2.7.3 NHS Workforce Race Equality Standard

In April 2015, the NHS Workforce Race Equality Standard (WRES) became a mandatory requirement and now forms part of the CCG assurance framework. It requires NHS organisations to demonstrate progress against nine indicators.

Our third WRES reports (2017) were produced during July and detail performance for 2016-2017 against each of the nine indicators, enabling us to identify specific areas for improvement. The reports and proposed actions were presented to the senior management team and published on our websites at the end of July.

The key inequality identified in these reports is that BME staff are under-represented at senior levels within the organisation. We will take action to reduce this inequality and use WRES data to measure progress on an annual basis.

2.7.4 Monitoring NHS provider organisations

As a commissioner of healthcare, we have a duty to ensure that all our local service providers are meeting their statutory duties under the Equality Act 2010 Public Sector Equality Duty. As well as regularly monitoring performance, patient experience and service access, we work with them to consider their progress on their equality objectives. This includes the NHS Equality Delivery System (EDS2), the NHS Workforce Race Equality Standard (WRES) and the implementation of the accessible information standard. Each provider organisation is subject to the Public Sector Equality Duty and has published its own data.

When procuring new services, we ensure that service specifications include the requirement to have robust policies in place to ensure that the needs of the nine protected characteristics and other vulnerable groups are adopted. These policies are examined and approved by procurement teams and our equality lead prior to any contract being awarded.

2.7.5 Accessible information standard working group

The group continues to meet bi-monthly to ensure that we have a consistent approach implementing the standard across all GP practices and all commissioned healthcare in Leeds.

Membership of the group includes representatives from primary care teams, contract managers and quality managers, in addition to a patient representative and representative from adult social care.

The good practice checklist produced by the working group, has already been included in the annual performance reports the NHS provider trusts produce and is used during quality visits to providers.

A draft directory of potential providers who can help produce accessible information and communication has been developed and circulated to members of the working group.

2.8 Delivering the Leeds health and wellbeing strategy

We have consulted with members of the Health and Wellbeing Board before completing and submitting this section of our annual report. This included an agenda item at the Health and Wellbeing Board meeting on 19 February 2018 as well as additional consultation with members on the draft text before final submission. Evidence of our attendance at the meeting is available online (item 58): http://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=965&MId=7965&Ver=4

We have a seat on the Leeds Health and Wellbeing Board, a statutory committee of Leeds City Council. We actively supported the Joint Strategic Needs Assessment (JSNA) using a range of information and local and national statistics to identify the current health and wellbeing needs of our communities and highlighting health inequalities that can lead to some people dying prematurely in some parts of Leeds compared to other people in the city.

The findings from the JSNA fed into the Leeds Health and Wellbeing Strategy 2016-2021: www.leeds.gov.uk/docs/Health%20and%20Wellbeing%202016-2021.pdf

The Leeds Health and Wellbeing Strategy 2016-2021 has 12 priority areas:

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

We have provided evidence demonstrating how we have contributed to the 12 priority areas.

Priority 1: a child friendly city and the best start in life

We continue to work on the Future in Mind strategy. The strategy has a strong emphasis on prevention and developing the emotional resilience of children, young people and their families, alongside strengthening access to local early help services We are making real progress, benefitting children and young people in Leeds. Partners include child and adolescent mental health service (CAMHS) providers, school cluster representatives, Leeds Teaching Hospitals NHS Trust service representatives and therapeutic social workers. One of the key developments has been Mindmate (www.mindmate.org.uk), a self-management tool for children, young adults and families, and the introduction of a single point of access ensuring 'no wrong door' for those in need of support.

In some of our communities infant mortality rates are higher than the average which sadly means children dying before they reach their first birthday. We have invested resources to increase knowledge of infant mortality risk factors. We have invested in Home Start Leeds, helping young mums have a better bond with baby, grow in confidence, improve self-esteem and self-worth.

The citywide maternity strategy has achieved the following in 2017-2018:

- Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 20% of women, and covers a wide range of conditions. If left untreated, it can have significant and long lasting effects on the woman and her family. To support mums a perinatal mental health pathway has been agreed and published. This covers a range of services from midwives and health visiting/children centres through to the specialist mother and baby unit.
- We have worked with local women to find out more about the emotional difficulties they experienced in pregnancy. This helped us develop animations that say it's ok to ask for help - available on Leeds-based websites Mindwell (www.mindwell-leeds.org.uk) and MindMate (www.mindmate.org.uk).
- Parents with a learning disability are often affected by poverty, social isolation, stress, mental health problems, low literacy and communication difficulties. To address this we have worked with the third sector to produce communication materials for women with learning disabilities

- Films of Leeds women and babies and our Infant Mental Health Service demonstrating baby cues and bonding commissioned are now an integral part of the national award winning Baby Buddy app
- Feedback across a range of health areas shows us that patients have concerns about continuity of care. As a result community midwifery teams have been aligned with health visiting and children centre teams.

Priority 2: an age friendly city where people age well

We want to give young people in the city the best start in life and as people progress through to becoming adults, we want to make Leeds the best city to grow old in. As our population ages and Leeds gets bigger, we want to make sure we take into account the health and quality of life for older adults.

Falls are a common problem and, as we get older, we can be more likely to fall. Whilst there are many reasons that make falls more likely as we age, there are also many different things we can do to prevent them. We have invested in a falls prevention programme targeting older people at risk through a combination of physical and emotional therapy, home improvements and peer support. By doing this we can help maintain independence and prevent hospital admissions.

More older people cite loneliness as part of their lives; more surveys indicate the scale of its incidence. Loneliness is a serious health hazard, and is closely linked to depression, self-neglect and mental illness. We have worked in partnership with Leeds City Council to support Time to Shine (https://timetoshineleeds.org), which is delivering local projects across Leeds that engage socially isolated people.

Our health grants programme provided 10 health grants supporting this priority. For example we have worked Black Health Initiative to raise awareness of dementia and memory loss among people within black and minority ethnic (BME) communities.

Cancer Research UK (2015 estimates that one in two people in the UK will develop cancer at some point in their lives. We have used additional earmarked investment to improve earlier diagnosis and test out different models of care for people living with and beyond cancer. By improving early diagnosis rates we can achieve three things - improve health outcomes for those diagnosed with cancer, reduce inequalities by targeting investment to people in specific population groups and communities who tend not to access screening and diagnostic services, and reduce the costs associated with treating later-stage cancer by shifting activity away from invasive treatments to outpatient-based treatments. By investing in services to help people live with and beyond cancer we are addressing the social, emotional and economic impacts of cancer for individuals and families - supporting people to get back into work and get back to living a full and active life.

We commissioned additional activities within three of the neighbourhood networks in Leeds and are currently supporting the recommissioning of the neighbourhood networks

Working in partnership with Leeds City Council we have continued to strengthen our range of community-based initiatives to support people and families living with dementia. We now have 45 memory cafes and 13 singing groups and our memory support workers (MSW) are well integrated into GP practices.

Priority 3: strong, engaged and well-connected communities

We have invested and improved patient and public engagement structures this year, for example:

- Promoting and growing members of our citywide network to provide opportunities for anyone living in Leeds to get involved and have their say.
- Developing the patient champion programme which recognises equality and diversity and provides assurance that our commissioning

activities fully-engage with the communities and people we represent.

- Investing in the Engaging Voices project which enables engagement with the hard to reach community and supports local community groups
- Our Future in Mind strategy, in partnership with Leeds City Council, has introduced five young Mindmate champions to help spread the word online and with peer groups in schools and community youth centres. They have had a fantastic impact already in reaching out to communities and supporting our ongoing work.
- We have established a citywide GP practice patient participation group network and held the first networking event in October attended by almost 200 people.

We have been working with our primary care partners and member GP practices to connect them with local communities as highlighted below.

- Leadership roles in general practice have increased. These roles are helping bring local partners and communities together to work on new models of care. 18 Local Care Partnerships are emerging that will help support integrated care for their local population. The term 'Local Care Partnership' (LCP) describes a way of different organisations working together to provide integrated local care, recognising general practice and the registered list as the cornerstone of out-of-hospital (community) planned and urgent care provision. The LCP model aims to address key Leeds Health and Wellbeing Strategy objectives by:
  - Focusing on the prevention of ill health and supporting people of all ages to remain fit, well and active
  - Giving children the best possible start
  - Safeguarding vulnerable people
  - Supporting people in the management of their long term conditions
  - Avoiding unnecessary admission to hospital and reducing the time people spend in hospital after a necessary admission
  - Supporting people to live in their own homes as long as possible
- We have been testing new models of care in Armley through the community wellbeing programme and in Beeston and Crossgates through the 'Live Well' service. The new models of care pilots are moving towards proactive care and working jointly with local agencies and communities.
- In Chapeltown, a jointly funded health and local authority community development role has supported three patient-led groups and trained 26 community champions, linking GP practices with the local community. The champions run nine regular health and wellbeing sessions, including exercise classes, long term conditions groups and chess clubs. On a weekly average they have 85 participants attending.

2017 also saw two rounds of engagement with the 10 Community Committees (local public meetings led by elected members) where a local GP, alongside a senior health and care leader, presented on the Leeds Health and Care Plan and local health issues. These sessions aimed to prompt conversations, raise awareness, seek feedback and encourage local communities to take action to improve health outcomes. The success of these sessions has been held up as a best practice example across the region of the value of working 'with' elected members and our local communities.

These conversations have played a significant role in shaping the future of health and care in the city through the development of the draft Leeds Health and Care Plan and supports our commitment in the city to progress the conversation with the public further.

The Leeds CCGs' third sector health grants programme funded 77 grants across 50 third sector organisations reaching 20,000 people

living in Leeds over the last two years with 50% focused on specific areas of deprivation within Leeds. The remaining 50% focused on meeting the priorities of the Leeds Health and Wellbeing Strategy.

Priority 4: housing and the environment enable all people of Leeds to be healthy

Our citywide social prescribing schemes continue to support people with issues that are contributing to them feeling unwell where the primary reason is not a medical one. Social prescribing is the term used when you are referred to a service (usually non-medical) that allows a GP or GP practice staff to refer an individual to community groups and activities that could help them.

Sometimes people come to see their GP about an issue which is actually caused by things that are not medical. This could be stress caused by housing concerns, money worries or issues relating to loneliness. By being referred to a social prescribing scheme a skilled advisor will find out what's affecting an individual and the services in the community that could be better placed to help them.

Priority 5: a strong economy with quality, local jobs

From 1 April 2017, the CCG is required to pay the apprenticeship levy. The purpose of the levy is to encourage employers to invest in apprenticeship programmes and to raise additional funds to improve the quality and quantity of apprenticeships. The apprenticeships levy paid by businesses can be accessed by those same businesses to fund apprenticeship training in their business.

In March 2018 the CCG recruited its first apprentice who has joined the communications and engagement team. This is part of our commitment to be an employer of choice and to increase the diversity of our workforce using a range of demographic metrics from age, ethnicity, disability, sexuality and so on.

The CCG is a key partner in the Leeds Academic Health Partnership and has been actively involved in work to establish the Leeds Health and Care Academy. Over the coming 12 months we will look at:

- Collaborating on delivering learning management systems
- Developing effective use of estates and buildings for learning and development
- Consolidating our assets around learning and development to support the city's 57,000 health and care staff

Priority 6: get more people, more physically active, more often

Public Health England estimates that obesity is responsible for more than 30,000 deaths each year. On average, obesity deprives an individual of an extra nine years of life, preventing many individuals from reaching retirement age. In the future, obesity could overtake tobacco smoking as the biggest cause of preventable death.

We have worked with Leeds City Council to support the relaunch of One You Leeds (http://oneyouleeds.co.uk/) - the lifestyle service for people in the city. One You Leeds provides online support as well as links to local services including those that help people lead more active lifestyles with information eating well and managing weight.

Priority 7: maximise the benefits of information and technology

We have achieved a number of digital milestones this year; including:

- integrating the CCG and public health analytical service providing a broader and deeper skill base and a more holistic analytical picture
- 5000 active users of the Leeds Care Record (www.leedscarerecord.org) showing a 25% increase on last year. Leeds Care Record is a joined-up digital care record which enables clinical and care staff to view real-time health and care information across care providers and

between different systems.

- We have seen a reduction in 800,000 printed outpatient letters to GP practices as we have supported Leeds Teaching Hospitals NHS Trust to send these letters electronically - saving money and time.
- We have been encouraging take up of online GP services supporting patients with repeat prescriptions and allowing them to book/cancel GP appointments without the need to call or visit their practice. Free Wi-Fi is now available at all GP practices in Leeds
- Templates within electronic patient records have been developed for use by primary care to record any concerns relating to safeguarding adults, domestic violence and abuse and mental capacity. This enables practitioners to easily identify any concerns and ensure an appropriate assessment and response. They also allow practices to understand their practice population in terms of risks and needs.

Priority 8: a stronger focus on prevention

We know that prevention, self-management and self-care offer benefits to patients as well as to the health service. This is by reducing the need for intense health-setting based care for any long-term health conditions or preventing them from developing in the first place.

As part of this drive we are looking at how we can use our resources - including staff, equipment and our estate - towards proactive primary and secondary care prevention services. We have been focussing on long-term conditions such as diabetes, respiratory and heart failure; in child, adolescent and adult mental health services (CAMHS); and for vulnerable groups such as homeless, gypsy and travellers. For example, we were successful in obtaining national funding to increase access to foot protection services and foot awareness for people with diabetes to reduce risks of deterioration and amputation.

The CCG health grants programme invested in 20 projects that support this priority. For example, Purple Patch Arts increased knowledge of health and wellbeing amongst people with learning disabilities and the people that support them.

We have invested in various prevention strategies delivered to local populations in the last 12 months (within specific communities and/or population groups). This includes cancer awareness, winter warmth schemes, debt advice, first aid for families and HIV and hepatitis B and C screening. We have also been proactively screening at risk people against latent tuberculosis (TB).

We, alongside partners Leeds City Council, West Yorkshire Police, Leeds Community Healthcare NHS Trust and Leeds Teaching Hospitals NHS Trust, signed a pledge to support victims of honour based violence and abuse.

The CCGs Partnership safeguarding team have been successful in obtaining funding from NHS England to develop an e-learning training package as part of the Government's Prevent programme tackling violent extremism.

Healthcare providers and advocates around the world are increasingly recognising that all forms of domestic violence can have devastating physical and emotional health effects. Since August 2016 the CCG's safeguarding team has introduced a process of notifying individual GP practices of high risk victims of domestic violence and abuse which have been discussed at the daily risk and coordination meeting. This ensures that GPs are aware of the social situation and risks to individual patients and can provide a timely and coordinator response to support victims and their children who are experiencing domestic violence and abuse.

Priority 9: support self-care, with more people managing their own conditions

Empowering people with the confidence and information to look after themselves when they can, and visit the GP when they need to, gives people greater control of their own health and encourages healthy behaviours that help prevent ill health in the long-term.

People living with respiratory have been provided access to breathe easy support groups delivered by the British Lung Foundation: www.blf.org.uk/support-for-you/breathe-easy

Structured education programmes help people with diabetes to improve their knowledge and skills and also help to motivate them to take control of their condition and self-manage it effectively. We were successful in gaining national funding to deliver a structured education programme, with a particular focus on people from black and ethnic minority backgrounds.

Looking after mental health is just as important as looking after physical health. To support this we have launched two websites in the city:

- **MindMate** - for children and young people up to the age of 25. MindMate is aimed at young people in Leeds to help support mental health and wellbeing. It includes some useful self-help tools like mindfulness videos, apps and information on support services in Leeds, plus details on coping with university life.
- **MindWell** - for adults over the age of 18 MindWell is the single 'go to' place for information about mental health in Leeds. The website includes lots of resources that allow people to try self-help techniques as well as links to services that could help.

Twelve health grants supported this priority. For example, Holbeck Elderly Aid encouraged more people to manage their healthcare and long-term conditions better and Advonet increased the confidence of 400 adults with autism to manage their long-term conditions more effectively, reducing avoidable contact with health services.

Priority 10: promote mental and physical health equally

The CCG is committed to working with members of the Board to ensuring parity of esteem which means valuing mental health equally with physical health.

We have continued to invest the equivalent of our growth in resource allocation in mental health services.

This has enabled us to invest and achieve very good outcomes in early intervention in psychosis and liaison psychiatry services based within A&E and hospital wards. We have also invested in community-based memory support workers to provide ongoing support for people diagnosed with dementia and their families.

We are addressing health inequalities for people with serious mental illness through a series of initiatives. This includes improving the quality of physical health monitoring within inpatient and community mental health services, developing pathways to address nutritional needs and supporting people to manage multiple medications and their side effects.

We have developed enhanced primary mental health care to offer early intervention, relapse prevention, and reduce the number of referrals into more specialist care, which is not always appropriate.

Seventeen health grants supported this priority. People who are victims of domestic violence or those who witness it can be affected by mental ill-health. One of our grants supported local charity, Behind Closed Doors, help victims of domestic violence and abuse with co-presenting mental health issues with signposting and referrals into services, plus immediate support intervention.

As part of our Future in Mind Strategy and our work to improve emotional health in children and young people we launched Mindmate lessons. This provides teachers and pupils at key stage 2 (children aged 7-11) and 3 (children aged 11-14) with high quality, evidence-based content to reduce stigma and raise awareness of mental health.

Our maternity strategy has had a strong focus on promoting mental as well as physical health; achievements this year include:

- To support mums a perinatal mental health pathway has been agreed and published. This covers a range of services from midwives and health visiting/children centres through to the specialist mother and baby unit.

- We have worked with local women to find out more about the emotional difficulties they experienced in pregnancy. This helped us develop animations that say it's ok to ask for help - available on Leeds-based websites Mindwell (www.mindwell-leeds.org.uk) and MindMate (www.mindmate.org.uk).

Priority 11: a valued, well trained and supported workforce

Our nursing and quality team have worked in partnership with Leeds City Council's adult social care team to develop a 'One City' approach to delivering high quality care in care homes. They have begun implementing a plan that improves the care people experience in our care home settings.

Over the past year we have invested significantly in developing the primary care workforce; for example:

- Coaching and mindfulness offered to general practice and wider staff groups. 42 staff have completed a mindfulness course in the last three months, 150 more mindfulness course places will be available in 2018.
- New workforce roles are being introduced into general practice to ease some of the pressure on the GP workforce. This includes physiotherapists working across three localities in GP practices; pharmacists working across 37 practices and 12 mental health posts working across 29 general practice teams.
- Chapeltown and Harehills have brought their local health and social care workforce together to build relationships, provide peer support and understand each other roles to support better working relationships.

Seventeen health grants supported this priority - supporting unpaid carers of all ages and recruiting an additional 822 volunteers to support peers and/or people in their local communities.

Our safeguarding team deliver training to GPs across the city as well as CCG staff to ensure that they have the knowledge to safeguarding children and adults within the city. In the last year this has included training in relation to human trafficking, Prevent (tackling extremism), the child protection process, safeguarding adults and female genital mutilation (FGM) The safeguarding team continue to offer support and advice to primary care and CCG staff in all issues related to safeguarding.

Priority 12: the best care, in the right place, at the right time

We have led on developing the A&E delivery plan through a combination of new funding, service improvement, new system-wide processes and new care models to focus on achieving the A&E 4-hour standard. The system now has one approach to identifying, reporting and mitigating system pressures. The plan is about so much more than just A&E and is a true reflection of whole-system working. For example the system has introduced a number of new care models such as the multi-disciplinary frailty unit within the hospital and a GP streaming service so that people with minor conditions can be treated quickly without needing A&E. We understand that pressures on the system also come from delayed discharges and therefore we have established the Leeds Integrated Discharge Service and community-based discharge to assess. This allows patients to go home when they are medically fit to do so and an assessment of their ongoing care needs - such as social care - is done within their home. We have set up the 'well bean' crisis café - which provides an appropriate non-clinical safe space to access support and early intervention for people with complex lives and multiple needs - often the underlying cause of them using A&E in the first place.

We invested to increase community bed capacity by 26%. The additional 48 beds will be fully open in March 2018 and will increase opportunities for GPs and district nurses to avoid admissions to hospital. This will promote earlier discharge from hospital for those who no longer need to be in hospital but cannot return to their own

home. The Leeds CCGs have supported many other innovations through the integrated better care fund (iBCF) year which will support this priority for the remainder of the Leeds Health and Wellbeing Strategy term.

Leeds became one of first cities in England to commission a social prescribing service for its citizens, with local service offers based on local population needs. All local offers have been evaluated in readiness for future commissioning opportunities. The service is a recognition that many service users of primary care, ambulance, hospital and mental health care could have benefitted from a non-medical response - often linked to a social determinant of health (e.g. debt, poor housing, domestic violence, loneliness, poor-quality employment). The services not only improved health outcomes but also reduced the burden on health services.

We have supported Leeds Community Healthcare NHS Trust through a combination of incentives, service improvement and monitoring to significantly reduce waiting times for children and young people requiring access and treatment from mental health services - for general support and specialist such as eating disorders and autism.

We have supported Leeds and York NHS Partnership Foundation Trust in their preparation to launch new mental health and dementia services to older people in spring 2018. They will use the existing local care footprints already established for primary and community health care to enhance support available in communities and care homes.

Suggested priorities for our work against the priorities in 2018-2019

We will continue to develop our approach to commissioning and delivering positive and enduring health and wellbeing outcomes for the people of Leeds. This includes sharing responsibility for outcomes and inequalities as a result of our health, care and support services and to work together to integrate care around population and community needs. In 2018-2019 we will be testing this approach, alongside our commissioner and provider partners in Leeds, for people living with frailty and older people at the end of life.

Work will continue to support proactive care so that we can contribute to the future health and wellbeing for our city. This in turn supports the future resilience and sustainability of our health and social care economy. This means continuing our focus on:

- Supporting children, young people and their families to prevent longer term problems and proactively manage crisis care
- Mental health and wellbeing across our big strategic areas (e.g. maternity, cancer, dementia, long term condition management), and the needs of vulnerable population groups such as gypsy and travellers, the homeless, people with learning disabilities
- Investing in secondary prevention, self-management and proactive care delivered or supported by local care partnerships that grow from strength to strength

2.9 Working with our partners

2.9.1 West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs). It brings together all health and care organisations in our six places: Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

In November 2016 the partnership published draft high level proposals. Since then the way the partnership works has been further strengthened by a shared commitment to deliver the best healthcare possible for the 2.6 million people living across our area. This is priority to us all.

In February 2018, the partnership published 'Our Next Steps to Better Health and Care for