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Leeds CITY COUNCIL

HEALTH AND WELLBEING BOARD

Meeting to be held in on
Friday, 14th June, 2019 at 12.30 pm

MEMBERSHIP

Councillors
R Charlwood (Chair) S Golton G Latty
A Smart
F Venner

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 & Humber)

Third Sector Representative
Alison Lowe – Director, Touchstone

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 Joint Representative
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** To approve the minutes of the previous Health and Wellbeing Board meeting held 25th April 2019 as a correct record.	1 - 8

9			**DEVELOPING OUR APPROACH TO IMPROVING HEALTH AND WELLBEING ACROSS WEST YORKSHIRE AND HARROGATE AND LEEDS** 9.1 To consider the report of the West Yorkshire and Harrogate Health and Care Partnership that provides an overview of the development of the 5 Year Strategy for Health and Care in West Yorkshire and Harrogate to date. 9.2 To consider the report of the Leeds Health and Care Partnership Executive Group (PEG) that provides an update on the review, success of the plan to date, alignment with the West Yorkshire and Harrogate Integrated Care System and the NHS Long Term Plan and recommendations for how the plan will develop.	9 - 44
10			**PRIORITY 12: THE BEST CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME - UPDATE ON URGENT TREATMENT CENTRE (UTC) DEVELOPMENT** To consider the report of the St Georges Urgent Treatment Centre that provides an overview of the development to date of UTCs in Leeds through the Unplanned Care and Rapid Response programme of the Leeds Health and Care Plan including learning from St Georges Centre and next steps.	45 - 56
11			**STATE OF WOMEN'S HEALTH IN LEEDS REPORT** To consider the report of the Director of Public Health that provides a summary of the issues highlighted from its findings and next steps in using this learning across the system to understand needs and commission better services for women supporting the vision of the Leeds Health and Wellbeing Strategy, that Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest.	57 - 68

12			**FOR INFORMATION: LEEDS HEALTH AND CARE QUARTERLY FINANCIAL REPORT** To note, for information, receipt of the report of Leeds Health and Care Partnership Executive Group (PEG) providing an overview of the financial positions of the health & care organisations in Leeds, brought together to provide a single citywide quarterly financial report.	69 - 76
13			**FOR INFORMATION: CONNECTING THE WIDER PARTNERSHIP WORK OF THE LEEDS HEALTH AND WELLBEING BOARD** To note for information, the report of the Chief Officer Health Partnerships that provides a summary of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB).	77 - 86
14			**DATE AND TIME OF NEXT MEETING** Monday 16th September 2019 at 2pm. **<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, 25TH APRIL, 2019

PRESENT: Councillor R Charlwood in the Chair

Councillors P Latty, L Mulherin and E Taylor

Representatives of Clinical Commissioning Group

Tim Ryley - Director of Strategy, Performance and Planning, NHS Leeds Clinical Commissioning Group
Phil Corrigan – Chief Executive of NHS Leeds Clinical Commissioning Group
Dr Alistair Walling – Chief Clinical Information Officer, Leeds City and Leeds CCG

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
Sue Rumbold – Chief Officer, Children and Families

Representative of NHS (England)

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

Third Sector Representative

Karen Pearse – Director, Forum Central
Alison Lowe – Director, Touchstone

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

Representatives of NHS providers

Eddie Devine – Associate Director, Leeds and York Partnership NHS Foundation Trust
David Berridge – Leeds Teaching Hospitals NHS Trust
Thea Stein – Leeds Community Healthcare NHS Trust

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

69 Welcome and introductions

Draft minutes to be approved at the meeting to be held on Date Not Specified

The Chair welcomed all present and brief introductions were made.

The Chair informed the Board and the public present of the Leeds Digital Festival which was currently taking place across the city, running from 23rd April to 3rd May 2019. The Chair noted that there were a number of sessions taking place focused on opportunities for technology to improve the health and wellbeing of people across the city.

70 Appeals against refusal of inspection of documents

There were no appeals.

71 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

72 Late Items

There were no formal late items, however there was some supplementary information circulated to Members in relation to Item 13 - BCF Quarter 4 2018/19 Return Performance Monitoring.

73 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

74 Apologies for Absence

Apologies for absence were received from Sara Munro, Julian Hartley, Gordon Sinclair, Supt. Jackie Marsh and Councillor Stewart Golton. Eddie Devine and David Berridge were in attendance as substitutes.

75 Open Forum

A member of the public, Heather Cooper, raised concerns to the Board about the current policy for cemeteries in Leeds. Ms Cooper explained that the current policy did not allow graves to be decorated with flowers, which has a serious impact on the health and wellbeing of family and friends grieving for a loved one. In response, the Chair asked for the Director of Public Health to contact the relevant officers within the Communities directorate at Leeds City Council to explore the issue further, and to contact Ms Cooper with a response.

A member of the public, Gilda Peterson, highlighted an issue to the Board regarding the high thresholds for mental health support and the pressure for professionals to close cases faster, in response to high demands on services. Ms Peterson expressed concerns about the risks associated with this way of working, particularly for the substantial group of people whose mental health problems are not critical, but are still suffering with chronic and long-term

conditions. In response, Members assured Ms Peterson that they were aware of the issue, which had been the rationale behind the re-procurement of the IAPT Service and recognition that some mental health issues could be addressed outside of medical services.

RESOLVED – That the matters raised be noted.

76 Minutes - 28th February 2019

RESOLVED – That the minutes of the meeting held on 28th February 2019 be agreed as a correct record.

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

The Leeds Mental Health Partnership Board submitted a report providing an update on the progress of the development of the new all-age mental health strategy for Leeds.

The following were in attendance:

- Caroline Baria, Deputy Director Integrated Commissioning, Adults and Health, Leeds City Council
- Victoria Eaton, Chief Officer / Consultant in Public Health, Leeds City Council
- Jane Mishenko Lead Commissioner Children & Maternity Services, NHS Leeds CCG

The Deputy Director for Integrated Commissioning introduced the report and provided a PowerPoint presentation highlighting the key progress made in developing an all-age mental health strategy for the city. The Board were also advised that the strategy aimed to incorporate existing strategies to embed a 'one culture' approach, to integrate a range of medical and non-medical services, and set out a consensus around language / definitions used.

Members discussed a number of matters, including:

- Support for the 'one culture' approach from a number of Members, to enable patients to move freely between services. The Chair requested that the strategy be adapted to clearly align with the Inclusive Growth Strategy.
- Support for the engagement plan, particularly in relation to the outreach work with third sector organisations. Members sought confirmation that children and young people would be consulted, and it was confirmed that the Future in Mind group and the MindMate Ambassadors were involved in consultation as well as procurement.
- The importance of engaging organisations and businesses across the city was raised, to ensure that their workforce are supported, in relation to caring responsibilities as well as employee mental health. Members

were informed that there would be an upcoming launch of a website for Mental Health in the city, which will include an employment package.
- The need for a greater focus on families. It was noted that local research found that 34% of parents of children who had become looked after had experienced mental health problems.
- Some discussion around the number of priorities, with suggestion that fewer priorities could be more effective.
- The need for a greater focus on commitment to resources, in order to achieve parity of esteem.

RESOLVED –

a) To support the proposed content of the draft strategy.
b) To endorse the shared vision that Leeds will be a mentally healthy city for all.
c) To approve the priorities and the four passions contained within the strategy.

The Director of Children and Families left the meeting at 11:20am during discussion of this item.

78 Progressing the Leeds Dementia Strategy

Promote The Leeds Dementia Partnership submitted a report that provided an overview of the previous Leeds Dementia Strategy highlighting the progress that has occurred to date across the partnership.

The following were in attendance:

- Caroline Baria, Deputy Director Integrated Commissioning, Adults and Health, Leeds City Council
- Tim Sanders, Commissioning Programme Leader, Adults and Health, Leeds City Council

The Commissioning Programme Leader introduced the report and provided a PowerPoint presentation, outlining the 8 themes of the strategy along with some data around prevalence in Leeds, particularly in areas of high deprivation. The Board were also informed of some of the progress made in relation to services, such as the number of people being diagnosed at a faster rate.

Members discussed a number of matters, including:

- The need to promote activities that can prevent onset of dementia. Members were advised that colleagues were careful not to create a blame culture, however the Chair noted that there was an ethical and economic case to promote.
- Members requested further engagement with employers across the city, to enable and encourage them to support people to remain in work who have developed dementia at working age.

- Support for the focus on carers through initiatives set out in the report.

RESOLVED –

a) To note the progress made since "Living Well With Dementia In Leeds" was agreed in May 2013.
b) To note the Board's comments in support of the development of the proposed strategy.

Councillor P Latty left the meeting at 11:30am during discussion of this item.

79 Leeds Autism Strategy Update

The Leeds Autism Partnership Board submitted a report that provided 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.

The following were in attendance:

- Helen Gee, Commissioning Manager, Adults and Health
- David Radford, Service User

The Commissioning Manager introduced the report and provided a PowerPoint presentation, highlighting some of the challenges currently faced in Leeds, particularly in relation to transitions between services and increasing demand for diagnosis. Members were advised by Mr Radford of the lack of diagnostic information for BME communities, and the need for a single integrated database.

Members discussed a number of matters, including:

- A suggestion for the launch of a model for autism awareness similar to 'Dementia Friends', to provide insight and encourage empathy.
- Scope for further discussion with colleagues from Children's Services, particularly in relation to transitions and late diagnosis.
- Potential for links between the Personal Care Record and initiatives such as the Autism Alert Card and Health Passport.

RESOLVED –

a) To note the city's progress on meeting the aims of the Leeds Autism Strategy.
b) To note 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.
c) To support (subject to national guidance) 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.

80 Update on the LAHP Strategy: Reducing Health Inequalities through Innovation and System Change

The Leeds Academic Health Partnership submitted a report that provided 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.

The following were in attendance:

- Tony Cooke, Chief Officer for Health Partnerships
- Sarah Bronsdon, QIPP programme manager at NHS Yorkshire and the Humber

The Chief Officer introduced the report and provided a PowerPoint presentation, highlighting some of the key developments for the Partnership, along with detail around specific clinical research projects and scope for upcoming projects.

Members discussed a number of matters, including:

- Members were advised of the development of a city-wide workforce strategy, and commented that the Health and Care Academy was central to making progress on workforce issues.
- Members sought clarity as to whether patients had been consulted regarding the use of their data in potential research with the Leeds Care Record. The Chair noted that an in-depth discussion around use of personal data must take place with Board members as the proposal develops.

RESOLVED –

a) To note the progress of the projects within the LAHP Strategy.
b) To note the LAHP Strategy's contribution to the delivery of the Leeds Health and Wellbeing Strategy, Leeds Health and Care Plan and Leeds Inclusive Growth.

Thea Stein and Jim Barwick left the meeting at 12:30pm during discussion of this item.

81 For information: BCF Quarter 4 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 4 which were previously submitted nationally following circulation to members for comment.

RESOLVED – To note the contents of the report.

82 For information: NHS Leeds CCG Annual Report 2018-19 - 'Delivering the Leeds health and wellbeing strategy 2016-2021'

The Board received, form information, the Annual Report 2018-19 section on 'Delivering the Leeds Health and Wellbeing Strategy 2016-2021'.

RESOLVED – That the contents of the report be noted.

83 Date and Time of Next Meeting

RESOLVED - That the proposed date and time of the next Board meeting be noted as Friday 14th June 2019, 12:00-15:00 (pre-meeting 12:00-12:30).

84 Any Other Business

The Chair informed those present that Phil Corrigan would be leaving her position at the Leeds CCG later in the month, and thanked Phil on behalf of the Board for her invaluable contribution to health and care in Leeds.

The meeting ended at 12:40pm.

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Leeds Health and Wellbeing Board

Report author: Rachael Loftus and Ian Holmes

Report of: West Yorkshire and Harrogate Health and Care Partnership

Report to: Leeds Health and Wellbeing Board

Date: 14 June 2019

Subject: Development of the West Yorkshire and Harrogate 5 Year Strategy for Health and Care

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

All integrated care systems across the country are being asked to develop a 5 Year Strategy for Health and Care in response to the NHS Long Term Plan.

This paper provides an overview of the development of the 5 Year Strategy for Health and Care in West Yorkshire and Harrogate to date.

Recommendations

The Health and Wellbeing Board is asked to:

- Input views and ideas into the overall development of the 5 Year Strategy for Health and Care in West Yorkshire and Harrogate.
- Contribute specific feedback to the development of the proposed 2 new programmes including how these can be best achieved through closer working with the 6 Health and Wellbeing Boards across West and North Yorkshire.

1 Purpose of this report

1.1 To seek the views, ideas and input of the Leeds Health and Wellbeing Board into the development of the 5 Year Strategy for Health and Care in West Yorkshire and Harrogate.

1.2 To update the Leeds Health and Wellbeing Board on the progress of the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP).

2 Background information

2.1 Leeds has been part of the West Yorkshire and Harrogate Health and Care Partnership since it began in March 2016. Last year, in May 2018 the Partnership became an Integrated Care System (ICS)[1] in development and has been working to develop the sophistication of process and relationships that means, in future, the partnership itself will be able to take on some powers and budgets from national bodies. This will mean that decisions about investment in health and care can be taken more locally by those with a closer relationship to the impact of the funds and decisions.

2.2 In February 2018, the WYH HCP published 'Our Next Steps to Better Health and Care for Everyone'[2] that described the partnership outcomes that have been agreed are important: investment in prevention, primary care and mental health, community-wellbeing, better join up between 'health' and 'care' and democratic accountability and transparency about where all partners direct our collective resources.

2.3 "Our Next Steps" also described some of the early successes that have been achieved by working together in partnership, particularly in the Programmes[3] of work that pass the subsidiarity test for things that need to be worked on jointly at the West Yorkshire and Harrogate level. Case studies[4] from each of these programmes can also be downloaded from the West Yorkshire and Harrogate Partnership website.

2.4 On 7th January 2019 the NHS Long Term Plan[5] for England was published. This sets out the Government's ambition for how the NHS can respond to the challenge of planning future health services for England in the context of demographic

[1] Integrated Care System (ICS) are partnerships of health and care organisations (including the Ambulance Service, Community Healthcare providers, Clinical Commissioning Groups, Healthwatches, Hospital Trusts, Local Authorities, Mental Health Trusts and the Voluntary and Community Sector) that work collectively to plan health and care services on a larger footprint. West Yorkshire and Harrogate Health and Care Partnership is an ICS in development – meaning it has some limited responsibilities for system oversight, but no devolved responsibilities or budgets.

[2] 'Our Next Steps to Better Health and Care for Everyone' https://www.wyhpartnership.co.uk/news-and-blog/news/our-next-steps-better-health-and-care-everyone-west-yorkshire-and-harrogate

[3] The programmes are: (national priorities) Cancer, Urgent and Emergency Care, Mental Health, Maternity, Primary and Community Services, (WYH priorities) Stroke, Preventing Ill-health, Planned Care and Reducing Variation, and Hospitals Working Together. There are also 6 enabling work streams of Best Practice and Innovation, Workforce, Digital Ways of Working, Harnessing the Power of Communities, Capital and Estates, Business Intelligence.

[4] The Difference Our Partnership Is Making can be read here: https://www.wyhpartnership.co.uk/our-priorities/difference-our-partnership-making

[5] The NHS England Long Term Plan can be read here: https://www.longtermplan.nhs.uk/

changes, increased demand and the overall environment of finite financial resources.

2.5 The document contains a bold vision that situates health services in the context of Population Health[6] – and includes references to health services set within the wider policies and outcomes that impact on health and wellbeing. This is something that Health and Wellbeing Boards have been advocating for, for many years.

2.6 The NHS Long Term Plan includes the commitment that every Integrated Care System in the country will develop a new 5 Year Strategy for Health and Care.

2.7 An NHS England/NHS Improvement "5-year Strategy Implementation Framework" is expected to be published imminently. At this point we are not clear on the depth or specificity of the document. Our clear message to NHSE/I is that this should be a high level enabling framework that creates space for 5-year strategies to respond to local priorities.

2.8 Within this, we anticipate that there will be some specific 'must do's' for all systems around the country, most likely to be framed around the priorities contained in the NHS Long Term Plan. As a Partnership, we have agreed that our approach will continue to be to develop our own strategy that relates to our local area, which we will then cross-check against these national requirements.

2.9 The final deadline for submission to NHSE/I of the 5-Year Strategy will be the end of October 2019.

2.10 On 4th June 2019, the first meeting of the West Yorkshire and Harrogate Health and Care Partnership Board will take place. This will be a meeting in public and will take place in the Council Chamber in Leeds Civic Hall. Papers and a web cast of the Partnership Board are available via the following link: https://www.wyhpartnership.co.uk/meetings/partnershipboard/papers

2.11 The Partnership Board will discuss how it wishes to develop the 5-Year Strategy and how to involve and seek the views and ideas from the 6 Health and Wellbeing Boards that cover West and North Yorkshire.

2.12 At the time of writing, this Partnership Board meeting has not yet taken place, but a verbal update will be provided at the Health and Wellbeing Board meeting.

3 Main issues

3.1 In Leeds, the Leeds Health and Wellbeing Strategy 2016-2021 and Leeds Health and Care Plan continues to guide our efforts to improve health and care for people in the city – in particular, our ambitious goals for Leeds to be the Best City for Health and Wellbeing and to improve the health of the poorest the fastest.

3.2 In common with most ICS around the country, the WYH HCP estimates that approximately 80% of the work of partners is arranged around either neighbourhood or Health and Wellbeing Board footprints with work only occurring at a West

[6] "Population Health" has been defined as an approach to health that aims to improve the health of all the population, not just those accessing health services.

Yorkshire and Harrogate level when it makes sense to do so. The WYH HCP has been clear from the beginning on the principle of subsidiarity. West Yorkshire and Harrogate Health and Care Partnership is the servant of place.

3.3 The development of the 5 Year Strategy is a significant opportunity for Leeds, as part of the wide West Yorkshire and Harrogate Health and Care Partnership, to work with others on a wider footprint to provide better outcomes from specialist services, to learn from and share learning with our neighbours to improve outcomes and to be able to access funds, resources and experts that we would not be able to attract if working in isolation.

3.4 As a wider partnership, we have already set out our shared ambition to work together so that all 2.6m people in West Yorkshire and Harrogate can:

- live and work in healthy environments, and have the right kind of information, opportunities and support to look after our own health and wellbeing
- have quick and easy local access to holistic primary and community care services
- have clear routes and pathways to world class care, free at the point of delivery, when needed

3.5 The development of the 5 Year Strategy enables us to ensure that we are putting our efforts and resources in the right places, to make this ambition a reality.

3.6 As well as a continued commitment to integrating services so that they are high quality and easy to access, the partnership nature of the strategy will allow for us to articulate more clearly the emphasis we place on the wider determinants of health and wellbeing. Encouraging all partners to work together in influencing the factors that ensure healthy environments: decent housing, access to green and blue space, health integrated into planning and urban design, and the kind of inclusive growth that expands employment and opportunity that drives good lifetime health.

3.7 It also offers the opportunity to review what things we work on at the West Yorkshire and Harrogate level and to update the way we describe why we are working at that level and what outcomes we want to see from it.

3.8 A cross-Partnership working group has done some initial thinking on this and proposes to re-frame the programmes into 4 broad categories:

- Those with an emphasis on Improving Population Health – including explicit reference to tackling health inequalities and the wider determinants of health and wellbeing
- Those that are focused on improving care and outcomes for specific population groups / cohorts – including a new focus on Children, Young People and Families
- Transformation programmes which aim to change the way people access or interact with services

- Expanding the set of enabling work streams, to include leadership and Organisational Development, commissioning development and the ICS financial framework

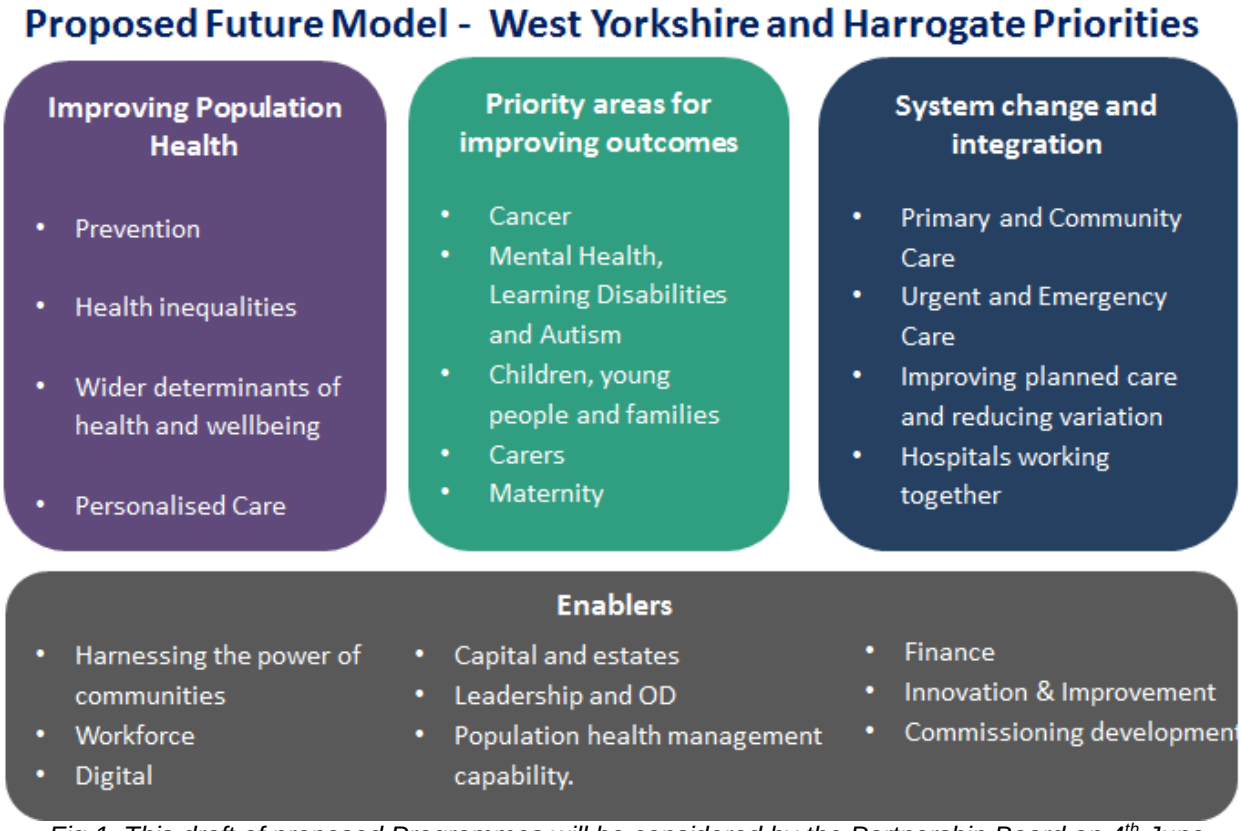


Fig 1. This draft of proposed Programmes will be considered by the Partnership Board on 4th June

3.9 This includes developing working arrangements at WYH HCP for two new priority areas on Children Young People and Families and Improving Population Health

Children, young people and families

3.10 The development of the 5 Year Strategy enables us to ensure that we are putting our efforts and resources in the right places, to make this ambition a reality.

3.11 As well as a continued commitment to integrating services so that they are high quality and easy to access, the partnership nature of the strategy will allow for us to articulate more clearly the emphasis we place on the wider determinants

3.12 We know that the health and wellbeing of children and young people is determined by far more than healthcare services. Household income, education; housing, stable and loving family life and a healthy environment all significantly influence children and young people's health and life chances. In isolation, better healthcare services could never fully counteract the health impact of wider social and economic influences.

3.13 The NHS Long Term Plan sets the direction and priorities for a 'Strong Start in Life for Children and Young People' and nationally, a Children and Young People's Transformation Programme will be established.

3.14 In February 2019, the House of Commons published the *First 1000 Days of Life Report*[7] that recommends the Government sets demanding goals to reduce adverse childhood experiences, improve school readiness and reduce infant mortality and child poverty.

3.15 In 2019 the Royal College of Children's and Paediatric Health published a report the *State of Our Child's Health – Two Years On*[8] which revealed alarming health inequalities between the UK's most disadvantaged children and young people and their more affluent peers. Nearly one in five children in the UK is living in poverty and inequality is blighting their lives.

3.16 In West Yorkshire and Harrogate, children and young people (aged 0-18) account for 23% (570,000) of the total population. Improving the health and wellbeing of children and young people is an investment in future generations and the prosperity of this country.

3.17 Many of our children and young people are already achieving positive outcomes across aspects of well-being and enjoy life to the full. Over recent years we have seen improvements across WYH (including North Yorkshire). Most notably school readiness has increased from 51.2% in 2012/13 to 67.5% in 2017/18.

3.18 However, we know that too many of our children and young people still live with poor mental health, in poverty, experience homelessness or insecure or unsafe environments. Recent figures for West and North Yorkshire show:

- Infant death rates for England are declining, however in WYH the rates have been increasing year on year since 2012.
- The rate of hospital admissions for dental caries (0-5 years) per 100,000 is 64% higher in WYH (534 per 100,000) compared to England (325 per 100,000).
- 19.2% of WYH children aged 0-16 are living in families in receipt of Child Tax Credit whose reported income is less than 60 per cent of the median income or in receipt of ISA/JSA. The England average in 2016 was 17%.
- The rate of children who started to be looked after due to abuse or neglect across WYH is 17 per 10,000 children aged under 18.

[7] The Health and Social Care Select Committee Report First 1000 Days of Life 2019 https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/1496.pdf

[8] State of Our Child's Health England Two Years on (RSCPH) 2019 https://www.rcpch.ac.uk/resources/state-child-health-england-two-years

- The rate of children and young people killed and seriously injured (KSI) on England's roads per 100.000 is 10% higher in WY&H (45 per 100,000) compared to England (41 per 100,000).

3.19 Each local authority area has a Children and Young People's Plan.[9] Ofsted inspection findings vary across WYH for Education, Children's Homes, Childcare, Children's Social Care, Local Area Special Educational Needs or Disability (SEND) and Providers of support to looked after children.

3.20 The local child health profiles show that there are common health outcomes across the system where challenges are shared (e.g. children and young people road accidents) and there are outcomes where inequalities can be seen consistently across the system.

3.21 Currently, there is not an infrastructure across the health and care system for integrated working that would allow for the sharing and learning of good practice. We also know there are significant challenges in the workforce, particularly in paediatrics, which creates challenges not only for children's care but for maternity and neonatal care.

3.22 Many of the WYH HCP programmes already include a focus on children, young people and families. The West Yorkshire Association of Acute Trusts (WYAAT) have been developing a Clinical Strategy on behalf of the WYH HCP and have produced a report on the early engagement work on children, young people and families.

3.23 Regionally there are also a number of work programmes addressing children, young people and families health provision including: Public Health England, Yorkshire and the Humber (Y&H) Maternity and CYP Mental Health Clinical Networks, Y&H Palliative Care Network, Y&H Children's Partnership Group. There are also a number of partnership approaches addressing children, young people and families social care and wellbeing. For looked after children, there is White Rose approach across 12 Local Authorities, and the 5 West Yorkshire Local Authorities collaborate around the provision of fostering services.

Proposed Ways of Working

3.24 It is proposed that we develop a new programme at West Yorkshire and Harrogate level that will focus on the added value of working together as a system and will include opportunities to address heath inequalities, complex issues and influence or implement actions at scale or standardise practice to improve outcomes for all children, young people and families in our area.

[9] Leeds Children and Young People's Plan: https://democracy.leeds.gov.uk/documents/s172514/CYPP%20Refresh%20Report%20Appendix%202%20090318.pdf

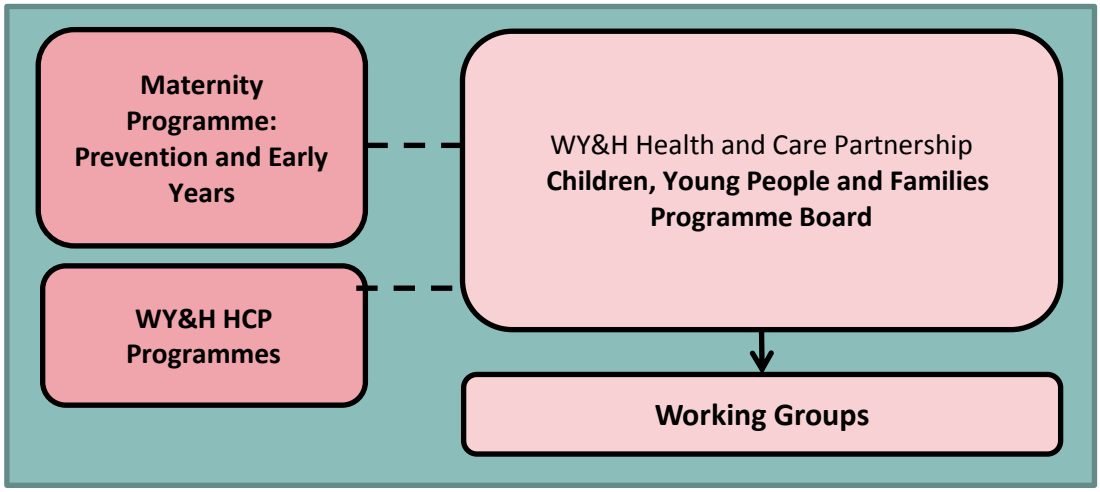


Fig 2. Proposed structure for the Children and Young People's Programme

3.25 The programme will be guided by the agreed principles of subsidiary and only work where there is added value to the joint work already occurring between local Health and Wellbeing Boards and Children's Trust Boards (known as Children & Families Trust Board in Leeds).

3.26 It is proposed to establish a Children Young People and Families Programme Board, and extend the Maternity Prevention Work to cover Pre-conception to First 1000 Days. These will have clear links to the existing WYH HCP Programmes.

3.27 Further working groups will then provide dedicated focus taking forward specific priority areas as agreed by the Board.

Improving Population Health

3.28 The NHS Long Term Plan states an expectation that the NHS should contribute more to the prevention of ill health, reducing health inequalities and stepping up its efforts at addressing the wider determinants of health.

3.29 'Health inequalities' are the unjust differences in health experienced by people from different population groups. For example in West Yorkshire and Harrogate, the more socio-economic deprivation that a person experiences in their life, the higher their chance of dying prematurely and living for more years in ill-health.

3.30 The 'wider determinants' are similar to the factors stated in the previous section on children's health. We know that determinants for healthy lives are more significantly impacted by socio-economic, education and environmental factors than just the quality of health and care services available.

3.31 The NHS Long Term Plan also proposes new models of care and ways of working which provide opportunities to embed a population health approach including; the development of Primary Care Networks, Social Prescribing, Personalised Care, Population Health Management, Workforce Development and Digital.

3.32 The forthcoming Green Paper on Prevention also has anticipated opportunities for increased partnership working.

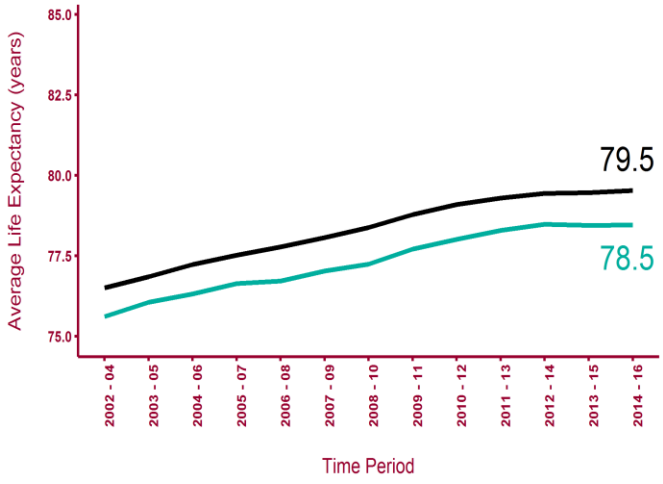
3.33 Manifestly, no one part of the system can achieve this step change in isolation and all partners recognise the need to work together on the shared ambition to improve the conditions for healthy lives and actively reducing the inequality in healthy life expectancy.

3.34 The Improving Population Health Programme proposes that we take the opportunity of working as a partnership to help tackle these inequalities through maximising prevention across health and social care and through our influence on wider public services.

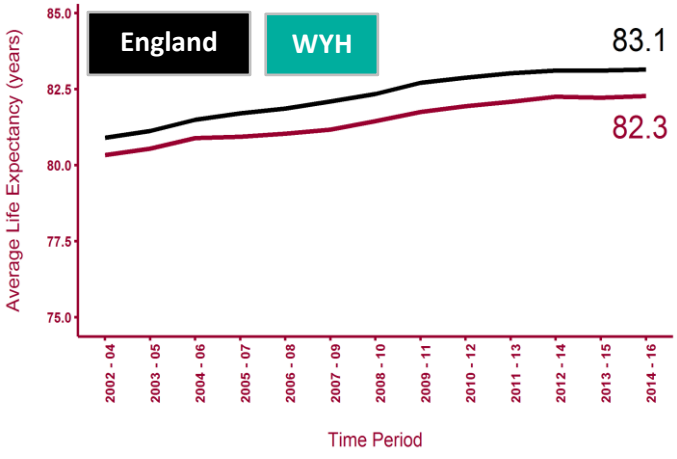
3.35 This would include:

- Prioritising collective population health action across the system
- Enhancing effort and resources towards action that improves health and wellbeing outcomes as far upstream as possible

3.36 We know that people in WYH have a shorter average life expectancy than the rest of England. Males lives are, on average, 1 year shorter than the England average and females almost 10 months shorter.



Life Expectancy at birth (male)



Life Expectancy at birth (female)

Figure 3: Average Life Expectancy for Males and Females in WYH and England

3.37 Life expectancy varies between the Health and Wellbeing Board areas in the partnership and also within them and this can be as much as 17 years difference.

3.38 There is a strong association with health outcomes and deprivation. Around 480,000 people in West Yorkshire and Harrogate live in areas that fall into the 10% most disadvantaged areas in the country.

3.39 Working together as a partnership provides an opportunity to collectively address the wider determinants such as income which have a pronounced impact on inequalities in health.

Current Prevention at Scale Programme

3.40 In October 2016 the partnership set out three ambitions for prevention:

3.41 To reduce smoking prevalence from 18.6% in 2015/16 to 13% by 2020-21. To date, the programme is on target, and has seen a reduction to 17.3%- meaning 23,000 fewer people smoking across the WYH footprint.

3.42 To reduce alcohol related hospital admissions by 500 a year and achieve a 3% reduction in alcohol related non-elective admissions by 2021. We have already seen a reduction of 9%, which greatly exceeds the trajectory of 3%.

3.43 To reduce the number of people at higher risk of diabetes developing the condition. The ambition was to offer 50% of those at high risk of diabetes preventative support through the National Diabetes Prevention Programme. To date the programme has exceeded the target for number of referrals, with 5022 referrals received against a target of 4829, from Jun 2017–Nov 2018.

3.44 These ambitions were underpinned with the aim of improving the prevention contribution of the health and care workforce.

3.45 The rationale for these ambitions was to prioritise areas that would have the greatest potential impact in the shortest timescale to reduce demand on NHS services. For example, achieving the proposed reduction in smoking prevalence will mean a saving to the NHS of £94 million over 5 years. In addition, those 125,000 people would no longer be spending £456 million on tobacco products each year.

Proposed Ways of Working

3.46 The majority of Improving Population Health actions will continue to be implemented in local places.

3.47 The work covered by the proposed Improving Population Health programme would be only those activities that would pass the subsidiarity test and be best worked on at the wider population level. Working together would also provide the opportunity to identify what good looks like at place, share good practice and help make the case for shifting or investing in further targeted resources.

3.48 The new programme at West Yorkshire and Harrogate level would require:

- Some additional capacity to deliver Public Health input from place into the WYH ICS Programmes
- Continued Clinical engagement where appropriate into the Prevention Programme
- Continued capacity from Public Health England
- Some access to additional financial resource in the system to address identified priorities

3.49 The proposed governance is set out in the diagram below. This includes the creation of an Improving Population Health Programme Board that would have clear links to WYH HCP Programmes, specifically the Population Health Management Network, the Prevention Workstream, Health Inequalities Workstream and the Health and Housing Group.

3.50 Any further working groups can then provide dedicated focus taking forward specific priority areas as agreed by the Improving Population Health Programme Board.

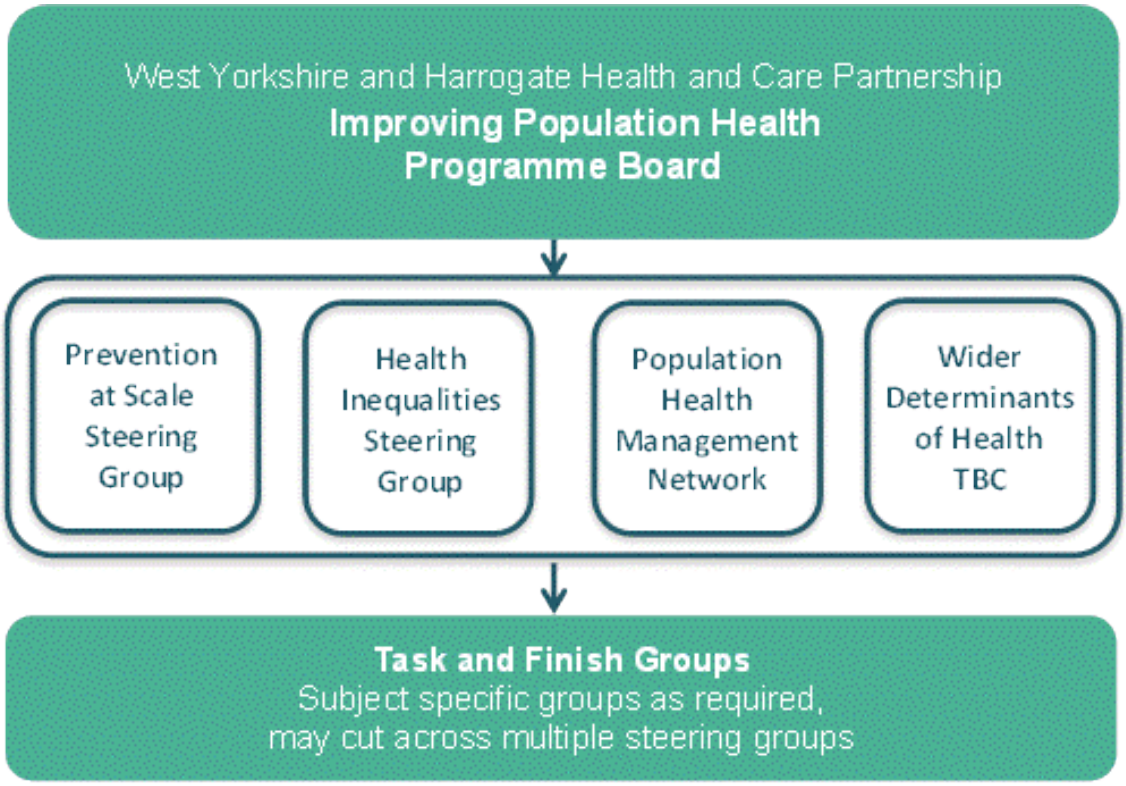


Fig 3. Proposed governance for the Improving Population Health Programme

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Consultation on the 5-year strategy will build on the extensive engagement that has been undertaken at place and WYH level over recent years. Our engagement work is a continuous activity, working with the right people, on the right issues at the right time. We have benefited from local networks, the reach of the third sector and novel approaches to engaging the public.

4.1.2 Recently, this has included over 1,500 people across WYH who have completed surveys on the NHS Long Term Plan. This work has been co-ordinated by Healthwatch and engagement leads from across partner organisations. There were two surveys - one on long term conditions and another on personalisation and digital. A series of focus groups aimed at seldom heard groups of people also took place covering personalisation, digitalisation and local place conversations. A focus group also took place with the Cancer Alliance. This work ended on 3 May 2019.

Findings will be shared in a report submitted to NHS England, National Healthwatch and the WYH HCP at the end of June 2019.

4.1.3 As part of the process, NHS England has commissioned each local Healthwatch to undertake a piece of specific engagement work on the NHS Long Term plan, particularly focusing on “hearing the voices of the seldom heard”. This will feed into the development of our Partnership’s 5-year strategy.

4.1.4 The intention is for Healthwatch to complete a report in June to share with Healthwatch England and the Partnership. This will continue the strong role of Healthwatch on our Partnership.

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

4.2.5 The development of the 5 Year Strategy in this way is intended to specifically step up our efforts across the Partnership and in all partner organisations to reduce health inequalities, tackle the causes of health inequalities and to reduce all unnecessary variation across population groups and geographies of West Yorkshire and Harrogate.

4.3 **Resources and value for money**

4.3.6 There is a net financial gain to the West Yorkshire and Harrogate footprint through working together in this way. This includes access to transformation monies that are exclusive to Integrated Care Systems and improved joint bidding capacity for other types of funding such as academic research, and monies from non-NHS sources such as Charitable Foundations.

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

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

4.5 **Risk management**

4.5.1 At this stage there are no significant risk implications for the Health and Wellbeing Board specifically relating to the 5 Year Strategy.

5 Conclusions

5.1 There are significant opportunities for Leeds to develop and enhance the progress of the West Yorkshire and Harrogate 5 Year Strategy for Health and Care.

5.2 The ambitions of the 5 Year Strategy are informed by and dependant on the 6 Health and Wellbeing Boards across West and North Yorkshire and the WYH HCP will continue to work with and through Health and Wellbeing Boards to implement the strategy.

6 Recommendations

6.1 The Leeds Health and Wellbeing Board is asked to:

- Input views and ideas into the overall development of the 5 Year Strategy for Health and Care in West Yorkshire and Harrogate.

- Contribute specific feedback to the development of the 2 new programmes including how these can be achieved through closer working with the 6 Health and Wellbeing Boards across West and North Yorkshire.

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?
The 5 Year Strategy will specifically target its efforts at reducing the health inequalities experienced by different socio-economic, disability, geographic and age related groups.

How does this help create a high quality health and care system?
Working together to learn from best practice will reduce unnecessary variation in outcomes and improve clinical and social work practice across the Partnership.

How does this help to have a financially sustainable health and care system?
Shared ambitions and focusing our collective resources to where they can have the biggest impact, will alleviate pressure in some of the most stressed parts of the system. Long term, the focus on reducing health inequalities, targeting prevention and working with partners on the wider determinants of health will contribute to a greater financially sustainability.

Future challenges or opportunities
The benefits of an Integrated Care System, with a well articulated 5 Year Strategy, that complements and enhances local place systems are manifold. However, the delay in the publication of the Green Paper on Social Care means that continued uncertainty on the long term resourcing of social care, as a significant partner in the integration of the Health and Care system, is a risk for the success of the whole system.

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 authors: Paul Bollom (Head of the Leeds Plan, Health Partnerships) and Arfan Hussain (Senior Governance & Partnerships Officer, Health Partnerships)

Report of: Leeds Health and Care Partnership Executive Group (PEG)

Report to: Leeds Health and Wellbeing Board

Date: 14 June 2019

Subject: Reviewing the Leeds Health and Care Plan: Continuing the Conversation

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

Summary of main issues

1. The Leeds Health and Care Plan (Leeds Plan) has been developed through extensive political and public engagement, discussions at city forums and is owned by the Leeds Health and Wellbeing Board (HWB). Work has been underway to ensure it continues to meet the needs of the changing health and care landscape.

2. This paper provides an update on the review, success of the plan to date, alignment with the West Yorkshire and Harrogate Integrated Care System and the NHS Long Term Plan and recommendations for how the plan will develop.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress and process to review the Leeds Plan to ensure it continues to meet the needs of the changing health and care landscape.
- Note further development to occur in the context of the NHS Long Term Plan and West Yorkshire and Harrogate draft 5 year strategy.
- Support the outcomes focused approach to reviewing the Leeds Plan.
- Support the 'obsessions' led approach and to further engage and develop the three proposed 'obsession' areas.
- Support the further strengthening of strategic links with other key Boards by developing linking priorities/shared obsessions.

1 Purpose of this report

The purpose of the report is to provide an update on progress on the review of the Leeds Health and Care Plan (Leeds Plan) following on from the previous HWB on 28 February 2019.

2 Background information

2.1 The Leeds Health and Wellbeing Strategy is our blueprint for how Leeds will become the Best City for Health and Wellbeing; a city where the poorest improve their health the fastest. Working together as a joined up health and care system is essential in delivering our Strategy, which alongside Inclusive Growth, is recognised as the key driver to achieving our Best City ambitions.

2.2 Our Leeds Plan[1] is key in delivering the health and care components of the Strategy by looking forward to what the city wants health and care to look like in the future and bringing together a set of transformational actions to achieve this. It is owned by the HWB with delivery monitored by PEG. The approach taken in Leeds, rooted in the values and ambitions of the Strategy of 'working with' our citizens has had a range of successes in delivery of the Leeds Plan to date (see Appendix).

2.3 In order for the Leeds Plan to continue to be transformational and responsive to the needs of the city, it was agreed at HWB (28 Feb) for it to be reviewed. This is in recognition of changing local, regional and national contexts:

Local Context

2.4 From our Joint Strategic Assessment[2] we know that Leeds is changing:

- Our population is growing, however, this is most acute for older adults and children and young people within our most deprived communities. Over 170,000 people in Leeds live in areas ranked amongst the most deprived 10% nationally. One in five children in Leeds lives in poverty with childhood poverty having lifelong implications for health and wellbeing.

- People living in poverty continue to have poorer health outcomes. Whilst there have been some improvements (smoking continues to reduce, more people are surviving for longer with long term conditions) in other cases progress has slowed and the gaps have widened.

- A reduction in social and economic mobility influenced by increasing numbers of people in private sector housing and minimum wage work.

[1] Leeds Health and Care Plan on a Page (http://inspiringchangeleeds.org/wp-content/uploads/2018/08/MASTER-Leeds-Health-and-Care-Plan-PoP-20180313-V6.pdf)
[2] Leeds Joint Strategic Assessment Summary (https://observatory.leeds.gov.uk/wp-content/uploads/2019/04/Leeds-JSA-2018-Summary-Report.pdf)

Our review of the Leeds Plan is reflective of this as well as the diverse range of evidence that requires a wider determinants of health and wellbeing approach to better support our most deprived communities.

2.5 Our Care Quality Commission Local System Review (CQC LCR) of Leeds and our action plan emphasised the need to develop a greater understanding of capturing people's experiences of care and ensuring the dignity and wellbeing of people using services. The report also challenged our ability to describe and report collectively on key system measures to assess the impact of our strategic actions, particularly in relation to journeys of care into and through our hospital system.

2.6 In October 2018, we held our first Big Leeds Chat event, a new approach to hear what people in Leeds are saying about health and wellbeing as a single health and care system. In Leeds, we have committed to ensuring that citizen voice is at the centre of our work and we want to ensure that the findings of the Big Leeds Chat are incorporated into the review of the Leeds Plan.[3]

2.7 We have successfully delivered against a number of our actions in our current Leeds Plan, which have become business as usual requiring a new set of transformational actions for the system to progress.

Regional and National Context

2.8 Leeds has been part of the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) since it began in March 2016 guided by the agreed principles of subsidiary and primacy of place and that work regionally would only occur where there is an added value, a wicked issue or best practice to share. Our Leeds Plan is our place based plan that contributes to the WYH HCP.

2.9 The publication of the NHS Long Term Plan includes the commitment that every Integrated Care System, including the WYH HCP, will develop a new 5 Year Strategy for Health and Care. As agreed by HWB on 28 Feb, through the strategic leadership of the HWB, the review of the Leeds Plan provides a valuable opportunity to continue to influence the development of a community focused approach to health and care in the draft WYH HCP 5 Year Strategy. This exemplifies the Leeds approach and the emerging and an increasingly strong regional partnership.

2.10 There still remains uncertainty nationally, but a strong Leeds Plan will enable our collective ambitions and make best use of our Leeds £. For example:

- The NHS financial settlement linked to the NHS Long Term Plan is welcome but social care and local government more generally are still subject to austerity settlements. The Autumn 2019 Spending Review may help clarify the wider partnership resource picture.

[3] Big Leeds Chat Report (https://healthwatchleeds.co.uk/wp-content/uploads/2019/02/BLC-report.pdf)

- The national strategy for the future of social care remains in development. There is an opportunity for Leeds to continue to develop a local integrated vision which can help to inform national debate.

3 Main issues

3.1 The Leeds Plan was developed through extensive partnership, political and public engagement and regular support and challenge by the HWB. It successfully brought together the health and care partnership around a single plan. In our review, we want to ensure we keep the strengths of the Leeds Plan that made this possible:

- Rootedness in our Leeds Health and Wellbeing Strategy and leadership of the HWB.

- An organic approach shaped by a wide range of partners working across four programmes to accelerate partnership working for specified projects and drawing together of our collective resources that enable transformation (workforce, finance, digital, innovation linked to the Leeds Academic Health Partnership and estates).

- Consistent language and governance promoting distributed leadership and ownership of transformation across the health and care partnership.

- An approach founded in trust, values, connections and collective ambition rather than governance and process alone.

- 'Our cultural conditions of change' captured through principles, qualities and behaviours that have wide implications for how we all 'work with' people. These include citizens at the centre of all decisions, strength based approaches listening to what matters most to people, investing more in prevention, neighbourhoods as a starting point to integrate services, a holistic approach across mental, social and physical wellbeing and continuing our strong hospital offer.

- A forwarding thinking transformation plan that is already strongly aligned to the NHS Long Term Plan.

3.2 As agreed at HWB on 28 Feb, the review of our Leeds Plan has been led by a steering group with representation from all partners who have delivered a series of workshop sessions with the health and care system (e.g. PEG, Forum Central Leadership Group, conversation with elected members, etc.). From these sessions, we know that there is an overwhelming support for the next iteration of the Leeds Plan to be grounded in an outcomes focused approach through:

- A set of proposed 'obsessions' that we think will have the greatest impact on the wider Leeds health and care system if we collectively focus on them.

- Strengthening and embedding joint partnership working across our key citywide strategies/ partnership boards through linking 'obsessions'/ priorities.

Our outcomes focused approach in Leeds

3.3 In Leeds, we want to build on our already strong culture of focusing on outcomes and the impact of our work. This has been evident through our:

- Approach of the Leeds Health and Wellbeing Strategy, which has a clear set of outcomes and measures and are reported annually to the HWB with work ongoing to further develop them and align with Inclusive Growth, Children & Young People's Plan and Safer Leeds Community Safety Strategy where possible.

- Children & Young People's Plan (CYPP), which is grounded in an OBA (Outcomes Based Accountability) methodology approach credited as a key component of the improvement journey of children's services since 2010 with Leeds now rated as Outstanding by Ofsted for children's social care services.

- Outcomes focused approach to people living with frailty.

- Outcomes based commissioning across Leeds City Council and NHS Leeds CCG.

3.4 Moreover, using learning from the CYPP, we know that it pays for a city to obsess on a small number of indicators that will have the biggest impact on a range of measures. The CYPP has three key indicators/priorities known as 'obsessions', which are '*safely and appropriately reduce the number of children looked after*', '*reduce the number of young people not in education, employment and training*' and '*improve achievement, attainment, and attendance at school*'. This approach has allowed for the following:

- Creating a collective ambition for the city focusing on three obsessions through consistent communication and engagement.

- Enabling quality conversations at a citywide to locality level on how organisations, partnerships and people can contribute. This is further strengthened through regular monitoring and wide circulation of a 'weekly obsessions tracker' that shows changes to the previous week and a 12 month trend.

- Ability to measure progress of the obsessions and indictors over a longer period of time acting as a set of proxy measures for improvement across the city for children and young people.

3.5 In reviewing the Leeds Plan, we have engaged with the health and care system and used learning from the Big Leeds Chat, range of health data sets and from outcome focused approaches to date to co-produce a set of proposed 'obsessions'. These are the three areas with suggested indicators we think will have the greatest impact on the wider Leeds health and care system if we collectively focus on them.

Leeds Plan: Proposed Obsessions

1. Prevent ill health and reduce inequalities by increasing the health and social care contribution to the prevention of ill health

- **Increase the number of people leading a healthy lifestyle in Leeds**
- **Reduce the number of people with long term illness in our communities**

In Leeds more than 50% of deaths are as a consequence of a health condition related to the way we live our lives, with certain groups and populations more likely to experience lifestyle related ill health. Whilst the city has demonstrated reductions in smoking and some risks of diabetes there remains a wide opportunity to do more to encourage healthy lifestyles throughout the life course. There are a number of interrelated behavioural risks that need to be considered collectively including smoking, stressful lifestyle, inactivity, excess alcohol use and poor diet. These can measured via primary care and increasingly via LCPs. There is also a need to better understand the 'causes of the causes' and link clearly to wider priorities around the social determinants of health.

2. That people live well in their own homes and communities

- **Increase the number of people who live well in their own homes and communities**
- **Safely and appropriately increase the number of people who live well in their own homes and communities**

There is increasing evidence that helping people to manage their health in their own community with less disruptions such as going to hospital is not only preferred by them, but frequently leads to better outcomes. Long stays in hospital can adversely affect people's wellbeing and ability to return to their normal lives. Historically Leeds has had more people staying in hospital for extended periods than other cities. It has also had a longer average length of stay than some comparators. This was highlighted by the CQC LSR report which noted Leeds needed to do more to instil a 'home first' culture across our workforce, which we are committed to. There are opportunities to invest in community services to reduce the need to travel to hospital, to use technology to ensure hospital services are accessible closer to home and to plan using data to identify who may be at risk of ill health and thereby intervening earlier. Doing this in a safe and appropriate approach where people are in hospital only when they need to be is the second proposed obsession.

3. Leeds will be a mentally healthy city for all ages

- **Improve the mental health of people living in Leeds**

The condition of mental wellbeing and tackling mental ill heath are recognised equally as critical to the overall health of Leeds. Inequalities are stark. Leeds has significantly greater numbers of people from a Black and Minority Ethnicity (BAME) who are admitted into acute settings such as a hospital or inpatient unit for mental ill health needs. This number is disproportionate in comparison to the number of people who come from a BAME in Leeds overall. Surveys of children and young people demonstrate increasing concerns with stress and happiness and related depression and anxiety. Early indications of mental ill health frequently follow from childhood into adulthood. However proportionate early help and investment is required to stop this progression, particularly for children with Adverse Childhood Experiences. The role of families and adults on childhood wellbeing requires greater emphasis and 30% of children who become children looked after in Leeds do so because of the behaviour of adults in relation to a mental health condition and services need to "Think Family".

The proposed obsession in relation to a mentally healthy city is aligned to the development of Leeds Mental Health Strategy.

3.6 It is important to note that these are proposed draft 'obsessions' with further development work to occur to ensure that they are the right areas and indicators to focus on for the Leeds health and care system. Importantly, an 'obsessions' led approach will not limit the breadth and focus of the next iteration of the Leeds Plan. They will be considered alongside a range of indicators that will aim to act as proxy measures for an improving health and care system.

3.7 We are already working to develop headline and supporting indicators for the above areas utilising what is currently available in a timely way. However, we want to make sure that the indicators we use are the right ones for Leeds and not just based on what is currently available. This means that we may explore new approaches to measuring change for the Leeds health and care system.

Our linking 'obsessions'/ priorities: Strengthening joint partnership working across our key citywide strategies/ partnership boards

3.8 In addition to the above, there has also been discussion about how best to develop linking priorities/obsessions that add value to existing programmes by managing them in a more integrated manner. This is part of a longer term ambition of the HWB to further strengthen joint partnership working across the different strategic boards in Leeds. HWB has led the way in this approach through workshop style discussions from Safer Leeds and Inclusive Growth and a focus on key shared priorities. Likewise, a number of reports (e.g. Leeds Community Safety Strategy, Domestic Homicide and Serious Case Review, impending review of street homelessness deaths, national Homelessness Review) have focused on closer strategic working between different strategic partnership boards. The implications of this is the opportunity to also further align commissioning and service delivery. Recently, the NHS Leeds CCG have joined the LCC People's Commissioning Group to support this objective.

3.9 Through recent conversations, HWB has worked to embed a more focused approach to the wider determinants of health and wellbeing, particularly those that are relevant to shared priorities and different strategies/boards. These have included:

- A presentation from Safer Leeds noting the need for integrated approaches to homelessness and dual diagnosis.
- A discussion of the Inclusive Growth Strategy that resulted in a subsequent focus on employment for vulnerable groups and commitment to the 'anchor institutions' programme from LTHT, LYPFT and LCH.
- Focus on employment as part of the draft Leeds Mental Health Strategy.
- Discussion on how best to improve outcomes for children living in 'Priority Neighbourhoods' as part of the findings of the Joint Strategic Assessment.

3.9.1 Poverty has also been a focus of a number of discussions as part of the review of the Leeds Plan and at HWB. Poverty is a huge negative drag on both health and the economy of the North of England and has lifetime consequences for children growing up in deprived neighbourhoods (Northern Health Science Alliance,

2018). Leeds City Council has recognised the role of HWB and the emerging Inclusive Growth Partnership Board in tackling poverty and its impact. However, there is currently no strategic infrastructure specifically designed to lead the poverty agenda so further discussions are needed, particularly with key elected members and officers across the system.

3.10 This is part of a wider set of ongoing conversations with:

- Elected members around employment and health and homelessness.
- Inclusive Growth on employment and health.
- Safer Leeds on community safety and health implications.
- NHS Leeds CCG Clinical leads on children's health and wellbeing, health inequalities and long term conditions.
- Some Local Care Partnerships on employment, mental health and dementia.
- Children & Families Trust Board to develop a joint session with HWB on 11 July 2019 exploring how we can better work together to enable Leeds to be a child friendly, healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

3.11 It is proposed that we continue these conversations with relevant boards and elected members to clearly shape linked obsessions/priorities around:

- Increasing the number of people with mental health problems accessing employment, training and education (shared with Inclusive Growth, also outlined in the draft Leeds Mental Health Strategy).
- Reducing the number of street homeless people in Leeds (shared with Safer Leeds, subject to findings of Adult Safeguarding review of street deaths).
- Safely and appropriately reducing the number of children looked after (led by Children & Families Trust Board through the CYPP).

<u>Next Steps</u>

3.12 It is important to note that development of an obsessions led approach for the Leeds Plan is only one aspect of the review. Significant development and engagement will continue over the summer period to bring a draft version of next iteration of the Leeds Plan to HWB in Autumn 2019.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 The approach builds on the significant engagement to date which has supported the development of the Leeds Plan. This has included regular conversations at HWB, Community Committees and Scrutiny Board. In addition, consultations with a number of groups representing carers, older adults, the voluntary sector and

independent sector was undertaken. Specific engagement has also taken place on elements of the Leeds Plan (e.g. development of Local Care Partnerships). The Big Leeds Chat has provided a new route to hearing citizen voice and the results of the initial 'chat' are being used to shape the priorities which will be used to take forward planning.

4.2 Equality and diversity / cohesion and integration

4.2.1 The Leeds Plan embodies actions to improve health of the poorest the fastest in line with the Leeds Health and Wellbeing Strategy. It also promotes moves to ensure the health and care workforce reflects the diversity of Leeds and acts to promote equality and social mobility via close working with partners across education, employment and economy.

4.3 Resources and value for money

4.3.1 The Leeds Plan has supported collaborative conversations for efficiencies and built a model of shared modest growth assumptions including developing new models of contracts, which align performance and financial incentives for commissioners and providers. These have helped manage collective funding constraints such as funding reductions and impact of austerity. The success of this approach is that it promotes an outlook of the collective Leeds £.

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 Risk will be managed through existing partnership board / groups of the Leeds Plan with escalation occurring the PEG and HWB as appropriate.

5 Conclusions

5.1 The Leeds Plan has provided a successful approach to capturing and sharing partnership priorities. This has allowed for efficient and effective working in the city and linking enabling and supporting programmes together. The strength of the Leeds Plan has been recognised by external review, namely the CQC Local System Review.

5.2 The opportunity to consider the priorities for health and care for at least the next 5 years has brought forward three areas for the partnership to focus on/ improve outcomes. The Leeds Plan will be flexible enough to adapt to new priorities as they emerge.

5.3 Leeds is well placed in regards to alignment with the WYH ICS and NHS Long Term Plan. Key priorities within the plans are already priorities in Leeds with active work programmes and the majority of these are already in the Leeds Plan.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress and process to review the Leeds Plan to ensure it continues to meet the needs of the changing health and care landscape.
- Note further development to occur in the context of the NHS Long Term Plan and West Yorkshire and Harrogate draft 5 year strategy.
- Support the outcomes focused approach to reviewing the Leeds Plan.
- Support the 'obsessions' led approach and to further engage and develop the three proposed 'obsession' areas.
- Support the further strengthening of strategic links with other key boards by developing linking priorities/shared obsessions.

7 Background documents

7.1 None.

How does this help reduce health inequalities in Leeds?
The Leeds Plan is the Leeds description of what it envisages health and care will look like in the future and how it will contribute to the delivery of the vision and outcomes of the Leeds Health and Wellbeing Strategy 2016-2021. A key ambition of the plan as with the Health and Wellbeing Strategy is to improve the health of the poorest the fastest.

How does this help create a high quality health and care system?
A key purpose of the Leeds Plan is of maintaining the quality of our health and care services and reducing unwarranted variation.

How does this help to have a financially sustainable health and care system?
Another purpose of the Leeds Plan is ensuring services are sustainable.

Future challenges or opportunities
This paper discusses a valuable opportunity to review the work of the Leeds Plan to meet the needs of the changing health and care landscape.

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	
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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Prevention at scale – "Living a healthy life to keep myself well"

Progress is being made to reduce the future burdens on the NHS and social care resources.

Focuses includes:

- Ensuring people who live healthy lives continue to do so
- Increasing the number of people who are prompted and supported to change unhealthy behaviours to enable them to live healthy lives;
- Ensuring our future generations are born healthy and enjoy healthy living as the norm

Recent successes under this programme include:

Project and Description	Successes
Better Together The programme focusses on the issues that lead to poor health, such as social isolation, and use a community development approach to work with individuals, groups and communities to help them improve their situation and live longer, healthier lives.	Outreach work has engaged over 18,000 people from the 10% most deprived communities into community groups and programmes to improve general health and wellbeing.
'One You Leeds' (OYL) OYL is designed to support Leeds residents to start and maintain a healthy lifestyle. It has a key aim to support the ethos of 'improving the health of the poorest the fastest'. There is a specific aim around increasing access by specific target populations (e.g. people living in deprived Leeds, people at risk of long term conditions, pregnant women and emerging migrant populations).	OYL continues to achieve high levels of referrals into the service.
Alcohol Programme This programme aims to continue to reduce harm from alcohol through: • promoting safe alcohol consumption as the norm • reducing access to alcohol by young people and providing; and • promoting alternative routes to behaviour change for those people who would prefer to self-help.	There has been a significant amount of activity over the last year aimed at alcohol awareness, including; Alcohol awareness week held from 19 to 25 November which saw significant alcohol related health promotion. The 'No Regrets' campaign, an online responsible drinking campaign aimed at 18-25 year olds. Forward Leeds holding a series of events across the city, where people were able to make positive pledges to change their drinking behaviour. There has also been a focus on secondary prevention for people who may be attending health services for a condition and present an opportunity to discuss smoking and alcohol use. For example, the Nursing Specialist Assessment 'e-form' is now live on all inpatient wards throughout Leeds Teaching Hospitals NHS Trust (LTHT). This means alcohol and tobacco screening is now being undertaken as part of every inpatient's admission into the hospital as they come onto the wards.

Tobacco Programme This programme aims to continue to reduce the harm from tobacco through promoting smoke free as the norm, reducing access to tobacco by young people and providing and promoting alternative routes to behaviour change for those people who would prefer to self-help.	Smoking prevalence across the city is now at an all-time low of 16.7%. Progress continues to be made towards the aim to create a smoke free generation, with over 35,000 less smokers in Leeds than there were in 2011. Data released by Public Health England shows that smoking rates in Leeds are continuing to fall and are now at the lowest in West Yorkshire.
Best Start The programme has a key aim to give every child the best start in life, specifically the crucial period from conception to the age of 2.	Food and activity for a Healthy Pregnancy sessions have been made available for pregnant women with a BMI over 25 (and their partners). The sessions use the HENRY strengths based approach – building on participant's current knowledge and begins with an activity looking at what they think a healthy pregnancy looks like. The work of the Best Start programme has led to Leeds being the first city in the UK to report a drop in childhood obesity. There is also a lot of ongoing work with the maternity voices group, ongoing engagement with young people and their families. There has been a focus on mental health, and support for breastfeeding.

Self-Management and Proactive Care - "Health and care services working with me in my community"

This programme vision is that in 5 years' time people will be able to confidently manage their own health and wellbeing and services will be delivered in a way that identifies and addresses need earlier. Self-Management and Proactive Care will be embedded into every relevant pathway across Leeds? We are achieving this by:

- Put in place accessible, appropriate opportunities for support so that people have the knowledge, skills and confidence to live well with their long term condition
- Equip staff with the knowledge, skills and confidence to support someone with managing their long term condition
- Ensure the systems and process support a person centred collaborative approach to long term condition management
- Improved Early Identification of symptoms and conditions
- Improved Management of people with diseases
- Improved support for people at the end of their life

Recent successes under this programme include:

Project and Description	Success
Better conversations Better conversations is a culture change programme moving the conversation between worker and citizen from a paternalistic dynamic where the worker is viewed as the 'expert' and has a role to 'fix' the citizen, towards an equal partnership where the worker looks to enable the citizen	To date 48 skills days have been developed overall, with over 700 attendees from 52 different health and care organisations across the city including both the statutory and third sector. Specific skills sessions have taken place for Seacroft and Crossgates LCPs and a session will be taking place with Pudsey LCP in June with a view to potentially rolling sessions out across all LCPs to ensure that focused localities develop skills together at the same time. 89% of attendees agreed or strongly agreed that they will use the skills practiced in their role.
Diabetes Structured Education Programme To improve uptake for Type 2 Diabetes education courses with an emphasis on targeted groups (men over 40 and BME) with the overall outcome that people feel well supported and confident to manage their condition. Self-Management support is now part of the ICS Universal Personalised care plan programme as detailed by NHS England (NHSE).	In the last quarter of 2018 there have been 347 referrals into the Diabetes Structured Education Programme. Diabetes education sessions have increased from 33 to 125 per annum. The percentage of people reporting an improved confidence to manage their condition after the course is sustained at 100%. Representation in those attending of the targeted groups for the programme remain strong – men over 40 years (52%), proportion of attendees from deprived areas (62%) and people from BAME groups (51%).

National Diabetes Prevention Programme (NNDP) The programme aims to help people reduce their risk of developing Type 2 diabetes, by offering them a referral to an intensive lifestyle intervention programme. The intervention consists of improved diet, weight loss and increased physical activity. Self-Management support is now part of the ICS Universal Personalised care plan as detailed by NHSE	Between April 1 2018 and March 31 2019 5,542 people have been referred for the National Diabetes Prevention Programme (NNDP).
Breathe Easy The project aims to develop an integrated network of respiratory peer support groups in Leeds which will result in higher quality and more consistency in terms of how patients with COPD manage their condition.	The 10 Breathe Easy groups in Leeds are in a position of sustainability. The groups are located in Bramley, Middleton, Gipton, Hunslet, Yeadon, Beeston, Allerton Bywater, Harehills, Richmond Hill and Osmondthorpe. All groups are now operating from low/no cost venues and the numbers attending are growing. This project has led to a wider programme of developing peer support networks with people with long term conditions.
Collaborative Care Support Planning (CCSP) CCSP facilitates a change in people's annual review for long term conditions. It enables the person to be more prepared for the consultation by ensuring they receive their results and relevant information in advance of the review, and therefore be a true partner in their care. The results forms a collaborative discussion between professional and person, focusing on "what is important to the person" enabling person centered goals to be agreed to support people to self-manage their condition.	There have been 85,859 CCSP Annual reviews performed in Leeds between April 1st 2018 and March 31st 2019.This programme is part of the ICS Universal Personalised care plan programme as detailed by NHSE. Leeds has been recognised by the ICS and NHSE as meeting the quality markers for personalised care planning.
Social Prescribing Social Prescribing offers activity, social and cultural interventions in communities as an alternative to or adjunct to medical interventions.	Social Prescribing is also now part of the ICS Universal Personalised care plan programme as detailed by NHSE There has been 3749 referrals to the Social Prescribing service. The city is on track to meet the target of 5,000 referrals for the year. Following reprocurement by the CCG there will now be one provider (a consortia) covering the whole of the city, and ensuring that all LCPs have social prescribers.

Virtual Respiratory Ward Leeds Community Healthcare NHS Trust's virtual respiratory ward was expanded to cover Armley to help patients with long-standing respiratory conditions.	The virtual respiratory ward is designed to help those with Chronic Obstructive Respiratory Disease (COPD) exacerbations avoid being admitted to hospital and support earlier discharges for those that have been admitted. COPD can be caused by a number of things including smoking and genetics.
Frailty Unit A multi-disciplinary team work on the unit providing medical and holistic care for patients over the age of 80, or from 65 if they have particular frailty needs. Emergency departments can be really busy and noisy with lots going on. This can be really difficult for older patients while they are waiting, particularly if they are frail and may have dementia. The Frailty Unit is set away from the main emergency department, so it's a lot quieter and a much better environment for our older patients to be while they're being assessed.	The latest available figures (November 2018) show that the frailty unit at St James's Hospital has prevented 951 admissions in nine months, around 1902 bed days.

Optimising Secondary Care - "Go to a hospital only when I need to"

Progress is being made with activities with focus to:

- Improve the ways in which we test for cancer, provide treatment and offer support to people after they have had a cancer diagnosis.
- Ensure people will not stay in hospital longer than they need
- Reduce the visits people need to take to hospital before and after treatment
- Have a system that supports people with mental illness requiring secondary care interventions in the most appropriate setting.
- Ensure people will get the medicines that are the best value for them and the city

Recent successes under this programme include:

Project and Description	Successes
Cancer Programme The objective of the programme is to achieve the best in cancer care for the people of Leeds. The programme is centred around four areas of focus: • Prevention awareness and screening • Early diagnosis • Living with and beyond cancer • High quality modern services	713 additional people have completed a bowel screening test since April 2018 after being contacted by practice champions. Furthermore, the Accelerate Coordinate Evaluate (ACE) pilot pathway is for patients with non-specific but concerning symptoms has now been mainstreamed and the 1000th patient has just recently been referred on this pathway. Early evaluation indicates ACE provides faster diagnosis and clarity to patients and physicians, improves diagnostic findings of other significant but non-cancer conditions and as equally or more cost effective than previous approaches.
Care Navigation Leeds and York NHS Partnership Foundation Trust (LYPFT) have appointed a nurse to a Care Navigator role based at The Mount. She attends operational delayed discharge forums at Leeds Teaching Hospital Trust (LTHT) as well as The Mount in order to co-ordinate arrangements for people with complex needs in dementia, regardless of hospital setting.	The role has become a valued member of the LTHT Operational Discharge Group, ensuring people are referred to the LYPFT Enhanced Care Homes Team. The role works in partnership with commissioners to invite interested providers to discuss individual needs, develop the care home market and support individuals to leave hospital.
Enhanced Care Home Team The initiative aims to reduce avoidable delays that older people with complex dementia needs face when being placed from hospital beds to suitable long-term care home placement. They do this through proactively pursuing care home placement options as well as then providing care homes with rapid access to intensive short term input/care.	Between July and December 2018, successfully placed 42 service users to care homes who otherwise would have been in hospital for longer. There are a number examples of supporting care homes in admission avoidance. This service has now received recurrent funding.
Medicines and Consumables The objective of this programme is for patients to receive the medicines that are the best value for them and for Leeds.	Significant progress has been made in making the best use of the Leeds pound whilst improving service in the following areas; • Stoma care • Oral nutritional supplements • Silk Garments • Wound Dressings

Urgent Care and Rapid Response - "I get rapid help when needed to allow me to return to managing my own health in a planned way"

Progress is being made with activities to:

- Review the ways that people currently access urgent health and social care services including the range of single points of access.
- Look at where and how people's needs are assessed and how emergency care planning is delivered (including end of life) with the aim to join up services, focus on the needs of people and where possible maintain their independence.
- Make sure that when people require urgent care, their journey through urgent care services is smooth and that services can respond to increases in demand.
- Change the way we organise services by connecting all urgent health and care services together to meet the mental, physical and social needs of people to help ensure people are using the right services at the right time.

Recent successes under this programme include:

Project and Description	Successes
Urgent Treatment Centres (UTC) This programme will develop UTCs across the city. UTC's offer urgent primary care, both for minor injury and minor illness. The proposal is to develop five UTC's in Leeds. Three UTC's will be in the community (St Georges, Middleton, Wharfedale, Otley and potentially in Seacroft) and two will be co-located at the A&E departments (St James University Hospital and Leeds General Infirmary)	The St Georges Centre in Middleton, South Leeds was formally designated as an UTC in December 2018 by NHS England. This means it meets the national mandate as set out by NHS England. A formal 12 week public engagement programme which sought views on the proposals for UTC's in Leeds has recently been undertaken-analysis is underway during May 2019. The development of Urgent Treatment Centres are underway at the Wharfdale site and at St James's Hospital.
Clinical Assessment Service (CAS) This project aims to provide a Clinical Assessment Service for the Leeds population. People who ring NHS 111 will receive a clinical assessment over the telephone, reducing the number of people who need to receive a face to face appointment. The ambition is for all single points of access to link into the CAS, and for the CAS to book appointments into services when a face to face appointment is required. This will standardise and simplify access into health and care services.	The 6 month pilot has been evaluated. Findings show that 50% of all calls to the Leeds CAS were dealt with over the phone. The learning from the pilot is helping to inform how the service can expand for Phase 2. The scope for Phase 2 (2019/20) is currently being determined.

High Intensity Users Project The service provides tailored support to people who attend A&E frequently to address underlying social, medical and mental health issues.	Those that use the service for three or more months have been found to have better experiences and outcomes – being supported to access the services they most need rather than A&E. Emergency Department attendances and ambulance conveyances were reduced by 53% over the 12 months for the 72 people the service worked with in the last year.
Yorkshire Ambulance Service (YAS) YAS are now able to refer patients directly into the Leeds Frailty Unit at St James's hospital. This means that ambulance staff can assess patients they are called to attend to with a 'frailty score' and determine if they may be best supported in a specialist unit that supports people with similar conditions. This means patients may bypass a potentially delaying and stressful period in the hospital Emergency Department.	The project allows ambulances to take people straight to the most appropriate place for their care giving them the best chance of avoiding admission. In the first 15 days 18 people benefitted from this pathway.

Collective resource areas that enable transformation

Estates successes include:

- Closer working with Planning on ensuring sustainable community health provision in light of housing growth (actual and target figures in the Site Allocations Plan)
- Focused work on priority neighbourhoods, linking closely with the Neighbourhood Improvement programme and Localities team.

Digital successes include:

- Introduced some significant shared IT services between LCC, CCG, LCH and GP Practices
- Added Children's data in to the Leeds Care Record
- Introduced a new way of sharing child protection information between urgent and emergency care services and social care
- Increased the number of GP Practices taking appointment bookings directly from the 111 service

Workforce successes include:

- 130 people from Lincoln Green attended recruitment events held in the local community in April. All attendees signed up for courses or interviews and 3 nurses from overseas are joining Leeds Teaching Hospitals Trust.
- 300 of the Leeds 'One Workforce' have already attended the System Leadership Programme which has the objective of growing a connected community, who have people of Leeds at the heart of everything we do.
- The first Leeds wide Health and Care Careers and Recruitment Event held on 14 May 2019.

Leeds Health and Wellbeing Board

Report author: Kate Parker (CCG) and Andrew Nutter (LCD)

Report of: St Georges Urgent Treatment Centre

Report to: Leeds Health and Wellbeing Board

Date: 14 June 2019

Subject: Priority 12: The best care, in the right place, at the right time – Update on the St Georges Urgent Treatment Centre (UTC) development

Are specific geographical areas affected? If relevant, name(s) of area(s): South Leeds area, predominantly Middleton, Beeston and Rothwell Hunslet	☒ 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. NHS England published the national mandate regards UTC in July 2017, which stipulated the need to standardise the urgent care offer providing to reduce variation and to make it easier for the public to know where to go when they have an urgent care need.

2. This paper provides an overview of the development to date of UTCs in Leeds through the Unplanned Care and Rapid Response programme of the Leeds Health and Care Plan including learning from St Georges Centre and next steps.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the role of the Unplanned Care and Rapid Response programme of the Leeds Health and Care Plan to progress the development of UTCs in line with the Leeds Health and Wellbeing Strategy.
- Provide feedback and continue to support the development of the UTCs across the city using learning from St Georges UTC and the next steps outlined.

1 Purpose of this report

1.1 The purpose of the report is to:

- Raise awareness of the national mandate and rationale behind the development of Urgent Treatment Centres (UTCs);
- As part of the Leeds Health and Care Plan, inform members of the vision and aims of the Leeds Unplanned Care and Rapid Response Strategy and how UTCs supports delivery;
- Update members on the development of the St Georges UTC, the learning from implementing the first designated UTC in Leeds and how we will use this learning when widening out the UTC provision across Leeds;
- Seek continued support from members around the development of UTCs across the city.

2 Background information

2.1 The Leeds Health and Wellbeing Strategy is our blueprint for how Leeds will become the Best City for Health and Wellbeing; a city where the poorest improve their health the fastest. Working together as a joined up health and care system is essential to its delivery.

2.2 Our Leeds Plan[1] is key in delivering the health and care components of the Strategy by looking forward to what the city wants health and care to look like in the future and bringing together a set of transformational actions to achieve this. That is why as part of its work programme, Unplanned Care and Rapid Response, has a focus on progressing UTCs is a key piece of transformational work that is clearly aligned to the delivery of our Leeds Health and Wellbeing Strategy through *Priority 12: The best care, in the right place, at the right time* in addition to others.

2.3 Nationally, NHS England published the national mandate regards UTCs in July 2017.[2] The mandate stated the current mix of urgent care services was confusing to the public, giving too much variation in terms of clinical offer, opening times and geographical locations. The mandate stipulated the need to standardise the urgent care offer, through the application of the 27 specified core standards. Offering a more consistent and standardised offer will reduce the variation, making it easier for the public to know where to go when they have an urgent care need. In Leeds, delivery was coordinated as through the Leeds Unplanned Care and Rapid Response Strategy as part of the Leeds Health and Care Plan. This programme of work aims to ensure that people get rapid help when they need it and allow them to return to managing their own health and care in a planned way.

[1] Leeds Health and Care Plan on a Page (http://inspiringchangeleeds.org/wp-content/uploads/2018/08/MASTER-Leeds-Health-and-Care-Plan-PoP-20180313-V6.pdf)
[2] NHSE UTCs – Principles and Standards July 2017 (https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf)

2.4 The aims of the Unplanned Care and Rapid Response Strategy are to:

- Improve access into unplanned health and care services
- Deliver a standardised urgent health and care response
- Ensure people needing urgent or emergency care receive the best possible care

2.5 The provision of UTCs clearly supported the achievement of these aims as well as the wider Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan. By reducing the variation in urgent care services across the city the system will be simplified and therefore access will be improved, as well as people's experience and outcomes. UTCs also support the 'left shift' approach in the provision of care into the community as they develop and integrate further with:

- Local Care Partnerships;
- Primary Care Networks;
- Leeds Teaching Hospital Trust;
- Ambulance Trust (NHS 111 and 999 services);
- Local Authority (Adult & Health and Children & Families Services);
- Leeds and York Partnership Foundation Trust (acute and community services)

3 Main issues

3.1 As part of the Leeds Health and Care Plan, the Unplanned Care and Rapid Response Strategy envisages the development of UTCs across the city in both acute and community settings. St Georges Centre in Middleton, South Leeds was the pilot Urgent Treatment Centre for Leeds and the first community based UTC to be developed in West Yorkshire. It started operating in shadow form in March 2018 and NHS England designated it as an official Urgent Treatment Centre in December 2018, one of the first in the North of England.

3.2 The Urgent Treatment Centre currently includes the following elements of service:

- Minor illness service (8am to 6pm Mon-Fri)
- Minor injury service (8am to 11pm , 7 days a week)
- GP's in the out of hours period (6pm-11pm Monday-Friday and 8am to 11pm weekends)
- Works collaboratively with the Leeds GP Confederation acting as the hub for Extended Access appointments.

3.3 The minor injury service and the GP 'out of hours' period was already in existence when the St Georges Centre was a Minor Injury Unit. To convert the Minor Injury

Service into a UTC, two new services were implemented; these being the minor illness service and working in collaboration with the Leeds GP Confederation to offer Extended Access appointments. It is hoped that the minor illness service will soon go live 8am-6pm on a weekend also, giving a 7 day service offer.

3.4 A system wide collaborative approach was taken to work towards the successful compliance of the 27 core standards for St Georges (as stipulated in the NHS England mandate). A steering group was established which met monthly, with representatives across all system partners with a common purpose of establishing the UTC at St Georges.

3.5 The steering group generated positive, open and honest, trusting relationships which were maintained throughout the process of achieving designation for St Georges UTC. This collaborative approach was the key success factor, as a number of the core standards could only be achieved by working across organisational boundaries, reviewing and improving referral pathways and sharing information, knowledge and expertise.

3.6 The ambition for Leeds is to develop five UTCs due to the size of the city. We aim to have two co-located UTCs, next to the Accident and Emergency Departments at St James University Hospital and Leeds General Infirmary, and three community based UTCs. These will be St Georges, Wharfedale and potentially one in the Seacroft area of the city.

3.7 St Georges Centre has been well used by the local community for at least 20 years. Due to the community knowing it is there, what is on offer, and that they have always gone there and received a good level of service when they had an urgent care need, people naturally attend the service.

3.8 Equally, since the additional minor illness service has been included in the UTC offer, there has been a noticeable increase in the number of people attending the UTC for minor illness as well as minor injury. This increase in activity is potentially due to:

- Word of mouth about the new service available;
- Public perception that it is quick and convenient to attend the UTC;
- People feeling the service they receive is a good service
- People telling us they experience difficulties accessing their general practice.

3.9 Due to the above and other factors, it is important to recognise that people are now presenting at St Georges UTC with conditions (minor illness) that could have been dealt with in routine general practice settings. As highlighted below, further work is ongoing to understand this trend and to explore how we can better enable people to access appropriate services to get best care, in the right place, at the right time in line with Priority 12 of the Leeds Health and Wellbeing Strategy.

3.10 We have also developed some case studies from our learning to date outlined in the appendix.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 A formal 12 week public engagement period has recently finished (running from 21 January until 15 April 2019) which asked the general public about their thoughts on the NHS Leeds CCG's proposals for five UTCs in the city including the one at St Georges Centre.

4.1.2. To ensure people had a number of opportunities to share their views we offered people the chance to complete the survey either in hard copy or online (both versions also available in easy read). In addition, we ran formal engagement events, drop-in sessions, a social media campaign and advertised this through an online radio streaming service called DAX. In line with the strategic direction of the Leeds Health and Wellbeing Board, we worked closely with Voluntary Action Leeds with a focus on obtaining the views of the protected characteristic groups/seldom heard cohorts of the population.

4.1.3. Our approach was supported by citywide partners and as a result we've had feedback from well over 3,000 people. The findings of the engagement are currently being analysed by an independent agency.

4.1.4 Our engagement activity highlighted the importance of involving a range of service users who may have differing needs such as those arising from sensory impairments. Therefore we're committed to involving, listening and learning from a range of people with differing needs in further developing the St George's UTC such as signage and access into the building.

4.2 Equality and diversity / cohesion and integration

4.2.1 The NHS has a statutory duty to involve and as part of this has to pay due regard to actively seeking the views of those people who belong to the protected characteristics under the equality act. To help us understand and identify the needs of those protected characteristics we undertook an equality impact assessment (which can be found within our engagement plan accessed from: www.leedsccg.nhs.uk/get-involved/your-views/urgent-treatment-centres/).

4.2.2 This then helped us understand any gaps in our knowledge regarding how people from within these communities currently access urgent care services, the impacts that these changes might have and their needs. In addition to this we broadened the scope to look at other groups who might also be disadvantaged when accessing healthcare services such as those from lower socio-economic backgrounds, people who work and those with certain health conditions with people experiencing mental ill health being one such group.

4.2.3 We provided an opportunity for all communities to get involved in the engagement. Examples of this included our first formal event taking place at the Leeds Society for Deaf and Blind that included a BSL interpreter – this event was captured on video and a subtitled video was produced. In addition two shorter animations were produced, information was made in easy read and our events took place at a range of community venues at different times including weekends.

4.2.4 We actively involved elected members and accessed any networks they were able to provide for us. We are confident that we have managed to get views from a range of communities in addition to existing work and research that has taken place locally, regionally and nationally.

4.2.5 The area surrounding St Georges UTC is an area of high deprivation and therefore a Priority Neighbourhood for addressing health inequalities. Standardising the offer of urgent care, and improving access into these services is an excellent opportunity to support the city's vision of improving the health of the poorest the fastest in our more deprived communities, for whom access to care and navigating the multiple services can be difficult, resulting in unnecessary attendances across the system. UTCs can provide right service, at the right time, in the right setting first time for urgent care needs in line with Priority 12 of the Leeds Health and Wellbeing Strategy.

4.3. Resources and value for money

4.3.1. As described earlier, a collaborative approach was taken in the development of the UTC at St Georges across health and care partners. This proved invaluable in developing the service to best meet the needs of the people, and developing an understanding of the commitment required across system partners.

4.3.2 NHS Leeds CCG has invested into the St Georges UTC in addition to the existing contract to support the development of the minor illness service offer and the investment of care navigators to stream people into the minor illness or minor injury queue. As mentioned previously, the minor illness service has highlighted a potential duplication of cost across the services in Leeds, when people attend the UTC with presenting conditions that could be dealt with in routine general practice.

4.3.3 To mitigate this potential duplication of cost, St Georges UTC is working with the local General Practices to explore how the services can work more collaboratively together, such as booking into one another's appointment slots to ensure people are seen in the right service. It is hoped this work can evolve and expand with the development of Local Care Partnerships and Primary Care Networks. St Georges UTC is also working with NHS 111 to increase its offer of the number of direct booked appointments it can receive from NHS 111. This will ensure those people requiring an urgent appointment; get an appointment in a timely manner. People receiving booked appointments will hopefully encourage more people to ring NHS 111 prior to attending the UTC.

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. It is felt there are two key risks to the St Georges UTC. These are the increase in activity, specifically around minor illness, and that the footprint of the UTC at St Georges is limited.

4.5.2. The below table shows these risks and the mitigation taking place to reduce the risk:

Risk	**Mitigation**
The increase in activity at the UTC, specifically minor illness	To regularly review and understand the data To work with local practices to establish referral pathways/mechanisms between general practice and the UTC to ensure people are seen in the right service To share with local general practices what is in and out of scope for an UTC to help inform and educate general practice staff Once Primary Care Networks (PCN's) and Local Care Partnerships (LCP's) evolve, to establish robust referral pathways and communication mechanisms aligning the LCP's and PCN's to the UTCs
The footprint for the UTC is constrained at St Georges	Undertake a room audit at the St Georges Centre to identify potential unoccupied rooms Suggest a landlord/tenant forum at St Georges to be established, so topics such as room occupancy can be discussed and maximise any potential opportunities

4.5.3. A risk wider than specifically the St Georges UTC site is that by establishing a network of potentially five UTCs in Leeds, these could end up offering slightly different services, given 3 UTCs will be community based and 2 will be co-located to the Accident and Emergency department. To mitigate this, a clinician UTC development group has been established, which has reviewed all 27 core standards. The clinicians have agreed what the basic, consistent offer will be across all five locations to ensure the UTCs, regardless of location offer the same service.

5. Conclusions

5.1 To conclude, the collaborative approach used was critical to achieve UTC designation status at the St Georges Centre. Through the strategic direction of the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan, all system partners fully committed and engaged in all the identified required actions to ensure successful designation of the UTC.

5.2 The key learning is that more work needs to be done with general practice, PCNs and LCPs to increase awareness of the UTCs, and how to work collaboratively to effectively manage the local demand of the population with their health and care needs.

5.3 Similarly, work needs to be undertaken to raise awareness with the local population to make them aware and better informed about UTCs and accessing health and care services

5.4 There are two confirmed community UTC sites (St Georges and Wharfedale) and two confirmed co-located UTC sites (St James University Hospital and the Leeds General Infirmary). The third potential community UTC site is Seacroft, however this is subject to the analysis of the 12 week formal engagement and thus not confirmed at this point.

5.5 The next steps are:

- Analyse the feedback from the 12 week formal public engagement on the UTC proposals for Leeds and undertake any necessary actions
- Establish a steering group for the Wharfedale site and using the learning from St Georges, work on achieving all 27 core standards
- Continue to work with Leeds Teaching Hospital Trust regards the migration of the walk in centre to the St James University Hospital site as part of the phased development of the first co-located UTC in Leeds

6. Recommendations

The Health and Wellbeing Board is asked to:

- Note the role of the Unplanned Care and Rapid Response programme of the Leeds Health and Care Plan in progressing the development of UTCs in line with the Leeds Health and Wellbeing Strategy.
- Provide feedback and continue to support the development of UTCs across the city using learning from St Georges UTC and the next steps outlined.

7. Background documents

None.

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How does this help reduce health inequalities in Leeds?
The UTC at St Georges makes it easier for the people of Leeds to access urgent care services due to UTCs offering a standardised offer of urgent care, removing some of the current variation between services. This makes it easier for all to access urgent care services, ensuring their needs are met by the right service, in the right place first time.

How does this help create a high quality health and care system?
The people of Leeds will receive a consistent offer when they visit an UTC. By working as a network of UTCs in Leeds, this will offer opportunities such as potentially sharing workforce, working across clinical systems and having system wide agreed protocols and pathways. This will offer a high quality, efficient and effective health and care system, maximising outcome sand experience of care for the population of Leeds.

How does this help to have a financially sustainable health and care system?
Working collaboratively across general practice and the UTCs will enable the system to better manage the activity within the system, ensuring people get the right treatment, in the right place, at the right time.

Future challenges or opportunities
An opportunity to further support the UTC offer is the development of the Leeds Clinical Assessment and Advice Service (CAS). The CAS service offers a clinical assessment over the phone for those individuals who have rung NHS 111. The aim of the service is that by offering clinical advice over the phone, the number of people requiring a face to face appointment will reduce as clinical advice over the phone is often sufficient to meet the clinical needs of the person. This will give better outcomes for the individual as their needs have been met via a phone call. For those who have been clinically assessed and still require a face to face appointment, they will have an appointment booked for them, into the UTC within the timeframe the clinician feels is appropriate for their urgent care needs. The Leeds Clinical Assessment and Advice Service has recently been piloted and the evaluation has evidenced the Leeds CAS is reducing the volume of face to face activity by approximately 50%. Based on the success of the initial pilot, work is underway to widen the scope of the Leeds CAS offer.

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	X
A stronger focus on prevention	
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	X

Appendix – St Georges UTC: Case Studies

Case Study 1

Sarah a 24 year old female attended St Georges Urgent Treatment Centre (UTC) with worsening symptoms of sore throat and high fevers. Sarah had rung NHS 111 to find out where she could attend with her symptoms that day, as she was unable to get a same day appointment at her own GP practice. Sarah was given an appointment time to attend at the UTC by NHS 111.

On arrival the receptionist booked the patient in and directed them to the triaging clinician. The patient's observations were taken and noted that she was scoring on the NEWS with a high temperature. The patient was sent round to the Advanced Nurse Practitioner (ANP) on duty within 15 minutes of arrival time.

The ANP took a full clinical history and noted that the patient had worsening sore throat symptoms with a fever of 39 degrees, absence of a cough and enlarged lymph nodes. The Ears, Nose and Throat examination showed that the patient was scoring on the Centor criteria, which determines if an infection is bacterial. The patient therefore required antibiotics to treat this straight away.

The ANP prescribed giving worsening symptom advice and safety netted appropriately that if any changes the patient should ring 111 for an assessment. The patient was triaged within 15 minutes of arrival, seen immediately by the ANP and received a full episode of care in under 30 minutes.

Key points:

- The patient had followed the "Talk Before you Walk "NHS 111 pathway and gained information of where she could be treated with her urgent care need.
- A direct booked appointment time was given to the patient rather than her attending as a walk –in and waiting to be seen.
- The patient's presenting condition could have been treated at her own GP surgery however she was unable to gain an appointment that day
- The decision to prescribe and the bacterial infection findings however did result in the patient receiving the correct treatment in a timely manner and therefore this is a valid presentation for the UTC.

Case Study 2

Brian a 54 year old male attended as a walk -in patient to St Georges Urgent Treatment Centre (UTC) at 11am. Brian had tried to get in with his own GP but was told there were no appointments left, hence why he then chose to attend the UTC. He booked in at Reception with a presenting complaint of right musculoskeletal (MSK) pain. The Receptionist took the patient details and directed him to the triaging clinician.

The patient gave a history of an on going MSK pain to his right knee. He worked as a decorator and was self employed.

The patient had been seen previously 6 months earlier by his own GP and referred to Physiotherapy which he had attended several appointments and the pain had reduced.

The patient had pain management medications which were on repeat prescription however the knee pain had exacerbated over the weekend and he wanted to gain another physio referral.

The triaging clinician ruled out any medical red flags and noted that there had been no acute injury involved; they therefore streamed the patient to the Advanced Nurse Practitioner (ANP).

The ANP conducted a full examination of the knee and discussed with the patient that a referral into physio therapy had to come from his own GP. The patient had not previously been made aware of this and was just actively trying to get a referral as quickly as possible as he was aware of waiting times.

The ANP rang the patients GP surgery and managed to gain him an appointment for later in the week in the extended hour's service which also ran out of St Georges UTC. The patient was advised how they could use the NHS 111 service by the ANP and that this would have promptly directed them to their own GP – saving them from attending the UTC with what was essentially a chronic complaint better managed through their GP.

Key points:

- UTC team supporting patients about how to get the best from the system
- Promoting the left shift "talk before you walk" principle
- Close liaison between UTC team and GP practice
- Most importantly, responsive to the patients needs – ANP supporting the patient to get the right outcome not just telling the patient to go elsewhere
- Service is planning future development of direct referral to Physiotherapy via the UTC using the Leeds Care Pathways via SystemOne.
- Also the development of having NHS 111 pathways online at the front end of the UTC before the Reception desk which may have prevented the patient from booking in and here and directed him to his own practice thus receiving the right care in the right place at the right time.

Leeds Health and Wellbeing Board

Report author: Tim Taylor

Report of: Ian Cameron (Director of Public Health, Leeds City Council)

Report to: Leeds Health and Wellbeing Board

Date: 14 June 2019

Subject: State of Women's Health in Leeds

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

Summary of main issues

1. Leeds is the first city in the UK to produce a comprehensive picture of life, health and wellbeing for women and girls known as the *State of Women's Health in Leeds Report*.

2. This paper provides a summary of the issues highlighted from its findings and next steps in using this learning across the system to understand needs and commission better services for women supporting the vision of the Leeds Health and Wellbeing Strategy, that Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the content of this paper.
- Support the findings and recommendations of the State of Women's Health in Leeds report.
- Agree for organisations represented on the HWB to:
  - invite the authors of the report to their relevant senior board/group meetings to discuss the findings
  - reflect on gender differences in health and wellbeing in their services and the further actions needed to work to address the findings
  - identify commitments to support delivery of the recommendations of the State of Women's Health report, which will be overseen and reported to a future HWB meeting.

1 Purpose of this report

1.1 Leeds is the first city in the UK to produce a comprehensive picture of life, health and wellbeing for women and girls. This will be used across the system to understand needs and commission and provide better services. This will support the commitment to the vision outlined in the Leeds Health and Wellbeing Strategy, 2016-21 that Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest.

2 Background information

2.1 The State of Women's Health in Leeds report[1] was a recommendation from the 2017-18 Director of Public Health Report[2], which was considered by the Health and Wellbeing Board (HWB) in June 2018. This explored the reasons behind the fall in life expectancy for women and a static position for male life expectancy. This included gender specific issues, including female alcohol related mortality and self-harm by young women, which are both explored in more detail in the report.

2.2 The State of Women's Health in Leeds report was subsequently commissioned by Leeds City Council in partnership with Women's Lives Leeds and their partners. The direction for the report came through initial conversations with women centred organisations and services about health and wellbeing. Women's Lives Leeds, the Hubs and Public Health have built on these conversations to develop and steer this report.

2.3 A strength of the report is its focus on citizen voice and experience. It includes a series of case studies representing key aspects of the report from the 11 partner organisations of Women's Lives Leeds. These are integrated within the report and showcase some of the fantastic assets we have in Leeds and personal stories from women in Leeds. The report was written by Professor Alan White (Emeritus Professor, Leeds Beckett University), Dr Amanda Seims (Associate Member of staff, Leeds Beckett University) and Sarah Erskine (Public Health, Leeds City Council). Dr Louise Warwick-Booth (Leeds Beckett University), the main author of the State of Women's Health in Leeds: Women's Voices report,[3] brought together various focus groups. Many women participated in the consultative events held by the Leeds Women and Girls Hub that helped us prioritise what the report should focus on.

2.4 The State of Women's Health in Leeds documents can be accessed online via the Leeds Observatory and Women's Lives Leeds websites.

The State of Women's Health in Leeds report was successfully launched on International Women's Day, 08 March 2019, at Northern Ballet by Cllr Charlwood,

[1] State of Women's Health in Leeds Report (https://www.womenslivesleeds.org.uk/wp-content/uploads/2019/03/state_womens_health_leeds_final.pdf)
[2] 2017-18 Director of Public Health Report (https://www.leeds.gov.uk/Pages/Director-of-Public-Health-report-2017.aspx)
[3] State of Women's Health in Leeds: Women's Voices report (https://observatory.leeds.gov.uk/wp-content/uploads/2019/03/Final-Report-Womens-Voices-Feb-2019.pdf)

which can be viewed here. This was alongside local events across Leeds within each of the 10 Community Committees where the report was discussed, with involvement from local elected members. There was widespread positive coverage of the report in the media.

3 Main issues

3.1 The State of Women's Health in Leeds report provides a comprehensive overview of the women's health in Leeds. By exploring the wider social and economic circumstances women and girls' experiences, as well as the physical and emotional health challenges they face, we have created a picture of women that has been lacking up to now. What the study reveals is that despite the city taking very positive steps towards improving the health of women, there are still many whose health is poor and who are living in difficult circumstances. This requires a whole system approach to tackle these issues.

3.2 The main findings are:

- In Leeds, women and girls still face a number of inequalities and for many life is becoming more complex.
- The health and wellbeing of women living in poverty and experiencing inequality is worsening.
- Women's life expectancy is dropping, despite positive improvements in cancer and cardiovascular health.
- Women and girls' lives are becoming more complex and including more 'risky' behaviours which have long-term impacts on their physical and emotional wellbeing.
- Young girls are experiencing more mental health problems.
- An ageing population sees more women at risk of dementia, frailty and falls.
- Women's reproductive and maternity health issues are not always supported
- Safety is a priority for the women and girls of Leeds.

Next steps

3.3 The State of Women's Health in Leeds and the State of Men's Health in Leeds reports contributes to a richer picture of our Joint Strategic Assessment[4] and articulates a series of recommendations to support the ambition of the Leeds Health and Wellbeing Strategy for Leeds to be the Best City for Health and Wellbeing for all of our citizens.

3.4 Positively, to date the State of Women's Health in Leeds and the State of Men's Health in Leeds reports have been:

- Highlighted in the next Leeds Integrated Market Position Statement developed by the Integrated Commissioning Executive (ICE).
- Shared as best practice examples regionally and nationally with Public Health England.

[4] Leeds Joint Strategic Assessment Summary (https://observatory.leeds.gov.uk/wp-content/uploads/2019/04/Leeds-JSA-2018-Summary-Report.pdf)

- Presented at NHS Leeds CCG Target events.

3.5 There are also plans in place for the reports to be discussed at the Leeds Academic Health Partnership and will for part of the work plan for Scrutiny Board (Adults, Health & Active Lifestyles).

3.6 In order to meaningfully begin to address the issues within the report, it is essential that we:

- Consider the recommendations from the State of Women's Health in Leeds (summary attached as an appendix), which will be explored further at HWB on 14 June.
- Reflect and discuss with commissioners of services and providers to consider how to take forward the findings and key areas of action. This includes auditing new and existing commissioning specifications to ensure gender is appropriately represented.
- Deliver workshops to share key findings of the report with stakeholders.
- Recognise it as a valuable resource to shape future programmes of work and as an evidence base to support funding bids (e.g. Third Sector).

3.7 It is proposed that we undertook a piece of work to engage with health and care organisation represented on the HWB as part of the audit highlighted above to reflect on gender differences in health and wellbeing in their services and identify further actions needed to work to address the findings. It is recommended that this will form a series of commitments to support delivery of the recommendations of the State of Women's Health report, which will be overseen and reported to a future HWB meeting.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 The direction for the report come through initial conversations with women centred organisations and services about health and wellbeing. Women's Lives Leeds, the Hubs and Public Health have built on these to develop and steer this report.

4.2 Equality and diversity / cohesion and integration

4.2.1 Gender is a protected characteristic of the equality act. The State of Women's Health in Leeds report complements the State of Men's Heath in Leeds report.

4.3 Resources and value for money

4.3.1 The reports help us understand the needs of the Leeds population better and design and deliver more effective, value for money services.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 Risks were considered and managed by a steering group during the completion of the report.

5 Conclusion

5.1 Leeds is the first city in the UK to produce a comprehensive picture of life, health and wellbeing for women and girls. There is a valuable opportunity to use the findings of the State of Women's Health in Leeds report across the system to understand needs and commission and provide better services. This is will make a significant contribution to our Leeds Health and Wellbeing Strategy for Leeds to be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the content of this paper.
- Support the findings and recommendations of the State of Women's Health in Leeds report.
- Agree for organisations represented on the HWB to:
    - invite the authors of the report to their relevant senior board/group meetings to discuss the findings
    - reflect on gender differences in health and wellbeing in their services and the further actions needed to work to address the findings
    - identify commitments to support delivery of the recommendations of the State of Women's Health report, which will be overseen and reported to a future HWB meeting.

7 Background documents

None.

How does this help reduce health inequalities in Leeds?

Leeds is the first city in the UK to produce a comprehensive picture of life, health and wellbeing for women and girls. This will support the commitment to the vision outlined in the Leeds Health and Wellbeing Strategy, 2016-21 that Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest.

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

The report, the finding and recommendations support the health and care system in Leeds to understand the needs of women and girls better. This will be used across the system to commission and provide better services.

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

There is lots of positive work already happening around women's health in Leeds. This report seeks to build on the assets we have and target our efforts and resources more effectively around need.

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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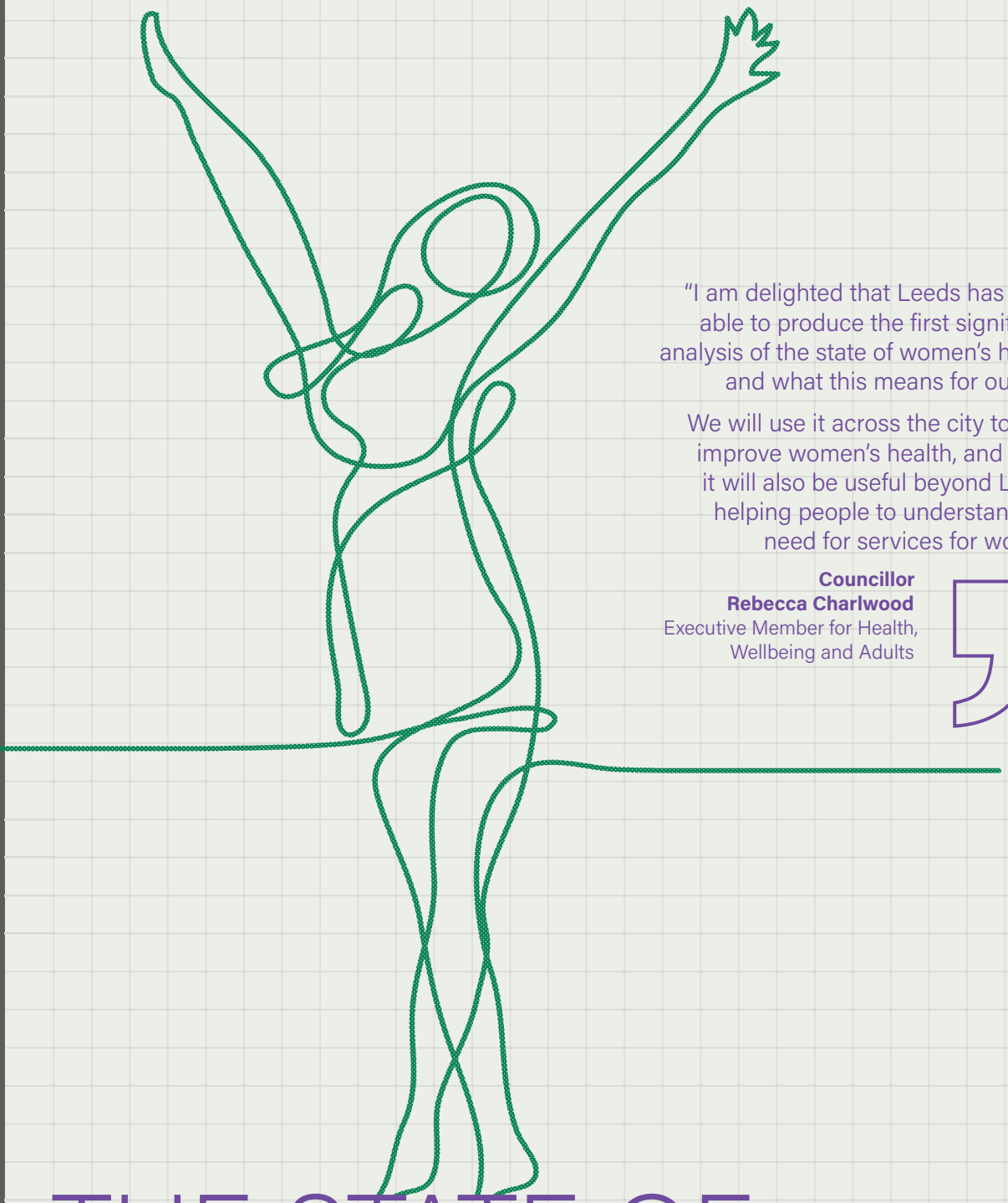


"I am delighted that Leeds has been able to produce the first significant analysis of the state of women's health and what this means for our city.

We will use it across the city to help improve women's health, and hope it will also be useful beyond Leeds, helping people to understand the need for services for women.

Councillor
Rebecca Charlwood
Executive Member for Health, Wellbeing and Adults

THE STATE OF WOMEN'S HEALTH IN LEEDS: A SUMMARY

The full **State of Women's Health in Leeds** report can be found at: **http://bit.ly/WomensHealthLeeds19** and **www.womenslivesleeds.org.uk/womenshealth**. It has analysis of available data relating to the health and social lives of women in Leeds and a comprehensive literature review of key issues facing women. This work was also informed by the Women's Voices Study and consultative events held by the Leeds Women and Girls Hub.

Leeds City Council
WOMEN'SLIVESLEEDS Empowering Women and Girls in Leeds
LEEDS WOMEN AND GIRLS HUB
LBU LEEDS BECKETT UNIVERSITY

Women in Leeds – population data

Could live 21.8 years with some form of disability

Less economically active (79.9% men compared to 69.2% women), but labour market participation is increasing and more likely to be part-time work

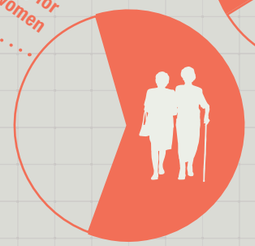
Despite a levelling part-time work pay gap, median female full-time pay of £24,072 contrasts with £30,315 male pay, showing significant disparity

23% (98,500) of women live in the most deprived areas of Leeds, 8% in the wealthiest. Women from ethnic minority backgrounds are more likely to be living in the poorest areas (nearly 74% of all Bangladeshi women and 68% of all Black Africans)

Nearly 60% of those devoting more than 50 hours per week to caring for another are women

Over two thirds of women over 65 years live alone

Women are nearly 60% of council tenants and more older women than men live in sheltered accommodation



438,000
of total population
879,300

Life expectancy for women in Leeds is falling and nearly a year below the national average.

"CARERS LEEDS IS EXTREMELY VALUABLE...WONDERFUL...YOU DON'T HAVE TO SAY ANYTHING... YOU CAN JUST COME IN AND WEEP AND TISSUES ARE AVAILABLE"

"WOMEN NEED TO BE TREATED AS A WHOLE NOT JUST AS THEIR CONDITIONS."

Cancers are the main cause of female death (26%) and more women die from lung cancer than in other parts of the country

Chronic respiratory disease kills more women than breast cancer, with smoking the main cause

Fewer women are dying from breast cancer, but less women attend screening than average

Cervical cancer screening levels are above average, with falling death rates

Health status of women in Leeds

Dementia is the single highest recorded reason for women dying

Cardiovascular disease in women is down by 27% in the last 10 years

Over 3,000 females have Type 1 and over 16,000 Type 2 diabetes

Over 150,000 women in Leeds have one or more long-term conditions and nearly 20,000 are very frail

Women over 65 years have twice as many emergency admissions due to a fall as men

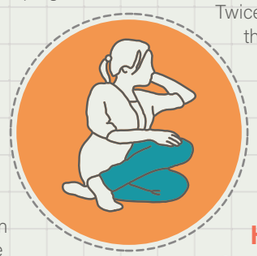
Women have higher rates of sexually transmitted disease, but there is improved effectiveness in targeting those most at risk

Poverty

A House of Commons report showed 86% of the burden for austerity has fallen on women. In Leeds the mortality rate in more deprived Leeds areas is 40% higher than the wealthiest areas. In-work poverty is rising and more people live in poverty overall.

Mental ill health – Women in Leeds

More young women are developing mental health problems.



Twice as many women as men are recorded as having a common mental health disorder.

Black women, asylum seekers, refugees, and Gypsy and Traveller women have higher rates of common mental health issues and are less likely to receive mental health treatment.

30% of women accessing support for drug/alcohol treatment have a mental health condition, compared to 21% of men

Self-harm and eating disorders are more common in girls and women. Around one in four young girls, report having self-harmed nationally, equating to almost 16,000 women in Leeds aged 16-24 years old.

> "MY DAUGHTER COULDN'T TELL HER FRIENDS ABOUT HER MENTAL HEALTH DUE TO STIGMA"

Violence, abuse and trauma are notable causes of mental health problems.

Twice as many women access the Improving Access to Psychological Therapies Service as males.

Between 10-20% of women will experience mental ill health during or just after pregnancy.

Healthy Lifestyles for Women in Leeds

Women are more likely than men to become addicted to smoking, alcohol and drugs and find it harder to stop.

Fewer Leeds women are smoking now, but levels are higher than both regional and England averages. More men than women smoke, but Leeds school age girls are more likely to smoke than similar aged boys. In Leeds 9.8% of pregnant women smoke – below the national average.

Women from wealthier parts of the city tend to drink more, but alcohol-related mortality is higher in the poorest areas.

Women dying because of drug and substance abuse has recently risen, with Leeds rates higher than England rates. Women increasingly use alcohol and detox rehabilitation. Lesbian, bisexual, and trans women are more at risk of substance abuse.

Problem gambling – predominately seen in men – is now increasing for women.

Obesity has significant health consequences for women, including increased risk of diabetes, cardiovascular problems and implications for fertility and problems during pregnancy. 7.1% of adult women in Leeds are obese, rising to over 30% in some areas of the city, with a strong link to poverty. Women have double the rate for hospital admissions for obesity treatment. More women than men are diagnosed as underweight, which also raises health risks.

Women tend to be less physically active than men, particularly in more deprived areas. South Asian girls have the lowest of physical activity levels in the city.

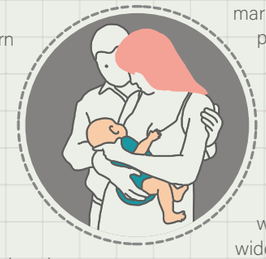
Reproductive health for Women in Leeds

Complex needs related to reproductive health impact on women in Leeds. This includes a significant proportion suffering monthly due to premenstrual syndrome and dysmenorrhoea. This can affect schooling and work.

Many conditions linked to women's reproductive health, such as chronic pelvic pain, can significantly affect quality of life. However, these are often under-recognised by society and health services. The menopause affects every woman and can cause severe problems, yet remains poorly understood.

> "AND AT WORK WHEN I WAS GOING THROUGH THE MENOPAUSE I DID END UP GOING OFF WITH WHAT WAS LABELLED AS STRESS. FOR A VERY LONG TIME I NEVER WENT BACK TO THAT JOB."

Maternal health and motherhood in Leeds



Around 10,000 babies are born in Leeds every year.

Teenage conception rates in Leeds are higher than the UK, but falling.

There are an increasing number of women in Leeds pregnant over the age of 30.

There were nearly 3,000 abortions in Leeds in 2016.

There are 182 child deaths through miscarriage and stillbirth and the neonatal period in Leeds.

At 3.1% Leeds has an increasing number of home births, with the hope to continue this progress.

Fewer babies are taken into care, but there are still more than average repeat care proceedings.

Breastfeeding numbers vary greatly, from 73% initiating breastfeeding in non-deprived areas to 65.5% in deprived areas. Just 19.5% of white British women living in the most deprived areas maintain breastfeeding.

Long-term consequences of pregnancy and childbirth, such as incontinence and pelvic organ prolapse, can have a marked effect on a woman's physical and emotional health and quality of life.

Violence and abuse against women

Girls and women still face significant safety risks, both within the home and in wider society. Sexual assault, child sexual abuse and exploitation, domestic violence, bullying, female genital mutilation, forced marriage and sexually exploited women, are all cause for concern.

Across Leeds 77% of those reporting domestic violence are female and 21% male and where a suspect was identified 26% were female and 74% were male. ■

This report provides a comprehensive picture of life, health and wellbeing for women and girls in Leeds.

Commissioned by Leeds City Council in collaboration with Women's Lives Leeds and their partners, the report comes from conversations with women-centred organisations and services about health and wellbeing. People from across Leeds have built on these conversations to develop this report and focus groups capturing women's voices are presented in the associated ***The State of Women's Health in Leeds: Women's Voices report***.

Many positive steps are being taken to improve women's health and overall lives in Leeds, but too often women have poor health and live in difficult circumstances. This reflects pressures on communities in a fast changing world and a society not properly aware of the significant health challenges women face. This leaves many struggling with complex needs beyond the point where support should have been available.

RECOMMENDATIONS

Women's voices are heard

Ensure women are listened to and involved in policies that affect them, with Leeds Women and Girls Hub and other partners involved in designing and delivering services. Priorities include maternity services, screening and mental health (including perinatal support); and female-only services and women's organisations are adequately resourced.

Society is more equal for women

The public, private and voluntary sectors should recognise and address the impact of austerity on women in Leeds and ensure this is reflected in service and business developments.

Businesses / statutory sector should offer and promote greater opportunities and flexible working for women.

Ensure the Leeds Inclusive Growth Strategy has specific women-focused aspects.

Reproductive and maternal health

Offer greater support and compassion for girls and women with reproductive health issues, such as PMS, dysmenorrhoea, chronic pelvic pain and endometriosis.

Provide greater provision of services and guidance for women going through the menopause, with a city wide recognition of its implications for women.

Ensure everyone has same opportunities for breast feeding, home births and personalised maternity care.

Provide greater support for women with perinatal and postnatal physical and emotional health problems.

Women are safe

Ensure a whole city approach is actioned to make Leeds a city where women and girls feel safe.

Support a greater focus on healthy relationship work in schools.

Provide further support and funding for women at risk of domestic violence, bullying, forced marriage, female genital mutilation, and sexually exploited women.

Work with public transport and taxi services to ensure women feel safe travelling both during the day and at night time.

Women live longer, healthier lives

Increase bowel, lung, breast and cervical cancer screening rates. Work with women's groups to increase awareness of the need for screening and to make cervical screening more acceptable.

Develop female focused lifestyle services.

Reduce the number of women having falls.

Mental Health is improved

Provide further support and funding for resilience and youth work targeted at girls and young women.

Develop increased awareness of the link between trauma and mental ill health, by ensuring that all relevant services in the city sign up to the Visible policy statement and good practice checklist.

Ensure women's mental health and physical health needs are supported holistically – recognising the significant connection between poor physical health and mental health.

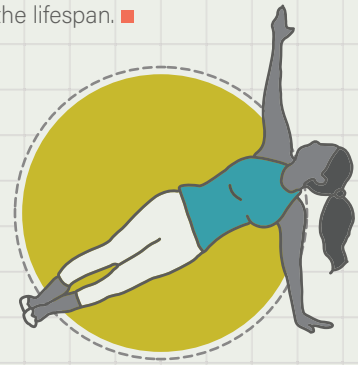
Increase support available to women with dementia.

Enhancing women's quality of life

Combat the stigma many women experience as they age.

Offer greater recognition of the role of female carers.

Combat the risk of social isolation and loneliness across the lifespan. ■



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Leeds Health and Wellbeing Board

Report author: Rosemary Reynolds

Report of: Leeds Health and Care Partnership Executive Group (PEG)

Report to: Leeds Health and Wellbeing Board

Date: 14th June 2019

Subject: Leeds Health and Care Quarterly Financial Reporting

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

Summary of main issues

This report provides the Health and Wellbeing Board with an overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide financial report (Appendix 1).

Key system headlines:

- At the end of March 2018/19, the system is reporting a pre-audit year end overall surplus position against plan of £11.4m. The year end position has moved by £23.2m (from a forecast deficit position of £11.8m reported to the Board in February)
- £20.1m of this movement was as the result of additional incentive payments received from the NHS central Provider Sustainability Fund (PSF)
- Key headlines from each sector are reported in appendix 1

Recommendations

The Health and Wellbeing Board is asked to:

- Note the 2018/19 April to March partner organisation pre-audit financial positions.

1. Purpose of this report

1.1 This report provides the Health and Wellbeing Board with a brief overview of the financial positions of the health and care organisations in Leeds, brought together to provide a single citywide quarterly financial report (Appendix 1).

1.2 Together, this financial information and associated narrative aims to provide a greater understanding of the collective and individual financial performance of the health and care organisations in Leeds. This provides the Health and Wellbeing Board with an opportunity to direct action which will support an appropriate and effective response.

1.4 This paper supports the Board's role in having strategic oversight of both the financial sustainability of the Leeds health and care system and of the executive function carried out by the Leeds Health and Care Partnership Executive Group (PEG).

2. Background information

2.1 The financial information contained within this report has been contributed by Directors of Finance from Leeds City Council (LCC), Leeds Community Healthcare Trust (LCH), Leeds Teaching Hospital Trust (LTHT), Leeds and York Partnership Trust (LYPFT) and NHS Leeds Clinical Commissioning Group (CCG)

3. Main issues

3.1 At the end of March 2018/19, the system is reporting a pre-audit year end overall surplus position against plan of £11.4m. The year-end position has moved by £23.2m (from a forecast deficit position of £11.8m reported to the Board in February)

- Leeds Teaching Hospitals ended the year with a total surplus of £52m which was £17.6m better than the Quarter 3 best case forecast. A significant part of this was as the result of the year end distribution of funding from the central NHS Provider Sustainability Fund (PSF).

- Adults and Health are projecting a balanced position. The majority of savings plans have been delivered successfully. In year funding for Winter Pressures has ensured that demand based pressures have been offset.

- Children and Families are reporting an overspend of £2.5m. The pressure is primarily within Children Looked After (CLA), financially supported Non-CLA and the Leeds contribution to One Adoption West

- Leeds and York Partnership Foundation Trust (LYPFT) are reporting a £4.4m surplus variance for 2018/19. This position is attributable to additional incentive Provider Sustainability Funding of £3.5m and other general improvements in run rate (out of area placements improved towards end of year).

- Leeds Community Healthcare Trust exceeded the planned £4m surplus as the result of £1.6m of additional funding received from the central NHS Provider Sustainability Fund (PSF)

- Leeds Clinical Commissioning Group delivered its required control total for the 2018/19 year which was increased by £5m mid-year to provide system wide support to the NHS. This increased surplus will be returned to Leeds in 2019/20.

4. Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Development of the Leeds health & care quarterly financial report is overseen by the Directors of Finance and equivalents from Leeds City Council, Leeds Community Healthcare Trust, Leeds Teaching Hospital Trust, Leeds and York Partnership Trust and the Leeds Clinical Commissioning Group.

4.1.2 Individual organisations engage with citizens through their own internal process and spending priorities are aligned to the Leeds Health and Wellbeing Strategy 2016-2021, which was developed through significant engagement activity.

4.2 Equality and diversity / cohesion and integration

4.2.1 Through the Leeds health & care quarterly financial report we are better able to understand a citywide position and identify challenges and opportunities across the health and care system to contribute to the delivery of the vision that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest', which underpins the Leeds Health and Wellbeing Strategy 2016- 2021.

4.3 Resources and value for money

4.3.1 The Health and Wellbeing Board has oversight of the financial stability of the Leeds system with PEG committed to using the 'Leeds £', our money and other resources, wisely for the good of the people we serve in a way in which also balances the books for the city. Bringing together financial updates from health and care organisations in a single place has multiple benefits; we are better able to understand a citywide position, identify challenges and opportunities across the health and care system and ensure that the people of Leeds are getting good value for the collective Leeds £.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 The Leeds health & care quarterly financial report outlines the extent of the financial challenge facing the Leeds health and care system. These risks are actively monitored and mitigated against, through regular partnership meetings including the Citywide Director of Finance Group and reporting to the PEG and

other partnership groups as needed. Furthermore, each individual organisation has financial risk management processes and reporting mechanisms in place.

5. Conclusions

5.1 At the end of 2018/19, partner organisations have collectively achieved an overall surplus against plan of £11.4 (pre-audit) despite significant challenges. Moving into 2019/20 the system continues to deal with significant challenges.

6. Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Note the 2018/19 April to March partner organisation pre-audit financial positions.

7. Background documents

None

How does this help reduce health inequalities in Leeds?
An efficient health and care system in financial balance enables us to use resources more effectively and target these in areas of greatest need.

How does this help create a high quality health and care system?
Driving up quality depends on having the resources to meet the health and care needs of the people of Leeds. Spending every penny wisely on evidence based interventions and ensuring we have an appropriate workforce and can manage our workforce effectively promotes system-wide sustainability.

How does this help to have a financially sustainable health and care system?
It maintains visibility of the financial position of the statutory partners in the city

Future challenges or opportunities
Future updates will be brought to the Health and Wellbeing Board as requested and should be factored into the work plan of the Board.

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

Quarterly Finance Report to Leeds Health and Wellbeing Board

A. Quarter 4 (Apr-March) pre-audit financial position for 2018/19

A1 - City Summary

At the end of March 2018/19, the system is reporting a pre-audit year end overall surplus position against plan of £11.4m. The yearend position has moved by £23.2m (from a forecast deficit position of £11.8m reported to the Board in February)

- Leeds Teaching Hospitals ended the year with a total surplus of £52.0m which was £17.6m better than the Q3 best case forecast. A significant part of this was as the result of the year end distribution of funding from the central NHS Provider Sustainability fund (PSF)

- Children and Families are reporting an overspend of £2.5m. The pressure is primarily within Children Looked After (CLA), financially supported Non-CLA and the Leeds contribution to One Adoption West

- Leeds and York Partnership Foundation Trust (LYPFT) are reporting a £4.4m surplus variance for 2018/19. This position is attributable to additional incentive Provider Sustainability Funding of £3.5m and other general improvements in run rate (out of area placements improved towards end of year).

- Leeds Community Healthcare Trust exceeded the planned £4.0m surplus as the result of £1.6m of additional funding received from the central NHS Provider Sustainability Fund (PSF)

- Leeds Clinical Commissioning Group delivered its required control total for the 2018/19 year which was increased by £5m mid-year to provide system wide support to the NHS. This increased surplus will be returned to Leeds in 2019/20.

12 months ended 31st March 2019	Total Income/Funding			Pay Costs			Other Costs			Total Costs			Net surplus/(deficit)			Movement from Previous quarter)
	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Leeds City Council	636.0	643.6	7.6	144.1	143.7	0.4	491.9	502.4	- 10.5	636.0	646.1	- 10.1	-	- 2.5	- 2.5	-0.9
Leeds Community Healthcare Trust	154.3	155.6	1.3	107.7	107.1	0.6	42.6	42.9	- 0.3	150.3	150.0	0.3	4.0	5.6	1.6	1.3
Leeds Teaching Hospitals NHS Trust	1,269.9	1,332.8	62.9	709.3	745.3	- 36.0	515.5	534.5	- 19.0	1,224.8	1,279.8	- 55.0	45.1	53.0	7.9	14.2
Leeds & York Partnership Foundation Trust	186.2	195.1	9.0	113.3	113.5	- 0.1	44.8	49.3	- 4.5	158.1	162.7	- 4.6	28.0	32.4	4.4	- 1.2
Leeds CCG Partnership	1,232.8	1,232.8	-	15.8	14.8	1.0	1,217.0	1,218.0	- 1.0	1,232.8	1,232.8	-	-	-	-	-

Sign convention: (negative numbers) = adverse variances
Numbers may not sum due to roundings

A2 – Organisational commentary on year end position

a. Leeds City Council

The numbers quoted above relate solely to the Adults and Health directorate (which includes Adult Social Care and Public Health) and Children & Families directorate in relation to Children's Social Care.

Adults and Health are projecting a balanced position. The majority of savings plans have been delivered successfully. In year funding for Winter Pressures has ensured that demand based pressures have been offset.

Children and Families are reporting an overspend of £2.5m. The pressure is primarily within Children Looked After (CLA), financially supported Non-CLA and the Leeds contribution to One Adoption West Yorkshire.

b. Leeds Community Healthcare Trust

Financial performance for 2018/19 was good. In the Trust's draft accounts, which were submitted on 24 April, all statutory targets were met. There was a small 3% shortfall on the delivery of recurrent CIPs and £0.3m of financial penalties were applied across various contracts; these were identified and mitigated earlier in the year so as not to impact on overall performance. Underspending on pay is as a result of the release of a redundancy provision that was no longer required. The Trust's outturn position includes Provider Sustainability Fund (PSF) income agreed with NHS Improvement. The Trust exceeded the planned £4.0m surplus as £1.6m additional PSF was issued at the end of the financial year.

c. Leeds Teaching Hospitals Trust

The Trust ended the year with a total surplus of £52.9m, which was £17.6m better than the Q3 best case forecast. The Q3 pre PSF forecast was equal to the control total, and the organisation was able to deliver a position which was £2.6m better than that. As a result, the Trust received additional incentive PSF of the same amount, and year-end distribution of £12.4m, which when all taken together results in the net £17.6m favourable variance to forecast.

d. Leeds and York Partnership Trust

The Trust reported a £4.4m surplus variance for 2018/19. This position is attributable to:

- Additional incentive Provider Sustainability Funding of £3.5m
- Other general improvements in run rate (out of area placements improved towards end of year).

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e. NHS Leeds CCG

The CCG has achieved its financial control total, subject to final audit, making a small additional in year surplus of £85k. This is over and above the agreed £5m of resource given to support the wider system. Of the £34.3m QIPP target, £23m has been achieved through a mixture of contract negotiations/budget discussions and commissioning for value programmes, and this together with risks identified during the planning stage which have now been mitigated or reduced, has enabled the CCG to achieve its overall in year financial target.

Leeds Health and Wellbeing Board

Report author: Arfan Hussain (Health Partnerships Team)

Report of: Tony Cooke (Chief Officer, Health Partnerships)

Report to: Leeds Health and Wellbeing Board

Date: 14 June 2019

Subject: Connecting the wider partnership work of the Leeds Health and Wellbeing Board

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

Summary of main issues

This report provides a summary of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). The report gives an overview of key pieces of work across the Leeds health and care system, including:

- Leeds System Resilience Plan Update: Winter 2018/19
- Progressing our Leeds Health and Care Workforce Strategy
- Overview of our approach to Leeds City Health Tech
- Leeds Community Safety Strategy: Working together so people can live in healthy, safe and sustainable communities
- Promoting healthy adolescent relationships

Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the report.

1 Purpose of this report

1.1 The purpose of this report is to provide a public account of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). It contains an overview of key pieces of work directed by the HWB and led by partners across the Leeds health and care system.

2 Background information

2.1 Leeds Health and Wellbeing Board provides strategic leadership across the priorities of our Leeds Health and Wellbeing Strategy 2016-2021, which is about how we put in place the best conditions in Leeds for people to live fulfilling lives – a healthy city with high quality services. We want Leeds to be the best city for health and wellbeing. A healthy and caring city for all ages, where people who are the poorest improve their health the fastest. This strategy is our blueprint for how we will achieve that.

2.2 National guidance states that: to make a real difference for the people they serve, Health and Wellbeing Boards need to be agents of change[1]. With good governance, the Leeds Health and Wellbeing Board can be a highly effective 'hub' and 'fulcrum' around which things happen.

2.3 This means that the HWB is rightly driving and influencing change outside of the 'hub' of public HWB meetings. In Leeds, there is a wealth and diversity of work that contributes to the delivery of the Strategy.

2.4 Given the role of HWBs as a 'fulcrum' across the partnership, this report provides an overview of key pieces of work of the Leeds health and care partnership, which has been progressed through HWB workshops and wider system events.

3 Main issues

Leeds Health and Wellbeing Board: Board to Board Session (March 2019)

3.1 The Health and Wellbeing Board convened its third Board to Board session in March 2019. These sessions bring together a larger number of health and care partners (50+) to discuss key strategic topics, share perspectives and progress collective actions to support the delivery of the Leeds Health and Wellbeing Strategy. This approach is unique to Leeds and ensures that everyone is joined up and working towards the same goals for the city and for our citizens.

3.2 In Leeds our health and care system leaders are committed to a city first and organisation second approach at all levels through the following principals of approach:

[1] *Making an impact through good governance – a practical guide for Health and Wellbeing Boards,* Local Government Association (October 2014)

Principles of our approach		
We put people first: We work with people, instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds citizens and our workforce.	**We deliver:** We prioritise actions over words to further enhance Leeds' track record of delivering positive innovation in local public services. Every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.	**We are team Leeds:** We work as if we are one organisation, taking collective responsibility for and never undermining what is agreed. Difficult issues are put on the table, with a high support, high challenge attitude to personal and organisational relationships.

3.3 At the previous session the following areas were discussed:

Leeds System Resilience Plan Update: Winter 2018/19

3.4 HWB: Board to Board received an overview of how, as a system, Leeds is in a better position than in previous years with strengthened communications and relationships, data driven solutions to proactively plan for surge beds/ electives/ mutual aid, improved community care bed flow with flexible criteria to better meet the needs of the system and a focus on transformational change.

3.5 HWB: Board to Board thanked the workforce and frontline staff for their work during this time of pressure and the progress made.

3.6 During HWB: Board to Board discussions, the wider health and care system through their organisations and existing partnership/board groups agreed the following:

- Reiterated it's committed to the principal of 'Home First' and continued support for the Leeds System Resilience Plan.
- System Resilience Assurance Board (SRAB) would bring further analysis, learning and next steps of the Leeds System Resilience Plan to a future session that is informed by the voices and experiences of people.

Progressing our Leeds Health and Care Workforce Strategy

3.7 HWB: Board to Board engaged in discussions around the opportunities to shape the development of the draft 'one workforce' priorities and deliverables of the Leeds Health and Care Workforce Strategy and an update on the implementation of the Leeds Health and Care Academy.

3.8 During HWB: Board to Board discussions, the wider health and care system through their organisations and existing partnership/board groups agreed for the strategy to reflect the uniqueness of Leeds and with an update to a future HWB meeting incorporating the following:

- Provides opportunities, skills and employment to people within the most deprived areas of Leeds in line with the vision of the Leeds Health and Wellbeing Strategy to improve the health of the poorest the fastest and our commitment to Inclusive Growth.
- Embeds our agreed approach to 'Better Conversations' and 'Think Family' with people and families at the centre as a shared cultural approach across our health and care workforce.

- Manages the short term within the context of the long term ensuring that actions needed by the system to address current challenges occur in addition to long term strategic visions.
- Inspires people to choose to work in health and care in Leeds and strengthens links with the West Yorkshire and Harrogate Integrated Care System.
- Engages with GPs through the national refresh of GP contracts, wider primary care services and the Third Sector.
- Articulates delivery towards 'Leeds Left Shift' and Local Care Partnerships, impact of future digital / innovations and how this will look/feel for the workforce.

Overview of our approach to Leeds City Health Tech

3.9 HWB: Board to Board received a demonstration of a range of innovative uses of technology, demonstrating how putting people at the heart of everything we do in a digital context can enable Leeds to achieve its ambitions for health and wellbeing. Demonstrations included:

ODI Leeds – Examples of health-based work and reuse of open data.
Helm – The Yorkshire and Humber Open Platform based Person Held Record.
Tele-dermatology – Fully implemented innovative primary to secondary care clinical service based on NHS free WiFi and mobile devices.
Samsung Activage – Home based Internet of Things Demonstrator for up to 1000 older people.
Careview – An innovative way of identifying social isolation to enable community and locality based services to do targeted interventions.
Co>Space North – An innovation space creating a focal point for a vibrant digital health and tech for good community that brings industry together with patients, citizens, practitioners and academics
Smart Leeds – Smart Cities work and cross over with health and wellbeing.
100% Digital Leeds – How Leeds is delivering its ambition to get 100% of people digitally literate especially those with most needs.
RAIDR – A whole system analytical platform that enables commissioners and primary care to understand the needs of populations and individuals.
Leeds Digital Way – Enabling everyone to provide safe and integrated patient centred care in Leeds and beyond using innovative technology, information and insight that transforms patient journeys and enabling everyone to provide safe and integrated patient centred care in Leeds and beyond.

3.10 During HWB: Board to Board discussions, the wider health and care system through their organisations and existing partnership/board groups agreed the following:

- Reiterated the importance of Digital, Data and Technology as a critical enabler to the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan.

- Value of the health and care system commissioning work through the Leeds City Digital Partnership supporting a joined up and coordinated approach across the system.

- Ensuring the system gets the most value by changing our ways of working, clinical or business processes to make best use of it and identify opportunities around Digital, Data and Technology.

Leeds Community Safety Strategy: Working together so people can live in healthy, safe and sustainable communities

3.11 HWB: Board to Board received an overview of community safety issues in Leeds and ongoing shared challenges for the system currently and in the future. Learning from the Leeds Joint Strategic Assessment showed a significant increase in population of children and young people in poorest areas and how economic and social disadvantage combined with poor educational achievement or participation at school are significant factors for increasing the risk of crime, domestic violence and abuse in our communities.

3.12 HWB: Board undertook a discussion on:

- Safer Leeds: Street Support Team (a dedicated multi-disciplinary team with a common purpose of reducing the number of rough sleepers, safeguarding and protecting people in need, and tackling issues such as begging, criminality and anti-social behaviour in the city centre).

- Learning from a recent Thematic Safeguarding Review of adults living street-based lives, which is inherently harmful to the health and wellbeing of individuals.

3.13 During HWB: Board to Board discussions, the wider health and care system through their organisations and existing partnership/board groups agreed the following:

- Agreement for the system to build on the strong connections between our plans and strategies to tackle issues relating to community safety and wider determinants of health and wellbeing.

- Using data and engagement to gain greater insight on some of the most vulnerable people who respond to support using national best practice and lessons learned.

- A task & finish group to progress the development of activity providing an update at a future HWB meeting.

Leeds Health and Wellbeing Board (April 2019): Promoting healthy adolescent relationships

3.14 The Health and Wellbeing Board undertook a discussion of the findings from a joint Domestic Homicide Review and Serious Case Review and implications for healthy relationships activity in the city, particularly, around harm represented by intimate partner violence and identifying particularly vulnerable populations.

3.15 HWB agreed for this work to be led by the Director of Children & Families as part of a task & finish group involving representation from organisations who are members of the HWB and engaging existing partnership boards/groups as needed. This work will incorporate the following areas:

- Strengthening relationships between schools and GP practices and the role of Local Care Partnerships around community safety.
- Focus on transitions between children, young people and adult services, embedding a 'Think Family' approach, tackling Adverse Childhood Experiences (ACES) and mental health.
- Engagement with the Integrated Commissioning Executive (ICE) on the role of commissioners.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 Health and Wellbeing Board has made it a city-wide expectation to involve people in the design and delivery of strategies and services. A key component of the development and delivery of each of the pieces of work for the HWB: Board to Board session is ensuring that consultation, engagement and hearing citizen voice is occurring.

4.2 Equality and diversity / cohesion and integration

4.2.1 Each of the pieces of work highlighted in this report, through the strategic direction of the Health and Wellbeing Board, is aligned to priorities of our Leeds Health and Wellbeing Strategy 2016-2021 and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

4.2.2 Any future changes in service provision arising from work will be subject to governance processes within organisations to support equality and diversity.

4.3 Resources and value for money

4.3.1 Each of the pieces of work highlighted in this report evidences how the Leeds health and care system are working collectively with the aim of spending the Leeds £ wisely under the strategic leadership of the HWB. The volume of partnership working is testament to the approach taken – sharing or integrating resources, focusing on outcomes and seeking value for money as part of its long term commitment to financial sustainability.

4.4 Legal Implications, access to information and call In

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

4.5 Risk management

4.5.1 Risks relating to each piece of work highlighted is managed by relevant organisations and boards/groups as part of their risk management procedures.

5 Conclusions

5.1 In Leeds, there is a wealth and diversity of work and initiatives that contribute to the delivery of the Leeds Health and Wellbeing Strategy 2016-2021 which is a challenge to capture through public HWB alone. This report provides an overview of key pieces of work of the Leeds health and care system, which has been progressed through HWB workshops and events with members.

5.2 Each piece of work highlights the progress being made in the system to deliver against some of our priorities and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the report.

7 Background documents

7.1 None.

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How does this help reduce health inequalities in Leeds?
Each of the pieces of work highlighted in this report, through the strategic direction of the Health and Wellbeing Board, is aligned to priorities of our Leeds Health and Wellbeing Strategy 2016-2021 and our vision of Leeds being a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

How does this help create a high quality health and care system?
National guidance states that: to make a real difference for the people they serve, Health and Wellbeing Boards need to be agents of change. The Leeds Health and Wellbeing Board is rightly driving and influencing change outside of the 'hub' of public HWB meetings to ensure that the wealth and diversity of work in Leeds contributes to the delivery of the Strategy. The Board is clear in its leadership role in the city and the system, with clear oversight of issues for the health and care system.

How does this help to have a financially sustainable health and care system?
Each of the pieces of work highlighted in this report evidences how the Leeds health and care system are working collectively with the aim of spending the Leeds £ wisely under the strategic leadership of the HWB. The volume of partnership working is testament to the approach taken – sharing or integrating resources, focusing on outcomes and seeking value for money as part of its long term commitment to financial sustainability.

Future challenges or opportunities
In the wealth and diversity of work there is an ongoing opportunity and challenge to ensure that the Board, through its strategic leadership role, contributes to the delivery of the Strategy in a coordinated and joined up way that hears the voices of our citizens and workforce.

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	X
An Age Friendly City where people age well	X
Strong, engaged and well-connected communities	X
Housing and the environment enable all people of Leeds to be healthy	X
A strong economy with quality, local jobs	X
Get more people, more physically active, more often	
Maximise the benefits of information and technology	X
A stronger focus on prevention	X
Support self-care, with more people managing their own conditions	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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