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HEALTH AND WELLBEING BOARD

Meeting to be held in Henry Moore Room, Leeds Art Gallery, The Headrow, Leeds, LS1 3AA
on
Thursday, 25th April, 2019 at 10.00 am

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)
Anthony Kealy - Locality Director, NHS England North (Yorkshire & the Humber)

Third Sector Representative
Vacancy

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 (Joint)
Paul Money - Chief Officer, Safer Leeds
Supt. Jackie Marsh – West Yorkshire Police

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

Agenda complied by: Harriet Speight
Governance Services 0113 3789954

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 - 28TH FEBRUARY 2019** To approve the minutes of the previous Health and Wellbeing Board meeting held 28th February 2019 as a correct record.	1 - 8
9			**PRIORITY 10 - PROMOTE MENTAL AND PHYSICAL HEALTH EQUALLY: DEVELOPMENT OF A LEEDS MENTAL HEALTH STRATEGY** To consider the report of the Leeds Mental Health Partnership Board providing an update on the progress of the development of the new all-age mental health strategy for Leeds.	9 - 20

10			**PROGRESSING THE LEEDS DEMENTIA STRATEGY** To consider the report of the Leeds Dementia Partnership providing an overview of the previous Leeds Dementia Strategy highlighting the progress that has occurred to date across the partnership.	21 - 36
11			**LEEDS AUTISM STRATEGY UPDATE** To consider the report of the Leeds Autism Partnership Board providing an update on: progress on the strategy so far; the outcomes of the recent self-assessment framework (SAF); and developing information from national and local research.	37 - 64
12			**UPDATE ON THE LAHP STRATEGY: REDUCING HEALTH INEQUALITIES THROUGH INNOVATION AND SYSTEM CHANGE** To consider the report of the Leeds Academic Health Partnership providing an update on the progress made on the delivery of the LAHP Strategy 2017-2021 a year since it was considered by HWB on 19 February 2018.	65 - 74
13			**FOR INFORMATION: BCF QUARTER 4 2018/19 RETURN PERFORMANCE MONITORING** To note for information, receipt of the joint report from the Chief Officer Resources & Strategy, LCC Adults & Health and the Deputy Director of Commissioning, NHS Leeds CCG, on the BCF Performance Monitoring return for 2018/19 Quarter 4 which were previously submitted nationally following circulation to members for comment.	75 - 84
14			**FOR INFORMATION: NHS LEEDS CCG ANNUAL REPORT 2018-19 - 'DELIVERING THE LEEDS HEALTH AND WELLBEING STRATEGY 2016-2021'** To note for information, receipt of the NHS Leeds CCG Annual Report 2018-19 section on 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021'.	85 - 104

15			**DATE AND TIME OF NEXT MEETING** To note the proposed date and time of the next Board meeting as Friday 14th June 2019, 12:00-15:00 (pre-meeting 12:00-12:30). **<u>Third Party Recording</u>** Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda. Use of Recordings by Third Parties– code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

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HEALTH AND WELLBEING BOARD

THURSDAY, 28TH FEBRUARY, 2019

PRESENT: Councillor R Charlwood in the Chair

Councillors P Latty and L Mulherin

Representatives of Clinical Commissioning Group

Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group
Tim Ryley - Director of Strategy, Performance and Planning, NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adults and Health
Chris Dickinson – Head of Service (Commissioning and Marketing) Children and Families

Third Sector Representative

Karen Pearse – Director, Forum Central

Representatives of NHS providers

Eddie Devine – Associate Director, Leeds and York Partnership NHS Foundation Trust
Yvette Oade – Chief Medical Officer, Leeds Teaching Hospitals NHS Trust

Representative of Leeds GP Confederation

Gaynor Connor – Director of Transformation, Leeds GP Confederation

53 Welcome and introductions

The Chair welcomed all present and brief introductions were made.

The Chair asked the Board to note the joint appointment of Paul Money, Chief Officer for Safer Leeds, and Supt. Jackie Marsh as Safer Leeds Representatives to the Board.

The Chair also informed the Board that following the retirement of Moira Dumma, Anthony Kealy - Locality Director, NHS England North (Yorkshire & the Humber) would be appointed as representative of NHS England on the Board. Additionally, the Board were informed by Karen Pearse that Forum Central had undertaken an interview process to select a third sector

representative to the Board, and had selected Alison Lowe, the Director of Touchstone. Both statutory appointments are to be formally agreed at Council on 27th March 2019.

The Chair provided a brief update regarding the recently published CQC Local System Review of Leeds: Action Plan, which included some positive messages for Leeds as well as opportunities to continue to build on the current system. The Chair also informed Members that she would be attending and speaking at the King's Fund 'Health and Care explained' event.

54 Appeals against refusal of inspection of documents

There were no appeals.

55 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

56 Late Items

There were no late items.

57 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

58 Apologies for Absence

Apologies for absence were received from Councillor E Taylor, Phil Corrigan, Steve Walker, Sara Munro, John Beal, Anthony Kealy, Thea Stein and Jim Barwick.

Gaynor Connor, Yvette Oade, Tim Ryley, Chris Dickinson, and Eddie Devine attended the meeting as substitutes. Karen Pearse was also in attendance, representing the third sector.

59 Open Forum

A member of the public, Dr John Puntis, congratulated the Board on achievements set out within the Annual Review report (Item 9).

Dr Puntis raised some concerns about the potential sharing of personal health data between the NHS and the Department for Work and Pensions (DWP) to inform benefit decisions, and wished to hear the Board's views on the matter. In response, the Board recognised the risk associated with sharing personal data in this way, but were not aware of any policies or projects which would facilitate data sharing with the DWP and would seek more information.

In relation to the NHS Long Term Plan (Item 12), Dr Puntis also raised some concerns around the lack of accountability of Integrated Care Systems (ICSs) and the reduced role of the Local Authority. Mr Puntis also felt that some key issues were not addressed within the plan, including vacancies and increased private sector provision. In response, Mr Puntis was informed that the Council have been clear in ensuring that their voice is heard, and will do so through a number of forums such as the introduction of a number of partnership boards chaired by the Leader of the Council. Mr Puntis was also assured that the Leeds approach was to move away from outsourcing.

60 Minutes 12 December 2018

RESOLVED – That the minutes of the meeting held on 12th December 2018 be approved as a correct record.

61 Leeds Health and Wellbeing Board: Reviewing the Year 2018-19

The Chief Officer, Health Partnerships, the Chief Analyst, Leeds City Council and NHS Leeds CCG, and the Head of Service, Intelligence & Policy Service, Leeds City Council, submitted a report that introduced the attached report to be endorsed by the Board subject to the inclusion of images and formatting to be agreed by the Chair, which takes a look back over the last 12 months of Health and Wellbeing Board (HWB) and partnership activity as well as an update on the indicators of the Leeds Health and Wellbeing Strategy.

The following were in attendance:

- Tony Cooke, Chief Officer for Health Partnerships
- Frank Wood, Chief Analyst, Leeds City Council and NHS Leeds CCG
- Peter Storrie, Head of Service, Intelligence & Policy Service, Leeds City Council

The Chief Officer for Health Partnership introduced the item and provided a PowerPoint presentation, providing some examples of key achievements throughout the year. Members were also provided with trends and changes in health data for Leeds, including the widening gap of deprivation and how this impacts health.

Members discussed a number of matters, including:

- The over representation of children and young people in the population of those living in the most deprived areas in Leeds.
- The need for deprivation data to be used to show differences between Local Care Partnership areas, and to form connections with the Neighbourhood Improvement Board to tackle deprivation issues.
- The importance of the ‘avoidable years of life lost’ data and consideration of how this could be used to inform future work of the Board.

- Some discussion around how far the Board's responsibilities stretch, balanced with the need to tackle some of the wider determinants of health.
- The need to build on an asset / strength based approach and evidence this within the annual reports, recognising the positive networks in place.
- The Youth Council's campaign to support better mental health, and the potential for their inclusion in future mental health work.

RESOLVED –

a) To note the Board's comments and suggestions in relation to the work plan, and the outcomes and priorities of the Leeds Health and Wellbeing Strategy.
b) To agree the contents of the Leeds Health and Wellbeing Board: Reviewing the Year 2018-19 report, subject to the inclusion of images and formatting to be agreed by the Chair.

62 Priority 7: Maximise the benefits from information and technology - Leeds City Digital Partnership Update

The Chief Digital and Information Officer, Leeds City Digital Partnership, submitted a report that provided an update on the progress Leeds City Digital Partnership, the associated programme of work and the commitments set for 2019/20, all of which underpin the delivery of the Health and Wellbeing Strategy 2016-2021. The report also described some of the challenges that can impede progress and how they could be resolved.

Dylan Roberts, Chief Digital and Information Officer, Leeds City Digital Partnership, was in attendance and introduced the report. Members were provided with an update on the 'one organisation' approach taken towards the work progressed to date, along with detail around future programmes. The Chair also noted the importance of the joint up approach to new technologies, and the Board's role in governing the Leeds City Digital Partnership.

Members discussed a number of matters, including:

- It was noted that the Leeds GP Confederation had signed up to the Digital Partnership, which was not reflected in the report.
- The challenge associated with the third sector's inclusion in the partnership. Members heard that there was work being progressed to enable smaller third sector organisations to access technologies, and that an update would be provided at a later meeting.
- The potential for technology to reinforce inequality, and the need for technology to serve the needs of the people rather than inhibit them. Members discussed how digital literacy could be available to all through well-targeted support and training.

RESOLVED -

a) To note the progress made to date through the Leeds City Digital Partnership.
b) To endorse the 2019/20 Commitments detailed in Appendix 2.
c) To note the main issues described in this report and be an advocate for the Place First Digital approach.
d) To endorse and advocate that all organisations adhere to the MOA and engage with the Leeds City Digital Partnership Team with regards to all IT investments and projects that relate to the Leeds Plan or integrated care.
e) To endorse and if necessary provide support to the Leeds City Digital Partnership Team approach with National organisations and policy.
f) To support in principle the continued use of Better Care Fund Capital, subject to its governance processes and also access other capital funds e.g. Local Authority Capital subject to business cases.
g) To support activity to get more business and clinical stakeholders involved in digital, actively understand the digital opportunities for transforming health and care, help prioritise investment decisions and provide active sponsorship for the process changes required to deliver tangible health and care benefits.

63 Leeds Health and Care Plan: Continuing the Conversation

The Leeds Health and Care Partnership Executive Group (PEG) submitted a report providing an overview of progress to date in reviewing the current Leeds Health and Care Plan.

Paul Bollom, Head of the Leeds Health and Care Plan, Health Partnerships was in attendance and introduced the report, providing more detail on some of the completed actions and priorities, and the areas of opportunity for further review. Members were also informed of a recent consultation process that had been undertaken with a variety of stakeholders and a summary of the feedback.

Members discussed a number of matters, including:

- Support for the Mental Health Strategy being incorporated into the plan when it is developed and published, to demonstrate parity of esteem between mental and physical health.
- Some queries around the elements of the plan that would be open to review. Members heard that the ‘obsessions’ may be subject to change.

RESOLVED –

a) To note the contents of the report, along with the Board’s comments and suggestions.
b) To agree the approach to identifying priorities for the future of health and care and process to review the Leeds Plan to ensure it continues to meet the needs of the changing health and care landscape.

64 Overview of the NHS Long Term Plan

The Chief Officer, Health Partnerships, submitted a report that provided an overview of the NHS Long Term Plan (LTP) and some of the initial implications for Leeds and the region.

Tony Cooke, the Chief Officer, Health Partnership was in attendance and introduced the report, providing a summary of some of the key elements of the plan and how they relate to the Leeds approach.

Members discussed a number of matters, including:

- Members commented on flexibility of the plan, which allows for, and endorses, the Leeds approach.
- The opportunity to link up with the recently published GP new contract deal.
- The absence of recognition of the family system, and the impact this can have on all groups of people.
- The need for communication and engagement with staff to go beyond the approach set out in the plan.

RESOLVED – To note the contents of the report, along with the Board's comments and suggestions.

65 For Information: BCF Quarter 3 2018/19 Return Performance Monitoring

The Board received, for information, the joint report from the Chief Officer Resources & Strategy, LCC Adults & Health and the Deputy Director of Commissioning, NHS Leeds CCG, on the BCF Performance Monitoring return for 2018/19 Quarter 3 which were previously submitted nationally following circulation to members for comment.

RESOLVED – To note the contents of the report.

66 For Information: Leeds Health and Care Quarterly Financial Reporting

The Board received, for information, 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.

RESOLVED – That the contents of the report be noted.

67 Any Other Business

No matters were raised on this occasion.

68 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next meeting as Thursday 25th April 2019 at 10am (with a pre-meeting for Board members at 9:30am)

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Leeds Health and Wellbeing Board

Report authors: Jenny Thornton and Caroline Baria

Report of: Leeds Mental Health Partnership Board

Report to: Leeds Health and Wellbeing Board

Date: 25 April 2019

Subject: Priority 10 - Promote mental and physical health equally: Development of a Leeds Mental Health Strategy

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 Health and Wellbeing Board agreed for the development of a new, comprehensive strategy and vision to guide how we are addressing mental health and reducing mental health inequalities in Leeds. A new all age mental health strategy is being developed which encompasses population mental health, prevention and treatment. This new strategy will replace the previous Leeds Mental Health Framework.

Recommendations

The Health and Wellbeing Board is asked to:

- Support the proposed content of the draft strategy
- Endorse the shared vision that Leeds will be a mentally healthy city for all
- Approve the priorities and the four passions contained within the strategy

1. Purpose of this report

1.1 To update on the progress of the development of the new all-age mental health strategy for Leeds.

1.2 To seek feedback from members of the board and approval for the vision of a collective and unified-system wide approach to mental health, the proposed priorities to be contained in the strategy, and it's fit with the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan

2. Background information

2.1 Between 2014 and 2017, action across the mental health system in Leeds (including mental healthcare services, Adult Social Care and Public Health) was co-ordinated through a programme of work called the Leeds Mental Health Framework. Whilst the framework focussed upon adults, it had key interfaces with the perinatal and transitions workstream into Children and Young People's mental health services. Following a request from the Health and Wellbeing Board, the Leeds Mental Health Partnership Board (MHPB) began to develop an all-age mental health strategy in order to build upon the Leeds Mental Health Framework.

2.2 In accordance with our Health and Wellbeing Strategy, Leeds has a clear commitment, and ambitious programmes already in place, to promote good mental health, prevent mental illness and provide high quality care and treatment. These include:

- Best Start programme – which in its focus on the first 1001 days and the importance of developing healthy attachment relationships is the bedrock of all future health and wellbeing

- Leeds Future in Mind Strategy and the Future in Mind Local Transformation Plan - which sets out a comprehensive citywide approach to improving the social emotional and mental health of our children and young people. We know the majority of mental illness begins in childhood and so getting it right for our children benefits the whole population

- Mental Health Prevention Concordat, with strategic leaders signed up as 'champions'

2.3 In addition to these programmes, it is recognised that there is a need to articulate and co-ordinate action through the life course across the health and social care system and to acknowledge that this has been challenging, in part due to the complex nature of mental health and illness. A new all-age mental health strategy has therefore been proposed which aims to set out the vision and the priorities to enable Leeds to become a mentally healthy city for everybody.

2.4 Within the last five years a number of mental health needs assessments (perinatal, children, young people and adult) have been carried out. These have indicated that there is continued unmet mental health need in the city, along with inequity between groups in terms of access to services and unequal health outcomes. In addition,

engagement, analysis and service reviews carried out to date, as highlighted below, provides strategic partners with a good understanding about what affects people's mental health in the city and how people think services could improve:

- 'Big Leeds Chat' (our 'one system' citywide engagement with the public about health and wellbeing)
- Our recent Joint Strategic Assessment
- Healthwatch Leeds and Youthwatch (review of crisis services)
- Leeds and York Partnership NHS Foundation Trust (LYPFT) community services redesign
- NHS Leeds CCG (IAPT insight)
- Leeds City Council

2.5 The NHS Long Term Plan sets out significant ambitions to improve services and wider support for people with mental ill health. These include improving access to high quality perinatal mental health services, increasing mental health support to schools, improving transition, reducing smoking rates in people with long term mental health conditions, and improved employment support for people with serious mental illness. Crucially this is underpinned by a commitment to addressing mental and physical health inequalities through a focus on prevention and through integrated approaches.

2.6 An all-age mental health strategy for the city builds on these existing programmes which encompass the spectrum of prevention through to the delivery of high quality services. It is envisaged that in bringing all programmes together under a shared vision, and through a collective approach and shared culture, that further synergies can be found and that mental health will be become 'everyone's business' within the wider system. A single strategy will also support development and delivery of support and services that recognises the importance of the family unit and how the mental health of adults in a family has a significant life course impact on the health and wellbeing of any children within the home.

3. Main issues

3.1 Mental health encompasses 'good mental health' along with stress, common mental health disorders (such as anxiety and depression) through to diagnoses such as schizophrenia and psychotic disorders. It is vast and complicated and this often results in complex systems and services.

3.2 Action to improve mental health and wellbeing often lies outside of services. There are well evidenced risk factors for poor mental health which include: having experienced trauma (particularly in childhood); economic hardship; living in poor housing conditions, and lack of access to green spaces. There is a need to work together across all policy and service areas to ensure that social and economic determinants are mental health promoting and that protective factors are enhanced.

3.3 Priority populations identified include (but are not restricted to): people from Black and Minority Ethnic communities - particularly disadvantaged groups such as Gypsy and Travellers and Asylum Seekers; the LGBT community, care leavers, people with disabilities, carers, and people with co-existing Autistic Spectrum Disorder.

3.4 Mental ill health appears to be increasing for some groups – particularly girls and young women. This is reported nationally and is being recognised by services in Leeds. Mental ill health also disproportionately affects some groups more than others (due to the way that risk factors tend to 'cluster') and people with serious mental ill health have significantly poorer physical health outcomes.

3.5 To improve mental health and address mental health inequalities necessitates taking a whole system, life course approach, with shared values and a shared culture, encompassing mental health promotion, illness prevention and treatment. An all-age mental health strategy will enable this broad and holistic perspective.

3.6 The Inclusive Growth Strategy and our Joint Strategic Assessment highlights that a primary focus of the mental health strategy must be on ensuring that people in the most deprived areas of Leeds are supported to access education, training and employment in order to promote their mental health and thereby seeking to close the inequalities gap.

3.7 The all-age mental health strategy will be transformative and will work alongside the Leeds Health and Care Plan for a stronger system wide focus on prevention and early intervention through a 'Leeds Left Shift'.

3.8 Scope and purpose of the strategy

- To develop our shared vision and aim for mental health so that **"Leeds will be a Mentally Healthy City for everyone"**
- To set out how we can work together to improve the mental health and wellbeing of everyone in Leeds
- To describe how we will work as a system to improve the promotion of mental wellbeing and the support for people with mental health needs

3.9 Our Guiding Principles

In recognising the need to take a system-wide approach to mental health, the guiding principles for the mental health strategy are:

- Taking into account the wider determinants of mental health and illness
- Achieving parity of esteem
- Challenging stigma and prejudice
- Taking an evidence based approach to what works
- Adopting a recovery focus wherever possible
- Supporting the system to address issues of inclusion and diversity
- Taking a person and family -centred and strengths based approach

3.10 Priorities

The proposed system wide priorities for the mental health strategy are:

- Preventing mental health problems and promoting good mental health
- Making available the right information at the right time

- Supporting every child to achieve the best possible start in life through improved perinatal mental health provision
- Supporting self-care, with more people managing their own mental health
- Reducing health inequalities by focussing on key groups that we know are more at risk and therefore need targeted support
- Taking a whole person and Think Family approach recognising the impact that adult mental health needs can have on children's health and wellbeing
- Improving the social, emotional, mental health and wellbeing of children and young people
- Meeting both mental and physical health needs
- Improving accommodation support for people with moderate to severe mental health problems
- Changing services to better meet the needs of older people
- Developing more community based crisis support services

Delivery of these priorities will require the whole system to operate with a shared culture and shared understanding of people with mental health needs.

3.11 Outcomes

The implementation of the strategy will result in the following outcomes for the people of Leeds:

- People of all ages and communities will be comfortable talking about their mental health and wellbeing
- People will live in and create mentally healthy, safe and supportive families and communities
- People living with the impact of complex trauma will be able to access appropriate mental health services and will lead healthy and fulfilling lives
- People's quality of life will be improved by swift access to appropriate mental health services and information
- People will be actively involved in their mental health and their care
- People with long term mental health conditions will live longer and lead fulfilling, healthy lives

3.12 Our four passions

Through our collective approach in the implementation of the mental health strategy we will aim to:

1. Close the inequalities gap and reduce the number of people with the poorest health
2. Reduce the numbers of suicides and people who self-harm
3. Reduce of the numbers of people from BAME backgrounds who are detained under the Mental Health Act
4. Increase the numbers of people with mental health needs in education, training and employment

At the heart of this will be a **'diverse services but one culture across the system'.**

3.13 There will be a number of work streams that will be established to deliver the priorities as follows:

- **Preventing mental health problems and promoting good mental health**: Connecting with the Best Start programme and Future in Mind Leeds plan, recognising that getting it right for our children benefits the whole population throughout the life course. In addition, addressing the wider determinants of mental health, specifically reducing risk factors and increasing protected factors for people to keep them well, targeting communities with the poorest mental health; good accessible information; self-care; peer support; social prescribing.

- **Diverse services but one culture across the system**: Recovery focussed; strength based; person centred; challenging stigma and discrimination; promoting parity of esteem

- **Strengthen community services including Primary Care mental health services**: Connecting with children's services to deliver our commitment to 'Think Family' and support our schools; ensuring an out of hours dedicated crisis response for children and young people; stronger crisis support in the community for adults; older people specific services; services that are culturally competent to meet the needs of people from BAME communities

- **Supporting good practice**: Trauma informed; Think Family; holistic/person centred; strengths based; recognising people's physical health needs; addressing parental mental health as part of our Early Help Strategy which sees this as a significant factor in child protection and children taken into care

- **A stronger offer to support access to education, training and employment and sustaining employment**

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 As part of the Mental Health Framework development a set of 'core' expectations for mental health support in the city and "I statements" were co-authored with and signed-off by the Together We Can lived experience network and a number of affiliated groups. Those statements have been adopted by health and care commissioners in order to support service design, development and evaluation of service contracts.

4.1.2 Much of the work to assess need and engage communities, service users and practitioners has already been completed, either through the Leeds Mental Health Needs Assessment processes, or through engagement undertaken as part of mental health service reviews and procurement. These examples, along with other

engagement[1] undertaken in the last 12 months have been analysed to give the following outline themes of engagement in regards to mental health in Leeds:

- Information accessibility and content improvement
- Continuity and joined up working services
- Being Person Centred and Service User led
- Professional Relationships – clear, open and honest
- Education of Mental Health – public and professional across the education, health and social care system
- Adequate Crisis provision
- Equal access to Mental Health Services
- More provision of services, including Mental Health wellbeing
- Instilling resilience in people and communities

4.1.3 An early draft of the strategy was presented at a recent Forum Central network meeting. Feedback from this session has influenced the draft vision, outcomes, passions and priorities presented in this report already.

4.1.4 Members of the Mental Health Strategy Task and Finish Group will be carrying out further consultation via a number of known platforms during May 2019.

4.1.5 As well as engaging with known groups (i.e. service user forums) and the wider public, further engagement will be carried out with specific groups who have not previously been approached or to whom our consultation has not reached, for example homeless people, street sex workers, prisoners and socially isolated cohorts of the population including people who have been through a recent mental health crisis. Other forums to engage with include cascading of information from the Mental Health Partnership Board, Forum Central and Community Committees. A more robust plan will be worked up in the next few months as work on the draft develops.

4.2 Equality and diversity / cohesion and integration

4.2.1 The development and subsequent implementation of the mental health strategy has the potential to positively affect diverse populations and communities in Leeds. Mental health needs assessments (including Future in Mind and Leeds in Mind) have clearly indicated which groups have poorer access to mental health services and less favourable treatment outcomes. These populations will be a key focus of the strategy through an overarching commitment to addressing mental health inequalities.

4.2.2 There will be a number of work streams that sit under the strategy which will ensure that the social and economic determinants of mental ill health are highlighted; closing the inequalities gap will be a key priority thus galvanising action across the whole system.

4.2.3 A mentally healthy city, supported by a well-developed vision and strategy has the potential to have a positive impact upon community cohesion and integration.

[1] Healthwatch UK; Mental Health in the Long Term Plan for the NHS; Community services redesign; LYPFT redesign; Roads Tunnels & Bridges; SBSC – SU's and Carers; IAPT re-procurement

Population mental health and wellbeing is *dependent* upon wider determinants, including community cohesion. However, steps to improve mental health – including for example, improving access to green spaces or supporting local informal networks, in themselves *support* community integration.

4.3 Resources and value for money

4.3.1 Mental Health is central to all health. It has a significant impact, not only on individuals, families and communities, but also on the economy. Estimates for Leeds suggest that mental ill-health costs over £500 million every year through lost economic output, benefits payments, and its effects on the health and social care system.

4.3.2 There is significant evidence that investing in mental health and wellbeing is highly cost-effective – across the whole health and social care system, and wider across all of society (see below). The mental health strategy does not have an associated budget; rather it sets out action that is taking place already in the city. However, it is hoped that agreeing shared priorities across a range of partners will enable new and innovative ways of working which will have both social and wider economic benefits.

4.4 Legal implications, access to information and call In

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

4.5 Risk management

The finance and reputational risk of the strategy will be overseen and managed by through existing governance arrangements within Leeds City Council and NHS Leeds CCG.

5. Conclusions

5.1 The strategy will cover the full breadth of mental health and illness from prevention and the range of community based services through to in-patient treatment. It will complement strategies already in existence across the system.

5.2 Successful implementation of the mental health strategy should address the key issues experienced by the people of Leeds such as mental health inequalities, stigma, and better integration of mental health and physical health services. The strategy will be ambitious: focussed on bolstering prevention and seeking resources to be invested in to strengthen community services including Primary Care mental health services; reducing health inequalities, and improving people's experiences of mental health care and support services.

5.3 Finally, the Leeds mental health strategy will need to resonate with a changing health and social care landscape. As such, it will be sufficiently flexible to inspire and deliver change at neighbourhood, Local Care Partnerships and citywide footprints.

6. Recommendations

The Health and Wellbeing Board is asked to:

- Support the proposed content of the draft strategy
- Endorse the shared vision that Leeds will be a mentally healthy city for all
- Approve the priorities and the four passions contained within the strategy

7. Background documents

None

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How does this help reduce health inequalities in Leeds?
Strong focus on preventing mental health problems and promoting good mental health and on reducing the inequalities gap through a stronger offer on supporting people to access education, training and sustainable employment.

How does this help create a high quality health and care system?
The all age mental health strategy will focus on strengthening community services including Primary Care mental health services. There will be an emphasis on ensuring that across the health and care system there are a diverse range of services but will require one culture across the system

How does this help to have a financially sustainable health and care system?It is estimated that mental ill-health costs over £500 million every year in Leeds through lost economic output, benefits payments, and its effects on the health and social care system. Supporting people through health promotion and prevention can support the health and care system to remain financially viable or at the minimum to reduce cost pressures.

Future challenges or opportunities
The all-age mental health strategy should be a vehicle for delivering a system wide approach to tackling and reducing health inequalities. The emphasis is on supporting and developing diverse services to meet the needs of different communities, but adopting a one culture approach across the services and programmes of work.

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

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Leeds Health and Wellbeing Board

Report author: Tim Sanders (Commissioning Manager – Dementia, LCC and NHS Leeds CCG)

Report of: Leeds Dementia Partnership

Report to: Leeds Health and Wellbeing Board

Date: 25 April 2019

Subject: Progressing the Leeds Dementia Strategy

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: n/a Appendix number: n/a	☐ Yes	☒ No

Summary of main issues

There is strong local commitment to Leeds developing as a dementia-friendly place, and to improving local services for people with dementia. This has underpinned improvements in recent years including timely dementia diagnosis, support to live with the condition and support for carers. The priorities for further work include ensuring good quality care for people with more complex needs; care planning and review offered by GP practices; opportunities for people to plan for the later stages of dementia; and end of life care. Joint working is well-established through the Leeds Dementia Partnership and specific groups, which has led to an outline of the next Leeds Dementia Strategy; and further engagement is proposed to develop it and build consensus on the next steps.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress made since “Living Well With Dementia In Leeds” was agreed in May 2013;
- Comment on and support the development of the proposed strategy.

1. Purpose of this report

This report seeks to:

- Provide an overview of the previous Leeds Dementia Strategy highlighting the progress that has occurred to date across the partnership.
- Provide an overview of the development of the next iteration of the Leeds Dementia Strategy to date, including how it will help deliver the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan.
- Describe the continuing engagement with partners which has made possible the achievements over the past 6 years, and proposals to develop the strategy in partnership.
- Take into account the impact of health inequalities on the risks of developing dementia, alongside other long-term conditions and frailty.
- Reference the important challenges and barriers, to be addressed by working in partnership, with the support of Leeds Health and Wellbeing Board.

2. Background information

2.1 The older population of Leeds is expected to increase, and become more diverse, as people approach later life who were either born in the UK in the years from 1946; or who came to the UK post-war particularly from Caribbean and South Asian countries. Although dementia prevalence is expected to grow in line with population ageing, there is evidence that improvements in population health have offset this demographic pressure in recent decades.

2.2 There is emerging evidence that health inequalities affect the risk of developing dementia, particularly linked to heart and circulatory disease and Type 2 diabetes. This means that the geographical spread of dementia prevalence is more even than might be expected from only considering the age structure of (eg.) ward populations. This view is supported by data from the Joint Strategic Needs Assessment in 2012[1], and the "The State of Women's health in Leeds" report (2019)[2]. The highest prevalence of diagnosed dementia per head of population is found in the more affluent areas with the oldest populations; whereas the more deprived areas had the highest *age-standardised* prevalence, ie. the higher risk at any given age. The pattern is also influenced by the location of care homes and housing schemes for older people, ie. what happens in the years following diagnosis.

[1] https://leedsobs.wpengine.com/wp-content/uploads/2018/03/Dementia.pdf
[2] https://observatory.leeds.gov.uk/wp-content/uploads/2019/03/State_Womens_Health_Leeds-1.pdf

This chart is Fig 45 from *The State of Women's Health in Leeds* (2019). It shows the tendency for age-standardised rates of dementia diagnosis (figures are per 100,000 population) to be higher where index of multiple deprivation is higher.

2.3 A challenge emerging for local partners in recent years has been an increase in the relatively small numbers of people with more complex needs in dementia. 'Complex needs' refers to unmet emotional and psychological needs which can cause distressed behaviours such as agitation and aggression; or the combination of dementia and physical frailty as people live longer with several long-term conditions. The local care economy has struggled to keep pace, given funding and recruitment challenges. This, more than absolute numbers of people with dementia, is proving the important issue to address.

2.4 Dementia is a long-term neurological condition associated with growing older. For c. 90% of people with dementia, it is found with other long-term conditions. However, it is traditionally a clinical specialism within mental health services, and there are important connections between dementia strategy and mental health strategy, in particular:

- The 'co-morbidity' of dementia with mental health conditions, especially depression and anxiety.
- Meeting NHS standards for treatment and response for crisis services and acute hospital liaison services.

3. Main issues

3.1 There are an estimated 8,500 people living with dementia in Leeds, of whom just over 6,400 have a diagnosis. Since 2013, the number of people in Leeds with a dementia diagnosis – ie. recorded on a GP register and thus known to the NHS – has increased by 40%; a result of NHS and partners organisations improving the identification and assessment of symptoms and improving the diagnosis pathway.

3.2 The dementia diagnosis rate for Leeds is 74.4% (end February 2019); this compares well with NHS England target (66.7%); West Yorkshire & Harrogate area (72.7%); and Yorkshire and Humber region (71.5%).

3.3 There are now services in place to ensure that diagnosis leads to an offer of information and support for people to live with the condition, and access the range of activities and services that community groups in Leeds offer. The Memory Support Worker (MSW) service supported over 1,300 people in 2018-19 and the evaluation of the service was very positive regarding people's experience of the service. The MSWs are integrated with Neighbourhood Teams and specialist memory services, including sharing of information via clinical systems and secure email; as the condition progresses there is timely access to clinical involvement and assessment of care needs. Carers Leeds provide a 'Dementia Carer Hub' which supports c. 1,200 unpaid carers each year via 1:1 support, groups, and training courses. There is a hospital-based dementia carer support worker within this team which has become a valued role in supporting hospital discharge planning and avoiding readmissions.

3.4 Local people and communities in Leeds have risen to the challenge to make Leeds a dementia-friendly place, with over 150 organisations signed up to the Dementia Action Alliance, and approx. 29,000 Leeds residents have registered as Dementia Friends (c.24,000 attending an awareness session, and 5,000 signing up online). Leeds has 47 Memory Cafés that meet at least monthly, of which 25 rely on voluntary and business initiatives which are not funded from any health or social care budget.

3.5 New services are in place for people living with dementia in the later stages. The Leeds & York Partnerships NHS Foundation Trust (LYPFT) has completed (March 2019) a major service redesign that has reinstated specialist older people's services, including intensive and out-of-hours interventions for people living at home and in care homes. Since 2014, community NHS and social work colleagues have accessed three specialist LYPFT clinicians based in the Neighbourhood Teams, to co-work and manage risks with people whose dementia and mental health needs make it more difficult and complex to plan and implement care and treatment.

3.6 Both Leeds Teaching Hospitals and Leeds Community Healthcare NHS Trusts include dementia training in their statutory & mandatory training programmes. All staff are required to undertake dementia 'tier one' training and those clinical staff who are in regular contact with people living with dementia are required to undertake 'tier two' training which is one full day, face to face training. Leeds Teaching Hospitals have trained more than 6,000 staff and implemented dementia-friendly changes to care planning, ward environments and menus; and "John's Campaign" to ensure flexible visiting hours for carers / families of people with dementia. Leeds Community Healthcare have trained more than 1,200 staff in the past year to 'Tier 1' (dementia awareness); and 370 staff at 'Tier 2' level, appropriate for clinical staff. The trust is also developing clinical pathways for the prevention and treatment of delirium, anxiety and depression, recognising the increased risk of these conditions for people with dementia.

3.7 Leeds hospices are recognising the impact of dementia on people's needs at end of life, recognising that of the c. 6,000 people who die in Leeds every year, approx. 15% have dementia (although it is not necessarily the primary care of death. Since 2016, the two hospices have provided the one-hour Dementia Friends session to

106 staff and volunteers; and developed a 'Dementia Care Training for Hospice Staff' course in collaboration with the University of Bradford and provided this for 142 staff.

3.8 Significant challenges remain, including:

- Addressing the variation in quality of the care plan and annual review that GP practices offer to people living with dementia. The Leeds approach is to support clinicians to have better conversations with people who live with long-term conditions, based on agreeing goals and actions. This is known as 'Collaborative Care and Support Planning', and in the 9 months from April-December 2018, 1,739 people (27% of those with a dementia diagnosis) had an annual review using this approach – this is a promising start to build on.
- Developing new capacity to offer carer breaks, and keep pace with emerging population needs, including diverse BME needs.
- Improved quality and capacity for social care, with multi-agency support, will avoid unnecessary hospital admissions and ensure timely discharge. Progress has been made in the past year with winter 2018-19 seeing a consistent month-on-month reduction in people delayed in The Mount (LYPFT specialist inpatient care) awaiting specialist care home beds.
- Offering more opportunity to plan ahead for the later stages of dementia, and continuing to improve the quality of end-of-life care.

3.9 The following eight themes are proposed for developing a refreshed dementia strategy:

- Public Health initiatives empower people to reduce the risk of developing dementia;
- People and places in Leeds are 'dementia-friendly'; we promote inclusion & understanding, and reduce stigma.
- Timely diagnosis leads to support to live with the condition, and community capacity keeps pace with emerging needs.
- Carers are treated as partners in care, and benefit from information, support, and breaks.
- People living with dementia are recognised as diverse, services are competent to respond to diverse needs, and there is support to overcome specific barriers to diagnosis and support.
- Leeds has the right quality & capacity of care services to support people with more complex needs in dementia, and only be in hospital when medically necessary.
- All NHS, care and support services are dementia-inclusive, skilled, and work together. As dementia progresses, people's pathways through services can be complex and the highest standards of co-working and information-sharing are required.
- There is honesty about dementia as a progressive neurological condition, and opportunities to plan ahead for the later stages of the condition and make the most of life.

3.10 An outline of a refreshed strategy for Leeds is proposed at Appendix 1, alongside further detail of progress achieved since 2013. This proposed approach has been

developed primarily at Leeds Dementia Partnership, which meets quarterly and is a well-attended meeting involving: managers and clinicians from the three Leeds NHS Trusts and NHS Clinical Commissioning Group; Leeds City Council; Alzheimers Society, Carers Leeds, Advonet; Touchstone Leeds; Black Health Initiative; Leeds irish Health & Homes; Leeds Older People's Forum; Leeds Care Association; Leeds Beckett University. Carer representatives have attended regularly for most of the past five years, and this now needs refreshing as people have moved on. The partnership will seek to recruit and support a person living with dementia from the 'Up and Go' involvement group. There is, in addition, continuing and regular engagement of partners, looking at specific aspects of the strategy through the following active groups:

- Dementia-Friendly Leeds Steering Group
- Leeds BME Dementia Forum
- Leeds End-Of-Life Dementia Group
- Diagnosis & Support Pathway Redesign Group
- Leeds Teaching Hospitals Dementia Strategy Group
- A series of workshops during 2017-19 on timely transfers of care and complex needs, involving care home and NHS providers.
- Attendance at the Leeds Carers Partnership Board.

4. Health and Wellbeing Board Governance

4.1 Consultation, engagement and hearing citizen voice

The proposed outline strategy will be developed through spring, summer and autumn 2019. As well as the above arrangements, there will be involvement of people living with dementia via the 'Up & Go' group, and Leeds Older People's Forum will lead engagement on people's priorities for making Leeds dementia-friendly. Carers will be involved via Carers Leeds acting as both a channel of communication and a proxy 'voice' able to distil the experience of working every year with over a thousand carers of people with dementia.

Scrutiny Board (Adults, Health and Active Lifestyles) will also be consulted as part of development of the strategy.

4.2 Equality and diversity / cohesion and integration

The development of the strategy will address the diverse needs outlined above and in Appendix 1, related to health inequalities, younger-onset dementia and people with BME origins and needs related . In addition, it will recognise the different experiences of people with dementia and family care-giving related to gender; and the needs of LGBT older people. It is reported, for example, that the effects of dementia on orientation to time, together with uncertainty about the inclusivity of service provision, may lead people to go 'back into the closet'.

4.3 Resources and value for money

There are no specific costs described in the strategy. The overall approach is consistent with the Leeds Plan shift towards early intervention and prevention, whilst

recognising that dementia is a difficult, progressive condition that requires investment in quality and capacity for social care, and end of life care.

4.4 Legal implications, access to information and call-in

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

4.5 Risk management

The strategy will seek to set out the ambition of Leeds to be the best city to live with dementia, whilst being practical about constraints, which includes challenges such as workforce recruitment and development, as well as financial resources. The financial and reputational risks will be managed by the governance of Council and Clinical Commissioning Group in the development of the strategy.

5. Conclusions

5.1 Much has been achieved since 2013 to improve diagnosis and support to live with dementia in Leeds.

5.2 The need for further work arises both from areas identified in the 2013 strategy that have proved difficult to progress; and from emerging needs and challenges experienced by people and carers living with the condition, and by service providers.

5.3 Partnership working in Leeds is long-standing and well-supported. However, people living with dementia, and unpaid carers, do not as yet have a strong voice in setting priorities and developing solutions, and further work is necessary to support stronger involvement.

6. Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress made since “Living Well With Dementia In Leeds” was agreed in May 2013;
- Comment on and support the development of the proposed strategy.

7. Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?
Growing older is the primary risk factor for dementia; health inequalities are associated with increased risk of developing dementia at any given age. The strategy takes the approach of joining up primary, community and specialist care and support for people living with dementia alongside other long-term conditions and frailty.

How does this help create a high quality health and care system?
The report shows good progress on identifying and diagnosing dementia, including reduced waiting times, and introducing support worker roles which enable people and carers to live with dementia, and co-ordinate timely access to a range of services. The report highlights improvements required in dementia care, the work in progress particularly for people with more complex needs, and the next steps to develop the Leeds strategy.

How does this help to have a financially sustainable health and care system?
The strategy describes: diagnosis and support services to enable people and carers living with dementia to stay active and connected; and integrated and timely support from specialist and community services to optimise use of inpatient services. People with dementia who are admitted to hospital are at increased risk of remaining there for too long, and steps taken in 2018-19 have supported more timely transfers of care.

Future challenges or opportunities
The report identifies areas of unmet and emerging need, alongside initiatives and opportunities to improve services. These are: demographic change; carer breaks; support planning and better conversations with people with long-term conditions; people with more complex needs; planning ahead & end of life care.

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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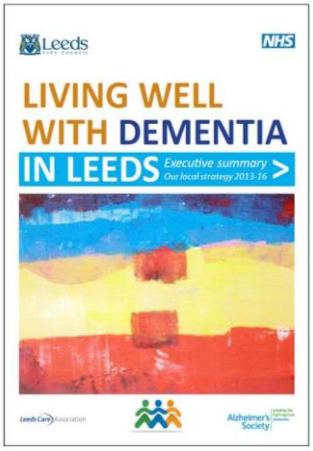
Appendix 1

Living with Dementia in Leeds –
Our achievements 2013-18, developing our strategy 2019-22

Introduction

"Living Well With Dementia in Leeds – our strategy 2013-16" was supported by Leeds Health and Wellbeing Board in May 2013. There has been excellent progress in diagnosing dementia, and support after diagnosis has improved to help more people and carers live with the condition. Our 'dementia-friendly' social movement has grown, to make people more aware and to reduce stigma. Thousands of local NHS staff have been trained, and specialist support for community services and care homes has been enhanced.



However, significant challenges remain. The capacity and quality of services, particularly for people with more complex needs, is inconsistent. The population living with dementia will increase, and become more diverse.

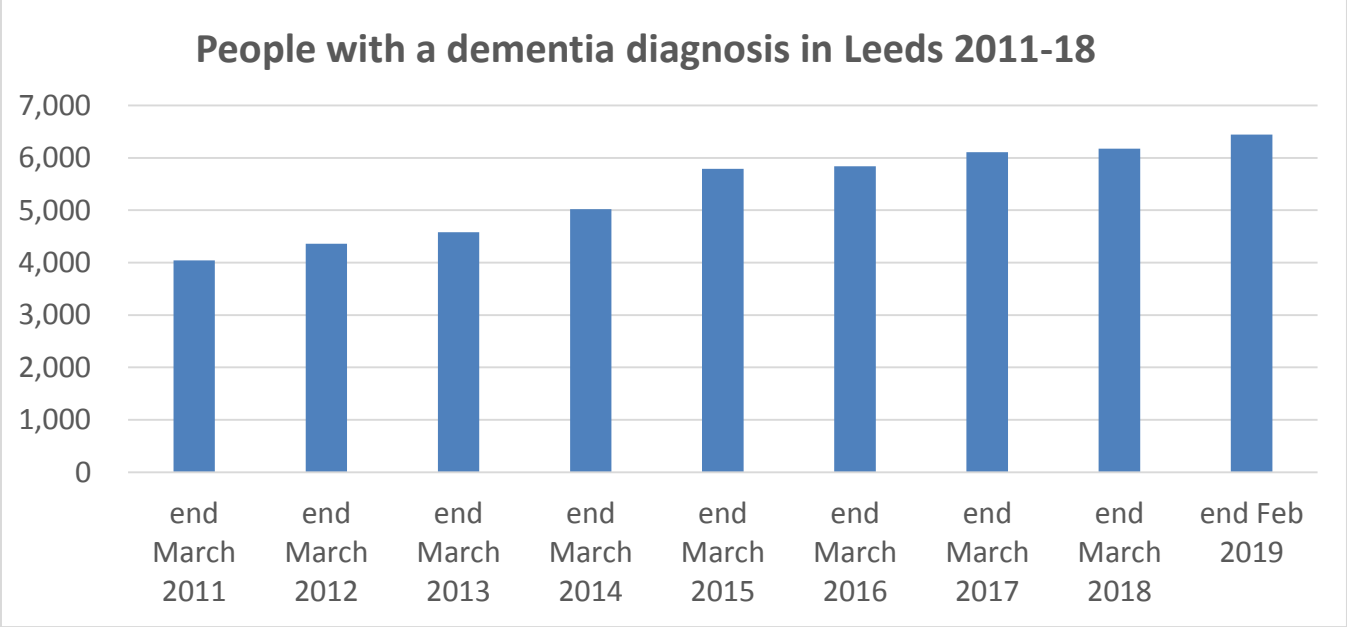
The number of people with dementia in the UK population is probably staying roughly the same, and not increasing as the population ages, according to a comparison of population samples by the Cognitive Function in Ageing Study. This is a positive public health story, often overlooked in reporting about dementia. However, the study found that there were emerging signs of health inequalities in the 2011 data, with increased risk of dementia linked to higher prevalence of heart disease, type 2 diabetes and high blood pressure. This puts the focus on how we can all reduce our risk of developing dementia - "what's good for the heart, is good for the brain". Furthermore, other studies anticipate that the level of dementia-related disability will increase, perhaps because people with dementia are living longer, with other long-term health conditions and frailty alongside dementia.

Therefore this document sets the course in Leeds for the next three years, to achieve the goals of the "Prime Minister's Challenge On Dementia 2020", to "transform care, support and research", and "build social action by individuals, businesses and communities". The NHS has set its long-term plan, which includes living with dementia as part of initiatives on healthy ageing and long-term conditions. In Leeds our real strength is the sense of partnership and commitment, involving people with dementia, families and carers, community groups, care providers, and many organisations beyond social care.

Public Health initiatives empower people to reduce the risk of developing dementia	
Achievements 2013-18 ✓ Identifying health inequalities as an important influence on dementia risk, and starting to engage with local communities.	**Challenges and actions 2019-22** ➢ A dementia-inclusive approach to public health campaigns in Leeds, which seeks to improve awareness and change behaviours, without introducing blame and stigma.

People and places in Leeds are dementia-friendly; we promote inclusion & understanding, and reduce stigma.	
Achievements 2013-18 ✓ 'Up and Go' involvement group established in 2016, for people living with dementia. ✓ Leeds Dementia Action Alliance now has 150 organisations signed up, including the emergency services, sport, culture, leisure and transport. ✓ Leeds was accredited as an active dementia-friendly community in September 2015, by the Alzheimers Society and British Standards Institute. ✓ West Yorkshire Playhouse awarded "Best Dementia-Friendly Project" at the 2015 Alzheimers Society Awards. ✓ Dementia-Friendly Rothwell leading the way as a local community, with local shops, pubs, and other organisations and the first dementia-friendly garden in a public park. ✓ Over 20,000 Dementia Friends in Leeds. Over 200 Leeds residents are Dementia Friends Champions and have run over 1,000 awareness sessions. ✓ Sporting reminiscence activities hosted monthly at Leeds United FC, Leeds Rugby, and Yorkshire County Cricket Club.	**Challenges and actions 2019-22** ➢ People and carers living with dementia are engaged to set priorities for the dementia-friendly Leeds campaign. ➢ Ten Dementia Information Roadshows in 2018-19 at community venues in each Community Committee area. ➢ Growing the Leeds Dementia Action Alliance and reaching a wider range of businesses and partners. ➢ Gathering evidence of how our actions have made a difference. ➢ Improving public awareness of how to reduce the risk, what signs and symptoms to look for, and how diagnosis and support work in Leeds. ➢ More dementia-friendly initiatives in local communities.

Timely diagnosis leads to support to live with the condition, and community capacity keeps pace with emerging needs.	
Achievements 2013-18	**Challenges and actions 2019-22**
✓ Leeds achieved the national ambition for a 66.7% diagnosis rate at March 2015, and has gone on from there to get to 74.7% at Feb 2019. There are now more than 6,400 people on GP dementia registers. ✓ Leeds Memory Service sees more than 90% of people within 8 weeks of referral; more than 70% have a diagnosis within 12 weeks of referral. ✓ The Memory Support Worker service started in October 2015, which supports 1,500 people per year. ✓ Information and leaflets about services available at www.leeds.gov.uk/dementia. ✓ 47 Memory Cafes and 12 singing groups, supporting all communities in Leeds.	➢ Improving quality and consistency of the annual dementia review, using the Leeds approach to 'Collaborative Care and Support Planning'. ➢ Better-designed online information which is easier to navigate. ➢ More opportunities and support to plan ahead for the later stages of dementia.



Carers are treated as partners in care, and benefit from information, support, and breaks	
Achievements 2013-18	**Challenges and actions 2019-22**
✓ A 'Dementia Carer Hub' at Carers Leeds, with 1,200 carers supported per year. Services include.... ☆ 1:1 support offer for carers ☆ hospital-based support at St James. ☆ information and education sessions for carers ☆ carers' support groups. ✓ 'Working carers' initiative with large local employers . ✓ Leeds hospitals signed up to "John's Campaign", so carers can support people with dementia beyond usual visiting hours.	➢ Improving capacity and choice for carer breaks. ➢ More residential short-stays bookable in advance, so carers can plan holidays. ➢ Cultural competence and language skills as more carers from BME origins seek to use carer break services.

People living with dementia are recognised as diverse, services are competent to respond to diverse needs, and there is support to overcome specific barriers to diagnosis and support.	
Achievements 2013-18	**Challenges and actions 2019-22**
✓ Memory cafes and groups supporting local Caribbean, Irish, Jewish, south Asian people with dementia and carers. ✓ BME dementia worker in post. ✓ Dementia awareness promoted via Dementia Friends Champions in community organisations. ✓ Improved diagnosis and support outside the Leeds city area. ✓ Younger people with dementia day services and carer support are supporting more people.	➢ Continuing to improve services in towns and villages in the Leeds City Council area. ➢ Research into the experience of people with dementia and carers of BME origins in Leeds, reporting to an engagement event and leading to action. ➢ Dementia awareness and addressing barriers to seeking support with older LGBT people. ➢ Understanding the needs of people with a learning disability who develop dementia.

Leeds has the right quality & capacity of care services to support people with more complex needs in dementia, and only be in hospital when medically necessary.	
Achievements 2013-18 ➢ Pilot scheme to fund additional care needs to support transition from hospital / prevent readmission. ➢ LYPFT Intensive Care Homes Treatment Team piloted from July 2018 and established long-term from April 2019. ➢ Hospital bed-days lost to delayed transfers of care reduced by c. 50% in winter 2018-19 compared to previous winter. ➢ Dialogue with care homes to identify local providers with the quality and commitment to meet more complex needs.	**Challenges and actions 2019-22** ➢ Build further on success to achieve timely transfers of care for everyone with dementia in hospital; ➢ Focus on timely support to avoid hospital admission, including work with Frailty Unit; ➢ Identify the best funding and procurement option for local care homes, to ensure the right supply and quality. ➢ Appraise options for dementia specialist short-term 'recovery' beds, and when necessary longer-term complex care.

All NHS, care and support services are dementia-inclusive, skilled, & work together.
As dementia progresses, people's pathways through services can be complex, and the highest standards of co-working and information-sharing are required.

Achievements 2013-18	Challenges and actions 2019-22
➢ LYPFT service redesign has introduced specialist older people's teams (March 2019), to work more closely with Neighbourhood Teams to support the older population living with dementia and frailty. ➢ Over 6,000 staff trained in dementia care by Leeds Teaching Hospitals, including ward clerks, housekeppers and porters as well as nursing staff; improvements to ward environments, introduction of 'This Is Me' document, dementia-friendly food choices and menus. ➢ xxx Leeds Community Healthcare clinical staff trained.	➢ An improved training offer for care homes, domiciliary care providers and social work staff, including leadership in dementia care; ➢ Launch of Leeds Community Healthcare "Dementia, Delirium & Depression" pathway.

There is honesty about dementia as a progressive neurological condition, and opportunities to plan ahead for the later stages of the condition and make the most of life.	
Achievements 2013-18	**Challenges and actions 2019-22**
➢ Dementia included alongside other long-term conditions in electronic Palliative Care Co-ordination System (ePaCCs) ➢ Leeds guidance produced on recognition and management of symptoms in dementia. ➢ Dementia training for xxx staff at Leeds hospices.	➢ Ambition to invest in specialist nursing capacity in hospice & palliative care teams; ➢ More & better conversations about advance care planning, to avoid unnecessary A&E attendances, admissions and medical treatments towards the end of life.

Leeds Health and Wellbeing Board

Report author: Helen Gee (Commissioning & Development Officer - Autistic Spectrum Conditions)

Report of: Leeds Autism Partnership Board

Report to: Leeds Health and Wellbeing Board

Date: 25 April 2019

Subject: Leeds Autism Strategy Update

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

Summary of main issues

The health and wellbeing system in Leeds has been working to improve the life of adults with autism since 2010. This report updates the Health and Wellbeing Board on our progress so far against our local strategy, current national developments and the emerging evidence base for the real issues for autistic people. It also summarises briefly Leeds submission to the autistic national return (SAF) and broadly references the imaginative improvements that agencies and individuals are taking.

The needs of the autistic population fit neatly within the Leeds Health and Wellbeing Strategy, and indeed, meeting autistic needs will make a contribution to achieving most of our priorities. For the autistic person or family carer meeting individual needs will enable them to contribute fully to society and maintain or improve their wellbeing. From a service perspective, meeting these individual needs in a timely way will have a positive impact on the demands on the whole Leeds system and hence on the Leeds £.

The Board will also be discussing the Leeds Mental Health Strategy on 25 April 2019. The prevalence and demand figures below indicate that the need for mental health support is substantially higher proportionally for autistic people than it is for the mainstream population. The way in which the mental health needs of those with additional needs are met has the potential to substantially improve the well-being of those with autism, and also, once embedded, could reduce the pressures on the mental health system.

The report concludes by recommending that, once we are clearer about national intentions, the Board approves an intention to explore an integrated city wide system for facilitating improved access. Given the work already underway in existing services and other current moves towards integrated this might be very manageable.

Recommendations

The Health and Wellbeing Board is asked to:

- Recognise the city's progress on meeting the aims of the Leeds Autism Strategy.
- Recognise the contribution of the work underway within health, third sector and social care provider and commissioner services. This is outlined in more detail at the briefing document at appendix 3.
- Agree to (subject to national guidance) support the development of a whole system approach to communicating autistic needs and encouraging reasonable adjustments. aligned with other citywide approaches to integration and meeting the needs of vulnerable people.

1 Purpose of this report

1.1 Leeds has been working to improve the health and wellbeing of people with autism since 2011. We have made substantial improvements, but there is still some way to go. This report will update the board on: progress on the strategy so far; the outcomes of the recent self-assessment framework (SAF); and developing information from national and local research.

1.2 The wider autism work covers a number of different agencies, this report focuses on the health and social care elements.

1.3 We seek the advice and commitment of the members of the Health and Wellbeing Board to continue the good work done so far and propose some next steps to build on this.

2 Background information

2.1 The Board agreed the Leeds Autism Strategy 2017-22 in July 2017 (Appendix 1). This strategy takes a broad brush approach which recognises the breadth of need and ability within autistic individuals and the wide range of areas which may need to make reasonable adjustments to appropriately meet their needs.

2.2 Leeds' undertook a range of work since 2010 following the statutory guidance arising from the Autism Act (2009). As part of this work we developed a wide ranging strategy and set up a partnership board and reference groups for the various stakeholder groups of autistic people, carers and providers. Because of the varied needs of autistic people we work with a wide range of partners including the DWP, the criminal justice system, education, health, housing and social care. We have achieved some of those initial goals and improved in a range of areas. This original structure, having proved its worth, is still in place.

2.3 Currently, it is estimated that approximately 1% of the population is on the autistic spectrum. This will be equally true across the age range, but as a result of changing access to diagnosis, changing diagnostic criteria and changing patterns of recording we will know more people in the younger age ranges. Autism is a communication and sensory disorder which is independent of IQ. Historically autism was hardly recognised so we are still catching up with diagnosis, recording and awareness.

2.4 This means that the needs of autistic people can be met within a wide range of different services and some people do not use 'services' at all. Autistic people in themselves can have a wide range of different needs with areas of strength and of weakness that both they and other people can struggle to articulate.

2.5 The national return for autism is known as the self-assessment framework (SAF) and we were asked to complete the 5th version of this at the end of 2018. It consisted of 104 questions in total, 33 of which were RAG rated submitted by the Director of Adults & Health, Leeds City Council and the Chief Officer, NHS Leeds CCG. The Autism Partnership Board agreed all the RAG ratings prior to sign off and stakeholder groups contributed to the submission. Eventually a

national/regional comparison document will be produced by Public Health England. The implications of Leeds submission are discussed below.

2.6 There have been some significant national developments recently, which may impact actions Leeds take in the future:

- The existing statutory guidance was revised in 2018 to add two overarching objectives: 1: Reducing the gap in life expectancy for autistic people and 2: Autistic people are able to play a full role in society. Autistic people and family carers in Leeds would agree that these are priorities and are supportive of this change.

- The NHS Long Term Plan gives the needs of autistic people proper weighting. Some of the proposals in the plan suggest extending some models developed for people with learning disabilities to autistic people. There is a current national consultation on training which relates to this.

- There is another current consultation on a new version of the national statutory guidance, which asks for submissions from adults and children's services. The possible implications of this are addressed in para 3.4.

3 Main issues

3.1 <u>Current evidence for prevalence and service use</u>

3.1.1 Local figures/ Joint strategic needs assessment (JSNA)

With Public Health assistance, Leeds has begun the process of re writing the autism JSNA. We have some provisional figures (Appendix 2), which indicate that, relative to 2014 we are now aware of substantially more autistic adults. We have some interesting figures indicating the level of need particularly around mental health services. These figures need to be read with some care as the various registers have a level of intrinsic uncertainty and the age ranges vary. In addition, these are early results and the figures are subject to change as we do more work on them.

The Adult Psychiatric Morbidity Survey (APMS) estimate for autism prevalence is 1%. The Leeds GP held autism register now records 2,003 autistic people over 16 years old (3,489 all age), which is 0.37% of the expected prevalence. Although clearly incomplete this represents a considerable improvement on the earlier figure and reflects both better recording and better diagnosis.

We can see that 40% of people on the autistic register have a common mental health disorder (compared with 26% of the general population) and 5.5% of autistic people have a severe mental illness (compared with 1.1% of the general population.). This is beginning to give us numerical evidence that autism is an important dual diagnosis for mental health services. Autistic people and their family carers have been saying this for a long time, from a service point of view this also implies that great benefits could be achieved by being able to provide in a way that was more accessible to autistic people.

The figures for people with autism and learning disabilities are substantially under what we might expect, as research suggest that learning disabled people have a higher probability of autism than the mainstream population. Estimates of autistic people with learning disabilities range from 15/20% to (in older research) 40-50%. Learning disabled people are thought to have a 30% chance of having autism. The Leeds GP figures is 4.7 % of people on the LD register have autism, and 6% of people on the autism register have LD.

We also have some information about numbers of autistic people using specific local services, this arises from ongoing commissioning work requiring the recording of autism as a diagnosis.

3.1.2 National research

Over the past few years there has been a steady stream of creditable research indicating the negative impacts of autism on wellbeing and health. The evidence for the substantial impact of autism on life expectancy is widely accepted. Recent more specific (peer reviewed) research indicates the overrepresentation of autistic people (relative to a demographic baseline of 1.1%). For example, 8-12% of service users in a homeless service were or might be autistic and a review of substance misuse indicated a doubled risk of substance misuse problems for individuals with autism diagnoses, higher if they had a comorbidity with ADHD. Evidence of and concern about suicide and suicidality is also growing.

3.1.3 Summary of evidence

It can now be safely concluded from both the local and national work that autistic people are over represented (relative to baseline prevalence) in a wide range of different services. This has implications for how those services work with autistic people and potentially could reduce the pressures on them. It is of course likely that if we succeed in improving early responses to autistic needs and post diagnostic options this deficit will reduce, i.e. it is not necessarily intrinsic to being autistic.

3.2 <u>Outcome of SAF</u>

3.2.1 As mentioned above the SAF is a complex and uneven document; its questions range from very broad to very narrow, some are numerical and others ask for a collective RAG rating. Leeds Autism Partnership Board (APB) has historically chosen to give what it considers a realistic answer to the value questions. As many of the questions are very broad this inevitably means that our most common response is amber- i.e. we are doing reasonably well but are conscious we can still do better. For instance:

3.2.2 We do particularly well on our planning process and on our target times for adult diagnosis – Our team is one of the few teams in the country to meet NICE targets.

3.2.3 Some of the areas we do less well on are ones we have chosen not to prioritise, for example a citywide autism workforce development plan, or those which country wide are challenging. As yet the Leeds Partnership Board has not chosen to go down the route of seeking a commitment such as Autism Friendly Leeds.

3.2.4 There are some new questions which prompt interesting lines of work, we will follow up on the recording of autism specific hate crime for example. In addition we are exploring with the reference group for autistic people the possibility of having an autistic co- chair for the Autism Partnership Board.

3.2.5 There are no or very few questions on some of the areas which are of current local (and national) concern particularly around the ability of generic mental health services to make the appropriate reasonable adjustments to meet autistic mental health needs.

3.2.6 The SAF is not sufficiently sophisticated to bring out such points but it will be hard to make further major improvements as a city without a change of focus to have a system wide approach in some areas.

3.2.7 Leeds APB would welcome a change in shape of the SAF, so that it better reflected current concerns rather than those which were more significant 10 years ago – however we respect the need to allow some comparability over time.

3.3 Current developments in improving access to services/supports

3.3.1 One of the core pieces of work undertaken where opportunity arises is to influence provider services to record the numbers of autistic people using their services. Ultimately this will allow comparison of outcomes between autistic and neuro typical people and support services in identifying changes to enable them to better support autistic people.

3.3.2 In response to the objectives of the Leeds Autism Strategy there are a number of valuable pieces of work underway within health, third sector and social care provider services (see Appendix 3). The Autism Partnership Board wishes to acknowledge the commitments of the individuals and services who have already gone far to make things better than they were.

3.3.3 Although the different mental health services are working to improve their offer in different ways the majority of the stakeholder feedback is still on mental health services, and the demographic information above supports this.

3.3.4 As individual service areas make adjustments to their offer, questions of how we can facilitate this work by improving communication of individual need between services, ideally using existing mechanisms, come more to the forefront.

3.3.5 The CCG has funded a small pilot project to work with self-advocates to support other newly diagnosed autistic people to identify and share their individual needs/abilities. This will be evaluated and the outcome could feed into a future developments.

3.4 Children/transitions

The Autism Act (2009) was focused on adult needs as have been the two subsequent statutory guidance documents. This was because, at that stage, adult autism needs were recognised as being poorly served relative to those of children's. Since then the Care Act (2014) and the Children and Families Act (2014) have broadened responsibility for the transitions period and in addition some families of autistic children feel that they would like a more autism specific planning process. The current national consultation to inform new statutory guidance is aimed at both adults and children so this implies an intention to broaden the focus of the next set of statutory guidance. Locally we have had an adult strategy overseen by the adult partnership board; the APB has been very pleased to have constructive involvement from a range of different children's services.

Any developments in children's services clearly have an impact on the lives of those children when they become adult and this in its turn will influence the demand and provision of adult services and resources. There are various developments underway that will have such an impact including changes in eligibility criteria for the transitions team, the development of post 16 teams in children's services and over 18 teams in Sensap. The growth in supported internship schemes and college placements also supports the adult agenda. The waiting times for a children's autism assessment are now very close to delivering the 12 week NICE waiting time standard. This has been despite a significant increase in demand over the last couple of years.

3.5 Training

A key and continuing area of concern is that of staff training, as there is a national consultation on this this report does not go into any detail on this but it is suggested that the board notes that a local whole system attention to training needs/take up, once we have more national guidance, would be helpful.

3.6 Transforming care

The major transforming care project is managed outside of the mainstream autism work. It is however worthy of note that many of the people included within the transforming care programme have autism as a primary or a secondary diagnosis.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 The autism planning structure is designed around the need to involve autistic people and family carers. There are reference groups for carers and people with autism. The meetings are timed to fit in with the Autism Partnership Boards (APB) –the APB agenda is discussed at the meetings and feedback is taken. Each reference group selects three delegates for the partnership board. Input from the reference groups heads the agenda for the APB - the groups raise the three issues which they think are currently of most importance. The reference group for people on the spectrum now meets in the Hub and has a higher level of attendance. In addition to this the autism lead will visit groups of people on the spectrum and carers to update on progress and take feedback – either on

invitation or approximately annually. Providers of services for people with autism are encouraged to invite the autism lead to speak to them.

4.1.2 Children's services are represented on the APB, parents of autistic children are involved with children's services through the youth forum and parent and carer forum.

4.2 Equality and diversity / cohesion and integration

4.2.1 The broad purpose of this task is to improve access and integration for a group of disabled people and their families. As yet we do not have sufficient information to be able to assure ourselves that the people from the other protected characteristic groups are equally represented. The JSNA work we are undertaking will allow us to improve our data on BAME, gender and age characteristics but because of the historic under recording and diagnosis it will probably be some time until the diversity within autism is as well understood as other areas.

4.3 Resources and value for money

4.3.1 Spend on specialist services is relatively modest. Some of the emerging information about the overrepresentation of autistic people in some health/service areas suggest that there would be substantial benefits in terms of the Leeds pound in improving the delivery of those services for autistic people.

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 There are no direct risks arising from this report. Where appropriate risk is managed through the APB and within individual organisations.

5 Conclusions

5.1 Improving the options for adults with autism is a complex task which involves a range of different agencies and individuals. We have been working on this for some years now with some achievements.

5.2 Autistic needs make a difference to the majority of the priorities within the Leeds Health and Wellbeing Strategy. The health and care partnership and individuals have been working hard to improve their accessibility to autistic people.

5.3 The increasing amount of national and local data which indicates the overrepresentation of autistic people in some service areas emphasises the need for continuing this work both to achieve savings for the Leeds pound and importantly to improve individual well-being.

5.4 The emerging data around autism suggests a significant impact on mental health services.

5.5 The next most useful step is probably to explore ways of integrating mechanisms between different organisations as appropriate ideally in line with existing processes.

5.6 There are some complexities around knowing what is likely to be national guidance which might constrain/guide our local initiatives.

5.7 Advice and feedback from the board on how best to take existing successes forward would be very welcome

6 Recommendations

The Health and Wellbeing Board is asked to:

- Recognise the city's progress on meeting the aims of the Leeds Autism Strategy.
- Recognise the contribution of the work underway within health, third sector and social care provider and commissioner services. This is outlined in more detail at the briefing document at appendix 3.
- Agree to (subject to national guidance) support the development of a whole system approach to communicating autistic needs and encouraging reasonable adjustments aligned with other citywide approaches to integration and meeting the needs of vulnerable people.

7 Background documents

None.

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How does this help reduce health inequalities in Leeds?
As stated in the report there is increasingly strong evidence that autistic people are over represented in some areas of the health and care system. As individuals they are likely to have worse health and other outcomes. We are working towards improving access but need to continue to improve our offer to autistic people in the context of other service developments and increasing evidence of need.

How does this help create a high quality health and care system?
A system where autistic people (and other neuro diverse people) have their needs met effectively in a timely way would be a more effective system better able to meet the needs of the whole population.

How does this help to have a financially sustainable health and care system?
Meeting autistic health and care needs in a timely and effective way would, in the long term, reduce demand for services as well as improving individual well-being.

Future challenges or opportunities
There are major challenges in improving access to and outcomes from health and care systems for autistic people. Current service level developments show interesting ways to approach this and there is national developments which are likely to be helpful in this area. If as the board accepts the recommendation to support the development of a city wider approach to autistic health and care needs in line with future national guidance then there are strong opportunities for development. Any systems may be transferrable to, or sharable with other groups of people with additional needs.

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	
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	
A valued, well trained and supported workforce	x
The best care, in the right place, at the right time	

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Leeds Adult Autism Strategy 2017-2022

Introduction

Autistic people share many of the same aspirations and have similar needs to any other people, and may wish to use the same resources and services. As well as this they may have additional needs, and strengths, which arise from their autism. We now know that autistic people can really benefit from the work that we can do locally to improve options for them.

This is our second strategy, over the past 5 years we have achieved substantial improvements for and with autistic people in Leeds. There is still work to do though in a wide range of different areas; this work will need input from many different organisations and people.

One of our main achievements is to have developed a wide network of autistic people and carers who can really inform our work. With their help we made some significant progress, however, we recognise that there is still work to do.

Leeds autistic people say:

Thanks to the strategy, autism services in Leeds have really raised their game.

Leeds Autistic Citizen

Overview

> ***The draft plan targets all the most important areas for us but agencies drafting plans have to show they are serious about tackling the issues identified so far.***
>
> Leeds Autistic Citizen

Priorities

The broad task described nationally and which we are describing locally is:

- to continue to make services that everyone can use more accessible to autistic people
- to continue to maintain or increase (if necessary) a minimum necessary level of specialist resources
- to work towards the needs of autistic people being considered within all other relevant planning and oversight bodies.
- To work in partnership. It is very common for autistic people to have more than one condition - so partnerships between different agencies become even more important.

Underlying practice commitments:

- To maximise co-production with autistic people, carers and providers. This approach has already shown strengths and we have every expectation that it will continue to do so.
- To ensure that we maintain a regular planning process attended by senior people. Its job is to make sure we keep up with our work and to make sure that autistic people and carers can contribute genuinely.
- to monitor the effectiveness of our work and of wider research and use this to inform future work plans and activities.
- To work alongside any people or organisations which aim to destigmatise autism and educate the public.
- To make sure that all relevant staff in the city have access to good quality autism training, and that all specialist staff can get specialist training.
- To continue to collect and update the information we have on prevalence and demand in Leeds.
- To ensure that our work meets the needs of all different people - whatever their age, gender, ethnicity and LGBT (sexuality).

Areas for action

We will work, over time, towards improving all the following areas. The partnership board with produce and oversee an annual action plan to help us prioritise what is a very big task.

Services anyone can use

The well-being of autistic people depends on:

- Good quality health services (including mental health) which know how to make reasonable adjustments for people with autism.
- Public health resources which are reasonably adjusted for autistic people.
- Good quality employment services which are able to help autistic people get and keep fulfilling work.
- Housing services that know how to support people with autism and how to make adjustments to help them get good quality housing.
- Criminal justice services (police, probation, courts, prison) that are all able to communicate well with people with autism.
- Education including schools, colleges and universities.
- Services which help young people as they move from children's to adults services.
- Easily accessibly welfare benefits advice.
- Public transport that is able to meet the needs of autistic people.

Non autistic Specialist Services

- Trained and experienced social work staff to assess people for social care funded services and to support them after assessment.
- Carers support services which are sufficiently well informed about autism.
- Commissioned services that are properly able to support people with autism as well as other needs.

Autism specialist services/resources

- A specialist diagnostic team and an appropriate amount of access to specialist health treatment.
- Post diagnostic support and information - this may include support for people to identify their individual autistic needs and be able to communicate these to other people or agencies.
- The right sort of support and advice for young autistic people as they grow up from 14 to 25.
- Advice, information and social support for people who aren't eligible for social care support.

How will we do this:

We will maintain an autism partnership board with relevant reference groups.

Terms of reference, membership and meeting structure will be reviewed every 2 years or as the board, or external changes require.

The board will be responsible for the annual national self-assessment form (SAF), data collection, liaison and partnership. It will undertake to produce an annual action plan and be responsible for monitoring this.

We will report this strategy and annual action plan to the adult social care directorate leadership team, the health and wellbeing board, health commissioners, the LCC Executive committee and any other relevant body as requested, or as planning and oversight systems develop.

The board will also undertake to see that information on recent research and training information resources is available within the city.

We want support for people to get to new places to broaden our horizons and help get jobs.

Leeds Autistic Citizen

Background information

1. What is autism?

Throughout the strategy, the term 'autism' is used to refer to all diagnoses on the autism spectrum, including Asperger syndrome, high functioning autism, Kanner or classic autism. Autism is known as a spectrum condition, both because of the range of difficulties that affect adults with autism, and the way that these present in different people.

Autism is a lifelong condition, people with autism are very different from one another and it is important not to generalise. Someone with autism can show marked difficulties with social communication, social interaction and social imagination. They may be preoccupied with a particular subject or interest. Autism is a neurological difference and is not a mental illness in itself. However, people with autism may have additional or related problems, which frequently include anxiety. These may be related to social factors associated with frustration or communication problems or to patterns of thought and behaviour that are focussed or literal in nature.

A person with autism may also have sensory and motor difficulties that make them behave in an unusual manner, which is likely to be a coping mechanism. Autism is independent of IQ ie a person with autism may or may not have learning disabilities as well as their autism. Asperger syndrome is a form of autism. People with Asperger syndrome typically have fewer problems with speaking than others on the autism spectrum, but they do still have significant difficulties with communication that can be masked by their ability to speak fluently. They are also often of average or above average intelligence.

Adults with autism will have had very different experiences, depending on factors such as their position on the autistic spectrum, the professionals they have come into contact with and even how and when they got their diagnosis.

2. Demographics

We do not have a register of autistic people but recent research suggests that approximately 1.1% of the population is on the autistic spectrum[1], which means for Leeds there are approximately 7,500 autistic people, 5,700 of whom will be over 18. Autism affects people in different ways - some can live relatively independently, in some cases without any additional support, while others require a lifetime of specialist care.

Up to 30%[2] of the learning disabled population is likely to be autistic (approximately 630 people in Leeds). Therefore, it's likely that there are approximately 5,000 adults in Leeds on the autistic spectrum without additional learning disabilities most of whom do not receive social care or specialist health support.

In Leeds we have an autism section to our joint strategic needs assessment. This will be updated at regular intervals as we gain more information about autistic people in Leeds. http://observatory.leeds.gov.uk/resource/view?resourceId=4701

3. Consultation summary

We have recently consulted members of the public for priorities for a renewed Leeds Autism Strategy.

60 people filled in the electronic survey and there was a high level of agreement that most issues were very important. These issues included:

- A partnership board that includes autistic people and carers.
- Good quality health services, including mental health services.
- Good quality employment services.
- Good quality staff training.
- Housing services which are able to support people with autism.
- Criminal justice services which are able to communicate well with people with autism.
- Good quality, and linked up, diagnosis and social care assessment services.
- Post diagnostic support.
- The right ort of support for young people from 14-25.
- Advice and information for people who are not in receipt of social care support.
- Accessible welfare benefits advice.
- Provider services that are able to properly support people with autism.

[1] *http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-autism.pdf (accessed 27-1-17)*

[2] *http://www.improvinghealthandlives.org.uk/uploads/doc/vid_[illegible]L2010-05Autism.pdf (Accessed 27-1-17)*

These consultation results indicate that this Leeds autism strategy should, (like the last Leeds strategy and the current national strategy "Think Autism") cover the need to improve a wide range of services and systems.

Feedback from carers in particular has indicated that, although they are supportive of a broad strategy, they would also like to see a detailed action plan which focuses down on specific areas at specific times and where individual agencies are encouraged to take full responsibility for improvement in their areas of work.

4. National policy and guidance

There have been two national strategies and statutory guidance since The Autism Act was passed in 2009.

The current statutory guidance expects Local Authorities and the NHS to work in collaboration with local partners to take forward the key priorities in Think Autism. This document can be found at https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy

Think Autism updated the 2010 Cross Government Autism Strategy in April 2014. The progress report has now been issued setting out what has been achieved since then and setting 31 new actions to continue to help local areas implement the autism strategy.

5. Challenges

Finance:

Current financial uncertainties mean that commitment to extra resources or indeed retention of existing resources will remain a challenging task. Whilst we will commit ourselves to maximising opportunities much of our work will need to (as it has been to date) be focused on helping other funded organisations to maximise their offer for autistic people and to seize funding options when they present themselves. Our annual action plan - guided by these agreed objectives- will maintain our readiness to use these opportunities.

6. Cost benefit

We are not as yet able to provide detailed cost benefit information but there is now some research based information on the lifetime costs of autism:

"The cost of supporting an individual with an ASD and intellectual disability during his or her lifespan was £1.5 million in the United Kingdom. The cost of supporting an individual with an ASD without intellectual disability was £0.92 million in the United Kingdom. The largest cost components for children were special education services and parental productivity loss. During adulthood, residential care or supportive living accommodation and individual productivity loss contributed the highest costs. Medical costs were much higher for adults than for children." [3]

Local knowledge and case studies give an early indication that timely low level support is able to deliver on reducing overall system costs.

7. Overlaps with different tasks.

In order to meet the aims of this autism strategy it will be necessary to work with a wide range of different systems and services. Many of these are undergoing change - often driven by financial, political and demographic pressures.

Both because of the nature of autism and for the same historical reasons that autism has been left out of existing service provisions one of our tasks will be to influence these areas of development to make sure that in future the needs of autistic people and their families are fully and appropriately taken into account.

This will be a long and slow process and will require a degree of prioritisation (in line with annual action plans). Some current (as at autumn 2016) key developments are in mental health, transforming care, Department of work and pensions redesign, and changes within housing services. The partnership board will update this list when necessary to inform the annual action plans.

[3] *Costs of Autism Spectrum Disorders in the United Kingdom and the United States*
[1]Ariane V. S. Buescher, MSc; [2,3]Zuleyha Cidav, PhD; [1]Martin Knapp, PhD; et al [2,3]David S. Mandell, ScD
JAMA Pediatr. 2014;168(8):721-728. doi:10.1001/jamapediatrics.2014.210

8. Current research

There is increasing amounts of research on the needs of autistic adults, and on what approaches are helpful, but the evidence base is incomplete. At the time of writing "The Autism Dividend" is a comprehensive review of the state of autism research as it relates to the effectiveness of interventions: http://nationalautismproject.org.uk/the-report

There is also some recent research which gives stronger evidence for substantial health and wellbeing issues for autistic people. A large scale Swedish study indicates that life expectancy for autistic people can be between 10 and 2 years lower than that of a matched control group. Suicide rates for autistic people without learning disabilities were found to be ten times those of the wider population. There is also some evidence that autistic people will have a higher level of mental health issues. http://www.nhs.uk/news/2016/03March/Pages/People-with-autism-are-dying-younger-warns-study.aspx

9. Thank yous

This strategy has been influenced and approved by a wide range of different people - I would like to thank all those who contributed directly and indirectly both to this strategy and to the developments in Leeds over the past 5 years.

We look forward to continuing to work together to improve the options in Leeds over the next 5 years.

For further information please visit:
http://www.leeds.gov.uk/residents/Pages/Autism.aspx

Or you can contact:
Helen.Gee@leeds.gov.uk

This publication can also be made available in plain English.

Appendix 2

Snapshot: Primary Care data systems – co-occurring conditions and autism population

Overall comments: These figures are provisional, they are taken from the Leeds GP registers which are necessarily incomplete. The numbers of autistic people recorded are a substantial improvement on previous years but are still less than half of those we would expect from the expected demographic figures.

CMHD: common mental health disorder
SMI: severe mental illness
LD: learning disability
ASC: Autistic spectrum condition.

Recorded in Jan 2019, aged 16+, Leeds reg				
	CMHD	**SMI**	**Learning Disabilities**	**Autistic Spectrum**
CMHD	174,726	4,829	693	n = 792 (39.5%) 40% of people on ASC register have a CMHD General pop w. CMHD in Leeds = 26%
SMI	4,829	7,583	216	n = 111 (0.5%) 5.5 % of people on ASC register have an SMI General pop in Leeds = 1.1 %
LD	693	216	2,429	n = 115 (5.7%) 6% of people on ASC register have LD General pop in Leeds = 0.4%
Autistic Spectrum	792	111	115	2,003 (100%)

Autism Population:

General Prevalence of ASC in total population: The Adult Psychiatric Morbidity Survey (2007) a population based community survey, found that 1.0% of the adult population had ASC. The rate was higher in men (1.8%) than women (0.2%).

Adult population in APMS = 16 + years

Leeds Adult pop = 16+ years = 677,501

			Estimated number	Number in Primary Care	Gap
Leeds GP pop 16+	677,501	1%	6,775	2,003	4,772
Women	339,199	0.2%	678		
Men	338,302	1.8%	6,089		

CMHD Population with ASD

		% with …
CMHD	175,000	
ASC	930	
ASC/CMHD		0.5%

Proportion of CMHD register with ASC = Lower than general population estimated prevalence of 1%/Higher than Leeds recorded prevalence = 0.37%

SMI Population with ASD

		% with …
SMI	7,583	
ASC	125	
ASC/SMI		1.6%

Proportion of SMI register with ASC = Higher than general estimated population prevalence of 1%/Leeds recorded prevalence 0.37%

LD Population with ASC

		% with …
LD	2,429	
ASC	115	
ASC/LD		4.7%

Proportion of LD population with ASC = 4.7%. Nearly 5 x higher than estimated population prevalence of 1%

Autism in Leeds: progress so far March 2019

Appendix 3

What is autism?

Autism is a developmental condition, it affects people's communication and people may have sensory difficulties

Autism occurs early in a person's development. It is known as a spectrum condition, both because of the range of difficulties that affect adults with autism, and the way that these present in different people. The spectrum includes Asperger syndrome and high-functioning autism.

People with autism may also have learning disabilities or mental health problems. Whether or not they do, autistic people are likely to find aspects of their lives challenging, although they may have much to offer if supported properly in the right role.

Someone with autism may have difficulties with social communication, interaction and imagination. They may be preoccupied with a particular subject or interest. They may also have sensory and motor difficulties, including sensitivity to light, sound, touch and balance.

The population

We do not have a register of autistic people but know that at least 1.1% of the population is on the autistic spectrum, which means for Leeds there are approximately 7,500 autistic people, 5,700 of whom will be over 18.

At least 1.1% of the population is on the autistic spectrum

Up to 30% of the learning disabled population is likely to be autistic (approximately 630 people in Leeds). Therefore, it's likely that there are approximately 5,000 adults in Leeds on the autistic spectrum without additional learning disabilities most of whom do not receive social care or specialist health support.

There are substantial health and wellbeing issues for this group of people. There is now evidence, from a large scale study, that life expectancy for autistic people, is between 2 and 10 years lower than that of a matched control group. Suicide rates for autistic people without learning disabilities were found to be up to ten times those of the wider population. There is also some evidence that autistic people will have a higher level of mental health issues. More information can be found in the autism section of the Leeds JSNA. This is currently being updated, the most current information is found in appendix 2.

Since the autism partnership board has been in operation (we began in 2011) we have a much better understanding of the importance of the wider public health agenda for the wellbeing of autistic people. Some of this is driven by recent research, the substantial impact of autism on life expectancy is referenced above (1). Recently more specific (peer reviewed) research indicates the overrepresentation of autistic people (relative to a demographic baseline of 1.1%) in other service areas. 8-12% of service users in a homeless service were or might be autistic (2) and a review of substance misuse which indicates a doubled risk of substance misuse problems for individuals with autism diagnoses, higher if they had a comorbidity with ADHD (3). Evidence of and concern

about suicide and suicidality is also growing (4). (Links and references at the end of the document)

National policy and guidance

There have been two national strategies and statutory guidance since The Autism Act was passed in 2009.

The current statutory guidance expects Local Authorities and the NHS to work in collaboration with local partners to take forward the key priorities in *Think Autism*.
This document can be found at https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy

Nationally concern around new research has been reflected in the recent refresh of the National autism strategy. This effectively rearranges the existing priorities and introduces two new overarching objectives:

1: Reducing the gap in life expectancy for autistic people

2: Autistic people are able to play a full role in society
https://www.gov.uk/government/publications/think-autism-strategy-governance-refresh-2018

The NHS long term plan now indicates an intention to improve access to and quality of treatment for autistic people.

Leeds strategy

Leeds consulted on and adopted a new adult autism strategy in 2017. This was reported to the Health and Wellbeing board on 20th July 2018.

The focus of the strategy is broad reflecting the wishes of local stakeholders. There is an annual action plan which identifies priority areas for the partnership board's work. Currently these priorities are health, particularly mental health; criminal justice system, training and travel training.

Local processes and reporting

We have an Autism partnership board, which is responsible for influencing and guiding partner bodies and evaluating the progress of the Strategy. People with autism and carers are an important part of the partnership board through a reference group for people with autism and a carers' reference group. A separate group for providers also meets.
As well as the stakeholder representatives membership of the board includes operational and commissioning staff from health and social care, representatives from children's service, further education; housing, and the Department of work and pensions.
The board meets quarterly as do the reference groups.

Leeds completes an autism self-assessment (SAF) annually to report to Central Government, which also goes to the Health and Wellbeing Board. The most recent version was submitted in 2018.

Progress in Leeds

Current developments in health and social care services

There are a number of interesting pieces of work underway in Leeds at the moment to improve the wellbeing of autistic people, both by providing support to them as individuals and/or by organisational changes to facilitate reasonable adjustments.

The list below indicates some of the local work underway, all of which represents a positive change. It is very useful that this work continues within its separate organisations. It is now becoming clearer that the next most useful step would be to revisit the question of a system overview enabling a continuity of support between within organisations, some of the current work underway to assist individual autistic people to understand and communicate their own needs will complement and be essential to the wider picture.

This section highlights some areas of work:

- Physical health

    - LTHT are working to extend their programme of reasonable adjustments for people with learning disability to autistic people. They are supported in this by a group of autistic self advocates.

- Mental health developments

    - A range of mental health services including IAPT and the new 3 third sector service Livewell Leeds, are undertaking additional autism training and examining the best ways to adapt their services to meet autistic needs. The continuing need for autism specific psychological therapy, currently met by the individual funding request process is being reviewed. The diagnostic service suits within LYPFT and works with their staff on a consultancy basis as well as offering training and consultancy to GP services.

- Social world

    - Most autistic people are not eligible for adults social care services, for many their priorities are e.g. housing or employment. . For those that are social workers have had additional training and there is a small range of specialist provider services on offer., some more generic services are beginning to build a cohort of support workers with autism experience.

    - The CCG has recently awarded longer term funding to Leeds autism aim. This is for those people who are not eligible for social care, it is a preventative service which as part of its range of options helps to provide guidance to other organisations as they seek to make reasonable adjustments.

Other Current Challenges and Opportunities

Although Leeds has made substantial advances since 2010 there are some issues which remain significantly challenging. The current financial pressures on all areas add to these challenges but the cross cutting nature of autism is also a contributory factor.

Preparing for adulthood/transitions:	The numerous boundaries between childhood and adulthood can present challenges to people on the autistic spectrum. There is a particular gap in transition supports for people at the higher IQ end of the autistic spectrum, which may present later than usual.
Reasonable adjustments in both physical and mental health services:	The current challenge here is to look at methods for "joining up" the good work which is underway.
Transforming care:	This big national project may result in better outcomes for the small number of autistic people who sit in this cohort.
Training:	Much autism training takes place but keeping this updated, and appropriate is a continuing challenge.
Employment:	This is of key importance to many autistic people, who can offer much to employers if supported appropriately in the right role. Although the DWP has the lead responsibility in this area health and well-being board members will be providing employment support. As big employers, they also have an opportunity to improve both recruitment and retention of autistic employees. We have recently held our 3rd Hidden talents event – a job fair for autistic people which also offers training for employers.
Housing:	Access to appropriate housing is essential to enable people on the autistic spectrum to lead a good life. New national guidance for housing services for autistic people has just been issued.

Conclusion

The work to improve the wellbeing and opportunities for adults with autism and their families and friends is continues to have an impact. National developments and increasing public awareness give us a climate of high expectation and increasing demand for those limited resources we have. At the same time we have a level of interest and engagement from wider service and areas which supports us in a gradual improvement. Our local progress is such that we now are at a stage where a review of the links between services would be valuable

Recent research on autism: references and links

1: **Premature mortality**

Premature mortality in autism spectrum disorder.
Hirvikoski T. *et al. Br. J. Psychiatry* Epub ahead of print (2015)

2: Homelessness

The prevalence of autistic traits in a homeless population
Alasdair Churchard, Morag Ryder, Andrew Greenhill, and William Mandy (Apr 10, 2018)
http://journals.sagepub.com/stoken/default+domain/IAmuFddNNmeCRNV5RWXY/full

Blog
https://connection.sagepub.com/blog/psychology/2018/04/17/on-sage-insight-the-prevalence-of-autistic-traits-in-a-homeless-population/

3: Substance misuse:

Increased Risk for Substance Use-Related Problems in Autism Spectrum Disorders: A Population-Based Cohort Study
Butwicka, A., Långström, N., Larsson, H. et al. J Autism Dev Disord (2017) 47: 80.
https://doi.org/10.1007/s10803-016-2914-2

https://spectrumnews.org/features/deep-dive/autisms-hidden-habit/

4: Suicide/Suicidality

This link takes you to a presentation which contains an overview and links to various pieces of research http://www.nspa.org.uk/wp-content/uploads/2017/02/1b.-Suicide-in-autism.pdf

5. National strategy refresh

https://www.gov.uk/government/publications/think-autism-strategy-governance-refresh-2018

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Leeds Health and Wellbeing Board

Report author: Tony Cooke and Arfan Hussain

Report of: Leeds Academic Health Partnership

Report to: Leeds Health and Wellbeing Board

Date: 25 April 2019

Subject: Update on the Leeds Academic Health Partnership (LAHP) Strategy 2017-2021: Reducing health inequalities through innovation and system change

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. This paper provides a progress update against the LAHP strategy 2017-2021, following the presentation of the strategy to the Leeds Health and Wellbeing Board (HWB) in February 2018. The LAHP strategy was developed with city partners including Leeds City Council. It was designed so that the research strengths of Leeds universities could be brought to bear on the city's priorities as set out in the Leeds Health and Wellbeing Strategy and the Inclusive Growth Strategy. The LAHP shares the city's ambition to grow its economy and reduce the inequalities evidenced in the recent Joint Strategic Assessment (JSA).

2. The LAHP's work includes a range of initiatives at various stages of development, all with the potential to bring significant benefits to our local health and care system. This paper summarises the main areas of progress and their relevance to the Health and Wellbeing Board.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress of the projects within the LAHP Strategy.
- Consider the LAHP Strategy's contribution to the delivery of the Leeds Health and Wellbeing Strategy, Leeds Health and Care Plan and Leeds Inclusive Growth Strategy, and comment on any matters arising.

1 Purpose of this report

1.1 This report provides an update on the progress made on the delivery of the LAHP Strategy 2017-2021 a year since it was considered by HWB on 19 February 2018.

2 Background information

2.1 The Leeds Academic Health Partnership launched in embryonic form in November 2015. Its purpose is to engage the educational and research capabilities of our universities with the health and care system and thus accelerate the adoption of research and new approaches to improve service outcomes, reduce inequalities and create investment and jobs.

2.2 The LAHP partners are:

- Leeds City Council
- Leeds Teaching Hospital NHS Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Community Healthcare
- NHS Leeds CCG
- Leeds Beckett University
- Leeds Trinity University
- University of Leeds.

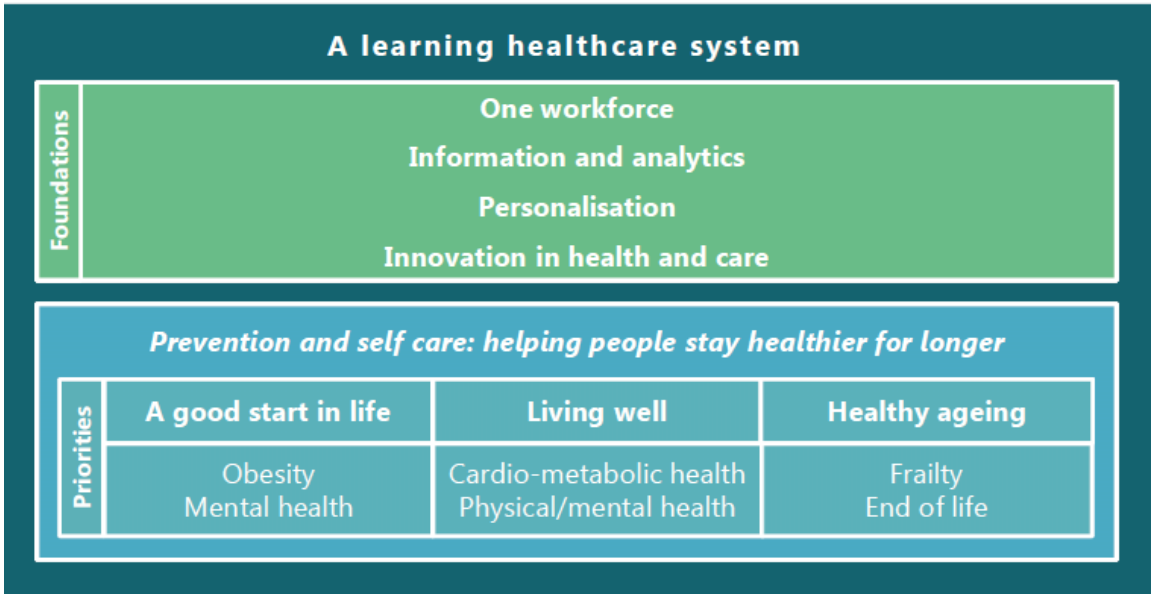
2.3 The Yorkshire and Humber Academic Health Science Network is an associate member of the LAHP and Leeds City College; St. Gemma's Hospice and Yorkshire Cancer Research are affiliates. Sir Alan Langlands, vice chancellor of the University of Leeds, is currently chair of the LAHP board. The LAHP is supported by a small core team, and includes time from officers in the Leeds Health Partnerships team.

2.4 The LAHP Strategy 2017-2021 aligns with the priorities of the Leeds Health and Wellbeing Strategy, the Leeds Health and Care Plan and the Leeds Inclusive Growth Strategy.

2.5 Relevant research strengths in the city are being brought to bear on city priorities and on four foundation programmes. Partners selected the priorities on the basis that they all have the potential to support reductions in inequality (e.g. deprivation/socio-economic impact; ethnicity').

2.6 The foundation programmes and priorities are set out below:

▪ *Quality and efficiency* ▪ *Reducing inequalities* ▪ *Inclusive economic growth* ▪



2.7 One of the principles of LAHP working is to support the delivery of partner organisations' own goals as far as possible, and particularly to support shared goals and strategies across the city. We aim to strengthen the existing relationships between partners to develop new collaborations. Current work includes a range of projects with the potential to bring significant benefits to our local health and care system. The following paragraphs briefly highlight progress in five areas.

3 Main issues

One Workforce: Leeds Health and Care Academy

3.1 Leeds Health and Care Academy (the Academy) is a citywide endeavour to integrate the learning and professional development of the city's 57,000 health and care professionals, in collaboration with the city's universities, supporting the move to *One Leeds Workforce*.

3.2 It will also inspire the next generation health and care workforce, and provide inclusive opportunities for skills, jobs and wealth creation. The Academy will form an essential component of our developing Leeds Health and Care Workforce Strategy.

3.3 The Academy had a 'soft' launch in April, which opened with a range of foundation products and services, with more to come as the Academy grows in the months and years ahead. The development of the future portfolio is under way and conversations are taking place with universities and Leeds City College about how to play in academic expertise.

3.4 As outlined in the table below, this exciting approach has the potential to impact on everyone's lives in some way – building capacity, strengthening and improving capabilities, and developing the 'one team' Leeds health and care workforce culture.

Theme	Definition	Benefits
Attracting our future workforce	The Academy will provide opportunities for skills, jobs and wealth creation, engaging and recruiting those in our most disadvantaged communities and inspiring the next generation health and care workforce. This will ensure we have the highly diverse, skilled workforce we need to serve the people of Leeds, now and in the future.	**To support a healthy pipeline of staff in health and care, thereby addressing workforce shortages and contribute to inclusive growth and social mobility** **To position Leeds at the forefront of innovative education, learning and development in health and care**
Improving working lives	The Academy will improve workforce mobility, making sure Leeds is ***the*** place to work in health and care. We will improve access to the highest quality education, support and development for our current and future workforce. We will recognise the importance and impact of mental health alongside physical health. We will support women in the workplace being a voice for increased visibility and connections across organisational boundaries.	**To improve attraction and retention in the health and care workforce** **To enhance health and well-being and reduce sickness absence** **To achieve diversity and inclusion in the workforce**
Improving systems working	The Academy will foster a citywide culture where the health and care workforce operates as if it is one team - "one Leeds workforce". Our people will work, learn and develop together in new ways, enhancing career opportunities and providing a more seamless experience for citizens and patients.	**To support the development of a citywide culture across health and care, at every level, which puts patients and citizens first**
Improving working partnerships	The Academy will work with health and care organisations across the city to enhance collaboration when bidding for new and additional funding and, through this, to respond to the city's strategic workforce priorities.	**To support partner organisations to make the very best use of the 'Leeds pound'** **To bring together a single strategic workforce conversation with partner organisations**

3.5 We believe the reach potentially covers;

- The 780,000 people who live in Leeds and access health or care services at any point in their lives.
- The 57,000 people who currently work in our city's health and care services in addition to the 70,000 carers and 200,000 volunteers.
- The 60,000 students in higher education who are potential employees and residents
- Residents of the city who would like to work in these services now or in the future – families, employed or unemployed, of all ages and all backgrounds.
- People who live outside of the city but who are attracted by the many opportunities it offers for both work and home.

3.6 City partners review progress regularly and we have set up an Academy portfolio advisory group, which brings together a wider representation of leadership and academic input at city, regional and national level, guiding the work for 19/20 and beyond.

Information and Analytics

3.7 The LAHP is working with city partners to explore the feasibility of establishing a framework in Leeds that could enable health and care planners and researchers in the city to learn more effectively from our health and care data.

3.8 The project is at a very early stage and a network of experts is being pulled together from city partners including colleagues at Leeds City Council, NHS Leeds CCG, Leeds Teaching Hospital Trust and the University of Leeds. The first part of the design will be to undertake scoping and feasibility work. As the project evolves, a crucial part of the design will be to work with patients and the public to

ensure that it is shaped not only by legal and ethical best practice, but also by public acceptability.

3.9 The long-term goal is that the project will help us improve our understanding of the factors that influence health outcomes and health inequalities of people living in Leeds. In time, we should also be able to use data to learn more about the impacts of wider determinants of health that we know have a huge influence; for instance air quality, access to green spaces, and quality of housing stock.

Personalisation – Leeds Centre for Personalised Medicine and Health (LCPMH)

3.10 The Leeds Centre for Personalised Medicine and Health (LCPMH) is a small team that develops and evaluates diagnostic tests and treatments that have been tailored on an individual basis.

3.11 The centre is at a pivotal point as we have secured approval from partners to grow the team and its work. Current LCPMH projects include work on:

- Diabetes: evaluating new approaches to prevention.
- Cancer: developing more accurate screening tests for referrals
- Lung cancer: improving screening in particular communities
- Prostate cancer: developing more accurate assessments of risk
- Antimicrobial resistance: developing rapid infection diagnostics

3.12 The LAHP commissioned an independent review of LCPMH at the end of last year, since then it has worked with partners to develop a revised structure for the team to enable its work to grow more strategically. Over the next two years, the centre will grow its work in two areas: frailty and cancer prevention both of which are hugely important priorities for the health of the Leeds.

Innovation in Health and Care – Leeds City Region healthtech

3.13 The Leeds City Region has a high density of healthtech companies, and a similar concentration of research and development expertise in universities and academic centres.

3.14 The LAHP is supporting a regional effort to develop a more integrated and innovative healthtech system, through closer collaborations and alignment between academics, industry and health and care services.

3.15 This approach is in response to recommendations in the government's 2017 Science and Innovation Audit. The aim is to capitalise on our pre-existing regional healthtech strengths, increasing inward investment, realising inclusive economic growth and transformed service quality and efficiency.

3.16 We have been working with partners across the region to draft a memorandum of understanding, setting out this intention and framing ways of working. We have in principle agreement from the following:

- Leeds City Region Enterprise Partnership
- West Yorkshire & Harrogate Health and Care Partnership

- Association of British HealthTech Industries (ABHI),
- Universities of Bradford, Huddersfield, Leeds Beckett, Leeds and York

3.17 Once the memorandum of understanding is finalised, the next step is to convene leaders to identify a small number of priorities on which to collaborate.

A good start in life: childhood obesity

3.18 We have been in discussion with academics at Leeds Beckett University and colleagues in public health about a citywide approach to obesity, particularly childhood obesity. Public Health England commissioned academics from Leeds Beckett University to co-ordinate whole systems approaches to obesity at various sites across the UK, but Leeds was not among the sites selected.

3.19 We now have partner agreement, in principle, to commission colleagues at Leeds Beckett University to work with teams across health, care, education, housing, environment and planning to improve our approaches to childhood obesity in Leeds.

3.20 Leeds will be the first core city in the country to test this approach. The first meeting is scheduled for late April, so the planning for the work will begin soon. It is likely that the whole-system approach will be tested in one (or more) localities initially.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 This report includes updates on projects based on meetings and decisions approved with all member partners represented on the LAHP Board and the LAHP Operations Group. These are Leeds City Council, local NHS organisations and the three named Universities. The report therefore reflects the consultation arrangements incorporated in the advice and input provided by partners represented.

4.2 Equality and diversity / cohesion and integration

4.2.1 The LAHP Strategy prioritises projects to deliver the stated key outcomes of quality and efficiency, economic growth and inequalities. The priorities were selected on the basis that they all have the potential to support reductions in inequality (e.g. deprivation/socio-economic impact; ethnicity'). The LAHP Strategy and projects are closely aligned the Leeds Health and Wellbeing Strategy and its vision.

4.3 Resources and value for money

4.3.1 The LAHP partners jointly fund the small core staff team; there is no operational funding. This resource has been used to lever other flows of inward investment into the city health and care system.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 There are therefore no specific risks arising from this report. Risks from the LAHP Strategy are incorporated in the project management arrangements deployed by the LAHP.

5 Conclusions

5.1 The Leeds Academic Health Partnership continues to make good progress on its projects in line with the LAHP Strategy to deliver better health outcomes; reduced health inequality and inclusive growth. Moreover this progress is feeding through to strengthen the national profile of Leeds.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress against the delivery of the projects within the LAHP Strategy.
- Note and discuss the LAHP Strategy's contribution to the delivery of the Leeds Health and Wellbeing Strategy, Leeds Health and Care Plan and Leeds Inclusive Growth Strategy and actions needed as a result of the learning from the JSA.

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?
The LAHP aims to help Leeds improve our understanding of how best to target and prioritise resources. This supports the Leeds Health and Wellbeing aim of improving the health of the poorest the fastest. The six priority areas in the LAHP strategy were selected on the basis that they all have the potential to support reductions in inequality (e.g. deprivation/socio-economic impact; ethnicity').

How does this help create a high quality health and care system?
The LAHP is working to improve quality and cost effectiveness in the health and care system, by supporting innovation and research in the four foundation programmes and the six priority areas. This will be holistic and encompasses physical and mental health; care provided in and out of hospital; health and social care

How does this help to have a financially sustainable health and care system?
Quicker evaluation and better profile will support Leeds' aim to win and attract more bids and investment. Its projects may also support the reduction of costs

Future challenges or opportunities
The health and care system is complex and has many current pressures, which could distract from longer term opportunities and opportunities associated with a changing population and technology. It is essential that the LAHP Board remains closely aligned with the Health and Wellbeing Board in ensuring the optimum balance between short and longer term needs of the health and care system are addressed.

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	
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	X
Maximise the benefits of information and technology	X
A stronger focus on prevention	
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	

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Leeds Health and Wellbeing Board

Report author: Lesley Newlove (Commissioning Support Manager, NHS Leeds CCG)

Report of: Steve Hume (Chief Officer Resources & Strategy, Adults & Health, Leeds City Council) & Rob O'Connell (Deputy Director of Commissioning, NHS Leeds CCG)

Report to: Leeds Health and Wellbeing Board

Date: 25 April 2019

Subject: Leeds BCF Q4 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

1. 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.

2. The NHSE/ MHCLG national timescales do not align with Leeds Health and Wellbeing Board meetings. As a result, HWB members agreed on 28 February 2019 for the Leeds BCF Q4 2018/19 Return to be retrospectively noted at HWB on 25 April 2019 following this process:-

   - 26 Mar 2019 – Process agreed by HWB Chair.
   - 28 Mar 2019 – Integrated Commissioning Executive (ICE), which acts as the BCF Partnership Board endorsed the draft BCF Q4 2018/19 Return.
   - 05 Apr 2019 – HWB Chair received an overview of the draft BCF Q4 2018/19 Return and agreement to consult with HWB members.
   - 09 Apr 2019 – Draft BCF Q4 2018/19 Return was circulated to HWB members for feedback/comments, which was incorporated into the final return.

- 18 Apr 2019 – Following agreement by the HWB Chair, final BCF Q4 2018/19 Return was submitted to NHSE/ MHCLG by the deadline and circulated as a supplementary appendix to HWB.

Recommendations

The Health and Wellbeing Board is asked to:

- Retrospectively note the content of the Leeds BCF Q4 2018/19 return.
- Note the iBCF Spring Budget monies update

1 Purpose of this report

1.1 To inform the Health and Wellbeing Board of the contents of the Leeds BCF Q4 2018/19 return.

2 Background information

2.1 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.

2.2 This additional Spring Budget funding was paid to local authorities specifically to be used for the purposes of:-

- Meeting adult social care needs
- Reducing pressures on the NHS – including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local care provider market is supported

2.3 The Grant determination detailed the three purposes for which the iBCF money could be spent. The receiving local authority 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

2.4 In Leeds, this non-recurrent three year funding has been used to fund transformational initiatives that have compelling business cases to support the future management of service demand and system flow and prevent the need for more specialist and expensive forms of care.

2.5 This is founded on the principles of the Leeds Plan, which sits under the Leeds Health and Wellbeing Strategy and links to the West Yorkshire and Harrogate Partnership.

2.6 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 To allow feedback from HWB members to incorporated into the final BCF Q4 2018/19 Return prior to submission to NHSE/ MHCLG by 18 April, the draft version has been circulated to HWB members and the final version will be circulated as a supplementary appendix to this paper. The main highlights of the return are:-

- All National Conditions have been met.
- Metrics – All 4 key metrics are on track to meet target.
- High Impact Change Model – 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.
- Income and Expenditure - outlines the Health & Wellbeing Board level of actual pooled income and expenditure in 2018/19. This includes the mandatory funding sources of the Disabled Facilities Grant, the iBCF Grant and the minimum CCG contribution.
- Year End Feedback –This section provides year end feedback on the delivery of the BCF.
- Narrative – This section provides the wider context around health and social care integration and highlights the development of the Local Care Partnerships and the significant work which is being undertaken to agree how the findings of the Newton Europe review and the Care Quality Commission system review can be used to influence the next stage of development of community based care to support system flow
- iBCF Part 1 and Part 2 only relate to the additional iBCF funding announced at the Spring Budget 2017 and does not relate to the iBCF funding originally announced in the Spending Review 2015
    - iBCF Part 1 lists our top 10 schemes in terms of investment in 2018/19 which are funded by the additional iBCF/Spring Budget non-recurrent monies and their progress expressed in terms of the drop down boxes allowed by NHSE/MHCLG

- iBCF Part 2 asks for information relating to additional home care packages funded through the additional iBCF/Spring Budget monies however Leeds agreed to fund care packages through the original recurrent iBCF monies and use the additional non-recurrent iBCF money to fund system change

Schemes funded through iBCF/Spring Budget monies – Quarter 4

3.2 At the time of writing, local reporting for Q4 18/19 for schemes funded through iBCF/Spring Budget monies is underway. Progress reports on delivery, benefits and spend of these schemes will be reviewed by the Leeds Plan Programme Boards the schemes have been aligned to. A summary of the top 10 schemes (in terms of expenditure) and their Q4 achievements will be submitted to a future Health and Wellbeing Board.

Update on Leeds Plan Allocation

3.3 Within the initial allocations of the iBCF Spring Budget monies was a provision of £2m set aside for delivery of specific Leeds Plan priorities. During Q4 18/19 these monies have been allocated to specific individual schemes which have been prioritised in conjunction with the respective programme boards and approved by ICE. A list of the 9 schemes approved is attached as Appendix 1. As agreed for round 1 funding, quarterly progress reports on delivery, benefits and spend of these round 2 schemes will be reviewed by the Leeds Plan Programme Boards the schemes have been aligned to.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Routine monitoring of the delivery of the BCF is undertaken by the LPDG. This group reports into ICE which is the BCF Partnership Board with quarterly reporting to HWB.

4.1.2 The BCF Plan has been developed based on the findings of consultation and engagement exercises undertaken by partner organisations when developing their own organisational plans.

4.1.3 Any specific changes undertaken by any of the schemes will be subject to agreed statutory organisational consultation and engagement processes.

4.2 Equality and diversity / cohesion and integration

4.2.1 Through the BCF, it is vital that equity of access to services is maintained and that quality of care is not 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

4.3.1 The iBCF Grant allocated through the Spring Budget 2017 is focussed on initiatives that have the potential to defer or reduce future service demand and/or

to ensure that the same or better outcomes can be delivered at a reduced cost to the Leeds £. As such the funding is being used as 'invest to save'.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 There is a risk that some of the individual funded schemes do not achieve their predicted benefits. This risk is being mitigated by ongoing monitoring of the impact of the individual schemes and the requirement to produce exit/mainstreaming plans for the end of the Spring Budget funding period.

5 Conclusions

5.1 Quarterly returns in respect of monitoring the performance of the BCF 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 provide assurance to HWB by monitoring the impact of the schemes and plan towards the exit from the Spring Budget funding period.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Retrospectively note the content of the Leeds BCF Q4 2018/19 return
- Note the iBCF Spring Budget monies update

7 Background documents

7.1 None.

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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	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	
The best care, in the right place, at the right time	X

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Appendix 1 - List of approved iBCF schemes

Ref	Scheme/Service	Funding
SB71	**Burmantofts Health Centre Redevelopment** Purpose: Provision of funding to undertake feasibility work in relation to the Estates Requirements for this Neighbourhood which has been identified as a priority area both by Leeds Council Council and the Joint Strategic Estates Group	£120k
SB73	**Physical Activity - Social Movement** Purpose:- To create a social movement to get more people, more physically active, more often. The proposal has two distinct components:- 1. Promote 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 place 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. Follow the strategic direction detailed above and use this learning and the relationships we've built to co-produce an ambition and action plan for physical activity in Leeds. The ultimate ambition is to develop a whole city (or system) approach, designed to make it easy for people to be active in Leeds.	£163k
SB100	**Digital Access for Public Health Wider Workforce** Purpose:- This proposal is to enhance our current digital offer within the Public Health Resource Centre (PHRC) to enable the Leeds health and care workforce to access evidence based information.	£100k
SB82	**Extend Independence at Home Service to 7 days** Purpose:- To extend the Independence at Home Service/Supporting Wellbeing and Independence for Frailty (SWIFt) service to 7 days per week: 1. Accept referrals from 111, Yorkshire Ambulance Service, Virtual Ward, GP Out of Hours, Urgent Treatment Centre and improve responsiveness to Neighbourhood Teams etc to prevent Accident &Emergency attendances 2. Develop additional capacity to work alongside Intermediate Care Team and Reablement if required to help prevent readmissions to hospital 3. Develop additional capacity to provide pro-active support / case management for frail older people in line with the developing Frailty and End of Life Strategy.	£126k
SB81	**Hospital to Home - Community Extension** Purpose:- To develop additional Hospital to Home capacity to strengthen short-term follow up (7 days) in the community after discharge from hospital in order to increase independence for older people leaving hospital	£53k
SB85	**Supporting Wellbeing and Independence for Frailty (SWIFt) Expansion** Purpose:- To secure further funding to progress with the re-procurement of a future model for the Supporting Wellbeing and Independence for Frailty (SWIFt) service to: • Ensure provision of Third Sector support to those living with frailty as part of the emerging model for proactive and preventative approaches to frailty • Enable the service to be expanded into areas of highest need • Take account of key learnings from the existing service delivered over the past 2 years • Extend the evaluation to provide sufficient time for evaluation with a greater cohort of individuals and to identify the impact on longer term outcomes	£720k
SB75	**Health Digital Inclusion** Purpose:- To develop a sustainable offer to tackle digital inclusion across Leeds for people living with Long-term conditions Objectives include:- - To increase skills and engagement with digital self-management solutions. - To increase Health and Social Care Professionals skills and engagement with digital self-management solutions. - To Increase access to digital self-management solutions for people living with long term conditions and users of social cares services. - To develop a sustainable cohort of digital ambassadors.	£150k
SB76	**Home First Therapy Support** Purpose:- To scale up the existing HomeFirst approach so it can be further tested and embedded over an 18 month period. This will provide an immediate short term benefit of additional capacity across this winter and next. It also gives time to test and embed changes in practice. There are three elements to the proposal:- - Additional therapy staff to enable scaling up of the HomeFirst approach - OD support to facilitate teams working together and changes in clinical practices and processes - Project management support to create momentum, drive progress and track benefits	£253k
SB95	**Leeds Oak Alliance: LTHT Third Sector Hub** Purpose:- To pilot a Third Sector Hub in Leeds Teaching Hospitals Trust provided by the Leeds Oak Alliance. This is a city-wide alliance of Age UK Leeds, Care & Repair, Carers Leeds, St Gemma's Hospice and Wheatfields Hospice	£150k

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Leeds Health and Wellbeing Board

Report author: Shak Rafiq, NHS Leeds CCG Communications Manager

Report of: Shak Rafiq (Communications Manager, NHS Leeds Clinical Commissioning Group)

Report to: Leeds Health and Wellbeing Board

Date: 25 April 2019

Subject: NHS Leeds CCG Annual Report 2018-19: 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021'

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

Summary of main issues

NHS England requires all NHS Clinical Commissioning Groups (CCGs) to produce annual reports in a prescribed format to a specific timescale. As part of this, one of the statutory requirements is for CCGs to review to what extent they have contributed to the local joint health and wellbeing strategy, to include it in their annual reports and to consult with the Health and Wellbeing Board in preparing them.

This is the formal wording taking from NHS England's guidance "Please review the extent to which the CCG has contributed to the delivery of any joint health and wellbeing strategy to which it was required to have regard under section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007. It is a statutory requirement to include this review in your annual report and to consult with each relevant Health and Wellbeing Board in preparing it."

To fulfil this requirement, NHS Leeds CCG has included in its annual report for 2018-19 a section on 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021' (see Appendix) for consideration by the Leeds Health and Wellbeing Board. As NHSE national timescales did not align with the Leeds Health and Wellbeing Board meetings, the following was agreed and has been actioned:

- 28 Feb 2019 – HWB members were made aware of the process.
- 26 Mar 2019 - Chair of HWB was briefed on the draft 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021'.
- 28 Mar 2019 – HWB members received the draft 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021' via email to provide comments/feedback.
- 18 Apr 2019 – The NHS Leeds CCG draft annual report submitted to NHS England and the draft 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021' noted at 25 Apr HWB meeting.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the process for developing the CCG annual report as outlined in para 2.4 to meet the statutory requirement outlined by NHS England.
- Note the extent to which NHS Leeds CCG has contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- Note the recording of this acknowledgement in the NHS Leeds CCG's annual reports according to statutory requirement.

1 Purpose of this report

1.1 The purpose of this report is for the HWB to retrospectively note the NHS Leeds CCG Annual Report 2018-19 section on 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021' as NHSE national timescales did not align with the Leeds Health and Wellbeing Board meetings

2 Background information

2.1 NHS England requires all NHS Clinical Commissioning Groups (CCGs) to produce annual reports in a prescribed format to a specific timescale.

2.2 The annual report has three sections:

- Performance Report, including an overview and performance analysis
- Accountability Report, including a corporate governance report, CCG members' report, statement of the Accountable Officer's responsibilities, governance statement and remuneration and staff report
- Annual Accounts

2.3 One of the statutory requirements is for CCGs to review to what extent they have contributed to the local joint health and wellbeing strategy, to include this review in our annual reports and to consult with the Health and Wellbeing Board in preparing them.

2.4 To fulfil this requirement, NHS Leeds CCG has included in its annual report for 2018-19 a section on 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021' (see Appendix) for consideration by the Leeds Health and Wellbeing Board. As NHSE national timescales did not align with the Leeds Health and Wellbeing Board meetings, the following was agreed and has been actioned:

- 28 Feb 2019 – HWB members were made aware of the process.
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- 18 Apr 2019 – The NHS Leeds CCG draft annual report submitted to NHS England and the draft 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021' noted at 25 Apr HWB meeting.

2.5 The NHS Leeds CCG Annual Report 2018-19 has undertaken a similar approach to the previous year and has drawn on the content that was provided by NHS Leeds CCG for *Leeds Health and Wellbeing Board: Reviewing the Year 2018-19*, which was agreed at HWB on 28 February 2019.

3 Main issues

3.1 We consider effective partnership working to be fundamental to the way we do our business as a CCG and reflect this throughout our annual report.

3.2 NHS Leeds CCG is represented on the Leeds Health and Wellbeing Board. We actively supported the Joint Strategic Needs Assessment (JSNA) to identify the current health and wellbeing needs of local communities and highlight health inequalities that can lead to some people dying prematurely in some parts of Leeds compared to other people in the city.

3.3 We consider ourselves to be full partners in commissioning health and care services for the benefit of local people, actively supporting the 12 priority areas:

- A child friendly city and the best start in life;
- An age friendly city where people age well;
- Strong, engaged and well-connected communities;
- Housing and the environment enable all people of Leeds to be healthy;
- A strong economy, with local jobs;
- Get more people, more physically active, more often;
- Maximise the benefits from information and technology;
- A stronger focus on prevention;
- Support self-care, with more people managing their condition;
- Promote mental and physical health equally;
- A valued, well trained and supported workforce; and
- The best care, in the right place, at the right time.

3.4 Members have been given the opportunity to contribute to this year's annual report and agree the key achievements that we have collectively delivered on the Leeds Health and Wellbeing Strategy 2016-2021 as outlined in para 2.4.

3.5 Although CCG annual reports follow a formal prescribed framework, in keeping with previous years, it also includes a more accessible summary version that reviews some of our achievements, how we have involved citizens and how we have allocated our budget.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 All CCG annual reports must demonstrate how they have met their statutory duty to involve the public in our commissioning activity. The guidance, for reference purposes, is as below.

4.1.2 *"Please explain how the CCG has discharged its duty under Section 14Z2 of the NHS Act 2006 (as amended 2012) to involve the public (individuals and communities you serve) in commissioning activities and the impact that engagement activity has had. This includes designing and planning, decision-making and proposals for change that will impact on individuals or groups and how health services are provided to them. It is a statutory requirement to demonstrate how this duty has been met in your annual report."*

4.2 Equality and diversity / cohesion and integration

4.2.1 The annual report includes a contribution from our equality lead demonstrating how the CCG has met its duty to the equality, diversity and inclusion agenda. The

CCG annual report also demonstrates how it contributes to reducing health inequalities either through the work of the health and wellbeing board or through local schemes, often at neighbourhood level, through its member GP practices.

4.3 Resources and value for money

4.3.1 The CCG annual report is a publically published document that provides an open and transparent reflection on our performance over the year. It also offers taxpayers the opportunity to see how we have made use of our publicly-funded resources.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 A risk register is held and regularly monitored by NHS Leeds CCG.

5 Conclusions

5.1 Reflecting on previous feedback from last year's engagement with the Leeds Health and Wellbeing Board for this statutory requirement of our annual report we have ensured that it is presented in a timely manner. This gives members a chance to contribute to this particular statutory requirement as part of the wider prescribed set of guidelines that govern the preparation and presentation of the CCG annual report.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the process for developing the CCG annual report as outlined in para 2.4 to meet the statutory requirement outlined by NHS England.
- Note the extent to which NHS Leeds CCG has contributed to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021.
- Note the recording of this acknowledgement in the NHS Leeds CCG's annual reports according to statutory requirement.

7 Background documents

None

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How does this help reduce health inequalities in Leeds?
The annual report of NHS Leeds CCG highlights joined up working to reduce health inequalities, outlining plans, targets and achievements.

How does this help create a high quality health and care system?
The annual report provides a narrative on how NHS Leeds CCG has worked in partnership to help create and sustain a high-quality health and care system.

How does this help to have a financially sustainable health and care system?
The annual reports outlines how the CCG is working in partnership across the Leeds health and social care economy as part of the wider STP and Leeds Plan process.

Future challenges or opportunities
N/A

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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Appendix 1: Excerpt from the NHS Leeds CCG annual report 2018-19

2.8 Delivering the Leeds health and wellbeing strategy 2016-2021

We have consulted with members of the Health and Wellbeing Board before completing and submitting this section of our annual report. This included an agenda item at the Health and Wellbeing Board meeting on 25 April 2019 as well as additional consultation with members on the draft text before final submission. Evidence of our attendance at the meeting is available online + link

The Health and Wellbeing Board has prioritised improving the health of the poorest the fastest and has an ambition to be the best city for health and care. The Health and Wellbeing Strategy is rooted in connecting people, communities and places and a social model of health. This means that in Leeds we recognise the role of the wider determinants of health alongside the need for excellent health services.

The CCG plays a key role in delivering the Health and Wellbeing Strategy. Since becoming a single CCG we have strengthened partnerships with a greater focus on prevention, early support and care closer to where people live where appropriate to do so. We support and lead on a number of local programmes that link in with the recently published NHS Long Term Plan – for example developing the embryonic local care partnerships – and we have part funded the city's neighbourhood networks and older people's networks in the community. Together with Leeds City Council, we are commissioning services in an integrated way, have several joint appointments and our working cultures and practices are increasingly aligned.

In keeping with our role in delivering the strategy, we ensure our work contributes to the Health and Wellbeing Strategy's vision of "improving the health of the poorest the fastest" by ensuring that tackling health inequalities is embodied in our commissioning strategy and supported by the CCG Governing Body – there is more information about this area of our work in section 2.5. We have also nominated and employed staff to specific roles within the organisation to support this area of work, including a specific clinical lead GP role for health inequalities and named leadership within strategy and planning. The CCG has signed up to actions aligned to the Strategy and the Leeds Health and Care Plan, some examples of which are outlined below.

2.8.1 A child friendly city and the best start in life

Over 10,000 babies are born in Leeds every year. Making the most of every child's potential is an important goal in Leeds – we all want the best for our children to help them be happy, healthy and reach their potential. From conception to the age of two is a very important time as it makes the biggest difference to a baby's future. We work with families and services to help all babies get the best start in life. In this regard, the citywide maternity strategy has achieved the following in 2018-2019:

Perinatal mental health problems can have significant and long lasting effects on the woman and her family. Our perinatal mental health pathway, which covers a range of services, has been evaluated and updated together with families in Leeds; resulting actions have included a new communications and training plan, including delivering training to all GPs around how to detect and address perinatal mental health issues.

Young parents are often disproportionately affected by adversity. To address this we have worked collaboratively to produce a pathway of services together with young parents. Where necessary we have changed services to provide more consistent relationships between young parents and their professionals, as well as developing specific MindMate content to support young parents with mental health problems.

We have worked collaboratively to develop plans to give women and families more continuity of carer through their pregnancy and beyond, and to encourage families to be empowered to make their own choices throughout the perinatal period. We have developed relationships across West Yorkshire and Harrogate in a local maternity system, providing more seamless pathways of care for families. We have also introduced electronic patient records for families going through maternity services, making services safer and helping families feel listened to rather than repeating their stories.

During the year, we carried out engagements on a range of issues including support for parents of children with autism, home birth, neonatal outpatient services and maternity pathways for young people. The results of these engagements are used by commissioners to plan and improve services that will give children born in Leeds the best start in life. For example, we have jointly commissioned an infant mental health service to promote positive attachment and have led on delivering an integrated perinatal mental health pathway. We are also piloting a new child family hub in Pudsey, which aims to improve access to

specialist children's doctors for families by bringing hospital-based paediatricians into the community.

For older children and young people, we have continued to develop the Future in Mind strategy, particularly through our award winning MindMate resource (www.mindmate.org.uk), which helps promote wellbeing and emotional resilience. During 2018-19, we invested in a major campaign to raise awareness of both young people's mental health issues and the resources available to help them.

2.8.2 An age friendly city where people age well

We share a vision that Leeds will be the best city in the UK in which to grow old and appreciate that physical health is only one aspect of aging well. Anyone can access our social prescribing services however some of the community-based services that social prescribing link workers refer to are of particular benefit to older people, who are more likely to experience social isolation and loneliness, which can have a significant impact on both physical and mental health and wellbeing.

In 2018, we asked people living with frailty and their carers what mattered to them and their feedback is being used to help shape a citywide approach to supporting people who are medically described as being frail. Our feedback showed us that people feel strongly about being called frail and this is something that we will look to address as part of our work with health and care professionals.

We have also worked with local GP practices and Leeds Community Healthcare NHS Trust (LCH) to pilot a 'leg club,' in Otley, which at the time was the first of its kind to open in the north of England. The club is a health and social group that follows a model developed by former district nurse Ellie Lindsay OBE, which sees patients treated by nurses in community settings. The leg club atmosphere encourages people with ulcers and other medical conditions to take more interest in their care and treatment, and when their legs heal, to keep them well and healthy. An important aspect of the club is the social element – as leg problems can limit mobility, being supported to attend every week help reduce social isolation.

To further tackle the problem of loneliness, during the year, we worked with our colleagues in the West Yorkshire and Harrogate Health and Care Partnership on its first regional campaign, "looking out for our neighbours." The campaign, which launched in March,

encourages people to connect with their neighbours in a bid to reduce the problems caused by social isolation. People can download resources so that they too can contribute to increased social connections within their communities **www.ourneighbours.org.uk**

2.8.3 Strong, engaged and well-connected communities

Leeds is home to vibrant and diverse communities, well-established networks and a thriving third sector. It's vital that we work together to keep our communities strong as they are essential for individual health and wellbeing.

We. alongside Leeds City Council, continued our commitment to fund the city's neighbourhood and older people's networks with an announcement in September confirming arrangements for a five year funding settlement. The Neighbourhood Networks support around 20,000 older people around the city, delivering support which helps reduce pressures on statutory health and care services, as well as enabling local people to get involved in using community assets in ways local people want. All of the Neighbourhood Network schemes are governed by local people who represent the communities they serve. These people steer the organisations so they best meet outcomes local older people want. The grants total value is £15,009,450 over the initial five years, with an annual value of £3,001,890.

We are playing a lead role in setting up local care partnerships; leadership teams are in place and are helping deliver new ways of working in local communities, built around the needs of local populations. For example in the Armley and Lower Wortley area, professionals from a range of agencies are working together to improve mental health support within these communities.

Our third sector grants final round has funded a diverse range of health projects aimed at improving health outcomes and build capacity in order to relieve pressure or demand elsewhere in the health system. A total of £2.3m funding was distributed through the health grants programme between 2015 and 2018. The time-limited funding was provided by the three former Leeds CCGs with a particular focus on the north and south and east of the city. The grants programme may have come to an end; however the evaluation shows that local community groups benefitted from both the financial support but also by developing a better understanding of how to work with statutory bodies. We have also established a new fund for patient participation groups (PPGs) at GP practices to apply to for developing

new health lifestyle projects or increased connections between the GP practice and its local community.

To encourage people take an active role in their health and care, we worked closely with colleagues from Healthwatch Leeds, Leeds City Council, NHS providers and the wider third sector to organise the Big Leeds Chat. This was the first 'one system' citywide engagement event in Leeds. It brought around 500 local people together with key decision makers and leaders, to have a conversation about what matters to them and to better understand their needs and preferences. We also carried out a number of engagements throughout the year, including on maternity services, urgent treatment centres, mental health services, local care partnerships, community respite care services and weight management services. More details on our engagement activity can be found in section 2.4

Less formally, we involved local communities in activities to mark the 70th anniversary of the NHS, and our Big Thank You campaign encouraged Leeds residents to thank their winter hero for this or previous winters. The winter hero could be anyone from all walks of life, such as unpaid carers and community groups supporting people every day. The campaign was a partnership approach involving the city's NHS organisations, Leeds City Council, West Yorkshire Police (Leeds District), British Transport Police and community and voluntary organisations who are recognising the dedication and hard work that staff do every year to help people through winter.

2.8.4 Get more people, more physically active, more often

We share an ambition for Leeds to be the most active big city in England. As well as supporting Public Health England campaigns such as One You, Active 10 and Change4Life. We have promoted One You Leeds, most recently as part of a West Yorkshire and Harrogate healthy hearts initiative, which aims to reduce the incidence of cardiovascular disease in the region.

We have also invested in further capacity in pulmonary rehabilitation, aimed at encouraging people to walk more and be more active, and we continue to support 'Breathe Easy' groups, which help people with respiratory conditions in some of the city's most deprived areas.

2.8.5 Maximise the benefits of information and technology

New technology can give people more control of their health and care and enable more coordinated working between organisations. The Leeds Care Record continues to be rolled out and has been firmly established in the city allowing health and care professionals to access records. This is reducing the need for duplication, especially from a patient's perspective, who no longer are asked the same questions by different people looking after them. This is a joined up, digital care record that enables clinical and care staff to view real time health and care information across care providers and between different systems.

Work continues on the person held records (HELM) project, giving people a chance to access personal information on health as well as council services.

All GP practices now have free patient wifi, and an increasing number are using social media to engage with patients. During the year, we provided training to help them do this more effectively.

Our continuing care team have worked to eliminate the need for 'wet' signatures for most hospices and GPs by designing electronic referral forms. You can find out more about how this works at https://rebrand.ly/DARTFeb2019

Along with colleagues at Leeds Teaching Hospitals NHS Trust (LTHT) and the Leeds Cancer Programme, we have helped develop a teledermatology service for patients with skin lesions or moles that could indicate the presence of cancer. The service allows a GP to take a photo on a smartphone and send it to hospital consultants who can then assess whether a patient needs to be triaged to a clinic for a further assessment. You can find out more about this and other innovations in section 2.9.11

2.8.6 A stronger focus on prevention

Targeting specific areas such as obesity, smoking, and harmful drinking can make a really big difference to preventing ill health. In 2018, we ran the #NoRegrets campaign with colleagues in public health (Leeds City Council) and Forward Leeds - noregretsleeds.co.uk. This online campaign aimed at encouraging sensible drinking in 18-25 year olds was launched at the beginning of Alcohol Awareness Week in November and ran throughout the festive season. By the end of January 2019, almost two thousand individuals had accessed the site, with some blogs on the site having been viewed hundreds of times.

Recognising that health and wellbeing are determined by many factors, we have continued to develop our social prescribing service. Over 5,000 people have accessed services that support them to meet their personal goals in their own neighbourhoods. In 2018-2019 we worked on developing a citywide service moving from the previous model set up by the three predecessor CCGs in the city. It's anticipated that the service will be running from April 2019. There's more about the scheme in section 2.5.5

Reducing incidence of cardiovascular disease is a national, regional and local priority; however, we know that far more people are at risk than realise it, and engaging with some of the most at risk isn't straightforward. We have worked with the British Heart Foundation to test a community based approach to identify raised blood pressure in addition to increasing accessibility to blood pressure testing and lifestyle support. The project is targeting front-line council employees as well as people served by six community pharmacies in the 10% most deprived areas of the city. To date, there have been approximately 1,000 blood pressure tests undertaken and learning from this project will help shape future programmes. We have also worked with 35 community pharmacies to offer blood pressure checks. In addition, the NHS health check programme has been re-procured and will be delivered by the Leeds GP Confederation from April 2019. Embedding this important service within general practice, with extended access and out of hours hubs, will make it more accessible to people who may be less likely to access prevention services.

Raising awareness of how people can stay well and protect themselves from ill health is a key part of our prevention work. We have delivered campaigns to encourage people to take up cancer screening such as cervical smears and bowel cancer tests. We have also continued to develop our nationally-recognised 'Seriously Resistant' campaign to raise awareness of the risks of overuse of antibiotics. In 2019, we will be launching a new phase of the campaign, which will target parents and carers of young children, older people and health care professionals. We are also supporting Leeds City Council's healthy schools team by providing Seriously materials to use in the classroom.

2.8.7 Support self-care, with more people managing their own conditions

Long term conditions are the leading causes of death and disability in Leeds and account for most of our health and care spending, so it's vital that we support people to maintain independence and wellbeing within local communities for as long as possible.

With diabetes affecting around 44,000 in Leeds, and a further 32,000 at high risk of developing it, developing a system-wide diabetes strategy has been a priority this year. The strategy has been co-produced with diabetes professionals from across the NHS, council and third sector, as well as people with the condition and carers. It will be published over summer 2019. During the year, we also developed a range of resources to help people with diabetes take better care of their feet, in order to reduce the risk of amputation. Completion of the diabetes structured education (Type 2) course has continued to be above target (77% against a target of 60%). People are reporting an improved confidence in self-managing their condition, sustained at 100%. GP practices continue to be involved in referrals to the NHS diabetes prevention programme.

Along with colleagues in Community Pharmacy West Yorkshire, we have introduced free inhaler checks in 50 pharmacies across the city. The service is about making sure people with asthma and COPD are able to use their inhalers in the correct way and that they are appropriate for them. In Leeds we have recognised that some people with asthma or COPD have been prescribed an inhaler that they might find difficult to use. Unfortunately this can affect how well their respiratory condition is controlled. The community pharmacies help patients have easier access to inhaler checks, to ensure they are getting the most from their inhalers and that their asthma or COPD is well controlled. To further help people with respiratory problems better manage their conditions, 10 integrated Breathe Easy groups are now established, with a particular focus on disadvantaged groups and areas with high prevalence of COPD to promote independence and living a good life.

Use of collaborative care and support planning has continued within the city. The number of people having a collaborative care support plan (CSSP) has continued to increase, which is helping them manage their own condition by focusing on "what is important to them" with people working with their GPs to develop goals to work towards for 12 months before their next annual review.

2.8.8 Promote mental and physical health equally

The city's ambitions for mental health are crucial for reducing health inequalities, and throughout the year, we have continued to fund and develop mental health services and resources.

MindMate - **www.mindmate.org.uk** - the online resource for young people, has continued to grow, and last summer, we delivered a major campaign aimed at raising awareness both of the resources available and of mental health issues affecting young people. For World Mental Health day, we partnered with British Transport Police and the local universities to further raise awareness. In addition, we have funded services such as Teen Connect to support children and young people in distress and there is now a single point of access to simplify referrals.

For adults, the MindWell website - **www.mindwell-leeds.org.uk** - has continued to be developed and has recorded 100,000 visitors since it launched. We have also evaluated and updated our perinatal mental health pathway together with families in Leeds. We contributed to the Yorkshire Evening Post 'Speak Your Mind' campaign, including a recent piece on looking after your mental health at Christmas and promotion of mental health drop-in sessions for the public across Leeds.

We are also making headway with a national initiative called STOMP which aims to stop the over medication of people with a learning disability, autism or both. We commissioned a STOMP team who have worked closely with GP practice, patients and their carers. To make sure people get the right medicine for when they really need it.

There's more information about mental health services in section 2.5.6

2.8.9 A valued, well trained and supported workforce

In common with our NHS, council and third sector partners, we have a highly motivated, creative and caring workforce, who are working hard to deliver high quality care. We are a founding partner of Leeds Academic Health Partnership (see section 2.9.10), which, through innovation and collaboration, is helping to ensure that Leeds is one of the best places in the UK to work in health and social care.

Following the creation of a single CCG, we have worked hard to engage our staff in a number of ways, including all staff events, professional and personal development opportunities and recognition events linked to NHS70. In a similar vein but for all partners, we helped develop the Big Thank You campaign – bigthankyouleeds.co.uk – which encouraged people across the city to say thank you to their winter heroes. At a time when frontline staff are under great pressure, this has been a very popular way to show how appreciated they are.

We have also invested in developing the primary care workforce, both with practical training and leadership development, and our safeguarding team continue to offer training, support and advice to primary care.

Over the coming 12 months we will support colleagues at Leeds Academic Health Partnership and those working on the Leeds Health and Care Plan to continue work on the 'one workforce' programme.

2.8.10 The best care, in the right place, at the right time

To help develop more effective, efficient health and care in the community, we have supported the establishment of local care partnership leadership teams, which are developing new ways of working locally, based on the needs of their local populations.

During 2018-19, the first urgent treatment centre was designated at St George's Centre, aimed at reducing the number of people going to A&E. The mandate for establishing urgent treatment centres (UTC) across the country comes from NHS England as part of their drive to improve urgent and emergency care. UTCs help simplify the system, and we are currently carrying out an extensive engagement with local people to seek their views on proposals to expand the UTC offer in the city. As part of the UTC offer, direct booking has been tested. This allows NHS 111 to book an appointment at the UTC for the individual, therefore giving a better experience to the individual rather than having to wait their turn in the queue to be seen.

Since October 2018, all Leeds residents have had access to evening and weekend GP appointments, which will also help relieve pressures on other parts of the system. To further support this endeavour, we have run extensive awareness campaigns throughout the year aimed at encouraging people to cancel GP appointments if they no longer need them and to choose the right service, based on the national Help Us, Help You approach. In addition, we have helped new communities in Leeds to understand how to access healthcare in the city including working with the Migrant Access Partnership.

We have piloted the Leeds Clinical Assessment Service. This allows people (within the pilot scope) to receive clinical advice over the telephone via NHS 111, by a range of local health professionals (such as GP, nurse, musculoskeletal specialist, pharmacist). This has reduced the need for people to have to attend a face to face appointment, when it was identified that a phone call was clinically appropriate

2.8.11 Suggested priorities for our work against the priorities in 2019-20

We will continue to develop our approach to commissioning and delivering positive and enduring health and wellbeing outcomes for the people of Leeds. This includes sharing responsibility for outcomes and inequalities as a result of our health, care and support services and to work together to integrate care around population and community needs.

2.9 Working with our partners

2.9.1 Leeds GP Confederation

The Leeds GP Confederation is a 'not for profit organisation' working to improve the health and wellbeing of the people of Leeds. It does this by strengthening and sustaining primary care as well as working with the full health and care system to meet the objectives of the Health and Wellbeing Strategy 2016-2021.

The Confederation was established in March 2018 to represent the collective view of GP practices as providers in Leeds. It has evolved through shared working with the GP leadership and the existing three federations in Leeds. In October 2018, CCG staff working in the primary care development and clinical pharmacy teams became embedded within the Confederation and other staff from the CCG provide support as needed.

The Confederation aims to improve care in Leeds, principally through applying the local care partnership model in localities but also by helping spread best practice across the city. It exists to

- Help practices remain sustainable by building on the attributes of primary care
- Enable practices to play a full and active role in quality improvement, service integration and pathway development, aligned with the local care partnership vision.
- Create a governance system that enables practices be active in contributing to both local and citywide strategy.
- Create an organisational structure which is able to hold contracts and deliver services across general practice in Leeds and in partnership with other providers in the city.
- Listen and act.

During the past year, the Confederation has developed governance, leadership and staffing structures to meet its purpose; for example, contracts for extended access to GP

services and NHS health checks are held by the Confederation. The Confederation has been key in the ongoing development of primary care networks, integrated nursing and digital developments. It has also engaged extensively with member practices about how the Confederation can support them with their priorities. This work has been developed to take into account the changing local and national context including the review of the Leeds plan, workforce issues, new five year GP contract and the NHS long term plan, particularly around the development of primary care networks. A new ‘offer’ is currently being developed to help mitigate risks and manage the workload of the new networks that will enhance the work the Confederation is already doing to support practices and localities.