomes of that support.

We will explore and establish new ways of working in light of the *Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps*[1] On the 17th September we submitted our initial expression of interest to be a Trailblazer site. If successful the Mental Health Support Teams that this funding supports are anticipated to start in Autumn 2019/20.

To build on the success of the Children Wellbeing Practitioners Leeds Community Health Care have made an application to CYP-IAPT for 2 CWP trainees to start at SPA in April 2019. This will provide additional resource to the MindMate SPA.

We will continue to monitor and explore ways of reducing the waiting times across services.

In response to the digitally changing landscape and where young people have told us they access information and support we have undertaken a feasibility study to look at where online counselling could support the services we already have on offer in Leeds. The recommendations from this will be implemented during this year.

Best practice case study - Inner East Cluster

Male, aged 6 years.
Mum concerned about young person's level of anger, his phobias and spitting habit.
Mum separated from dad, due to years of domestic violence. Young person no contact with Dad

To hear more on how Inner East Cluster worked with this young person and the Mum and the positive outcome please click here

[1] https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

Priority 4 – Commit to ensuring there is a clear Leeds offer of the support and services available and guidance on how to access these.

Why this is a priority

Children, young people and their families told us that they want it to be easy to find information about mental health and wellbeing. The MindMate website has been created with the help of many Leeds children and young people in response to this.

What has been done so far

Since the formal launch of the MindMate website MindMate.org.uk in September 2015 we have made a number of improvements to the site with the help and guidance of children, young people and parents and professionals. We have a MindMate Professional Approval Panel which is made up of Leeds based clinical practitioners who meet regularly to discuss new content and other digital aspects of the service offer to ensure that all content is evidence based and clinically safe.

Some of the improvements to content include;

- The introduction of 8 new content pages published July 2018 for parents and carers of CYP of different ages, from infant mental health through to parenting teenagers and transitioning into adult services: https://www.mindmate.org.uk/im-a-parent-or-carer/
- Interactive blogs (Blogs are written by young people, for young people on matters related to mental health and wellbeing).
- Real stories (Engaging video documentaries that share stories of young people coping with mental health issues, allowing the viewer to dive deeper into content in real time)
- Relaxation recordings for young people to listen online, using voices from young people in Leeds as requested by CYP.
- Content to help manage difficult feelings, e.g. 'tips for de-stressing'
- The interactive nature of the website, as requested by CYP, has significantly increased e.g. a game help you find your own support networks called 'Find your MindMates' and there is new functionality to enable readers to leave comments on blog feeds.
- A specific section relating to the needs of young adults including transition into adult services is now built into the site
- Information about eating disorders
- New content for young carers led by a young carer and MindMate Ambassador
- The 'urgent help' page has been redesigned to incorporate 'Teen Connect' - a new offer for young people under 18 in crisis.

We want to ensure that the MindMate website is the 'go to place' for children and young people's mental health support in Leeds.

In February 2018 we launched marketing campaigns through social media and traditional marketing routes. The aim of these campaigns is to continue to raise general awareness of the site and also to target those audiences who are slightly harder to reach e.g. young males. The MindMate Ambassadors have heavily supported the design, development and delivery of these.

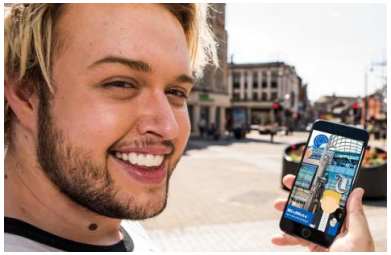
Campaigns have included:

Traditional:

- A poster campaign: including schools, GP surgeries, voluntary sector organisations, buses
- High profile partnerships: including Leeds Rhinos, Leeds United and First Bus. These partnerships have allowed us to raise awareness of MindMate through press activity and advertising opportunities
- Mental Health Awareness Week: campaigns this week included activity in the Yorkshire Evening Post, Radio Aire, Capital FM and Leeds Live
- MindMate in the City: During July our MindMate Ambassadors were busy promoting the MindMate website at key events in Leeds from a MindMate branded campervan!

Social Media:

- Pitch Perfect: this campaign was a UK first for the NHS. Pitch side advertising that directs people straight to the MindMate website was displayed to young males in Leeds on the Football Manager online game. This campaign not only directed young people to the site but it has also generated worldwide coverage for the MindMate brand
- #MindMay8: A Thunderclap campaign where 233 donated a tweet or Facebook post to promote MindMate. This campaign reached a total audience of 477,995 people.
- SnapAmbassadors: this campaign sought to raise awareness through the use of Snapchat where the MindMate Ambassadors became digital caricatures. This was targeted at key events throughout the summer including the MindMate campervan tour and the cricket at Headingley Stadium.



The results of our innovative campaigns so far have been very successful including an increase of the number of people reached on Facebook showing an increase and an increase in the number of Twitter impressions.

How we know it's making a difference?

We continuously track traffic on the MindMate website to ensure it is fit for purpose and to identify which campaigns have been most successful. For example between 12th April and 31st July 2018 the total number of users rose by 18.5% from 11,351 to 13,459. It was during this time that we ran our awareness raising campaigns (mentioned above) so we can be confident that these campaigns had an impact.

We know that through our Pitch Perfect campaign more than 12 people clicked through to our site from the pitchside advertising banners and that we had a 45.32% increase in users during this campaign.

Next steps

We will further develop the website particularly around improving resources for professionals. We will do this by carrying our user testing sessions with professionals from across the Future in Mind Leeds network (health, education and social care).

We will continue to ensure the site is fit for purpose for children and young people by carrying out further user testing sessions.

To ensure that children, young people and professionals understand the offer available to them we will develop a clear visual pathway which will include all new developments i.e. direct contact to MindMate SPA, brief interventions and online counselling.

Best practice case study

Young people and parent engagement and coproduction

The work of the MindMate Ambassador team has had a very wide scope and reach. 5 young people have been supported and trained to deliver this work, and have grown in confidence to attend events, speak in front of large audiences, liaise with professionals and also work alongside children and young people.

Their work has included

- The development of 3 new pages for MindMate website – young carers, tips for destressing and managing Christmas
- Creating or supporting the writing of 19 blog posts
- Attending many local (+ 1 regional) event to represent MindMate
- Working with website designers Thompson Brand to refine the MindMate Real Stories feature
- Supporting digital agency HMA to write a social media strategy for MM and launch three online platforms

To see the full case study please click here

Priority 5 - Deliver a Single Point of Access for referrals that works with the whole Leeds system of mental health services so that we enable children and young people to receive the support they need, as soon as possible.

Why this is a priority

The MindMate Single Point of Access (SPA) came about in response to feedback from children, young people, parents and professionals in the initial Leeds local review. Everyone reported confusion about what support and services were available and this resulted in people often having to try lots of routes before finding the right provision.

What has been done so far

The aim of MindMate SPA is to support a smooth referral process with timely access to the right service for the child or young person's SEMH needs. The SPA team carefully considers each referral and liaises with a range of local health, education and social care services to ensure that the most appropriate service is identified. The team also tries to contact the young person and/or family, so that they are part of the decision-making process.

The MindMate SPA has been running for over 2 years and processes on average 300 referrals per month. All referrals are triaged to appropriate services within a 2-week timescale.

To ensure the team keep up to date on what support young people/families can access they have worked hard to establish relationships with the key services in the city.

The offer includes providing advice and strategies and advising young people and families of the MindMate website, as well as signposting to relevant services such as the Teen Connect crisis line.

As described in priority three, MindMate SPA has successfully piloted a brief intervention offer through use of the new CWP roles.

How we know it's making a difference?

Reviews undertaken by Youthwatch demonstrate that children, young people and families are reporting an improved experience with reduced waiting times (2017).

The team receive direct feedback from parents, professionals and young people who have used the SPA.

We review performance data to ensure that children and young people who are referred are accessing the level of service they require and where referrals are rejected we work with the team to understand why and what provision is available for the child or young person involved.

Next steps

The SPA team are refreshing the directory of cluster provision and waiting times, so that they are able to provide accurate information to children, young people and their families.

The SPA will introduce direct contact, whereby young people (aged 13-17 years) and parents/carers will be able to directly contact MindMate SPA for support, advice and referrals where needed. Contact will be by telephone or via an online form on the MindMate website. The team have undertaken significant research in order to prepare for this, including literature searches and liaising with services that already offer a similar service.

All the MindMate SPA administration staff will receive bespoke training from The Market Place on engaging with young people.

The SPA team are working closely with the MindMate Ambassadors and their communications team to develop a clear plan on how this opportunity for direct contact will be promoted. This will include further development of the MindMate website and planning social media content.

This will be evaluated to understand how children, young people and families experience the service to inform further development and improvements.

Best practice case study

Children's Wellbeing Practitioners – MindMate SPA

Due to increased demand, there continues to be an ongoing challenge for services to reduce waiting times in order to provide children, young people and their families with the support they need when they need it.

It is important that our local services continue to develop their offer by looking at new and innovative interventions.

In Leeds, three Children's Wellbeing Practitioners (CWP) were employed to work within the MindMate Single Point of Access to provide interventions to children, young people and their families who would not meet criteria for CAMHS, however, are in need of support around their mental health.

To read more please click here

Priority 6 - Ensure vulnerable children and young people receive the support and services they need

Why this is a priority

A number of factors can make some children and young people more vulnerable to experiencing mental health difficulties. Children who have had adverse childhood experiences, such as abuse, or have witnessed domestic abuse; those who have experienced significant loss and bereavement are at increased risk. Children and young people in the care system and, or the criminal justice system are more likely to have mental health needs as well as those who have special educational needs and disability. The full range of children and young people with a greater risk of mental health difficulties is well referenced in our Health Needs Assessment, which also sets out the protective factors that help reduce risk (see chapter 6).

In Leeds we work together across the partnership to mitigate this risk and to strengthen the protective factors. We recognise the need for specialist and targeted services for our vulnerable children and support the approach where mental health expertise is embedded into the team working closely with the child.

What has been done so far

Children with LD Special Educational Needs (and supporting the Transforming Care Programme)

The Local Authority committed £45 million to deliver outstanding specialist educational provision, which includes three new builds (Springwell Leeds, in partnership with Wellspring Multi-Academies Trust). Building at all three sites has been completed and the schools opened on their new sites as scheduled. The three sites had capacity for 340 children and young people by September 2018. The Executive Principle of Springwell Leeds is a member of the Leeds programme board. The new estate is designed specifically to support pupils with Social, Emotional and Mental Health (SEMH) needs and the values and ethos of the provision is to take a nurturing approach with unconditional positive regard.

Area Inclusion Partnerships (AIPs) provide timely interventions and support to ensure most children with SEMH needs succeed within a mainstream educational setting. Investment from the Leeds high needs block fund, secures the future of these partnerships to continue to provide quality early intervention and support for this vulnerable cohort of children and young people. The SEMH pathways panel continues to meet weekly and is successfully enabling vulnerable children and young people to access the right support.

We have jointly commissioned an Intensive Positive Behaviour Service for children and young people with Learning Disabilities, or Autism, alongside behavioural challenges. This will launch at the end of October with the aim of enabling children and young people to remain with their families and in their local communities, rather than be admitted to a CAMHS bed or be placed in a residential educational setting away from home.

To support this we have developed a Community Support Register (at risk of admission register); this uses CAMHS and Children's Social Care knowledge to ensure early identification of children and young people requiring multi-partnership support.

We have a small Learning Disability CAMHS team and they are redesigning their service to provide early support for parents and families and a new LD worker has been recruited to the CAMHS transition team.

Children in Care

Leeds has a Therapeutic Social Work Service (with embedded CAMHS psychologists), which has significant expertise in supporting children and young people who have experienced trauma from abuse and neglect. This service has fast track access to NHS CAMHS pathways when needed for those children and young people they have been working with. This is part of the new service specification for CAMHS from April (2018), along with all other services that have embedded CAMHS workers (e.g., the Youth Offending Service).

We are very aware how difficult it often is for social workers to facilitate access to mental health support for Leeds children in care, who are placed outside of Leeds. From Spring 2017 the Therapeutic Social Work Service (TSWS) was commissioned to offer oversight and support to Leeds children and young people placed outside of Leeds (within 80 miles). There is a new senior social worker in post to enhance the capacity of the team, though all members of the team are involved in providing this service.

The primary issues for the children and young people referred in to the TSWS are consistently around experiences of emotional harm, neglect, physical and sexual abuse. Approximately one third of young people had been exposed to domestic violence.

In the majority of cases the primary offer is through phone contact – either with the system or with the carer. There is also some face to face carer support. Direct work with individual young people is the least common offer.

The city centre Youth Access and Counselling service (The Market Place) is commissioned to prioritise children in care and care leavers for accessing the counselling offer.

Youth Offending

The Youth Offending Service (YOS) has three embedded CAMHS clinical nurse specialists and they receive their clinical supervision from CAMHS. The nurses have recently increased their knowledge and skills in working in a trauma informed way and are sharing this approach with colleagues in YOS. The CAMHS nurses have supervision from specialist CAMHS and have developed clear pathways for children and young people needing to access specialist CAMHS support. Local commissioners and the service are currently working with NHS England Health and Justice commissioners to enhance the health expertise in the service further. Hopefully, NHS England will shortly support the team to have LD psychology and additional Speech and Language therapy embedded alongside the nurses.

A sub regional Forensic CAMHS offer has just been commissioned by NHS England and this expertise will be greatly valued by YOS and local children's health and care services. South West Yorkshire Partnership Foundation Trust (SWYPFT) has been selected to deliver the Yorkshire and Humber FCAMHS service in Leeds and also Wakefield, Barnsley, Kirklees, Calderdale, Bradford, Craven and Harrogate. The Yorkshire and

Humber model is informed by the national model, and supports open referral pathways, is accessible to all and seeks to avoid lengthy referral forms. The model promotes referrals by simply making telephone contact with the service via a proposed single point of access.

CCG commissioners are in dialogue with the NHSE commissioner for Health and Justice to ensure effective integrated pathways and support for Leeds children and young people requiring Sexual Assault Assessment Services (CSAAS). There are also discussions between Leeds CAMHS and the NHSE commissioner to trial therapeutic provision into the CSAAS.

The Clinical Nurse Specialists have arranged for the young person's sexual health outreach worker to undertake a monthly sexual health clinic at the Youth Justice Centre to overcome some of the barriers of our client group accessing sexual health services.

The NHSE funded all-age liaison and diversion team in Leeds, building from the Wakefield model. The Leeds YOS is closely involved and reports into the local crisis care group to inform developments and local pathway join up.

Young Carers

The NHS and Local Authority jointly fund a young carer's group, recognising that children and young people who hold caring responsibilities are at increased risk of emotional and mental health problems. The Leeds Young Carers Strategy is currently being developed and two of our MindMate Ambassadors, with lived experience of being young carers, are involved in this work. The ambassadors recently worked with the young carers group to develop useful content on the MindMate website and wrote a blog with them to raise awareness of the challenges of being a young carer.

How we know it's making a difference?

The Intensive Positive Behaviour Service is just about to launch. A key success measure will be the reduction in numbers of young people needing to be placed outside of Leeds. Qualitative data will also be collected to hear from families and professionals the difference the support is making.

The TSWS provided minimal support to 35 children in care living outside of Leeds prior to the new investment. The service currently has 61 open cases for children out of area, which is a significant increase in provision.

Commissioners receive quarterly reports from the YOS and CAMHS clinical specialist nurses; these reports include powerful case studies that demonstrate the vulnerability of the young people, the significant support provided and often include outcome metrics evidencing improved mental health.

Next steps

Leeds City Council will carry out an evaluation of the Intensive Positive Behaviour Service.

There is a plan in place for a wider rollout of positive behaviour methodology across health, social care and education.

The Therapeutic Social Work Team is exploring the therapeutic support they can provide to unaccompanied asylum seekers in Leeds.

In response to need the TSWS are in the process of commissioning specialist Speech and Language Therapy to support the TSWS offer.

A secondment has been funded through Local Transformation Plan monies to enhance and support our response to trauma within Leeds (based in the TSWS 2 days per week) and in the West Yorkshire One Adoption service (1 day per week). This is being delivered by an Occupational Therapist on secondment from CAMHS.

There is some significant expertise in the city in relation to responding to infant and childhood trauma; partners are keen to harness this and develop a city where carers and workers across education, health and social care take a trauma informed approach in their work with vulnerable children.

If NHS England Health and Justice commissioners support the bid, YOS will recruit to the LD psychology and Speech and language therapy posts to be embedded in the multi-disciplinary Youth Offending Service.

Public Health will undertake a Health Needs Assessment on our Black and Ethnic Minority Ethnic groups and identify where there are gaps in support and service; this will inform commissioning and service development.

Best practice case study

Sarah Lloyd - Seconded to Leeds Therapeutic Social Work Team and One Adoption West Yorkshire

"Current work with children who have experienced developmental trauma tends to focus on a psychological understanding of the impact of trauma and doesn't pay much attention to how the child is functioning on a bodily level. For me, this is a big gap. By understanding the circumstances needed for children to grow into themselves on a bodily level we can begin to see gaps in the development of children who have missed these crucial building blocks"

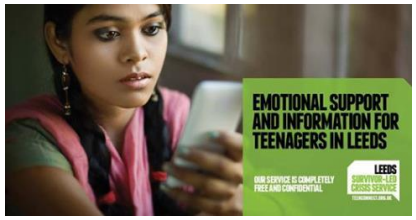
To read Elsa's story click here

Priority 7 - Ensure there is a coherent citywide response to children and young people in mental health crisis.

Why this is a priority

Mental health crisis support needs to improve for children and young people in Leeds. All too often the only place to go when a child is in crisis is to the Emergency Department, which in the majority of cases is not the best place. Young people are clear that they want to be seen in a safe, non-clinical place whenever possible.
Local and National drivers promote the need for ensuring that appropriate 24/7 support is available to children, young people and their families.

What has been done so far



- The Teen Connect online/phone support for young people aged 13-18 and their parents has been launched.
  The helpline is open 6pm-2am every night of the year.
- The Market Place offers fast access to counselling sessions to those young people, experiencing crisis
- Specialist Practitioners (from Leeds and York Partnership Foundation Trust (LYPFT)) are working in Emergency Department 5pm-9am to provide support to anyone presenting to Emergency Department in mental health crisis. This includes a significant number of young people. Training and supervision for working with young people is provided by CAMHS to these practitioners.
- A new purpose-built specialist community CAMHS unit is being built in Leeds. The unit will provide 18 specialist places and four psychiatric intensive care unit (PICU) beds. Leeds Community Healthcare, working on behalf of the West Yorkshire and Harrogate Health and Care Partnership, was one of 12 successful bids to NHS England for capital funds in the Chancellor's recent Budget. The unit will support young people from across West Yorkshire suffering from complex mental illness, such as severe personality disorders and eating disorders.

Leeds Community Healthcare is the lead CAMHS provider for the West Yorkshire New Care Models (NCM) 2-year pilot, which commenced in April 2018. This programme aims to reduce admissions and length of stay in CAMHS beds. Any expenditure gains are retained by the provider partnership to invest in improving community CAMHS services.

- The NCM Care Navigator for Leeds is in post and is working with the Leeds CAMHS Outreach Service to avoid unnecessary hospital admissions and to facilitate early discharge as soon and safely possible.
- Work is underway between Leeds Teaching Hospital NHS Trust (LTHT) and CAMHS with regards to the support to children and young people who are admitted to LTHT experiencing mental health crisis.
- The Care, Education and Treatment Review protocol has been shared between NHS Leeds Clinical Commissioning Group and Leeds Community Healthcare regarding children and young people who have a learning disability and/or autism and are at risk of hospital admission – to ensure a multiagency plan is in place.

How do we know it's making a difference?

The West Yorkshire NCM has delivered a 45% reduction in CAMHS inpatient occupied bed days in the first 6 months; it has reduced the distance children and young people are from home when admitted to a CAMHS bed by 33% and has reduced the length they stay in a hospital bed by 49%.

The goals we want to achieve from our local crisis care developments to complement this are:

- Reduction in inappropriate attendance to Emergency Department
- Reduction of inappropriate admissions to paediatric and acute medical wards
- Reduction in inappropriate admissions to mental health inpatient beds as more intensive, appropriate wrap around care will be available in the community from a range of agencies
- Reduction in length of stay on mental health inpatient units
- Improve children, young people and their families experience of crisis support
- Provide non clinical settings for children and young people experiencing crisis
- A CAMHS team dedicated to this work will significantly improve the quality of emergency and crisis care for children and young people

We will obtain children, young people and families' views and experience, (by surveys).

Next steps

- We will develop and launch the safe space for children and young people experiencing mental health crisis
- Community CAMHS are recruiting to posts for the Emergency rota and have been notified that they are successful in their bid for West Yorkshire NCM money to develop a dedicated crisis team in normal working hours, who will see young people in their place of choice (home, school, etc)
- We are keen to extend the hours of the dedicated crisis team to cover evenings, weekends and bank holidays
- The new inpatient build to be completed in Leeds 2020, with 18 general beds and 4 paediatric intensive care unit beds. This should ensure that fewer young people are placed out of area and discussions are underway to locate the CAMHS crisis team there
- There will be a clear process for the police to contact a mental health practitioner (in and out of hours) when they need advice regarding a possible Section 136 assessment
- We are undertaking a consultation exercise (supported by Voluntary Action Leeds) with parents of children with autism and will develop our services based on the recommendations from this exercise

Best Practice case study - Leeds Survivor Led Crisis Service (third sector, mental health charity)

The crisis work stream of the Future in Mind Board recognised the lack of consistent crisis provision for children and young people and funded Leeds Survivor Led Crisis Service (LSLCS) to extend its Connect Helpline to support young people aged 13-18. This is a one year funded pilot.

To Read more click here

Priority 8 - Invest in transformation of our specialist education settings to create world-class provision.

Why this is a priority

Children's Services within Leeds City Council set upon a journey to review and remodel its specialist educational provision for children and young people with SEMH difficulties, in relation to the growing needs within the city. The existing specialist provision for young people with SEMH had been deemed inadequate and consequently many learners were not achieving their potential or were being placed outside of the local authority. Our aim was to reform the model of our local offer of social, emotional and mental health specialist educational provision. There was a need to create new purpose built provision, specifically designed to meet the needs of young people with SEMH difficulties, which could offer a range of therapeutic approaches, resources and curriculum opportunities personalised to meet a wide range of diverse and complex individual needs.

What has been done so far

The Wellspring multi academy trust, runs outstanding SEMH provision in the Yorkshire and Humber region and was invited to work in partnership with the local authority to create the vision. Leeds City Council invested £45 million into the building of three new schools alongside the development of the primary SEMH provision. The timeframe for the completion of all three new schools "Springwell Leeds" was September 2018. Schools in the East and South of the city are already open to learners and the West has just opened, as scheduled, in September 2018. This new provision creates 340 specialist places for young people with SEMH difficulties.

How do we know it's making a difference?

It is very early days, but already over 200 learners are accessing the purpose built provision. The local authority are working in close partnership with Wellspring multi-academy trust to ensure the provision goes from strength to strength to improve the outcomes of our most vulnerable learners.

Next steps

The Local Authority will continue to work with Springwell Leeds to ensure that young people are receiving appropriate support. The outcomes of learners in terms of attendance, attainment and achievement will be carefully monitored and reported.

Priority 9 - Work with children and young people who have mental health needs as they grow up and support them in their transition into adult support and services.

Why this is a priority

Children and young people told us that when they get older and if they need to move into adult support services, they want to feel supported and not abandoned. We know that when young people transition to adult services they can feel lost and that the level of support they have been used to is no longer available. We want to ensure that young people will be supported better when they approach adulthood and involved more in decisions about their care.

What has been done so far

We have been working closely with colleagues in adult services to support children and young people transitioning between services, work has included:

Implementing a joint Transitions CQUIN between Leeds and York Partnership Foundation Trust and Leeds Community Healthcare. This tool works to incentivise improvements to young people's experience and outcomes when they transition from Children and Young People's Mental Health Services to adults. This has included a review of the transition pathways in adult services, where young people are likely to be referred to ensure that these are as clear as possible to support timely referral to the right service. Work has also been undertaken to ensure that expectations are manged for the young person and their family and carers with regards to the offer from adult services and how this will vary from the service they have received from CAMHS.

Children and Young People's Champions in adult services: the champions provide information to the adult community teams in order to appropriately support young people once the transition has taken place.

THRU peer support groups: We have committed to supporting the continued development of peer-to-peer support work for young people through transition in the city. A model has been developed, building on the original pilot, to ensure that the offer is integrated into the pathway for all appropriate young people. This support is also for those young people presenting after 18 years of age.

The pilot focussed on young people supported by third sector provision and this group has continued with young people becoming trained volunteer facilitators. Through 2017/18 the model has been tested with young people in CAMHS, and a ten-week skills based model has been facilitated in Leeds City College. This model is continuously being refined based on feedback and will be continuing throughout 2018/19.

Teen Connect and Connect: We launched the Teen Connect helpline (via a partnership with Leeds Survivor Led Crisis Service and The Market Place) to support children and young people experiencing mental health crisis. This helpline works alongside the Connect helpline which is available to support those over 16 years old. By working closely together we are able to support young people in transition who may be experiencing crisis by delivering a consistent and joined up service.

How do we know it's making a difference?

The joint CQUIN allows for us to have a robust mechanism to monitor the performance of services in terms of the timely support to young people in transition**.**

We meet every 3 months with Leeds Mind to evaluate and monitor the success of the THRU peer support groups.

Our MindMate Ambassadors are able to provide real feedback in terms of how our children and adult services are meeting the needs of young people in transition.

Next steps

We want to ensure that for young people in transition we provide support that is easily accessible. As services develop we will ensure this group of young people are visible and their needs considered. This will involve close working with our colleagues in Adult Mental Health Commissioning. There are two areas of work over the next year where this will be important:

IAPT procurement – as the future IAPT service model is developed we will be working with our colleagues to ensure that young people in transition are supported by this new model.

Safe space development – as we develop our safe space for children and young people experiencing mental health crisis we will work with colleagues around the current adult provision and understand and develop links across both models to ensure consistency and ease of access for young people in transition**.**

Best practice case study

Leeds Mind

"Attending groups at Leeds Mind allowed me to grow as a person developing my personal sense of self and inadvertently building my skills to be the best version of myself. I can whole heartedly say that peer support has changed the way that I see not only myself but others too. I am much more aware of looking at the person coming to the groups, not just the issues they are struggling with or the treatment they are undertaking. I do not take interactions with people for granted and it has broadened my mind to seeing the differences in how individuals cope with their mental health. I have been able to undertake Leeds Mind training and have a recurrent volunteer position which I have been very dedicated towards which has led to me acquiring a permanent position at mind which I am immensely proud of and hope to help more young people through the service that has helped me so much" Roz Doherty

To see the full case study please click here

Priority 10 - Establish a city-wide Children and Young People's Community Eating Disorder Service in line with national standards and access targets.

Why this is a priority

The creation of a distinct community based eating disorder (ED) service for children and young people was a key priority for the first year of the Leeds Local Transformation Plan. This recognised that eating disorders are severe mental illnesses with serious physical, psychological and social consequences that can interrupt educational goals. Anorexia Nervosa has the highest mortality amongst all psychiatric disorders. The funding allocation in 2015 created the opportunity to enhance and transform the existing offer into one dedicated citywide team.

What has been done so far

We now have a Leeds children and young people's dedicated community eating disorder service that operates in a hub and spoke model. There are embedded paediatricians who have improved the pathway for young people in and out of hospital and have delivered training to the paediatric ward staff. The team has received national CAMHS Eating Disorders Training, Family Based Therapy (FBT) and CBT-E training and routinely use evidence bases outcome measures in order to evaluate the effectiveness of the support and intervention. An evaluation project is underway by the University of Leeds to assist the team in understanding how best to use FBT within the service. The service is a member of the Quality Network for Community CAMHS-ED.

Consultation and a training programme for universal settings, such as school-based staff is delivered in a collaboration between the service and the University of Leeds. These sessions continue to be well attended and positively evaluated.

The new format for the assessment clinics continues. Families now attend one, three hour multi-disciplinary team (MDT) assessment with the aim of providing a diagnosis and commencing an intervention in the next session.

Priorities identified by parents and service users from an awareness-raising event included the creation of a parents' group and this has been implemented.

Having initially trained six clinicians in CBT, due to staff turnover the team lost a lot of this capability. To address this whole team training in CBT 10 has been delivered and places were made available to the Community Outreach Service and inpatients CAMHS.

How do we know it's making a difference?

There are national waiting time standards for children's community eating disorder services and the Leeds service performs well against these, despite recent workforce challenges.

Next Steps

The new format for the assessment clinics will be subject to a small-scale service evaluation project with the University of Leeds to evaluate this looking at both the service users and clinicians perspective using focus groups and quantitative evaluations.

A priority for future development includes app and digital developments; this is in addition to the recent information created on the MindMate website.

A review of the best model of practice and integration between the intensive community outreach service and the community eating disorder service is underway.

There will also be a focus on improving the experience of young people transitioning to adult services.

Priority 11 - Improve the quality of our support and services across the partnership through evidence based interventions, increased children and young people participation and shared methods of evidencing outcomes.

Why this is a priority

Partners from health, education and social care are keen that the services and interventions we provide to support Children and young peoples' mental health are informed by the best available evidence base. We are also committed to ensuring that children and young people are involved in decisions about their own care, and consulted on their experiences. Constant involvement and feedback provides the opportunity for continual service improvement.

What has been done so far

The HOPE (Harnessing Outcomes Participation and Evidence) steering group is supported by CORC (Child Outcomes Research Consortium) and involves all agencies delivering and supporting SEMH services. The group recently reviewed the insight work CORC had supported and developed key recommendations to take forward across Leeds. An action plan has been developed for this programme of work. Meanwhile work continues to progress in the following areas:

- More effective analysis of outcome data collected in the system by CORC, particularly the Strength and Difficulty Questionnaire (SDQ) scores undertaken by cluster services and Goal Based Outcomes undertaken by the Therapeutic Social Work Service
- Flagging the need for more 'outcome friendly' information systems to support day-to-day work with children and young people and service reports
- Reviewing the evidence of presenting need and demand in the city and comparing this with workforce skills
- An analysis of training needs across the system based on presenting need and related evidence based interventions, which is supporting the workforce strategic plan
- Ensuring all NHS funded SEMH services report into the Mental Health Service Data Set

In addition a Future in Mind: Leeds dashboard (Click here) has been created to report quarterly to the programme board to provide an overview on progress against key indicators. These take the broad themes of:

- How much did we do?
- How well did we do it?
- What difference did we make?

How do we know it's making a difference?

The Future in Mind HOPE Outcomes Framework enables us to ensure that services are meeting the needs of children and young people and that they are delivering services that reflect the priorities that sit within our Local Transformation Plan. Services will be able to self-assess against the outcomes within the Framework (the outcome framework is included in chapter 3).

The group oversaw the development of the Future in Mind: Leeds dashboard, which is now reported quarterly to the programme board to give a useful oversight on delivery against key performance indicators.

Next steps

Develop ways by which children, young people and families are fully involved in determining the support to be provided by any SEMH service/practitioner.

Ensure systems in place to flow information through to the Mental Health Services Data Set (MHSDS) for all Leeds providers of SEMH services. This will ensure national reports accurately reflect the number of Leeds children and young people receiving support. Work will also continue to deliver the required information for outcome measures in CAMHS services into the MHSDS.

Continue to look at ways that maximise the quality of the data from across the system (existing and new) to understand need, demand and the impact of the SEMH services.

Through the development of our workforce strategy, continue to develop and transform our services through a strong workforce across universal, targeted and specialist services in Leeds. This will include increasing the impact of specialist knowledge through embedding expertise in teams and utilising supervision and consultation models and maximising the opportunities held within digital technology.

Develop information systems that move towards whole system linkage, to gather data and be able to report service impact for an individual child. This includes an ambition to be user friendly for practitioners and easily accessible for use with the child and family within a session.

Working with colleagues from the Yorkshire & Humber Clinical Network as they develop the regional Future in Mind Outcomes Data Dashboard to complement our local dashboard with benchmarking information for core measures.

Case Study - CAMHS - Step Up App

This app is designed for young people aged 14+, to help them get the most out of their face to face CAMHS appointments.

The app is designed to support clinical work, taking the therapy into the real world. Young people can complete questionnaires, keep a track of their care, record notes and set and rate goals on their device outside of the clinical session. They can be sent resources and strategies and carry with them 'a how to help plan' that they can share with others. A clinical portal has been designed to support the app to allow clinicians to develop bespoke packages of care for the young people they are working with.

"It's helpful when I've been in a crisis and I've not been sure what to do. Looking at StepUp! and seeing my plan helps me know what to do" – Young Person

"It's good for them to be able to identify the goals themselves and have a sense of achievement. It is more empowering" – Professional

To read the full case study please click here

2: Finance

There are three primary funding streams for mental health and wellbeing, NHS Leeds Clinical Commissioning Group (CCG), the Local Authority (LA) and NHS England.

Implementing the Five Year Forward View for Mental Health services sets a trajectory for increased access, which is based on existing prevalence data and allocates funding to this on a national level. This funding will then be allocated locally to support the increase in capacity and system transformation. Table 1 (on the next page) sets out the trajectory for national allocations to LA budgets, CCG budgets and investment for key programmes of work in mental health.

Funding Type	£'000	£'000	£'000	£'000
CCG Baseline Allocations Recurrent	**2016/17**	**2017/18**	**2018/19**	**2019/20**
CYP Mental Health (LTP)	1,277	1,293	1,294	1,294
CYP Mental Health The Market Place*	178	178	178	178
CAMHS main community provider	7,400	7,400	7,400	7,400
CAMHS ad-hoc	20	21	21	21
Eating Disorders (LTP)	425	425	425	425
Perinatal Mental Health			444	444
	9,300	**9,317**	**9,762**	**9,762**
Therapeutic Out of Area Placements (CCG Contribution for Psychology Element)*	**982**	**1,085**	**1,104**	**1,104**
CCG Non Recurrent NHSE Allocations				
Mindmaze	64			
Autism Waiting lists	360			
Perinatal Mental Health			742	Unknown
	424	**0**	**742**	**0**
Local Authority Core Funding				
MST Core Funding	1,136	1,326	1,337	Unknown
Therapeutic Social Work (services targeted at Looked After Children)	740	796	819	Unknown
Emotional Resiliance Activities eg Healthy Schools	193	261	281	Unknown
Northpoint Wellbeing LTD Counselling	173	167	160	Unknown
Spot purchase of mental health OOA placements	466	195	175	Unknown
Services targeted at other Vulnerable children eg SILCS YOS	3,643	6,320	8,840	Unknown
	6,351	**9,065**	**11,612**	**0**
Grand Total	**17,057**	**19,467**	**23,220**	**10,866**

Table 2, below provides an overview of the allocation of the LTP funding

Detailed Breakdown of LTP Spend	2017/18	2018/19 plan	2018/19 YTD	2019/20 plan
Infant Mental Health Psychologist	27,000.00	27,000.00	13,500.00	27,000.00
CYP MH promotions	987.00	1,374.00	1,374.00	5,000.00
Perinatal Mental Health	12,000.00	12,000.00		
School Clusters*	421,240.00	250,000.00		250,000.00
Mindmate website including promotions	118,201.21	52,500.00	13,200.00	50,000.00
CYP Single Point of Access	360,000.00	360,000.00	180,000.00	360,000.00
Therapeutic social work	29,987.00	50,000.00	12,000.00	55,000.00
Parenting Support	-	50,000.00		50,000.00
Bereavement Booklet	500.00			
The Market Place trajectory work and The Market Place increase to contract	5,000.00	79,716	39,858.00	80,000.00
Austism pre-school waiting list initiative plus service redesign	62,000.00			
1 Adoption (Trauma Work)	65,601.00			
Bereavement work	7,906.00			
Feasibility research to online counselling / Online counselling service	9,968.00	150,000.00		150,000.00
Crisis Counselling	1,309.00			
School Clusters*	6,600.00			
Crisis Telephone line	62,000.00	100,000.00		62,000.00
Eating Disorders Service	425,000.00	425,000.00	212,500.00	425,000.00
Common room - consultancy and ambassadors	24,605.00	54,724.00	29,160.00	54,724.17
Mindmate SPA training - LCH	5,000.00			
Workforce Strategy	63,011.00			
MH First Aid Training		10,000.00		
THRU (Talk, Help, Relate, Understand) Peer Support Work		39,810.00	20,650.00	39,810.00
Child Outcomes Research Consortium		22,320.00		22,320.00
Ad-hoc	10,000.00	34,439.00	1,667.00	88,028.83
	1,717,915	**1,718,883**	**523,909**	**1,718,883**

*Table 3 below shows the joint partnership CYP Mental Health Budgets 2018/19

Recurrent	£'000 CCG	£'000 Local Authority	£'000 Total
The Market Place	178	92	270
Therapeutic Out of Area Placements	1,104	0	1,104
	1,282	**92**	**1,374**
Non Recurrent			
Intensive Positive Behavioural Service	440	447	887
School Clusters ** (more detail below in table 5)	250	250	500
	690	**697**	**1,387**
Grand Total	**1,972**	**789**	**2,761**

Table 4 below shows the Public Health Spend for 2018/19

N.B. It is not possible to identify how much of this budget is solely mental health

Recurrent	£'000 Public Health
Infant Mental Health	233
Leeds Healthy Schools Programme #	317
Young People's Resilience	100
Childrens and Family Bereavement Service	150
Grand Total	**800**

**Table 5 shows the investment to school clusters from 2017 to 2020

	CCG £'000	LCC £'000	£'000
Original CCG investment in service	750	-	**750**
2017/18	250	250	**500**
2018/19	250	250	**500**
2019/20	250	250	**500**
	1,500	**750**	**2,250**

The CCG invested an initial £750k in the service to pump prime for the 3 years. For each year after that the CCG and local authority invest a further £250k each bringing the total value of the pot over the 3 year period to £2.25m.

Table 6 shows the Specialised Commissioning Acute Inpatient Spend Funding from NHS England for specialised acute inpatient spend was as follows:

NHSE CAMHS TIER 4		2016/17 £	2017/18 £
Alder Hey Children's NHS Foundation Trust			
Alpha Hospitals			
Central Manchester University Hospitals NHS Foundation Trust		135,349.0	106,933.0
Cheshire and Wirral Partnership NHS Foundation Trust		7,375.0	
Cygnet Health Care Limited		1,942,338.0	932,548.0
Greater Manchester Mental Health NHS Foundation Trust		82,584.0	768,834.0
Leeds And York Partnership NHS Foundation Trust		24,007.0	230,191.0
Leeds Community Healthcare NHS Trust		424,778.0	423,265.0
North East London NHS Foundation Trust			
Northamption General Hospital NHS Trust		422.0	
Northumberland, Tyne And Wear NHS Foundation Trust		204,966.0	
Pennine Care NHS Foundation Trust		117,608.0	
Priory Group Limited		505,847.0	607,657.0
Regis Healthcare Ltd			
Riverdale Grange			41,915.0
Sheffield Children's NHS Foundation Trust		9,075.0	178,751.0
Tees, Esk And Wear Valleys NHS Foundation Trust		25,447.0	202,686.0
The Huntercombe Group		12,100.0	
	-	**3,491,896.0**	**3,492,780.0**

3: Performance

One of NHS England's objectives within the Five Year Forward View for Mental Health is that by 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. Nationally, at least 70,000 additional children and young people each year will receive evidence- based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

In Leeds this equates to approximately 5435 children and young people. In 2017/18 services recorded 2925 (18.83%) children and young people who accessed NHS-funded community mental health services. This figure must be approached with caution as there are approximately 1500 children and young people who are not captured within this submission as they are supported by cluster based mental health support services and this activity is currently no flowing to the Mental Health Services Dataset (MHSDS). A more accurate reflection of activity in 2017/18 is therefore 4425 (28.49%).

Locally Commissioners within Leeds CCG are working with providers to ensure that this target is met and is being accurately reflected within performance reports; this includes providing assurance through the CCG's Integrated Quality and Performance Report.

There are a number of challenges for our smaller providers including developing MHSDS compliant databases and procuring connectivity to the Health and Social Care Network. We are working closely with these providers to ensure they are able to fulfil this requirement.

There is a greater challenge within the cluster model in order to be able to accurately record the number of young people being supported by NHS funded community mental health services. We are working alongside Leeds City Council colleagues to develop solutions.

In line with recommendations from the Five Year Forward View for Mental Health, NHS England, NHS Improvement and other Arms-Length Bodies have agreed an outcome indicator for children and young people's mental health drawing on learning from the CYP Improving Access to Psychological Therapies (IAPT) transformation programme. It has been agreed to focus on reliable improvement in symptoms, functioning or other relevant domains for those accessing services as part of a suite of indicators to help assess impact of services.

NHSE are allowing time for providers and commissioners to ensure appropriate data quality and completeness is flowing. It is anticipated that from April 2019 this data will be publically reported in NHS Digital routine monthly reports. Locally, Commissioners within Leeds CCG are working with providers to determine how this will be achieved. This will begin with Leeds Community Healthcare (LCH) as our CAMHS provider. LCH are already flowing outcome data to the MHSDS. A few process challenges have been identified but actions will be undertaken in order for these to be resolved before April 2019.

In order for the Future in Mind: Leeds Programme Board to be fully assured that our work across the partnership is making a difference a Future in Mind Partnership Dashboard has been developed. This is reported every quarter to the Programme Board. The latest dashboard is included as Appendix 2.

Finally a Yorkshire and Humber Outcomes Data Dashboard is being developed to demonstrate the impact of Future in Mind on our children and young people, which is also taking into consideration data from across systems and not just health. The intention of this is to provide a picture at Yorkshire and Humber, Sustainability and Transformation Plan/Integrated Care System and CCG/Provider levels.

Child and Adolescent Mental Health Service (CAMHS)

The Leeds CAMHS has recently undertaken significant work to reduce the waiting times for children and young people accessing the service, notably for those waiting for an Autistic Spectrum Disorder assessment. Waiting times into CAMHS are currently in line with the NICE 12 week wait target. At the end of July 2018 waiting times were:

	Number of Patients Waiting	Average Wait Time (Weeks)
Autistic Spectrum Disorder Assessment	185	11.0
Consultation Clinic	224	9.1

This is a massive improvement from our position in July 2017 when waiting times for an Autistic Spectrum Disorder assessment was 25.8 weeks. The service are looking to make further improvements including the launch of a Neurodevelopmental (ND) Pathway that will group children with both a query around Autism and/or ADHD (Attention Deficit Hyperactivity Disorder) in addition to other complex ND needs, into one ND pathway. This is of benefit as children often present with a query in both Autism and ADHD areas and there has been previous duplication in assessment processes. This pathway will ensure a timely and more streamlined patient experience with less duplication.

Community based Eating Disorder Service

The creation of a distinct community based eating disorder (ED) service for children and young people was a key priority for the first year of the Leeds Local Transformation Plan. The initially ring fenced funding allocation created the opportunity to enhance and transform the existing service into one citywide team. We continue to monitor this service based on the national performance targets. The team consistently meet the targets set in the Access and Waiting Time standards where all young people are seen within 4 weeks of referral if routine, 5 calendar days if urgent and 24 hours if emergency. Any breaches of these targets have been in relation to patient choice.

Eating Disorders - Monthly Summary of Waiters

-4 week target for routine (non urgent) referrals
-1 week target for urgent referrals

1. Number of waiters at month end

	Apr-18	May-18	Jun-18	Jul-18
Routine waiters	3	1	1	4
Number in breach of target	0	1	0	0
Urgent waiters	0	1	0	2
Number in breach of target	-	1	-	1

2. Number of Episodes started in Month

	Apr-18	May-18	Jun-18	Jul-18
Routine episodes started	3	8	3	3
Number in breach of target	1	0	0	0
Urgent episodes started	0	0	1	0
Number in breach of target	-	-	1	0

Notes on waiting time target breaches:

1. Waiters at month end
Urgent waiter in breach of target - did not attend appt offered for 2/8/18 (8 calendar days after referral received)
Urgent waiter within target at month end has become a breach in August - Appt Offered For 24/07/18 (7 calendar days after referral received) but family on holiday. DNA on 09/08/18 - re-booked for 06/09/18.

2. Episodes started in Month
All within target

Future developments

We continue to work as a system to ensure that children, young people and their families are able to access support as quickly as possible.

In response to the digitally changing landscape and feedback from young people we have undertaken a feasibility study to look at where online counselling could support the services we already have on offer in Leeds. The recommendations from this will be implemented during this year and will allow faster access to services than before.

The launch of the ability for parents and young people to directly contact MindMate SPA for advice, support and if required a referral into a service will significantly increase the speed of access to support.

Finally through the review of our Crisis response to children and young people in Leeds we plan to develop a response that is locally based within existing provision supported by a strong community CAMHS response. This will allow for those who are experiencing crisis to receive the appropriate support they need at the time the crisis occurs. Leeds CAMHS are working to develop a model that will allow them to be able to provide an emergency and crisis response for children and young people presenting in mental health crisis within the national four hour target.

4: Children and Young People's Voice

Young people's voice and influence has been central in our Future in Mind: Leeds developments. This has been in guiding and shaping services, information and systems. Our relationships with children, young people and families are ongoing and their engagement is actively encouraged. We do this through different mechanisms to reach as many different Children and Young People as possible through;

- Our MindMate Youth Panel which currently has 70+ online members including many active members who attend regular meetings
- The MindMate Ambassador peer-led work programme
- A quick suggestion box on every MindMate page and an interactive feed on the MindMate Blog
- Regular contact with relevant parents who help us develop and approve content for other parents and carers across the MindMate site
- Working with Children and Young People and parents on specific local digital innovation projects e.g. the Happy Vault app and MindMate2U Digital Information Prescriptions
- Linking with many other vulnerable groups of Children and Young People in the city, e.g. Willow Young Carers and the Care Leavers Council to make sure they are part of the conversations.

Our engagement and coproduction activities for Future in Mind: Leeds 2017/18 work streams (click here) give a flavour of the volume and breadth of our engagement with children, young people and parents/ carers on an ongoing basis.

Children and Young People helped shape the priorities in the Local Transformation Plan in different ways, from designing, approving and steering the content on MindMate.org.uk, to advising on developing our crisis offer and sitting on the Teen connect steering group. They are involved in scrutinising the plan and asking what impact it is having. We have our young-person-friendly Future in Mind: Leeds Plan 'quick guide', which was designed by our youth panel for a young audience (and everyone else!) https://www.mindmate.org.uk/resources/future-mindleeds-quick-guide/

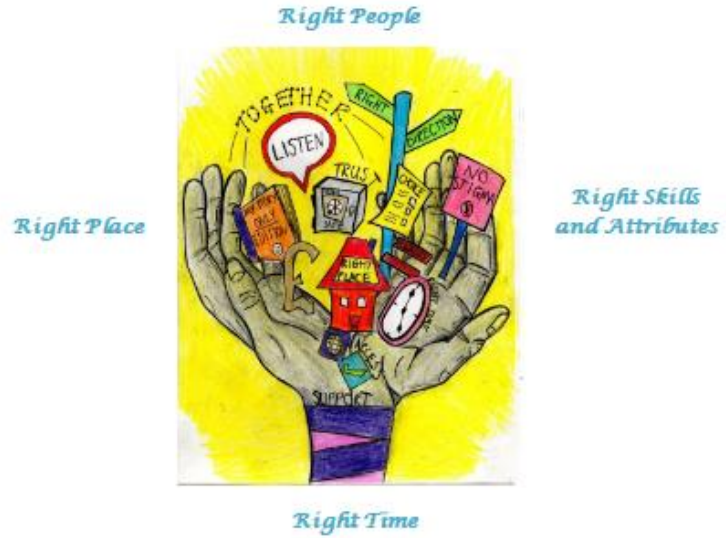
here (2015) and here (2017) are two consultation reports produced in partnership with HealthWatch Leeds. They give in-depth insight into the experiences of young people, their families and the staff who provide mental health services within the local offer. Various young people helped steer this process, including designing surveys, co-facilitating workshops, inputting and analysing the findings. Young people also helped us draft and present the recommendations from these reports - all of which have been formally responded to by commissioners and key providers. These reports have been key in the shaping and refreshing of our Local Transformation Plan.

A new development suggested by our youth panel is the MindMate blog platform - written by young people for young people, which encourages social media shares, comments and conversations. MindMate has published almost 40 blog posts to date.

Finally - the MindMate Real Stories micro site has been getting a lot of media attention and winning national awards. The idea is to have relatable young people on there with real but hopeful stories - and the interactive platform means you can pull off relevant information at key points of the films. Children, Young People have co-designed this platform with the digital design team – find out more here. https://vimeo.com/279676895/efc17e0fba

5: Strategic Workforce Plan

Developing a Workforce Strategic Plan for Delivering Future in Mind: Leeds Strategy and Local Transformational Plan



5.1 Background

With the Leeds Future in Mind Strategy and Local Transformation Plan 2016-2020 already in place a need was identified to develop a workforce strategic plan to support their delivery and implementation. The purpose of the workforce strategy is to ensure there is an articulated plan that ultimately enables Leeds to work towards having the right people, with the right knowledge, skills, experience and attributes, in the right place at the right time in order to improve the social, emotional, mental health (SEMH) and wellbeing of children and young people aged 0-25 years.

An essential element of the workforce strategy is that it is inclusive of the wider range of providers in the Leeds SEMH services for Children and Young People (CYP) across the system (i.e. health, local authority, and voluntary and education sectors) and that it articulates how

these agencies can work together in an integrated and systemic way. It is acknowledged that many people are involved in making a positive difference to the mental health of children and young people; this strategy recognises the role early help, targeted and specialist services have in supporting the universal workforce and settings in Leeds and the contribution the wider system makes in supporting prevention and self-care.

In many ways the strategic direction for children and young people's mental health services has been mapped out at a high level through a series of national policy and guidance documents including the most recent Government's Green paper on 'Transforming Children and Young People's Mental Health Provision'; noting that Leeds has applied to be a trailblazer site in implementation of elements of that latter policy. At a regional level Health and Care Partnerships Plans are viewed as providing the local vehicle for strategic planning, implementation at scale and collaboration between partners. At a local level there is a recognition that SEMH services for Children and Young People in Leeds sit within a wider system and that changes within this system, including at a workforce development level, will need to be taken into account in the implementation of this strategy. In developing this strategy it is acknowledged that a considerable amount of work has already been undertaken both in terms of service and workforce development and that the task focused more on drawing already existing data into a strategic plan/ framework. In addition to the desk top review it was agreed to capture and collate the views of a range of the key providers on the workforce challenges and opportunities presented in delivering the Leeds Future in Mind Strategy.

Due to the changing landscape and architecture of the system at various levels, including a local review of the commissioning of the SEMH Clusters offer for 2019, it is recommended that this workforce strategy is reviewed and refreshed in a timely fashion and on a regular basis to ensure it remains current and continues to act as an enabler to the Leeds Future in Mind Local Transformation Plan. Whilst the various strategies refer to a timescale of 2020/21 it is acknowledged, with particular reference to workforce that a longer term, integrated health and care workforce strategy that recognises the longer term nature of training and career pathways for some posts and in attracting young people to work in health and care in the future would be invaluable but needs to be balanced with some short term goals.

5.2 Why and what we need to focus on

Half of all mental health problems have been established by the age of 14, rising to 75% by age 24

Leeds future prevalence = predicted increase in overall disorders and common MH disorders in CYP of approx. 1.2% to 29,200

National

Future in Mind (March 2015), Five Year Forward View for Mental Health (February 2016), Green Paper Transforming Children and Young People's Mental Health Provision (December 2017)

Focus on working in partnership to:

- Involve children and young people and their carers in making choices
- Promote resilience, prevention and early intervention
- Improve access to effective support – simplifying structures, dismantling artificial barriers and developing a system without tiers
- Care for the most vulnerable
- Demonstrate

Vision- "Developing a culture where talking about feelings and emotions is the norm, where it is acceptable to acknowledge difficulties and to ask for help and where those with more serious problems are quickly supported by people with skills to support those needs"

Leeds LTP Priorities

1. A strong programme of prevention that recognises the first 1001 days of life impacts on mental health and wellbeing (Best Start Plan)
2. Build knowledge and skills in emotional resilience and to support self-help
3. Deliver local early help services for CYP with emotional and mental health needs who require additional support
4. Commit to ensure there is a clear Leeds offer of support and services available and guidance on how to access these
5. Deliver a Single Point of Access (SPA) to include assessment and initial response for referrals that works with the whole Leeds system of mental health services to enable CYP to receive the support they need, as soon as possible.
6. Use an integrated approach to ensure vulnerable CYP receive the support and services they need
7. Ensure there is a coherent city wide response to CYP in MH crisis
8. Invest in transformation of specialist education settings to create world class provision.
9. Work with CYP who have mental health needs as they grow up and to support their transition into adult support and services.
10. Establish city wide CYP community eating disorder service with national standards and access targets
11. Improve the quality of our support and services across the partnership through evidence based interventions, increased CYP participation &

5.3 How we need to do it – Expectations and Principles

There is a national vision for everyone who works with children, young people and their families to be:

- ❑ Ambitious for every child and young person to achieve goals that are meaningful and achievable for them
- ❑ Excellent in their practice and able to deliver the best evidenced care
- ❑ Committed to partnership and integrated working with children, young people families and their fellow professionals
- ❑ Respected and valued as professionals

The Leeds Children and Young Peoples Plan: In a Child Friendly City…

All children and young people are safe from harm
All children and young people do well at all levels of learning and have the skills for life
All children and young people choose healthy lifestyles
All children and young people are happy and have fun growing up
All children and young people are active citizens

Children and young people themselves have a clear and consistent view about the skills, qualities and behaviour they would like to see in the SEMH workforce:

- A workforce that is equipped with the skills, training and experience to best support children and young people's emotional and mental wellbeing
- Staff who are positive, have a young outlook, are relaxed, open-minded, unprejudiced, have a judgement-free attitude and are trustworthy
- Behaviour that is characterised by fairness, a willingness to listen, to empathise, to trust and believe in the child or young person
- Everybody should work from a basis of asking and listening, being prepared to be helpful in creating understanding among other members of the workforce
- The workforce should provide real choice of interventions supported by enough resources to follow through, whilst remaining honest and realistic

5.4 Workforce related achievements / strengths

Training Partnerships and Delivery eg:

- Infant MH training programme: Babies, Brains and Bonding (completed by over 2,000 H&SC professionals)
- MindMate Champion subsidised training offer
- Training Programme for Universal staff in schools
- Child Wellbeing Practitioner training
- Restorative Practice Training
- Health Coaching Programme Training
- Applied Suicide Intervention Skills Training
- Early Intervention in Psychosis training programme
- Numbers of staff completing CYP IAPT courses
- Delivery of workshops to local area/clusters promoting evidence base, participation and value of outcome monitoring
- CEDS-CYP specialist team training
- Training Programme for Young People Champions

Digital Solutions to support clinical work eg:

- StepUP App (CAHMS)
- Contributions to the Baby Buddy App (IMHS)

Having psychologists based in the TSWT has been seen as positive

"National recruitment has been an issue with some occupational groups but locally recruitment has improved in areas previously challenging eg Social Work.

Wellbeing workers – provide early intervention prior to the need for qualified counsellor

Development and Implementation of New Models of Care commencing eg

Good retention noted in many areas where permanent and longer term funding in place or good succession planning/career progression

Training Protocol Development eg

- Training protocols in place between CAMHS and acute paediatric settings
- Training protocols developed between new A&E MH practitioners and CAMHS

5.5 System Workforce challenges and priorities

Recruitment	Retention
▪ Challenges in some areas particularly where contracts are fixed term due to short term funding where the work environment is perceived to be more challenging eg inpatient areas. Difficult to recruit to some posts in Clusters ▪ Longer term contracts required to recruit quality staff ▪ Nationally 1,700 more therapists and supervisors needing to employed – requiring local recruitment initiatives. ▪ New Mental Health Support teams (Green Paper Proposal) *"Whilst recruitment of professionals may have improved there is still an issue about whether those people coming in have the required additional therapeutic skills to hit the ground running"*	▪ Good retention noted in many areas where permanent and longer term funding in place or good succession planning/career progression evident - Longer term contracts required to retain quality staff ▪ Noted potential 'retirement crises' in 2yrs time due to numbers able to retire at 55 yrs (Staff with MHO status) Cluster and targeted services leads noted to be leaving
Skill Mix/Diversity	**Supervision**
▪ CAMHS services still have relatively highly graded staff – what are the opportunities for a skill mix with lower banded registered staff and non-registered staff? ▪ Ensuring a the gender and ethnicity mix at service level is reflective of the local population - requires good system wide workforce data ▪ Skill mix in the Clusters is different in each Only 2 clusters have CAMHS in school staff, what roles are required and what are the roles that link universal and specialist services In complex cases in clusters but data disagrees – define complexity ▪ Creating a skill mix with the new roles being developed and using more widely across the system eg CWP in SPA, CYP IAPT and wellbeing workers to provide early help ▪ recognising the role of families and school workers eg Playtime supervisors and Dinner ladies ▪ MH specialists in each practice - Funding for MH Champions to promote/demonstrate good practice in GP surgeries	▪ Challenge of meaning, language and understanding - it means different things to different people (reflective practices, case management etc) ▪ Often/usual to be profession specific - would it be helpful to have intervention/therapy specific supervision available? (system wide) ▪ Challenge of fulfilling current need and future demand eg the Green Paper proposes that the new Mental Health Support Teams will be supervised by NHS children and young people's mental health staff and the expansion in therapists will required new staff to be trained and supervised by more experienced staff

Training, Learning and Development	Skills/Skill application and CPD
▪ The opportunities for cross sector/cross agency training and learning together are limited ▪ Training is not commissioned on a system wide basis but service by service ▪ There is no overall system view of the numbers required for which intervention or at what level ▪ The training undertaken is not always indicative of best evidence based interventions, there needs to be more use of evidence based training but cost is a barrier *"There are limited resources for training (feast or famine over the years) and in some areas it leads to more ad hoc or opportunistic training rather than longer term planning around needs and succession planning."* ▪ We need to train staff to have strategies to engage young people i.e. teachers to provide Early intervention earlier (Green paper proposal for designated MH lead in schools) ▪ Generic counselling is adult focussed – need to develop specific training courses with local FE/HE and provide placements that give students experience in CYP ▪ Maximising expertise in the system and working together more - Using expertise in system to train the trainer + key link for those with expertise	▪ Presenting issues from CYP are changing with more PD (regular self-harming) – this requires a different skills set ▪ A predicted change in the profile of CYP in Leeds shows the future prevalence for SEMH problems as a predicted increase in disorders in children reflected as an increase in the number of emotional, anxiety, conduct, hyperkinetic and autism spectrum disorders this will require more staff with the required skills to manage this. ▪ A wider skill set is required in the system including specific skills such as trauma informed training to support the drive for early help and interventions as well as more generic problem solving skills and effective questioning. ▪ The expectations of young people and to promote accessibility of interventions and information requires the workforce to be digitally 'savvy' - Exploring digital + Apps eg for GPs, HVs. NA ▪ More group work is needed - group work is perceived to have diminished as an intervention in some areas (eg parent groups stopped) *"Having people not just with a skill but a range of people with a skill at the right level is important - having a range of skills is difficult in small teams"* ▪ Agreement needed on the core skills set required for front line practitioners involved in SEMH services for CYP - what would that look like? ▪ Also a challenge of maintaining professional identity whilst understanding shared skills sets and the value of working together in a systemic way

5.6 Recommendations for action

These recommendations for action reflect the broad areas that will form an overarching system wide workforce strategy to support the ambitious aims of Future in Mind: Leeds. They reflect much of what is expected of SEMH services for CYP at a national, regional and local level and also reflect the views of SEMH CYP services providers, partners and practitioners in Leeds. Should these recommendations for action be accepted as the way forward, there is recognition that a more detailed programme of work will need to be developed with milestones, resource implications and ownership clearly identified.

Successful implementation of the strategy will require open mindedness, a genuine desire for change, commitment and enthusiasm to participate and collaborate across all partners.

5.7 Recommendations for short-term goals (Next 12 – 18 months)

- Develop a more robust system wide profile of the current workforce for SEMH CYP services (Universal, targeted/specialist and across providers) by starting to collect WTE, gender and ethnicity data across all key services (see linked LT goal).

- Explore the opportunity of having a local SEMH CYP voice at Leeds One Workforce group as it develops and to operate as a direct SEMH CYP workforce link with HEE

- Agreement on the core skills set required (core competences/competencies) for front line practitioners involved in SEMH services for CYP in Leeds (note one already developed nationally for CAMHS also review IAPT competences)

- Develop and establish cross sector/cross agency training, learning and development sessions starting with the 3 termly system wide events per annum coordinated by the Health and wellbeing Service

- Create and develop opportunities for leaders across the SEMH CYP providers to share and learn together, with a focus on SEMH system wide leadership and system activation. Action learning sets and Communities of Practice may also be useful to explore and work on common issues/challenges

- Agree a common definition/language for supervision (reflective practice/reflective case discussion) and develop system wide network of supervisors (allowing practitioners to access the most appropriate supervisor for their needs – which maybe based on therapeutic intervention rather than professional background)

5.8 Recommendations for Medium-term goals (18/36 months)

- A future focused and needs based system wide training needs analysis to be conducted, with the skills required, and at which level mapped against the skills audit that has already been produced by CORC

- Reduce the more ad hoc or opportunistic training and develop a longer term learning and development plan around CYP SEMH needs with clear levels of skill and succession planning built in and utilising expertise within the system.

- Develop a wider range of opportunities for cross sector/cross agency training, learning and development including opportunities to gain a greater understanding of each other's services through job swaps, experiential learning, secondments etc.

- Consider the opportunity for co-ordinated and co-commissioned system wide training of evidence based interventions – deciding and agreeing on how many staff across the system need to have which skills and to which level across services and the system. This will require a view from expert clinicians on which evidence based interventions should be prioritised across the SEMH CYP system.

- Develop a common system wide induction/induction module for all new starters in SEMH CYP services focusing on values and behaviours, core skills, understanding of other services and the system

- Develop specific CYP SEMH training courses with local FE/HE eg Counsellors, teaching assistants

    - Level 4 counselling courses
    - Consider developing a module to focus on

        - Working with YP
        - Spotting issues before they escalate
        - Equality and diversity
        - Working within a system

5.9 Recommendations for Long-term Goals (3 – 5 years)

- Develop a more robust system wide profile of the current workforce for SEMH CYP services (Universal, targeted/specialist and across providers) by developing/using a shared workforce information system (See Leeds One Workforce section 7.3.2) so data can be captured in the same way. Data collection needs to create a data set that delivers a meaningful workforce profile i.e. WTE/FTE, establishment and staff in post, age, tenure, gender, ethnicity, disability etc.

- Develop a needs/prevalence based view of what an ideal population centric and system wide workforce for SEMH CYP services for Leeds would look like. NB this requires partners to be open to exploring this from a system wide perspective to think about a workforce free of organisational boundaries that reflects the diverse nature of the local population. It is recognised that this will require further work on

developing a ‘service model’ for 0-25 yrs. This type of workforce modelling could be carried out using a tool such as WRaPT (Workforce Repository and Planning Tool), which enables data processing, modelling and visualisation of a workforce at a team, department, organisation and cross economy/system levels.

- Develop a co-ordinated approach to attracting, promoting and recruiting new entrants to Leeds SEMH CYP services, working directly with schools, colleges and universities (perhaps as part of Leeds One Workforce approach). Working particularly with Colleges to secure placements in CYP MH for student counsellors

- Develop career pathways across services including working with FE/HE to maximise the use of apprenticeships and higher apprenticeships and with employers to make best use of the apprenticeship levy (working with and through the WY Excellence Centre if appropriate)

6: Health Needs Assessment

Undertaking health needs assessment is central to planning and commissioning services. It is a vital tool to understanding the needs of the population as well as identifying assets and gaps in local provision. Analysis of patterns, causes and effects of health needs within defined populations along with stakeholder engagement determines current need and future provision. Findings from the health needs assessment(s) inform and drive future priorities and enable the targeting of resources to address inequalities. To date, three individual health needs assessments have been undertaken to support the development and ongoing refresh of the Future in Mind: Leeds LTP. These have supported a better understanding of the local issues relating to children and young people, young adults and perinatal mental health.

Findings from the children and young people's mental health needs assessment (2016), (Click here) has informed the development and annual refresh of the Leeds LTP. It indicates the need to continue to tackle the stigma associated with mental health, to improve knowledge of local services, to ensure online advice and support and equitable support for those children and young people who are particularly vulnerable to having SEMH needs. This latter recommendation informs priority 6 in our LTP where we set out our plans for ensuring we meet the needs of vulnerable children and young people in the city, such as those that have experienced trauma, e.g., those that are in the care system, of which there are currently 1280 (Oct 2018) in Leeds, children and young people in the criminal justice system, and those that have SEND.

The young adult's mental health needs assessment (2018), (Click here), shows an increase in levels of need of young women, which is compounded by service configuration, where we have a division between CAMHS and adult mental health provision. This creates a significant risk that young adults 'fall through the gap'. The report also highlights specific issues relating to transition for those young people with eating disorders, self-harm and personality disorders with recognition of a need for further work to understand the experience of young BAME people.

The Leeds in Mind 2017 perinatal mental health needs assessment (Click here), examines the needs of pregnant women/mothers and their infants during pregnancy and in the first year after birth. The report highlights limited national and local data leading to an under representation of the level of need. The report also noted that communication across mental health and midwifery and early start services required improvements and that there were gaps in provision between acute mental health and low level need interventions. These key issues have informed the development of the PNMH offer and pathway in Leeds and have lead to improving data collection, and have informed commissioning decisions.

Identified gaps and areas for action cotinue to steer key deliverables within the Leeds LTP. In response to a limited understanding of Leeds Black, Asian and Minority Ethnic (BAME) population needs, future work includes undertaking a BAME health needs assessment in early 2019. A refresh of the Children and Young People's health needs assessment, carried out in 2016, will be undertaken in 2019/20 to review changes across the City.

7: Issues and Risks to Delivery

Project/Aims: To highlight to the Programme Board key areas of slippage or risk in the workstreams of the Future in Mind: Leeds Local Transformation Plan (LTP).		**Expected Outcomes:** • To ensure that there is a whole system view of risks and mitigating actions that may affect implementation of the LTP. Risks will be updated at each programme board to identify those risks in need of escalation and action by Programme Board members. This will include projects of work where timescales have been significantly delayed. Risks that have been resolved will also be updated.		
Summary of key risks	**LTP Priority area (where applicable) and Lead**	**Risk score**	**Risk grade**	**Mitigating actions**
Sustainability of local early help offer given changes in national policy and investment.	Priority 3 – Jane Mischenko / Julie Longworth /Val Waite	12	3	• The imminent review of the cluster SEMH offer is the critical piece of work to address this risk and to strengthen the provision and sustainability of our early help offer. • Leeds CCG and Council are currently working closely with schools and clusters to establish a shared cluster model of support with aligned resource from all parties. The MindMate Champion programme co-produced with schools, the investment into subsidised training for school staff, the development of MindMate Lessons are significant mitigating actions we have taken to support and strengthen these key relationships in the city.
The whole system approach in Leeds is not visible through the NHS England new Key Performance Indicator (access trajectory of young people receiving support). The innovation of the early help offer through clusters is not captured in the MHSDS and there are many logistical challenges for submission.	Priority 3 - Jane Mischenko/Jayne Bathgate-Roche	8	3	• Work is underway to ensure the Market Place (third sector organisation), the LTHT Children's Liaison Psychology service and the NHS funded element delivered by the clusters are able to submit their activity to the MHSDS in the forthcoming year. • Challenges with the LCH CareNotes system in terms of the ability to accurately report all data has meant that we had not been able to

				report an accurate picture; however a local fix has been sourced and this has been resolved.
Recruitment risk in securing the workforce needed to deliver all of the transformational changes and new services in the city.	All	8	3	• There has been considerable effort to be proactive in Leeds in recruitment campaigns, promoting the exciting opportunities within our local Transformation Plan and in testing out new roles, such as the Children's Wellbeing Practitioner. The workforce strategic plan which has been developed will further strengthen our mitigation of this risk.
Waiting times in certain parts of the system are showing pressure.	All	12	3	• Waiting times across the system continue to be closely monitored. There have been targeted waiting list initiatives in cluster, 3rd sector and NHS. We are working across the system to develop initiatives to support those on waiting lists including the delivery of brief interventions and self-referrals through SPA and online counselling interventions.
Whole system information sharing and join up cannot be achieved due to lack of inter-operability of information systems and data sharing challenges	Priority 3 - Jayne Bathgate-Roche Julie Longworth	8	3	• Looking at solutions through the HOPE group aiming to make outcome measures integral to agency information systems. Information sharing improved via the SPA process, including the routine collection of the NHS number. • Work being undertaken by Social Finance within Leeds City Council should also provide solutions to this risk.
Development of a crisis response to children and young people supported by a dedicated community CAMHS crisis response	Priority 7 – Jayne Bathgate-Roche/Donna Ryan	12	3	• There is an appetite to develop a robust response to children and young people in mental health crisis. The Teen Connect support helpline has been launched and the development of a safe space model supported through existing providers is being pursued. CAMHS have secured funding through the New Care Models work to provide an emergency and crisis response for Children and Young People presenting in mental health crisis within the national four hour target. This funding is for an in hours service. To fully support the crisis offer an out of hours CAMHS response is required. Funding is being sought through the CCG to develop this offer.

Risk Score Matrix

Impact	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Insignificant 1	1	2	3	4	5
Minor 2	2	4	6	8	10
Moderate 3	3	6	9	12	15
Major 4	4	8	12	16	20
Catastrophic 5	5	10	15	20	25

Risk Grading		Priority	**Risk response:** Suggested management action
Critical Risk (20-25)	**Black**	1	Urgent Action required, introduce controls to mitigate (inc CCG Risk Register)
Serious Risk (15-16)	Red	2	Introduce strict controls to mitigate (inc CCG risk register)
High Risk (8-12)	Yellow	3	Monitor and maintain controls (via FiM Operational Group)
Moderate Risk (4-6)	Green	4	Monitor and manage(via FiM Operational Group)
Low Risk (1-3)	White	5	Monitor(via FiM Operational Group)

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) & Sue Robins (Director of Operational Delivery, NHS Leeds CCG)

Report to: Leeds Health and Wellbeing Board

Date: 12th December 2018

Subject: Leeds BCF Q2 2018/19 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

Each quarter, there is a requirement to report to NHS England (NHSE) on the performance of the Better Care Fund (BCF) and to report to the Ministry for Housing, Communities and Local Government (MHCLG) regarding the use of the additional Improved Better Care Fund (iBCF) funding allocated through the Spring Budget 2017.

Previously two quarterly returns were completed; one for the BCF and one for the additional iBCF/Spring Budget monies however these returns have now been combined into one return.

The Leeds BCF Q2 2018/19 Return (Appendix 1) was submitted to NHSE/MHCLG by the deadline of 19th October 2018. As part of this process:

- Leeds Plan Delivery Group undertake routine monitoring of delivery and noted the return.
- ICE (Integrated Commissioning Executive) who act as the BCF Partnership Board endorsed the draft return in September 2018.

- Chair of the Leeds Health and Wellbeing Board was briefed and members were engaged and given the opportunity to comment on the return prior to submission in early October 2018.

Recommendations

The Leeds Health and Wellbeing Board is asked to:-

- Note the content of the Leeds BCF Q2 2018/19 return

1. Purpose of this report

To inform the Health and Wellbeing Board of the contents of the Leeds BCF Q2 2018/19 return and provide an overview of the progress to date of the schemes funded through iBCF/Spring Budget monies.

2. Background information

The Spending Review 2015 announced the improved Better Care Fund (iBCF); the Spring Budget 2017 announced additional funding for adult social care over the following three years.

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

The Grant determination detailed the three purposes for which the iBCF money could be spent. The receiving local authority had to:-

- Pool the grant funding into the local Better Care Fund, unless the authority had 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

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.

This is founded on the principles of the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan with linkages to the West Yorkshire & Harrogate Health Partnership.

Each bid is supported by a robust business case which addresses the challenges faced around health and wellbeing, care quality and finance and efficiency. A robust approach has been established which:-

- Measures the actual impact of each individual initiative
- Monitors actual spend on each initiative and releases funding accordingly
- Ensures that appropriate steps are 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 initiatives that do not achieve their intended results

3. Main issues

3.1 The main highlights of the return are:-

- Section 2 - All national conditions are met
- Section 3 - 3 out of 4 key metrics are on track to meet target – issues remain with DToCs although significant progress has been made
- Section 4 - All aspects of the High Impact Change Model in relation to transfers of care are either established or mature in Leeds, except 7 day working which is viewed from a value for money perspective on a case by case basis
- Section 5 - Progress in terms of integration, highlighting the current work with Newton Europe around system flow and how some iBCF/Spring Budget funding has been used to increase the flow of patients in the health and care system by placing Case Officers in LTHT
- Section 6 - Information about the average amount the Local Authority paid to external providers for care (both residential and nursing care) in 2017-18 and on the same basis, the average amount expected to pay in 2018-19
- It is noticeable at Q2 that a number of schemes have evidenced the delivery of a reduction in acute bed days consumed as a result of their schemes which is in accordance with the 'left shift' principle identified in the Leeds Health and Care Plan, moving care closer to home and reducing pressure on acute beds.

3.2 **Schemes funded through iBCF/Spring Budget monies**

As per the agreed process, Scheme Leads have provided a quarterly progress of delivery, benefits and spend of their scheme for Q1 and Q2 18/19. These reports have been reviewed by a cross-partner panel including Leeds Health and Care Plan Programme Leads on 30th August 2018 and 25th October 2018 with a view to making a recommendation to the Leeds Health and Care Partnership Executive Group (PEG) and Integrated Commissioning Executive (ICE) to:-

a. Continue to fund and support the scheme as per business case or;
b. Place the scheme under review (i.e. the scheme would be required to undertake specific actions to provide reassurance that it was successfully delivering) or;
c. Withdraw funding and support in which case an exit strategy would need to be put in place
d. Reallocate any underspend into the central BCF Transformation Fund which could then be bid against in future transformation bidding rounds

The cross-partner nature of the panel provides a wide health and care system perspective and ensures each scheme is delivering on the challenges facing the health and care sector.

The panel focused on the top 10 schemes (in terms of expenditure in 18/19) as these form the greatest strategic risk.

Q1 2018/19 Panel Review

Each of the top 10 schemes was presented to the panel by either a Leeds Health and Care Plan Programme Lead or SRO. After a deep dive into each scheme, the panel agreed to recommend to the Health and Care Partnership Executive Group that 9 of the top 10 schemes continue to be funded and supported as per their business cases. The remaining scheme, YAS Emergency Practitioner Scheme, was requested to submit a revised proposal for Q2. Key achievements are summarised in Appendix 2.

The panel were also given the opportunity to raise any issues/risks in respect of the other schemes.

The panel agreed to recommend to PEG and ICE that all other schemes continue to be funded and supported as per their business cases.

Q2 2018/19 Panel Review

Each of the top 10 schemes was presented to the panel by either a Leeds Health and Care Plan Programme Lead or SRO. After a deep dive into each scheme, the panel agreed to recommend to PEG and ICE that all of the top 10 schemes continue to be funded and supported as per their business cases, including a revised scheme in relation to the YAS Emergency Practitioners. Key achievements are summarised in Appendix 3.

The panel were also given the opportunity to raise any issues/risks in respect of the other schemes. The panel agreed to recommend to PEG and ICE that all other schemes continue to be funded and supported as per their business cases.

The Health and Wellbeing Board is asked to note that progress of these schemes continues to be reviewed rigorously on a quarterly basis and sponsors are held to account for their investments. It is made clear that if they cannot demonstrate that their schemes are delivering or providing value for money, funding will be withdrawn.

4 Health and Wellbeing Board governance

4.1. Consultation, engagement and working with people in Leeds

Routine monitoring of the delivery of the BCF is undertaken by the Leeds Plan Delivery Group. This group reports into ICE which is the BCF Partnership Board.

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. 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

Through the BCF, it is vital that equity of access to services is maintained and that quality of care is not compromised. 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

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

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

4.5 Risk management

Risk is proactively managed through the Leeds Plan Delivery Group, ICE and PEG. 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

Quarterly returns in respect of monitoring the performance of the BCF and impact of Spring Budget monies will continue to be completed and submitted to NHS England/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

The Leeds Health and Wellbeing Board is asked to:-

- Note the contents of the Leeds BCF Q2 2018/19 return

7 Background documents

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	X
The best care, in the right place, at the right time	X

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Better Care Fund Template Q2 2018/19

1. Cover

Version 1.0

Please Note:
- The BCF quarterly reports are categorised as 'Management Information' and are planned for publishing in an aggregated form on the NHSE website. ***Narrative sections of the reports will not be published.*** *However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.*
- As noted already, the BCF national partners intend to publish the aggregated national quarterly reporting information on a quarterly basis. At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- 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
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Contact number:	0113 8431654
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor 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. Narrative	0
6. iBCF	0

Department of Health & Social Care | Ministry of Housing, Communities & Local Government | Local Government Association | NHS England

<< Link to Guidance tab

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 Pooled Budget

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	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? 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

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	Cell Reference	Checker
NEA Target performance	D11	Yes
Res Admissions Target performance	D12	Yes
Reablement Target performance	D13	Yes
DToC Target performance	D14	Yes
NEA Challenges	E11	Yes
Res Admissions Challenges	E12	Yes
Reablement Challenges	E13	Yes
DToC Challenges	E14	Yes
NEA Achievements	F11	Yes
Res Admissions Achievements	F12	Yes
Reablement Achievements	F13	Yes
DToC Achievements	F14	Yes
NEA Support Needs	G11	Yes
Res Admissions Support Needs	G12	Yes
Reablement Support Needs	G13	Yes
DToC Support Needs	G14	Yes

Sheet Complete:	Yes

4. High Impact Change Model

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	Cell Reference	Checker
Chg 1 - Early discharge planning Q2 18/19	F12	Yes
Chg 2 - Systems to monitor patient flow Q2 18/19	F13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q2 18/19	F14	Yes
Chg 4 - Home first/discharge to assess Q2 18/19	F15	Yes
Chg 5 - Seven-day service Q2 18/19	F16	Yes
Chg 6 - Trusted assessors Q2 18/19	F17	Yes
Chg 7 - Focus on choice Q2 18/19	F18	Yes
Chg 8 - Enhancing health in care homes Q2 18/19	F19	Yes
UEC - Red Bag scheme Q2 18/19	F23	Yes
Chg 1 - Early discharge planning Q3 18/19 Plan	G12	Yes
Chg 2 - Systems to monitor patient flow Q3 18/19 Plan	G13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q3 18/19 Plan	G14	Yes
Chg 4 - Home first/discharge to assess Q3 18/19 Plan	G15	Yes
Chg 5 - Seven-day service Q3 18/19 Plan	G16	Yes
Chg 6 - Trusted assessors Q3 18/19 Plan	G17	Yes
Chg 7 - Focus on choice Q3 18/19 Plan	G18	Yes
Chg 8 - Enhancing health in care homes Q3 18/19 Plan	G19	Yes
UEC - Red Bag scheme Q3 18/19 Plan	G23	Yes
Chg 1 - Early discharge planning Q4 18/19 Plan	H12	Yes
Chg 2 - Systems to monitor patient flow Q4 18/19 Plan	H13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Q4 18/19 Plan	H14	Yes
Chg 4 - Home first/discharge to assess Q4 18/19 Plan	H15	Yes
Chg 5 - Seven-day service Q4 18/19 Plan	H16	Yes
Chg 6 - Trusted assessors Q4 18/19 Plan	H17	Yes
Chg 7 - Focus on choice Q4 18/19 Plan	H18	Yes
Chg 8 - Enhancing health in care homes Q4 18/19 Plan	H19	Yes
UEC - Red Bag scheme Q4 18/19 Plan	H23	Yes
Chg 1 - Early discharge planning, if Mature or Exemplary please explain	I12	Yes
Chg 2 - Systems to monitor patient flow, if Mature or Exemplary please explain	I13	Yes
Chg 3 - Multi-disciplinary/agency discharge teams, if Mature or Exemplary please explain	I14	Yes
Chg 4 - Home first/discharge to assess, if Mature or Exemplary please explain	I15	Yes
Chg 5 - Seven-day service, if Mature or Exemplary please explain	I16	Yes
Chg 6 - Trusted assessors, if Mature or Exemplary please explain	I17	Yes
Chg 7 - Focus on choice, if Mature or Exemplary please explain	I18	Yes
Chg 8 - Enhancing health in care homes, if Mature or Exemplary please explain	I19	Yes
UEC - Red Bag scheme, if Mature or Exemplary please explain	I23	Yes
Chg 1 - Early discharge planning Challenges	J12	Yes
Chg 2 - Systems to monitor patient flow Challenges	J13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Challenges	J14	Yes
Chg 4 - Home first/discharge to assess Challenges	J15	Yes
Chg 5 - Seven-day service Challenges	J16	Yes
Chg 6 - Trusted assessors Challenges	J17	Yes
Chg 7 - Focus on choice Challenges	J18	Yes
Chg 8 - Enhancing health in care homes Challenges	J19	Yes

UEC - Red Bag Scheme Challenges	J23	Yes
Chg 1 - Early discharge planning Additional achievements	K12	Yes
Chg 2 - Systems to monitor patient flow Additional achievements	K13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Additional achievements	K14	Yes
Chg 4 - Home first/discharge to assess Additional achievements	K15	Yes
Chg 5 - Seven-day service Additional achievements	K16	Yes
Chg 6 - Trusted assessors Additional achievements	K17	Yes
Chg 7 - Focus on choice Additional achievements	K18	Yes
Chg 8 - Enhancing health in care homes Additional achievements	K19	Yes
UEC - Red Bag Scheme Additional achievements	K23	Yes
Chg 1 - Early discharge planning Support needs	L12	Yes
Chg 2 - Systems to monitor patient flow Support needs	L13	Yes
Chg 3 - Multi-disciplinary/multi-agency discharge teams Support needs	L14	Yes
Chg 4 - Home first/discharge to assess Support needs	L15	Yes
Chg 5 - Seven-day service Support needs	L16	Yes
Chg 6 - Trusted assessors Support needs	L17	Yes
Chg 7 - Focus on choice Support needs	L18	Yes
Chg 8 - Enhancing health in care homes Support needs	L19	Yes
UEC - Red Bag Scheme Support needs	L23	Yes

Sheet Complete:	Yes

5. Narrative

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	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

6. iBCF

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	Cell Reference	Checker
1. Average amount paid to external providers for home care in 2017/18	C19	Yes
1. Average amount expected to pay external providers for home care in 2018/19	D19	Yes
1. Uplift if rates not known	E19	Yes
2. Average amount paid for external provider care homes without nursing for clients aged 65+ in 17/18	C20	Yes
2. Average expected pay for external provider care homes without nursing clients aged 65+ in 2018/19	D20	Yes
2. Uplift if rates not known	E20	Yes
3. Average amount paid for external provider care homes with nursing for clients aged 65+ in 2017/18	C21	Yes
3. Average expected to pay for external provider care homes with nursing for clients aged 65+ in 18/19	D21	Yes
3. Uplift if rates not known	E21	Yes

Sheet Complete:	Yes

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Better Care Fund Template Q2 2018/19

2. National Conditions & s75 Pooled Budget

Selected Health and Wellbeing Board: Leeds

Confirmation of Nation 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		

Better Care Fund Template Q2 2018/19

Metrics

Selected Health and Wellbeing Board: Leeds

Challenges Please describe any challenges faced in meeting the planned target
Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics
Support Needs Please highlight any support that may facilitate or ease the achievements of metric plans

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	None	Growth in non-elective admissions has remained below national averages for a number of years and below planning assumptions issued by NHSE	None
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	None	• In quarter 1 there were around half the number of permanent admissions from hospital as in the same period last year. • Increased provision of community beds are enabling more people to transition from hospital to their own homes.	None
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	None	• New streamlined process in place to support people from hospital into reablement service at an early stage. • Numbers accessing and completing reablement service have increased.	None

Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	DTOCS related to Mental Health/Dementia remain a challenge. Delays for non-acute services with joint responsibility for the delay continue to increase. A range of issues have been identified which are starting to be addressed including; • The need for a systematic approach to joint working to resolve these • Gaps between need and service provision identified	DTOCs in main acute provider remain below 3.5% of bed base and have remained so for a number of months. Newton Europe and NHS Improvement teams have recently conducted some analysis to help the system's understanding of delays which has led to the development of a number of workstreams. • Established process in place for individuals who are over 65 i.e. The Mount, DToC list is distributed on a Monday, operational multi-agency meeting to work on progress every Wednesday, verification of codes every Thursday. • Fortnightly capacity meetings are held chaired by the deputy chief operating officer, LYPFT. • Weekly performance reports shared across organisations. • All pen pictures have been given to CCG commissioners, particularly for people with complex dementia in order to look at stimulating the market. • Implementation of Section 117 Panel	• Additional finance in place to fund a transitional period of up to 6 weeks. • Establishment of Care Navigator post to oversee transfers of care. • Dedicated ASC Team Manager focusing upon this.

Better Care Fund Template Q2 2018/19

4. High Impact Change Model

Selected Health and Wellbeing Board: Leeds

Challenges Please describe the key challenges faced by your system in the implementation of this change
Milestones met during the quarter / Observed Impact Please describe the milestones met in the implementation of the change or describe any observed impact of the implemented change
Support Needs Please indicate any support that may better facilitate or accelerate the implementation of this change

		Maturity Assessment					Narrative			
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 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	Established	Mature		Organisational Development to implement new TOC Policy	Development and approval of new transfer of care protocol that embeds early discharge planning priniciples	None
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established	Mature		Need to agree metrics that will support undertanding of capacity in community settings	Newton Europe undertaken work to support future capacity planning for out of hospital care.	None
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Mature	Mature	System has implemented the Leeds Integrated Discharge Service that works alongside A&E ward staff to support admission avoidance and discharge of complex patients	Understanding impact of shift to transfer to assess models on multiagency discharge service	New workstream initiated to agree function and form of new Multi Agency Discarge Team that will build on current LIDS Model - taking account of Newton Europe consultancy findings	None
Chg 4	Home first/discharge to assess	Established	Established	Established	Established	Established		Building capacity to support D2A	New Home First Policy Developed	None
Chg 5	Seven-day service	Not yet established	Not yet established	Not yet established	Not yet established	Plans in place		As previously reported	As previously reported	None
Chg 6	Trusted assessors	Established	Established	Established	Mature	Mature		Building care home trust in assessment of newly agreed Care Home Trsuted Assessors	The Leeds System has appointed Trusted Assessors that work across LTHT site that can access Community Beds, Reablement and Neighbourhood Team/Distric Nursing services directly. Currently seeking to appoint two Trusted Assessors who will work for the care home sector to avoid the need for care homes to attend hospital to assess suitabilty of patients for placement	None
Chg 7	Focus on choice	Mature	Mature	Mature	Mature	Mature	New Transfer of Care Policy Developed and being adopted in Trust in readiness for winter	None	Development and approval of TOC Policy	None

Chg 8	**Enhancing health in care homes**	Established	Established	Established	Established	Established		Need to develop care home sector capability to meet needs of increasingly complex and frail patients	Range of support services in place to support care homes - most recently the deployement of a mental health support service to enable care homes to accept patients with more challenging behaviours associated with dementia. Telemedicine pilot in place and being extended to more homes	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.										
		Q4 17/18	**Q1 18/19**	**Q2 18/19 (Planned)**	**Q3 18/19 (Planned)**	**Q4 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 Q2 2018/19

5. Narrative

Selected Health and Wellbeing Board: Leeds

Remaining Characters:	19,372

Progress against local plan for integration of health and social care

The Leeds system already has a well established intergrated neighbourhood team service. Our challenge is to build on this as we develop thinking around local care partnerships across Leeds. Significant work is being undertaken to agree how the findings of the recent MADE event and the Newton Europe analysis can be used to influence the next stage of development of community based care to support system flow. We'll be looking at how the Leeds health and care system can build and shape more out of hospital capacity to meet future needs by increasing capacity and integration between current services to support flow.

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:	19,205

Integration success story highlight over the past quarter

We have used some iBCF/Spring Budget funding to increase the flow of patients in the health and care system by placing Case Officers in LTHT and having dedicated Social Work Assistants support timely exits from reablement where an ongoing service is required. This will:-

- Increase the number of appropriate referrals to SKiLs from LTHT and reduce length of stay in hospital
- Reduce referrals from LTHT which don't become an active reablement intervention
- Reduce the number of people in transition from reablement and the length of time people are supported in transition by reablemen

Achievements in Q1 18/19 have been:-

- Referral pathway developed for referrals from the frailty unit and A&E to prevent hospital admission
- 1 Case Officer recruited
- All 5 Wellbeing Workers in post

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 Q2 2018/19

6. Additional improved Better Care Fund

Selected Health and Wellbeing Board:	Leeds
Additional improved Better Care Fund Allocation for 2018/19:	£ 9,430,235

These questions cover average fees paid by your local authority (including client contributions) to external care providers.
We are interested only in the average fees actually received by external care providers from local authorities for their own supported clients (including client contributions). The averages should therefore exclude:
-Any amounts that you usually include in reported fee rates but are not paid to care providers e.g. the local authorities' own staff costs in managing the commissioning of places
-Any amounts that are paid from sources other than the local authorities' funding (including client contributions), i.e. you should exclude third party top-ups, NHS Funded Nursing Care and full cost paying clients.

The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.
This single average should include fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:

1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

If you are unable to provide rates for both 2017/18 and 2018/19, please ensure that you provide the estimated percentage change between 2017/18 and 2018/19 in the table below. Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

	2017/18	2018/19	If rates not yet known, please provide the estimated uplift as a percentage change between 2017/18 and 2018/19
1. Please provide the average amount that you paid to external providers for home care in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per contact hour, following the exclusions as in the instructions above)	£ 15.06	£ 15.29	

2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per client per week, following the exclusions as in the instructions above)	£ 525	£ 549	
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+ in 2017/18, and on the same basis, the average amount that you expect to pay in 2018/19. (£ per client per week, following the exclusions in the instructions above)	£ 539	£ 571	
4. If you would like to provide any additional commentary on the fee information provided please do so. Please do not use more than 250 characters.	A further increase of 6.7% has been agreed for Home Care to enable a minimum wage of £8.25 to be paid. This increase and the Care home increases have been made via recurrent iBCF to ensure sustainability of the local care market.		

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Appendix 2 – Summary of Top 10 iBCF Schemes – Q1 18/19

Scheme No. & name of scheme	SB3 SKiLs Reablement Service
Purpose	To increase system flow of patients by placing Case Officers in LTHT and having dedicated Social Work Assistants to support timely exits from reablement where an ongoing service is required.
Expected Benefits	• Increase the number of appropriate referrals to SKiLs from LTHT and reduce length of stay in hospital • Reduce referrals from LTHT which don't become an active reablement intervention • Reduce number of people in transition from reablement and the length of time people are supported in transition by reablement • Improve staff satisfaction through reduced down time and customers in transition and positive working relationships between LTHT and SKiLs
Q1 2018/19 achievements	• Referral pathway developed for referrals from the frailty unit and A&E to prevent hospital admission • 1 Case Officer recruited • All 5 Wellbeing Workers are in post

Scheme No. & name of scheme	SB12 Local Area Coordination & Asset Based Community Development
Purpose	This scheme has been amalgamated with scheme SB2 Asset Based Community Development. The purpose is to support communities using local area coordination and ABCD principles to respond to the needs of people who have or may be in need of social care support.
Expected Benefits	• Improve quality of life for people with low to moderate learning disabilities able to participate actively in their local community in ways that are supportive of them as individuals • Increase the number of people being supported to move on from funded daytime activities into community support for all or some of their time
Q1 2018/19 achievements	• Community connectors have been recognised, groups are running regularly and community events and groups have taken place led by the community for the community • **BHI (Chapeltown) pathfinder:** o Progress has been made by the Community Builder and several community connectors have been identified o The Community Builder is pro-actively visiting other pathfinder sites to see what she can learn from them • **New Wortley Community Centre (New Wortley)**: o Sky News has visited the community centre to find out about their work • **LS14 Trust (Seacroft):** o A board game is being developed for Seacroft which will be used to initiate discussions about the area o A group of local people are involved in a public art sculpture project and have visited both Leeds Art Gallery and the Hepworth to gain inspiration for the pieces they are making locally o Members of the Community Foundation's 100 Club visited the Trust to find out first-hand what they do o As a result of this the Lord Lieutenant is visiting the Trust in August to find out more about the organisation and Seacroft, which may lead to a royal visit o Two community connectors attended the Kings Fund event to tell their stories. At the event one of the connectors realised she had finally conquered her fear of crowds and was relaxed at an event for the first time in years. • **Outcome Framework:** All pathfinders have started using the outcome framework to measure their impact. They have been asked to share their diary/logs after recording their activity for a couple of months.

Scheme No. & name of scheme	SB22 Better Conversations
Purpose	To train health and care staff to have 'better conversations' with the citizens of Leeds and move the conversation to a 'working with' approach.
Expected Benefits	• Decrease in use of services • Implementing a culture change which supports system integration resulting in an unified approach across health and care partners in Leeds • Minimise the costs of preventable illnesses and dependency, inappropriate admissions and prescribed medications • Improved staff engagement, resilience, motivation, job satisfaction, recruitment and retention
Q1 2018/19 achievements	• Engagement meetings have taken place with all key areas suggested by Leeds Plan Delivery Group for deployment • Initial meetings have taken place with a number of key people in respect of the respiratory pathway and LCP (Seacroft/Crossgates) • Pilot sessions planned • A group of stakeholders from the Better Conversations Programme met the Health and Care Evaluation Service (HACES) on August 24th and carried out a workshop to establish a set of testable programme level outcomes that could be used for evaluation. The workshop was based on the outcomes in the 'Whole City Approach to Working with People' infographic and HACES are now working with the products of the session to develop a proposed set of outcomes that Better Conversations can be evaluated against • OD and Training – model developed and training package to be completed by the end of September

Scheme No. & name of scheme	SB23 Alcohol and drug social care provision after 2018/19
Purpose	To fund front line drug and alcohol services for residential rehabilitation, Leeds Housing Concern and spot purchase in order to meet the needs of patients requiring specialist drug and alcohol services.
Expected Benefits	• Reduce hospital admissions
Q1 2018/19 achievements	• There has been an increase in referrals with 19 people commencing residential rehabilitation at St Anne's and 14 people (who commenced their residential rehabilitation during Q4 2017/18 or Q1 2018/19) successfully completing it during Q1. A number of these people had accessed and successfully completed residential detoxification at St Anne's prior to commencing residential rehabilitation • All 6 clients of the service are maintaining their managed alcohol agreements without any relapses. No unplanned hospital admissions. Two of the six have move-on plans in place to seek alternative accommodation and expect to move on during Q2 • Leeds Adults and health fund adults to go out of area to drug rehabilitation services as Leeds does not have such a facility. There has been a focus on rehab at Forward Leeds in the past month and 20 new referrals have been received

Scheme No. & name of scheme	SB30 Neighbourhood Networks
Purpose	Neighbourhood Network schemes are community based, locally led organisations that enable older people to live independently and proactively participate within their own communities by providing services that reduce social isolation, deliver a range of health and wellbeing activities, provide opportunities for volunteering, act as a 'gateway' to advice/information and other services resulting in a better quality of life for individuals.
Expected Benefits	• Increase the number of older people supported by Neighbourhood Networks • Reduce admissions to hospital of older people • Increase the number of older people receiving hospital discharge support • Increase the number of activities delivered to support health and wellbeing
Q1 2018/19 achievements	• Progress to date has involved finalising the project brief/service level agreement and undertaking a competitive grants process

Scheme No. & name of scheme	SB31 Leeds Community Equipment Services
Purpose	To increase the BCF funding for Leeds Community Equipment Service
Expected Benefits	• Increase the amount of level 1 equipment delivered in 48 hours to support discharges, reablement and avoid admissions to hospital • Increase the amount of level 2 equipment delivered within 14 days • Reduce the number of delayed transfers of care due to equipment • Increase the number of people supported to remain at home
Q1 2018/19 achievements	• 94% of level 1 equipment delivered in 48 hours to support discharges, reablement and help to avoid admissions to hospital • 98.97% of level 2 equipment delivered within 14 days • Position at end Q1 18/19 - 235 people waiting for equipment at value of £217,799

Scheme No. & name of scheme	SB49 Yorkshire Ambulance Service Practitioners scheme
Purpose	To fund two Emergency Care Practitioners to be based at the Urgent Treatment Centre who will provide both navigation services and support to minor illness and minor injuries through clinic sessions.
Expected Benefits	• Reduce the need for transport to hospital for less serious conditions • Improve ambulance response times • Decrease attendances in emergency departments • Reduce waits in emergency departments
Q1 2018/19 achievements	• No achievements seen as yet due to redefining scheme

Scheme No. & name of scheme	SB50 Frailty Assessment Unit
Purpose	To fund a multi-agency frailty service initially in St James' to support a strength based approach to the management of frail people presenting or conveyed to the emergency department and promote the ethos of Home First.
Expected Benefits	• Reduce non-elective admissions for those seen in the unit • Reduce the number of lost bed days associated with delayed transfers of care • Reduce the number of people admitted into long term care
Q1 2018/19 achievements	• Nov 17 - March 18 - 80% of patients attending not admitted • Nov 17 - March 18 - 1,000 lost bed days saved

Scheme No. & name of scheme	SB52 Hospital to Home
Purpose	To fund the Leeds Integrated Discharge Service – a multi-disciplinary team to ensure that where possible admissions into hospital are avoided from A&E and the assessment area. In addition the team works across a number of medical wards to support timely discharge of adult medical patients who have presented to the hospital.
Expected Benefits	• Reduce non-elective admissions • Reduce bed occupancy • Reduce the need for home care (ASC and NHS) • Reduce delayed transfers of care bed days associated with Choice • Improved A&E performance • Reduce the number of cancellations of routine surgery
Q1 2018/19 achievements	• Early to assess but demand is below plan • Difficult to assess specific impact of H2H but stranded patient trend is downward • A&E Performance has improved in recent months

Scheme No. & name of scheme	SB58 Respiratory Virtual Ward
Purpose	To fund a Respiratory Virtual Ward to provide intense respiratory support to a defined cohort of patients in their own home.
Expected Benefits	• Reduce hospital admissions • Reduce length of stay in hospital • Increase the number of people in the community with an enhanced care plan to manage exacerbation • Improve outcomes for individuals and improve confidence to self-manage and remain at home where appropriate
Q1 2018/19 achievements	• Service became operational on 1st June as insufficient staff in place and trained before then. Therefore figures provided are not for a full quarter of service delivery • 8 patients, to end of Q1 supported to stay at home (combination of hospital avoidance and early discharge) • Total of 28 days saved to end of June (though 3 patients remain under care of VRW) • 5 people in the community with an enhanced care plan to manage exacerbation • 2 patients discharged with improved outcomes

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Appendix 3 - Summary of Top 10 iBCF Schemes as at Q2 18/19

Scheme No. & name of scheme	SB3 SKiLs Reablement Service
Purpose	To increase system flow of patients by placing Case Officers in LTHT and having dedicated Social Work Assistants to support timely exits from reablement where an ongoing service is required.
Expected Benefits	• Increase the number of appropriate referrals to SKiLs from LTHT and reduce length of stay in hospital • Reduce referrals from LTHT which don't become an active reablement intervention • Reduce number of people in transition from reablement and the length of time people are supported in transition by reablement • Improve staff satisfaction through reduced down time and customers in transition and positive working relationships between LTHT and SKiLs
Q2 2018/19 achievements	• 4 Case Officer posts recruited to and following a period of induction and training will start to have a presence at LTHT w/c 8 October • The number of people in transition did fall and was 46 at end of July 2018 but this now has increased to 70 at end of Aug and 82 at end of September 2018

Scheme No. & name of scheme	SB12 Local Area Coordination & Asset Based Community Development
Purpose	This scheme has been amalgamated with scheme SB2 Asset Based Community Development. The purpose is to support communities using local area coordination and ABCD principles to respond to the needs of people who have or may be in need of social care support.
Expected Benefits	• Improve quality of life for people with low to moderate learning disabilities able to participate actively in their local community in ways that are supportive of them as individuals via the pathfinders • The ABCD pathfinders will help to improve wellbeing and community resilience in the neighbourhoods in which they operate; supporting the rollout of strengths based social work. Wellbeing outcomes will be evidenced through increased connections within the community (with people feeling less isolated), increased opportunities for all people, including those with care and support needs, to participate and as a result people feeling safer where they live • The interdependencies of communities are recognised and strengthened. All members of the community feel welcome including people with learning disabilities • People with learning disabilities are supported and support others within the community; paid support and services are not default options • Communities are resilient and able to recover and sustain their effort when things go wrong • Individuals and groups are supported to have the tools to take action
Q2 2018/19 achievements	• Community connectors have been recognised, groups are running regularly and community events and groups have taken place led by the community for the community • **BHI (Chapeltown) pathfinder:** ○ Progress has been made by the Community Builder and several community connectors have been identified ○ The Community Builder is pro-actively visiting other pathfinder sites to see what she can learn from them • **New Wortley Community Centre (New Wortley)**: ○ Sky News has visited the community centre to find out about their work • **LS14 Trust (Seacroft):** ○ A board game is being developed for Seacroft which will be used to initiate discussions about the area ○ A group of local people are involved in a public art sculpture project and have visited both Leeds Art Gallery

	and the Hepworth to gain inspiration for the pieces they are making locally ○ Members of the Community Foundation's 100 Club visited the Trust to find out first-hand what they do ○ As a result of this the Lord Lieutenant is visiting the Trust in August to find out more about the organisation and Seacroft, which may lead to a royal visit ○ Two community connectors attended the Kings Fund event to tell their stories. At the event one of the connectors realised she had finally conquered her fear of crowds and was relaxed at an event for the first time in years. • **Outcome Framework:** All pathfinders have started using the outcome framework to measure their impact. They have been asked to share their diary/logs after recording their activity for a couple of months • Working with Aspire CIC to establish a pathfinder looking to support people with learning disabilities living at home with their carers to be better connected where they live • A further pathfinder with a learning disability lens has been identified, awaiting approval • A common evaluation framework has been established to measure progress in improving community resilience and connectedness • 40 people currently member of a self-reliant group in pathfinder areas • Friends of Reins Park group established; local people prioritised play equipment being installed. This is now in place and families made use of the facilities over the summer - meeting together and supporting each other

Scheme No. & name of scheme	SB22 Better Conversations
Purpose	To train health and care staff to have 'better conversations' with the citizens of Leeds and move the conversation to a 'working with' approach.
Expected Benefits	• Decrease in use of services • Implementing a culture change which supports system integration resulting in an unified approach across health and care partners in Leeds • Minimise the costs of preventable illnesses and dependency, inappropriate admissions and prescribed medications • Improved staff engagement, resilience, motivation, job satisfaction, recruitment and retention
Q2 2018/19 achievements	• Engagement meetings have taken place with all key areas suggested by Leeds Plan Delivery Group for deployment • Initial meetings have taken place with a number of key people in respect of the respiratory pathway and LCP (Seacroft/Crossgates) • Pilot sessions planned • A group of stakeholders from the Better Conversations Programme met the Health and Care Evaluation Service (HACES) on August 24th and carried out a workshop to establish a set of testable programme level outcomes that could be used for evaluation. The workshop was based on the outcomes in the 'Whole City Approach to Working with People' infographic and HACES are now working with the products of the session to develop a proposed set of outcomes that Better Conversations can be evaluated against • OD and Training – model developed and training package to be completed by the end of September

Scheme No. & name of scheme	SB23 Alcohol and drug social care provision after 2018/19
Purpose	To fund front line drug and alcohol services for residential rehabilitation, Leeds Housing Concern and spot purchase in order to meet the needs of patients requiring specialist drug and alcohol services.
Expected Benefits	• Reduce hospital admissions
Q2 2018/19 achievements	• There has been an increase in referrals with 19 people commencing residential rehabilitation at St Anne's and 14 people (who commenced their residential rehabilitation during Q4 2017/18 or Q1 2018/19) successfully completing it during Q1. A number of these people had accessed and successfully completed residential detoxification at St Anne's prior to commencing residential rehabilitation • All 6 clients of the service are maintaining their managed alcohol agreements without any relapses. No unplanned hospital admissions. Two of the six have move-on plans in place to seek alternative accommodation and expect to move on during Q2 • Leeds Adults and health fund adults to go out of area to drug rehabilitation services as Leeds does not have such a facility. There has been a focus on rehab at Forward Leeds in the past month and 20 new referrals have been received • Q2 has seen one long term client move on to supported living having managed to stabilise their alcohol consumption. The remaining 5 clients are all in recovery and have made excellent progress in reducing their alcohol intake and general improvements to mental and physical health since entering the service. One of the clients is younger than the rest and has managed to get employment and made great progress.

Scheme No. & name of scheme	SB30 Neighbourhood Networks
Purpose	Neighbourhood Network schemes are community based, locally led organisations that enable older people to live independently and proactively participate within their own communities by providing services that reduce social isolation, deliver a range of health and wellbeing activities, provide opportunities for volunteering, act as a 'gateway' to advice/information and other services resulting in a better quality of life for individuals.
Expected Benefits	• Increase the number of older people supported by Neighbourhood Networks • Reduce admissions to hospital of older people • Increase the number of older people receiving hospital discharge support • Increase the number of activities delivered to support health and wellbeing
Q2 2018/19 achievements	• The funding and the benefits to be achieved are to commence with the new grant, starting 1st October. Progress to date has involved setting in place funding agreements with all successful bidders and ensuring first payment of grants for the period 1st October 2018 through to 31st December 2018. As per the brief, investment from the BCF starts from 1st October 2018 meaning the benefits of the investment can be made from the Quarter 3 reporting period onwards

Scheme No. & name of scheme	SB31 Leeds Community Equipment Services
Purpose	To increase the BCF funding for Leeds Community Equipment Service
Expected Benefits	• Increase the amount of level 1 equipment delivered in 48 hours to support discharges, reablement and avoid admissions to hospital • Increase the amount of level 2 equipment delivered within 14 days • Reduce the number of delayed transfers of care due to equipment • Increase the number of people supported to remain at home • Reduction on spend on other services/support by provision of equipment
Q2 2018/19 achievements	• 94.24% of level 1 equipment delivered in 48 hours to support discharges and Reablement and for admission avoidance • 97.47% of level 2 equipment delivered within 14 days of being available for delivery • Position at end Q2 18/19 - 108 people waiting for equipment at value of £115k

Scheme No. & name of scheme	SB49 Yorkshire Ambulance Service Practitioners scheme
Purpose	To fund two Emergency Care Practitioners to be based at the Urgent Treatment Centres who will provide both navigation services and support to minor illness and minor injuries through clinic sessions. To also fund 1 part-time ECP supervisor.
Expected Benefits	• Improvement in time to assessment • Improvement in 4 hour Emergency Care Standard • Staff satisfaction rates
Q2 2018/19 achievements	• The scheme is still in the planning stage - it is anticipated that it will start November 2018

Scheme No. & name of scheme	SB50 Frailty Assessment Unit
Purpose	To fund a multi-agency frailty service initially in St James' to support a strength based approach to the management of frail people presenting or conveyed to the emergency department and promote the ethos of Home First.
Expected Benefits	• Reduce non-elective admissions – target 1200 (over 12 months) • Bed days saved – target 2400 days (over 12 months) • Number of attendances to Frailty Unit – target 2000 (over 12 months)
Q2 2018/19 achievements	Actual value to date:- • Discharged from Frailty Unit = 951 • Bed days saved = 1902 • Number of attendances to Frailty Unit = 1522

Scheme No. & name of scheme	SB52 Hospital to Home
Purpose	To fund the Leeds Integrated Discharge Service – a multi-disciplinary team to ensure that where possible admissions into hospital are avoided from A&E and the assessment area. In addition the team works across a number of medical wards to support timely discharge of adult medical patients who have presented to the hospital.
Expected Benefits	• Reduce non-elective admissions • Reduce bed occupancy • Reduce the need for home care (ASC and NHS) • Reduce DToC days associated with Choice • Improved A&E performance • Reduce the number of cancellations of routine surgery
Q2 2018/19 achievements	• **Reduced bed occupancy** - difficult to assess specific impact of H2H but stranded patient trend is downward • **Reduced DTOC Bed Days associated with Choice** - Recent rise in DTOCS in LTHT expected to decrease as summer progresses • A&E Performance has improved in recent months and as of last month stands at around 90%

Scheme No. & name of scheme	SB58 Respiratory Virtual Ward
Purpose	To fund a Respiratory Virtual Ward to provide intense respiratory support to a defined cohort of patients in their own home.
Expected Benefits	• Identification of numbers of people who can be supported to remain at home • Reduce hospital admissions • Reduce length of stay in hospital • Increase the number of people in the community with an enhanced care plan to manage exacerbation • Improve outcomes for individuals and improve confidence to self-manage and remain at home where appropriate
Q2 2018/19 achievements	• Service moved to provide 7 day cover as of 1st September 2018 • 37 patients admitted onto the VRW since 1st June. 311 bed days were saved during this period • Since 1st June 2018 12 patients seen by the VRW were admission avoidance • Since 1st June 2018 the VRW has supported 19 patients to be discharged from hospital • Since 1st September all patients on the VRW have been supported with a self-management care plan • 68% of patients demonstrated an improvement on discharge from the VRW in the COPD outcome measure – CAT score • 7 responses to Patient satisfaction and FFT since 1st September 2018. 100% of patients that commented provided positive feedback regarding the service

Leeds Health and Wellbeing Board

Report author: Rosemary Reynolds

Report of: Leeds Health and Care Partnership Executive Group (PEG)

Report to: Leeds Health and Wellbeing Board

Date: 12 December 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 and care organisations in Leeds, brought together to provide a single citywide financial report (Appendix 1).

Key headlines are:

- The 2018/19 forecast planned surplus for the city has increased from quarter 1 by £42m as follows

	Increased planned surplus	**Reason for increase**
Leeds Community Healthcare Trust	£1.5m	Additional Provider Sustainability Funding (PSF) from NHS Improvement and release of provision
Leeds Teaching Hospitals NHS Trust	£15.0m	Additional Provider Sustainability Funding (PSF) and other income
Leeds and York Partnership Foundation Trust	£25.5m	Technical adjustment linked to the accounting treatment of a Private Finance Initiative (PFI) refinancing gain and associated additional Provider Sustainability Fund Incentive Scheme

- At the end of September 2018/19, the system is reporting an in year overall deficit position against plan of £3.1m with a forecast year end deficit position of £11.8m.
    - £9.8m of the forecast year end deficit is reported against Leeds Teaching Hospitals NHS Trust (LTHT) as a result of a forecast non-delivery of A&E performance standards, but will still achieve the pre-PSF control total agreed with NHS Improvement.
    - In Leeds City Council (LCC), Children and Families (children's social care) is currently forecasting a year end overspend of £2.0m. The pressure is primarily within Children Looked After (CLA), financially supported non-CLA and the Leeds contribution to One Adoption West Yorkshire.
- Leeds and York Partnership Foundation Trust (LYPFT), Leeds Community Healthcare (LCH) and Leeds Clinical Commissioning Group (CCG) are forecasting at plan however there are a number of challenges and risks to these positions.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the 2018/19 April to September partner organisation financial positions and the forecast end of year positions for 2018/19.

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). This report is for the 6 months ending 30th September, 2018.

1.3 Together, this financial information and associated narrative aims to provide a greater understanding of the collective and individual financial performance of the health and care organisations in Leeds. 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 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 (PEG).

2. Background information

2.1 The financial information contained within this report has been contributed by Directors of Finance from Leeds City Council (LCC), Leeds Community Healthcare Trust (LCH), Leeds Teaching Hospital Trust (LTHT), Leeds and York Partnership Trust (LYPFT) and NHS Leeds Clinical Commissioning Group (CCG)

3. Main issues

3.1 At the end of September 2018/19, the system is reporting an overall deficit position against plan of £3.1m with a forecast year end deficit position of £11.8m.

3.2 £9.8m of the forecast year end deficit is reported against LTHT as a result of non-achievement of the first two quarters of the Emergency Care Standard Performance.

3.3 The Trusts continues to forecast delivery of its pre Provider Sustainability Fund (PSF) £19.8m deficit, despite a number of significant risks that could impact on the position. It continues to identify mitigating actions and will continue to work hard to achieve the full savings programme. Although work is ongoing to deliver the A&E performance standards for the remaining quarters, the year-end forecast currently takes the financially prudent view that it is not achieved, and as such would end the year with a £9.8m adverse variance to the overall plan, but still achieve the pre-PSF control total agreed with NHS Improvement.

3.4 Children and Families (children's social care) is currently experiencing a number of pressures. The projected year-end position at quarter 2 is an overspend of £2.0m. The pressure is primarily within Children Looked After (CLA), financially supported non-CLA and the Leeds contribution to One Adoption West Yorkshire.

3.5 LYPFT, LCH and Leeds CCG are forecasting at plan however there are a number of challenges and risks to these positions.

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 and equivalents from Leeds City Council, Leeds Community Healthcare Trust, Leeds Teaching Hospital Trust, Leeds and York Partnership Trust and the Leeds Clinical Commissioning Group.

4.1.2 Individual organisations engage with citizens through their own internal process and spending priorities are aligned to the Leeds Health and 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. At the end of September 2018, partner organisations are predicting that there will be challenges in delivering against the in-year financial plan, with particular pressures at LTHT and LCC (Children and Families).

6. Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the 2018/19 April to September partner organisation financial positions and the forecast end of year positions for 2018/19.

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. Quarter 2 (Apr-Sept) financial position for 2018/19

A1 - City Summary

At the end of September 2018/19, the system is reporting an overall deficit position against plan of £3.1m with forecast year end deficit position of £11.8m.

- £9.8m of the forecast year end deficit is reported against Leeds Teaching Hospitals NHS Trust (LTHT) as a result of non-achievement of the first two quarters of the Emergency Care Standard Performance, but will still achieve the pre-PSF control total agreed with NHS Improvement.

- Children and Families (children's social care) is currently forecasting a year end overspend of £2.0m.

- Leeds and York Partnership Foundation Trust (LYPFT), Leeds Community Healthcare (LCH) and Leeds Clinical Commissioning Group (Leeds CCG) are forecasting at plan.

Section 1 - City Summary

6 months ended 30th September 2018	Total Income/Funding			Pay Costs			Other Costs			Total Costs			Net surplus/(deficit)			Movement from Previous quarter)
	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	316.3	316.4	0.1	71.2	70.8	0.4	245.1	246.6	- 1.5	316.3	317.4	- 1.1	-	- 1.0	- 1.0	- 0.8
Leeds Community Healthcare Trust	72.9	74.9	2.0	51.4	53.1	- 1.7	19.9	19.9	-	71.3	73.0	- 1.7	1.6	1.9	0.3	0.2
Leeds Teaching Hospitals NHS Trust	611.1	614.4	3.3	354.5	364.8	- 10.3	262.2	258.4	3.8	616.7	623.2	- 6.5	- 5.6	- 8.8	- 3.2	- 1.7
Leeds & York Partnership Foundation Trust	85.5	86.6	1.1	56.5	56.2	0.3	22.2	22.8	- 0.6	78.7	79.0	- 0.3	6.8	7.6	0.8	0.1
Leeds CCG	610.3	610.3	-	8.0	7.2	0.8	602.3	603.1	- 0.8	610.3	610.3	-	-	-	-	-

Forecast year end 2018/19	Total Income/Funding			Pay Costs			Other Costs			Total Costs			Net surplus/(deficit)			Movement from Previous quarter)
	Plan £m	Forecast £m	Var £m	Plan £m	Forecast £m	Var £m	Plan £m	Forecast £m	Var £m	Plan £m	Forecast £m	Var £m	Plan £m	Forecast £m	Var £m	
Leeds City Council	632.5	632.7	0.2	142.4	141.5	0.9	490.1	493.2	- 3.1	632.5	634.7	- 2.2	-	- 2.0	- 2.0	- 1.1
Leeds Community Healthcare Trust	146.0	149.6	3.6	102.4	105.5	- 3.1	39.6	40.1	- 0.5	142.0	145.6	- 3.6	4.0	4.0	-	1.5
Leeds Teaching Hospitals NHS Trust	1,247.4	1,254.8	7.4	709.3	727.3	- 18.0	515.5	514.7	0.8	1,224.8	1,242.0	-17.2	22.6	12.8	- 9.8	- 1.7
Leeds & York Partnership Foundation Trust	187.6	187.6	-	114.8	114.8	-	44.8	44.8	-	159.6	159.6	-	28.0	28.0	-	25.5
Leeds CCG	1,224.3	1,224.3	-	16.0	14.3	1.7	1,208.3	1,210.0	- 1.7	1,224.3	1,224.3	-	-	-	-	-

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 relate solely to Adults Social Care, Children's Social Care and Public Health

Adults and Health are currently projecting a balanced position. At this stage it is anticipated that the majority of savings plans will be delivered successfully. Other significant variations include £1.0m of anticipated cost pressures relating to Community Care Packages offset by £1.0m of projected savings relating to staff turnover and slippage in employing new staff.

Children and Families are reporting a number of budget pressures that mean it will be challenging for the directorate to contain spend within the approved budget. The projected year-end position at Quarter 2 is an overspend of £2.0m. The pressure is primarily within Children Looked After (CLA), financially supported non-CLA and the Leeds contribution to One Adoption West Yorkshire.

b. Leeds Community Healthcare Trust

The Trust is £0.35m ahead of plan at the end of September; this is before additional costs to meet winter demand. During Quarter 2 the Trust has received confirmation of the 0 to 19 Children's Service and Dental service contracts which has enabled the release of a redundancy provision. Following a request from NHS Improvement the Trust has agreed to use this non recurrent resource to increase its planned surplus for the year by £0.5m. NHS Improvement has agreed to provide £1.0m additional funding to the Trust from the Provider Sustainability Fund (PSF). The Trusts planned outturn surplus for the year is now £4.0m including £2.3m PSF. The financial risks are being managed and include ensuring that any loss of income from decommissioning is fully mitigated and the continued delivery of planned cost improvements.

c. Leeds Teaching Hospitals Trust

The Trust is still on track to deliver against its pre-PSF control total, with the year to date adverse variance of £3.2m relating almost entirely to PSF not accounted for due to A&E performance being behind trajectory. The £1.7m deterioration in variance from Quarter 1 all relates to the same issue. Before accounting for PSF the Trust's Quarter 2 position was a £20.3m deficit against a deficit plan of £20.4m. The deficit plan is a target agreed with NHS England and NHS Improvement that the Trust is on course to achieve.

The Trust continues to forecast delivery of its pre PSF £19.8m deficit, managing risks that could impact on the position. It continues to identify mitigating actions and will continue to work towards achieving the full savings programme. Although work

is ongoing to deliver the A&E performance standards for the remaining quarters, the year-end forecast currently takes the financially prudent view that it is not achieved, and as such would end the year with a £9.8m adverse variance to the overall plan, but still achieve the pre PSF control total agreed with NHS Improvement.

d. Leeds and York Partnership Trust

The position at month 6 is stable. It is only ahead of plan due to achievement of a proportion of the sale proceeds earlier than modelled. The current key pressures are linked to escalating Out of Area Placements (OAP) expenditure, specifically locked rehabilitation and male acute which is now consistently above the trajectory agreed with commissioners.

The forecast planned surplus position has increased from £2.5m to £28m. This is a consequence of a technical adjustment linked to the accounting treatment of a PFI refinancing gain and associated Provider Sustainability Fund incentive scheme.

e. NHS Leeds CCG

The CCG is on track to achieve its financial targets. The CCG has reviewed its £34.3m QIPP (quality, innovation, productivity and prevention) target against its risk profile at the mid-way point in the year. A number of significant risks have either slipped into future financial years or not crystallised which have reduced the target in year. Although most schemes are due to deliver later in the financial year, around £5m has already been delivered by the mid-way point in the year. Resources are being directed into the Commissioning for Value programme to ensure that there is a robust process in place to review all commissioning expenditure and monitor QIPP plans henceforth. For 2018-19, a risk reserve plus slippage on some previously anticipated areas of spend will help to mitigate against the non-achievement of in year QIPP. QIPP is reported and monitored through the Commissioning for Value Board to ensure delivery as a key aspect of the CCG's financial position.

The CCG has increased the in-year control total surplus by £5m as part of a national process to close off the NHS 2018/19 financial planning process. This increases the historic surplus held by NHS England on behalf of the CCG from £40.38m to £45.38m, with the understanding that the CCG is able to draw down up to £10m from its surplus in 2019-20 in return for its increased surplus in 2018-19.

The main changes in Month 6 are a reduced forecast outturn for prescribing of £1m, based on the latest data, and a reduction in the continuing care forecast of £0.8m due to a major piece of work reviewing packages, and to decreased activity.

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Leeds Health and Wellbeing Board

Report author: Arfan Hussain (Health Partnerships Team)

Report of: Tony Cooke (Chief Officer, Health Partnerships)

Report to: Leeds Health and Wellbeing Board

Date: 12 December 2018

Subject: Connecting the work of the Leeds health and care partnership

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 a summary of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). The report gives an overview of key pieces of work across the Leeds health and care system, including:

- Connecting our strategies and plans with the assets and needs of our poorest neighbourhoods.
- The People's Voice Group
- Our emerging citywide approach to estates
- The Leeds System Resilience Plan

Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the report.

1 Purpose of this report

1.1 The purpose of this report is to provide a public account of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). It contains an overview of key pieces of work directed by the HWB and led by partners across the Leeds health and care system.

2 Background information

2.1 Leeds Health and Wellbeing Board provides strategic leadership across the priorities of our Leeds Health and Wellbeing Strategy 2016-2021, which is about how we put in place the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. We want Leeds to be the best city for health and wellbeing. A healthy and caring city for all ages, where people who are the poorest improve their health the fastest. This strategy is our blueprint for how we will achieve that.

2.2 National guidance states that: to make a real difference for the people they serve, Health and Wellbeing Boards need to be agents of change[1]. With good governance, the Leeds Health and Wellbeing Board can be a highly effective 'hub' and also a 'fulcrum' around which things happen.

2.3 This means that the HWB is rightly driving and influencing change outside of the 'hub' of public HWB meetings. In Leeds, there is a wealth and diversity of work that contributes to the delivery of the Strategy.

2.4 Given the role of HWBs as a 'fulcrum' across the partnership, this report provides an overview of key pieces of work of the Leeds health and care partnership, which has been progressed through HWB workshops and wider system events.

3 Main issues

Health and Wellbeing Board workshop (Oct 2018): Working with communities: Improving the health of the poorest the fastest

3.1 In February 2018, HWB members reiterated its commitment to communities who experience some of the poorest health outcomes and significant health inequalities and reflecting this within the refreshed Joint Strategic (Needs) Assessment (JSA) process. As part of this, the HWB held a workshop in Oct 2018 exploring the value of connecting the JSA process with the Leeds City Council led 'Priority Neighbourhoods' approach and how the developing Local Care Partnerships could help us better understand the assets and needs of our poorest neighbourhoods and to target our work with people in these places.

3.2 As a result of the workshop, the HWB agreed to the following:

- Continue to build on and strengthen the relationship between the Leeds Health and Wellbeing Strategy and the Inclusive Growth Strategy.
- Continued commitment to progressing Local Care Partnerships

[1] *Making an impact through good governance – a practical guide for Health and Wellbeing Boards,* Local Government Association (October 2014)

- Targeting support in Priority Neighbourhoods considering opportunities to target efforts in communities who need to see the greatest and fastest improvement.
- Engage, contribute and take action on the workstreams of the Child Poverty Impact Board.
- Factor in the conversations and learning from the workshop into the JSA process, refresh of the Leeds Mental Health Framework and integrated commissioning framework.

HWB has directed these actions for progression and monitoring by relevant organisations and partnership boards/groups.

Leeds Health and Wellbeing Board: Board to Board Session (Nov 2018)

3.3 The Health and Wellbeing Board convened its second Board to Board session in Nov 2018. These sessions bring together a larger number of health and care partners (50+) to discuss key strategic topics, share perspectives and progress collective actions to support the delivery of the Leeds Health and Wellbeing Strategy. This approach is unique to Leeds and ensures that everyone is joined up and working towards the same goals for the city and for our citizens.

3.4 In Leeds our health and care system leaders are committed to a city first and organisation second approach at all levels through the following principals of approach:

Principles of our approach		
We put people first: We work with people, instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds citizens and our workforce.	**We deliver:** We prioritise actions over words to further enhance Leeds' track record of delivering positive innovation in local public services. Every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.	**We are team Leeds:** We work as if we are one organisation, taking collective responsibility for and never undermining what is agreed. Difficult issues are put on the table, with a high support, high challenge attitude to personal and organisational relationships.

3.5 At the previous session the following areas were discussed:

People's Voice Group (PVG) Update: Big Leeds Chat

3.6 The Health and Wellbeing Board has made a city-wide commitment and expectation to involve people in the design and delivery of strategies and services. Conversations with people is an integral part of achieving that ambition. The PVG with wider health and care colleagues designed an ambitious and

creative listening event, Big Leeds Chat, to hear what people in Leeds said about health and wellbeing, bring people and decision makers together and influence the ongoing development of the Leeds Health and Care Plan.

3.7 HWB: Board to Board received an overview of the success of the first Big Leeds Chat event, which took place on 11 October 2018 at Kirkgate Market and shared their experiences. The listening event was focused on three questions: what do you love about Leeds, what do you do to keep yourself healthy and lastly what can we do to make Leeds the best city for health and wellbeing? This was followed, where appropriate, by more in-depth conversations between people and decision makers on the topics that mattered to people related to health and care in the city.

3.8 During HWB: Board to Board discussions, the wider health and care system through their organisations and existing partnership/board groups agreed to:

- Use the findings from the Big Leeds Chat to inform our strategy and plans locally and regionally.
- Reiterate their commitment to the wider determinants of health that was a clear theme of the feedback received.
- Have items focused on the key issues raised at future health and care partnership boards/groups.
- Support future Big Leeds Chat events and explore how they can occur in different communities across Leeds.

Our Emerging Citywide Estates Strategy: Building the Leeds Way and Community Estates

3.9 The HWB: Board to Board engaged in discussions around the opportunities for Leeds to shape the future of its estate, through delivery of Building the Leeds Way and the development of an intelligence-led community strategy. Between these two Leeds aims to have a joined-up ambition, with complimentary approaches which clearly articulate how we will deliver a 21st century health and care infrastructure to support service delivery in the right place, at the right time, so that the health of the poorest is improved the fastest.

3.10 During HWB: Board to Board discussions, the wider health and care system through their organisations and existing partnership/board groups agreed to:

- Ensure that our approach to estates are in line with the ambitions and vision of the Leeds Health and Wellbeing Strategy, Leeds Health and Care Plan and contributes to the Leeds Inclusive Growth Strategy through a whole systems approach.

- Commitment to engage and support the development of the community estates strategy.
- For an update at a future HWB meeting.

Leeds System Resilience Plan: Transforming unplanned health and care system in Leeds

3.11 The HWB: Board to Board received an update on the Leeds System Resilience Plan, which provides the description of the principles and aims for the system, detailing how the system will work together to cope with surges in demand. It also details the close links with the Leeds Health and Care Plan through the Unplanned Care and Rapid Response programme, describing the aspirations for wider system reform for Leeds.

3.12 HWB: Board to Board discussions, the wider health and care system through their organisations and existing partnership/board groups reiterated their commitment to the Leeds System Resilience Plan as 'Team Leeds' and expressed their thanks to the workforce.

Leeds Providers' Integrated Care Collaborative (LPICC)

3.13 HWB: Board to Board received an overview of the LPICC, which aims to enable co-ordination of decision making across provider organisations to better integrate service delivery, improve the quality of care, improve patient outcomes / reduce inequalities and make best use of resources and the 'Leeds pound'.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 The Health and Wellbeing Board has made it a city-wide expectation to involve people in the design and delivery of strategies and services. Through the Peoples' Voice Group there is a commitment from health and care partners to strengthen our approaches in a coordinated way to hear the voices of our community about health and wellbeing – connecting people with senior decision makers shown through the Big Leeds Chat.

4.1.2 A key component of the development and delivery of each of the pieces of work for the HWB: Board to Board session is ensuring that consultation, engagement and hearing citizen voice is occurring.

4.2 Equality and diversity / cohesion and integration

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

4.2.2 Any future changes in service provision arising from work will be subject to governance processes within organisations to support equality and diversity.

4.3 Resources and value for money

4.3.1 Each of the pieces of work highlighted in this report evidences how the Leeds health and care system are working collectively with the aim of spending the Leeds £ wisely under the strategic leadership of the HWB. The volume of partnership working is testament to the approach taken – sharing or integrating resources, focusing on outcomes and seeking value for money as part of its long term commitment to financial sustainability.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 Risks relating to each piece of work highlighted is managed by relevant organisations and boards/groups as part of their risk management procedures.

5 Conclusions

5.1 In Leeds, there is a wealth and diversity of work and initiatives that contribute to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021 which is a challenge to capture through public HWB alone. This report provides an overview of key pieces of work of the Leeds health and care system, which has been progressed through HWB workshops and events with members.

5.2 Each piece of work highlights the progress being made in the system to deliver against some of our priorities and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the report.

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?
Each of the pieces of work highlighted in this report, through the strategic direction of the Health and Wellbeing Board, is aligned to priorities of our Leeds Health and Wellbeing Strategy 2016-2021 and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

How does this help create a high quality health and care system?
National guidance states that: to make a real difference for the people they serve, Health and Wellbeing Boards need to be agents of change. The Leeds Health and Wellbeing Board is rightly driving and influencing change outside of the 'hub' of public HWB meetings to ensure that the wealth and diversity of work in Leeds contributes to the delivery of the Strategy. The Board is clear in its leadership role in the city and the system, with clear oversight of issues for the health and care system.

How does this help to have a financially sustainable health and care system?
Each of the pieces of work highlighted in this report evidences how the Leeds health and care system are working collectively with the aim of spending the Leeds £ wisely under the strategic leadership of the HWB. The volume of partnership working is testament to the approach taken – sharing or integrating resources, focusing on outcomes and seeking value for money as part of its long term commitment to financial sustainability.

Future challenges or opportunities
In the wealth and diversity of work there is an ongoing opportunity and challenge to ensure that the Board, through its strategic leadership role, contributes to the delivery of the Strategy in a coordinated and joined up way that hears the voices of our citizens and workforce.

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	
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	
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

Function Room, St George's Centre, 60 Great George Street, Leeds, LS1 3DL

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