

Leeds Health and Wellbeing Board



11 December 2019

Leeds Health and Wellbeing Board

Local Care Partnerships

Joining health and care services
at a local level

Thea Stein and Kim Adams



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What are the benefits of Local Care Partnerships for people?

- **Strengths based.** Recognising that people often have solutions but sometimes need a bit of support to make these happen
- **Holistic support.** Local Care Partnerships recognise that people do not exist in a vacuum. Family, community, housing, employment and social networks can all impact positively and negatively on health
- **Local teams.** We want everyone that works in an area to feel they are part of a team working with the local community. Staff across organisations would work effectively together to plan and deliver local support



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Local Voices

- **Community driven.** Local Care Partnerships aim to deliver support in a way that meets the needs of local people. To enable this the Local Care Partnership needs to engage with local communities. This includes seldom heard voices and people who rarely use health services.
- Local Care Partnerships are in the early stages of development. Whilst there are some excellent examples of engagement we are currently considering how we ensure local communities have their views heard.



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Local Care Partnerships – emerging features:



Maturity descriptor key:

- 1 = Starting Point
- 2 = Solid Foundations
- 3 = Developing
- 4 = Well developed
- 5 = Embedded



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Community Engagement: Local Big Leeds Chat



Local chats organised in Otley, Morley, Wetherby and Central Local Care Partnerships

- An opportunity to find out what people value about their local community and what their concerns are.
- Shifts the conversation from 'patient' and 'professional' to more equal footing.
- Builds sense of team in Local Care Partnership.



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Local Big Leeds Chat: Themes from the day

- Pride in local area
- Strong sense of community
- Talked about what mattered in their area – different emphasis to City Centre event

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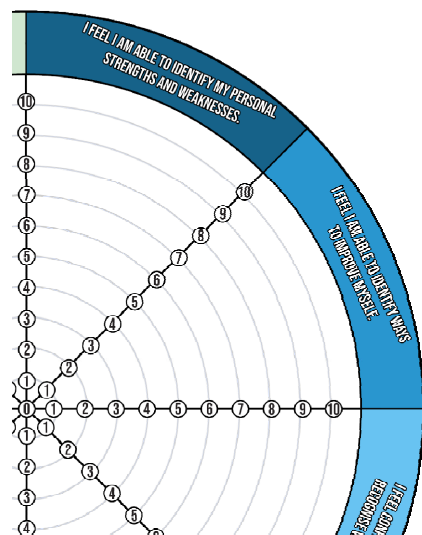
Developing You: A partnership approach



- Employment project aimed at building confidence
- Started as an initiative between Bellbrooke surgery in Harehills and Leeds City Council Employment & Skills
- Local Care Partnership brought other partners to the project
- Opened the pathways and support available

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Developing You



- Referrals from GP practice
- Self-reported outcome measures built into the programme
- Opportunity to share learning with other Local Care Partnerships
- Supports accelerated development of Local Care Partnerships
- Model may not be wholly replicated in another area but learning can be applied

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Shared Training in LS25/26

The buzz and energy in the room was infectious – I was pleased so many different partners were able to attend

I have worked within this area for many years and had no idea of the breath of third sector services on our door step

- Partners from across LS25/26 came together for a shared afternoon of training on Advanced Care Planning.
- One approach across all organisations developing a shared understanding.
- Opportunities to build new connections and learn more about one another's roles.
- Develops a single team approach.

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Armley Winter Roadshow

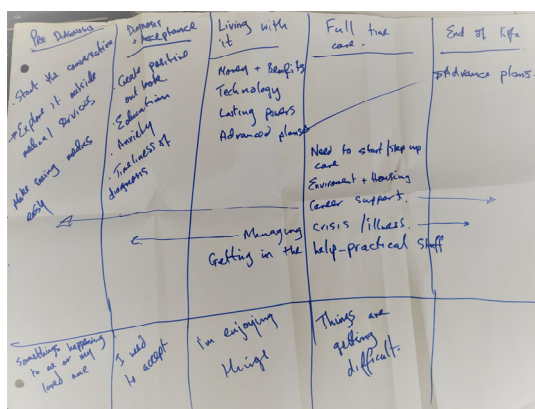


- 726 teas and coffees served on the day (approx. 375-425 people attended)
- 251 flu vaccinations completed by Priory View, Thornton and Armley Moor medical
- 44 people participated in chair based exercise, boxercise and reiki
- 250 blankets were distributed via the Hooker and Clicker winter warmth partnership with Armley Helping Hands
- 7 new referrals to Armley Helping Hands, 3 existing service users re-joined services and 1 new volunteer
- 13 stall holders including the neighbourhood team, social work team, cancer awareness

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Developing New Ways of Working

- Otley and Airebrough Local Care Partnership identified a shared priority around dementia
- The partnership are mapping dementia provision in their area from pre-diagnosis to end of life
- They will work with local people to understand their perspective of services
- Next they will look at gaps in provision and the potential for partnership working to improve services and support



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Summary

- Local Care Partnerships have the ability to radically transform the way we support local people to manage their health and care needs.
- The benefits of partnership working are starting to emerge as evidenced through locally collated case studies.
- Sustainable change depends on building strong relationships, developing a shared culture and using resource differently.
- This takes time and requires support.



Discussion



Leeds System Resilience Plan 2019/20

*Sue Robins (Director of Operational
Delivery, NHS Leeds CCG)*



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A whole system issue

- All partners remain engaged and all playing a part in ensuring smooth transition of patients - this is significant
- System commitment to ZERO patients in non designated areas
- We have refreshed all resilience meetings and governance for system assurance



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What can we expect this year ?

- Length of stay for stroke reduced from 34 to 18 days
- 25% increase in patients discharged before 4pm
- Hospital social workers have reduced assessment time by 1.5 days
- 'Home First' philosophy
- No one waiting for mental health funding decisions



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What can we expect this year ?

- Frailty virtual ward commenced
- Community IV antibiotic service
- Hospice in reach workers to support discharge to hospices
- Mental health workers in A&E
- Age UK supporting hospital to home from A&E
- Smoother flow into community care beds
- Quicker response from adult social care reablement service



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What can we expect this year ?

- Mental health support to care homes
- CCG and adult social care coordinated quality support to care homes
- Urgent treatment centre at St Georges, with next one planned on St James site- incorporating GP in A&E
- Work with community and primary care to avoid admissions
- Proactive communications with public



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Ongoing challenges

- Mental health delayed discharges and out of area placements
- Clear plans now in place re complex dementia patients – to implement
- Can still improve whole system discharge process
- We are working on 2 hour community nurse response times



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LTHT specific work

- Simplifying Discharge to the Right Place at the Right Time
- Achieving Reliable Care for Safety (ARCs)
- Embedding Transfer of Care Policy
- Discharge Function (pathways and Leeds discharge service)



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Assurance process

- Daily reports
- Twice weekly individual patient discharge meetings
- Weekly whole system meeting for all partners
- Clear escalation reporting and plans
- Including Flu and epidemic - close working with Public health colleagues



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Winter investment

Leeds will be has been allocated £775,000 to invest in winter initiatives

- Social Workers to support the Discharge to Assess pathway
- Development of the Community IV antibiotic service
- Expansion of the Primary care advice line function within LTHT
- Community Dementia capacity & support to care homes

LTHT to receive a further £665K



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Discussion



Developing our approach to improving health and wellbeing across Leeds and West Yorkshire and Harrogate



Agreeing and mobilising the refreshed Leeds Health and Care Plan

Paul Bollom (Head of the Leeds Health and Care Plan)



11 December 2019

Purpose

For Health and Wellbeing Board to:

1. Note the progress and successes of the Leeds Plan to date
2. Confirm that the Leeds Plan Summary on a Page reflects our partnership focus areas
3. Reflect on partner commitments and the next steps required to support delivery



Why a Leeds Health and Care Plan?

Leeds Joint Health and Wellbeing

Vision for health & wellbeing: Leeds will be a city where everyone has the opportunity to live a healthy, active life.

Principle in all outcomes: People who are the best start in life.

Indicator: Reduce the differences in life expectancy.

Outcomes	Priorities
People will live longer and have healthier lives	1. Support more people to choose healthy life 2. Ensure everyone is best start in life 3. Ensure people have access to essential prevention services
People will live full, active and independent lives	4. Increase the number supported to live in their own homes 5. Ensure more people from all health 6. Ensure more people better with their own
People's quality of life will be improved by access to quality services	7. Improve people's health & wellbeing 8. Ensure people have access to services 9. Ensure people have experience of their
People will be involved in decisions made about them	10. Ensure that people voice and influence making 11. Increase the number that have more control over their in social care services
People will live in healthy and sustainable communities	12. Maximise health benefits through action on it 13. Increase advice to minimise debt and people's income 14. Increase the number people achieving it through education learning 15. Support more people work and healthy

Leeds City Council

A 'best city' approach to health services - organisations working together

As leaders of organisations across the city, we have come together to set an ambition to create a sustainable, high quality health and social care system.

We want to ensure that services in Leeds can continue to provide high quality support that meets or exceeds the expectations of children, young people and adults across the city; the patients and carers of today and tomorrow.

We know that we will only meet the needs of individuals and our population if health and social care workers and their organisations work together in partnership.

We understand that the needs of patients and citizens are changing, the way in which people want to receive care is changing, and that people expect more flexible approaches that fit in with their lives and families.

From the start, leaders and managers across organisations are coming together in many ways. We are working closely with the voluntary, faith and charitable organisations, universities and investors to act as one, as if we were a virtual 'single organisation' to improve the people who live in the city.

To do this we have agreed ways:

1. Work with patients, families to enable their own health and
2. Provide high quality backed by excellence technology - including in the community specialised care.
3. Remove barriers to organisations and so that people receive support.
4. Use the Leeds LSC resources, wisely serve in a way in for the city.

This will be how we improve services for people in working together to the UK for Health and

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Leeds and York Partnership
NHS Foundation Trust

Julian Hartley
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Leeds Teaching Hospitals
NHS Trust

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Clinical Chief Officer
Leeds South and East
Clinical Commissioning Group

Nigel Gray
Chief Officer
Leeds North Clinical
Commissioning Group

Phil Corrigan
Chief Officer
Leeds West Clinical
Commissioning Group

working closely with national NHS organisations, patients, their families, carers and

2013

2014

2015

Leeds City Council

INSPIRING CHANGE
making Leeds the best city for health and wellbeing

NHS

Achieving our 'best city' ambition to work together as one health and care organisation for Leeds

The Joint Health & Wellbeing Strategy aims to make Leeds a healthy and caring city for all ages. That's why, as leaders of organisations across the city, we have come together to create a sustainable, high quality health and social care system.

We want to ensure services in Leeds continue to provide high quality support that meets or exceeds expectations of children, young people and adults across the city; the patients and carers of today and tomorrow.

For some time now, we have been enabling front line staff, leaders and managers across organisations to work together, as if we were a virtual 'single organisation' to improve the health and wellbeing of the people who live or use services in Leeds.

As individual organisations, we have priorities that we need to achieve. However, we know working together will help us accomplish our individual goals and deliver greater outcomes for the people of Leeds. Therefore we have developed three tests to

- Concentrate our collective efforts on areas that will have most impact
- Better enable our Boards and senior management teams to focus on city wide priorities
- Be clear what our individual organisations' responsibilities are, in achieving the collective good
- Help to hold each other to account
- Ensure we are achieving common goals, not undertaking common actions
- Continue to prevent ill health and reduce health inequalities

So the question we have agreed to ask each other is this:

Are we as system leaders doing enough to ensure that:

1. People are proactively supported to stay in their own home, family or community
2. People requiring hospital & residential care will spend the minimum time possible there
3. The health & social care system in Leeds will be financially sustainable

Progress will be measured at citywide level, and individual organisations will develop any necessary indicators to make sure we are all playing our part.

These 'three tests' will help us remain focussed over the next few years and will be reviewed when the city's new Joint Health & Wellbeing Strategy is published in 2016.

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Ensuring flow across whole system for all ages				
Rebalancing the conversation, Working with staff, service users and the public				
Test 1: People are supported to stay in their own homes, families in community		Test 2: People requiring hospital and residential care services will spend the minimum time possible there		Test 3: The Health & Social Care system in Leeds will be financially sustainable
Prevention	Self-Management, Proactive & Planned Care	Optimising the use of Secondary Care Resources & Facilities	Urgent Care / Rapid Response in Times of Crisis	
Rebalancing the conversation; working with staff, service users and the public				
In Leeds we believe wellbeing starts with people. The connections, conversations and relationships between services and citizens and between people in their families and communities have a huge impact on us all.				
1. Quality conversations make a difference, especially when used proactively by services to work 'with' people to find solutions rather than things being done 'for' people or 'to' them.				
2. Our commitment to working with people is about bringing these beliefs to life, by developing the skills and mind-set across Leeds' health and care workforce to use solutions that work with people wherever it is safe, appropriate and the right thing to do so.				
3. Leeds already has a range of projects in place that emphasise a 'working with' approach. We will use the Leeds plan as a catalyst to increase and embed this suite of approaches across the city and build skills and understanding amongst our workforce and the public so the city takes shared responsibility for our individual and collective health and wellbeing.				
In this way, 'working with' people becomes a cornerstone of the culture change that needs to be encouraged across services and the city.				
Prevention	Self-Management, Proactive & Planned Care	Optimising the use of Secondary Care Resources & Facilities	Urgent Care / Rapid Response in Times of Crisis	
The four Leeds Plan health & care programmes are underpinned by the following enabling workstreams:				
Communications & Engagement	Digital	Education, Innovation & Research	Estates	Procurement
Workforce & Organisational Development				
Including but not limited to:	Our strategic priorities within the Leeds Plan include:	1. Innovation for Leeds: Creating new innovation centres to develop enabling infrastructure to engage commissioners, clinicians & communities in identifying needs & co-design solutions (e.g. innovation and personalised medicine, an evaluation and modelling service, approaches for tackling obesity, surgical innovations)	1. Explore options for the future of St Mary's Hospital site	Procurement spend across Leeds Health and Social Care Partners is in the region of £300m based upon 2015/16 out-turn –
1. Share and shape the messaging and conversations required to encourage and support change across the health and care system.	1. The use of technology to maximise the contribution that citizens can make to maintain their own health and wellbeing (e.g. digital literacy skills, tools for self-care and prevention)	2. The provision of a robust IT infrastructure that supports 24/7 working across all health and care partners (e.g. WFT security, embedded nationally provided technology such as electronic prescriptions, a common infrastructure service/footprint encompassing voice, data, email, collaboration tools etc.)	2. Meet estates needs for future planned clinical models by sourcing Leeds city solutions for: • Learning Disability Unit (currently out of area) • CAMHS Tier Four solution	1. Systematic review and assessment of the collective 2015/16 city-wide expenditure of £96.6m across the workstreams and identify any collaborative financial opportunities
2. Develop a stronger citywide Leeds story and brand across health and care to embed the idea of working as Team Leeds.	2. To increase the digital 'maturity' of our health and care providers.	3. To increase the digital 'maturity' of our health and care providers.	3. Review and increase use of health and social care Community Estates	2. Prioritised, phased programme plan now in place based on contract renewal dates and potential scale of savings
3. Align with communications and engagement activity relating to the WY CDP to ensure complementary approaches.	4. The provision of workforce and decision support technology across General Practice, Neighbourhood Teams, Hospitals and Social Care (e.g. Leeds Care Record and interoperability, Leeds Intelligence Hub data/tools, electronic referrals)	4. The provision of workforce and decision support technology across General Practice, Neighbourhood Teams, Hospitals and Social Care (e.g. Leeds Care Record and interoperability, Leeds Intelligence Hub data/tools, electronic referrals)	4. Develop a Primary Care estates strategy	3. Phased. Includes but is not limited to: SIM contracts, common IT/Computer devices, travel costs; catering; laundry; energy/utilities; vehicle maintenance; non-medical agency spend; stationary etc.
4. Work proactively with particular stakeholders or interests groups including politicians, patients and key partners to develop shared ownership of the change agenda.	5. The adoption of a change management approach within the 'dilett' projects that embed the use of any new technology into everyday working practices (e.g. digital maturity and capabilities, workforce training, remote care technologies)	5. The adoption of a change management approach within the 'dilett' projects that embed the use of any new technology into everyday working practices (e.g. digital maturity and capabilities, workforce training, remote care technologies)	5. Explore detailed options for shared Back Office Accommodation	4. Develop a contract Renewal Database to provide a comprehensive understanding of planned contract and expenditure implications from 2017 through to 2021.
5. Lead specific engagement/consultation activity where changeable specific strands require it. Details of the particular needs of individual strands will be established as these develop.	6. Guide and support colleagues on communication and engagement for both internal and external audiences including: • Proactive and reactive media work, including social media. • Publications, promotions and campaigns. • Events • Product/provide key material as deemed helpful to either the citywide programme or individual strands including: • WhatsApp(s) • Blogs/vlogs and articles • Case studies • Newsletters • Opportunities for quality conversations	6. Guide and support colleagues on communication and engagement for both internal and external audiences including: • Proactive and reactive media work, including social media. • Publications, promotions and campaigns. • Events • Product/provide key material as deemed helpful to either the citywide programme or individual strands including: • WhatsApp(s) • Blogs/vlogs and articles • Case studies • Newsletters • Opportunities for quality conversations	6. Descriptive review of 3 PRI and 10 LFT Contracts	5. Support the reconfiguration of the workforce by establishing new and developing roles
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7. Support ongoing LFT – LGA estates reviews	8. Place embrace and apply any future changes to national policy, e.g. the outcomes of the recent NHS review on Productivity and Performance as conducted by Lord Carter.	8. Place embrace and apply any future changes to national policy, e.g. the outcomes of the recent NHS review on Productivity and Performance as conducted by Lord Carter.	8. Place embrace and apply any future changes to national policy, e.g. the outcomes of the recent NHS review on Productivity and Performance as conducted by Lord Carter.	8. Place embrace and apply any future changes to national policy, e.g. the outcomes of the recent NHS review on Productivity and Performance as conducted by Lord Carter.
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Why a Leeds Health and Care Plan?

Our Leeds Plan needs to reflect **but not cover in detail all in one place...**

What we have done...

What we are doing...

What we plan to do...

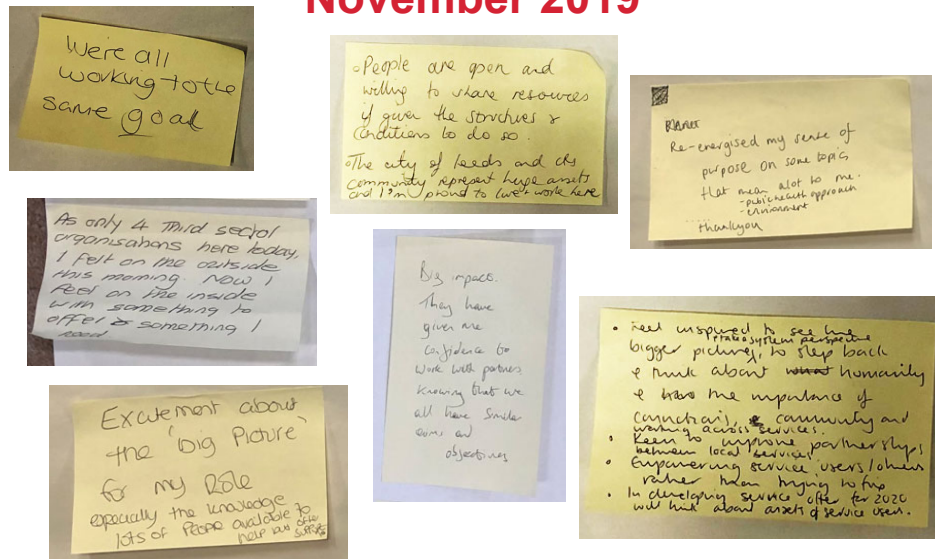


SDH version 6 - 11/03/2018				
Leeds Health and Care Plan				
By 2021, Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest				
A plan that will improve health and wellbeing for all ages and for all of Leeds which will...				
Protect the vulnerable and reduce inequalities		Improve quality and reduce inconsistency		Build a sustainable system within the reduced resources available
Our community health and care service providers, GPs, local authority, hospitals and commissioning organisations will work with citizens, elected members, volunteer, community and faith sector and our workforce to design solutions bottom up that...				
Have citizens at the centre of all decisions and change the conversation around health and care				
Build on the strengths in ourselves, our families, carers and our community; working with people, actively listening to what matters most to people, with a focus on what's strong rather than what's wrong				
Invest more in prevention and early intervention, targeting those areas that will make the greatest impact for citizens				
Use neighbourhoods as a starting point to further integrate our social care, hospital and volunteer, community and faith sector around GP practices providing care closer to home and a rapid response in times of crisis				
Takes a holistic approach working with people to improve their physical, mental and social outcomes in everything we do				
Use the strength of our hospital in specialist care to support the sustainability of services for citizens of Leeds and wider across West Yorkshire				
What this means for me...	Prevention at scale "Living a healthy life to keep myself well"	Self-Management and Proactive Care "Health and care services working with me in my community"	Optimising Secondary Care "Go to a hospital only when I need to"	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"
Key actions that will be undertaken:	- We will ensure a Best Start for all children. We will do this by promoting good maternal health and providing healthy living support pre-conceptually, throughout pregnancy and to new parents. - We will support and sustain longer term behaviour change by the provision of healthy living services, activities and assets which work in a more integrated approach. - We will put prevention at the heart of client care and use every appropriate opportunity including healthy living services to support behaviour change throughout health and social care organisations in Leeds. - We will promote the benefits of being physically active and increase the opportunities to build physical activity into everyday life (including through creating healthy environments) - We will continue to reduce the harm from tobacco and alcohol through promoting smoke free and safe alcohol consumption as the norm. We will reduce access to tobacco and alcohol by young people and provide and promote alternative routes to encourage changes in for those people who would prefer to self-help.	- We will improve outcomes for people living with frailty and their carers. We will focus on things that matter to people such as being active, socially connected and focus services to maximise the time spent at home. - We will provide training for health and care professionals who work with people, to help them support people to work on personal goals to better manage conditions such as diabetes and respiratory conditions. - We will make health and care easier to access through developing extended services based in the community. Front line workers across organisations will work together in their local neighbourhood area so that people can have all their needs met by a single team.	- We will work with health professionals to reduce the number of unnecessary routine appointments for patients, both before and after hospital treatments. - We will improve the way in which we provide care for people with mental health conditions by reducing the number of people sent outside Leeds to have treatment, and through increasing provision within the Leeds community. - We will work to ensure that money spent on prescribed medicines is evidence-based, clinically appropriate and consistent through better working with patients, health professionals and all providers. - We will provide more advice from consultants to the patient's GP (and primary care team) so they can manage more of the patient's needs in the community. - Whilst maintaining the quality and safety of care for all patients, we will work to reduce their length of stay in hospital by ensuring processes and systems are better streamlined whilst still meeting their needs. - We will improve the ways in which we test for cancer, provide treatment and offer support to patients after they have had a cancer diagnosis.	- We will provide clearer information to people on how to access the right urgent healthcare for themselves. This will support people and professionals to make good choices from a comprehensive range of high-quality services. - We will look at where and how people's needs are assessed when they are in urgent need. We want to support the move of more urgent care needs being met in a community-based setting. - We will make sure that there is a good range of services for people needing urgent and non-planned care that promote self-management but also provides a swift response in a crisis. - We will change the way we organise services by connecting all urgent health and care services together to meet people's mental, physical and social needs, ensuring that people can use the right services at the right time. This will make the system simpler and, when people do require urgent care, that their journey through services is smoother.
Together these actions will deliver a new vision for community services and primary care in every neighbourhood. These will be supported by...				
Working as if we are one organisation and growing our own workforce from our diverse communities, supported by leading and innovative workforce education, training and technology.				
		Making Leeds a centre for good growth becoming the place of choice in the UK to live, to study, for businesses to invest in, for people to come and work		

Successes of the Leeds Plan

People at the heart of what we do	Established core central joint partnership resources
Co-production	Clarity of purpose and a common direction of travel
Strong community model	Building relationships across organisational boundaries and being system leaders 'from any seat'
Democratic leadership	Joint enabler system strategies and priorities agreed
Leading the way in person, family and community centred approaches	Citywide approaches to working with people and staff
Quality judgements	Systems leadership
Whole system approach	Wider determinants of good health and wellbeing
Leeds £	Raised profile of Leeds on a national and international stage

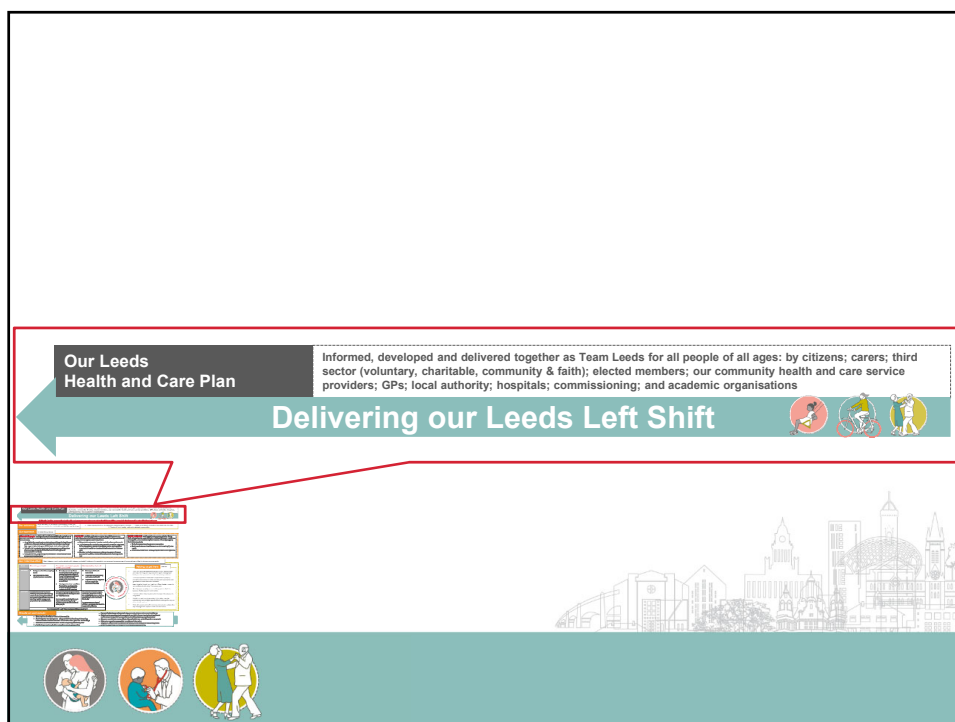
November 2019



Risks (2015)

- We are seduced by the conceptual stuff
- We don't model the one city approach – lip service
- Decisions are unpicked
- Risk averse
- We say one thing and do another
- Focus on form not function
- Leeds £, city first, team Leeds not truly embraced





A friendly, healthy, compassionate city with a strong economy, where we reduce health inequalities, promote inclusive growth and tackle climate change

Our outcomes	What we want to achieve, contributing to the five outcomes in the Leeds Health and Wellbeing Strategy	1. People will live longer and have healthier lives 2. People will live full, active and independent lives 3. People's quality of life will be improved by access to quality services 4. People will be actively involved in their health and their care 5. People will live in healthy, safe and sustainable communities
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Our approach

In everything we do

We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce. • Have 'Better Conversations' – equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge, and listening to what matters to people • 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family • Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so	We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £. • Make decisions based on the outcomes that matter most to people • Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care • Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well	We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude. • Unify diverse services through a common culture • Be system leaders and work across boundaries to simplify what we do • Individuals and teams will share good practice and do things once
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Our collective effort

Start, design, work and evaluate with citizens and staff. Listening to people's journeys and experiences of care and using this to drive improvements.

Goals	Promoting good health	Connected care closer to people in their communities	Mentally healthy city for all
Priorities	1. Build prevention into everything we do 2. Get more people, more physically active, more often	3. Embed person centred care through delivering the universal personalised care model and through taking a strengths and asset based approach to working with people and their communities 4. Develop and embed Local Care Partnerships, our integrated community health and care model around GP practices	5. Reduce mental health inequalities 6. Improve children and young people's mental health 7. Improve flexibility, integration and compassionate response of services
Measures	Increase the number of people receiving lifestyle advice in primary care including brief advice offered and onward referral to services e.g. smoking, weight management, physical activity and alcohol use	Safely and appropriately reduce the number of hospital bed days utilised per 100,000 people Increase self reported wellbeing in communities including that for children, young people, adults and older people	Reduced the number of people from Black, Asian and Minority Ethnic (BAME) backgrounds who are detained under the Mental Health Act Increase recovery rates of children, young people and adults in community settings

How does it feel for me? – listening to people's journey of care





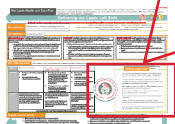
Our collective effort

Start, design, work and evaluate with citizens and staff. Listening to people's journeys and experiences of care and using this to drive improvements.

Helping us get there

We will...

- Work with identified populations to identify their desired health and care outcomes and use population health management intelligence led approaches to collectively design solutions.
- Recruit people from communities of greatest inequality by providing opportunities for skills and jobs and inspiring the next generation of health and care workforce
- Learn together through our Health and Care Academy, ensuring our workforce is delivering 21st century care
- Prioritise service delivery in our buildings which offer fit for purpose, flexible space in communities
- Transfer cutting edge research and innovation into practice on the ground
- Digitally connect our whole system (information, people, systems) and act on digital opportunities to redesign the way we deliver health and care
- Work with people and staff to develop and evaluate collaborative city campaigns that improve health outcomes for all





Results we want include:

- ← Better health and wellbeing through all stages of life
- ← Greater focus on the whole person, not just on individual health conditions taking into consideration the circumstances in which we are born, grow, live, work and age
- ← Social and medical models of health and wellbeing brought closer together
- ← A shift of resources to protect the vulnerable and reduce inequalities
- ← More professional support happens in the community, closer to where people call home
- ← Redesigned processes and pathways so that people, families and carers have the skills and confidence to manage their own conditions where it is safe and appropriate to do so
- ← System is more joined up and staff and citizens find their way around the system more easily
- ← Citizens have greater access to their own data and information
- ← People will die well in their place of choice, carers and the bereaved will be well supported
- ← Decisions we take now will benefit our current and our future generations





Implications for each partner




CCG

- Develop the 5 - 10 year left shift blueprint
- Facilitate delivery of this through the Programme Outcomes Board this by developing the underpinning population based approach to commissioning for and engineering greater integration of provision to deliver outcomes and ensure link to principles, outcomes and obsessions in Leeds Plan
- Considering the role and target operating model of a commissioner to support these changes in conversation with colleagues

Healthwatch

Work of Healthwatch Leeds linked to obsessions:

- Mental health – ongoing priority theme, crisis, MH strategy
- Home First – care homes, home care
- Inequalities – Inclusion for all, GP access in areas of deprivation



Healthwatch

Putting people at the centre of health and care

- People's Voices group – one health and care team listening to people of Leeds
- “How does it feel for me”? – putting people's experiences at the centre of health and care decision making
- Health and care representation – advocating for person centred, whole -person, left shift, h and c services

Public Health

- Focusing on reducing health inequalities in both physical and mental health
- Effective alignment to the work of the Prevention Board
- Contributing to the making Personalised Care a reality
- Promoting care closer to home through leading work on Healthy Ageing
- Supporting the health and care system to improve mental health and well -being , as part of the Leeds Mental Health Strategy
- Enhancing the capability and capacity of the wider Public Health workforce in Leeds (around 225,000)

Leeds Teaching Hospitals NHS Trust

- Transformation of outpatient services to support the delivery of more care closer to home and ensure the effective operation of Hospitals of the Future (LGI development)
- Expand smoking cessation services within hospital – we are currently bidding for funding to do this from Yorkshire Cancer Research.
- Implement a home first approach supporting people to receive care at home wherever possible

Leeds Community Healthcare

Make it real for all staff

- Conversations about culture, approaches, and expectations
- Focus on self management, health coaching, asset approaches, restorative approaches v- patient and carer voice at the heart of all our care
- Are we always thinking equally about mental health as well as physical health
- Understanding PHM and embedding use of data to drive health inequalities work – leader in “left shift”

Leeds Community Healthcare

Drive successful integration - shared vision, clinical ownership, common / compatible systems, processes & governance, flexible commissioning

- Focus on solving the workforce issues that get in the way of integration
- Even better work with the third sector
- Core service developments – One diabetes, virtual frailty ward, CIVAS work, continuing with stroke, better children's services pathways

Leeds Community Healthcare

Continue developing integrated working with primary care

- Key partner with the emergent PCNs
- Continue to work to develop joint voice, joint vision and underarching structure for strong primary care
- Making "left shift" real
- Working to people at home (when appropriate)

GP Confederation

- The Leeds GP Confederation prides itself on being a democratic members led organisation
- Our members being our practices and their leadership being Clinical Directors of Primary Care Networks
- This creates an inclusive 'bottom up' decision making process that is truly owned, giving optimal opportunity for success
- The following areas are emerging strong themes

GP Confederation

- Promoting Good Health; for example the Leeds Mental Wellbeing Service
- Primary Care Network maturity including practice resilience
- Local Care Partnership development including integration & utilising Population Health Management
- Reducing inequalities and variation
- Be the Strategic voice of General Practice & collaborating as partners in the health & care system

Third Sector

- Shaping and supporting communities and Local Care Partnerships to deliver new models of care using a population health approach
- Supporting the best possible mental health outcomes for citizens
- Supporting the best possible outcomes for people living with frailty, and those with palliative & end of life care needs, their families and carers
- Securing the long term growth and sustainability of the 3rd sector as an integral part of the health & care system

Leeds and York Partnership NHS Foundation Trust

Current Focus

- Need to strengthen the link/alignment with the West Yorkshire & Health & Care Partnership strategy and requirements of the Long Term Plan.
- We welcome the commitment and focus on mental health by all partners.
- Explicit reference to the commitment to year on year increased investment in spending on mental health is needed.
- We should articulate more clearly the difference we expect to see as a consequence of the plan for citizens and staff.

Leeds and York Partnership NHS Foundation Trust

What we commit to do

- To work with others across the health and care system to build on the work that is longstanding in MH to support the concept of left shift.
- Creating system wide measures that demonstrate that we are filling gaps in provision and support and are improving outcomes.
- To align our own clinical strategies and plans with the Leeds Plan
- To make our staff and service users aware of our commitment to the Leeds Plan
- To more actively work to deliver real improvements in the factors that affect the determinants of health. In MH those being, poverty, housing, employment, education etc.

Children and Families

What we commit to do

- To support locality working and ensure work undertaken is informed by children and families to ensure support is in place early in the life of a problem.
- To improve outcomes for children and families through working with adult services to change patterns of behaviours of parents with mental health conditions and substance misuse.
- Working with Children's Centres, maternity and 0-19 services and schools to ensure babies and children have the best start in life.

Adults and Health

What we commit to do

- Continue to adopt a strengths based approach to social work and use this approach to commission provider services
- Embedding of 'Talking Points' in the community
- Continue to support the Home First approach and support flow into and out of hospital
- Continue to support and shape the development of Local Care Partnerships
- Implement an asset based community development approach more broadly across Leeds to improve outcomes

Next Steps

- Comm's and engagement material developed
- Workshop to define and develop the Left-shift concept
- Partners to further develop collective actions
- Partners to further develop individual actions and commitments and ensure 'internal' plans and strategies reflect the Leeds Plan
- Develop and finalise the score card / shared metrics



Discussion



Developing our Five Year Strategy

West Yorkshire and Harrogate Health and Care Partnership: An overview

Ian Holmes & Rachael Loftus



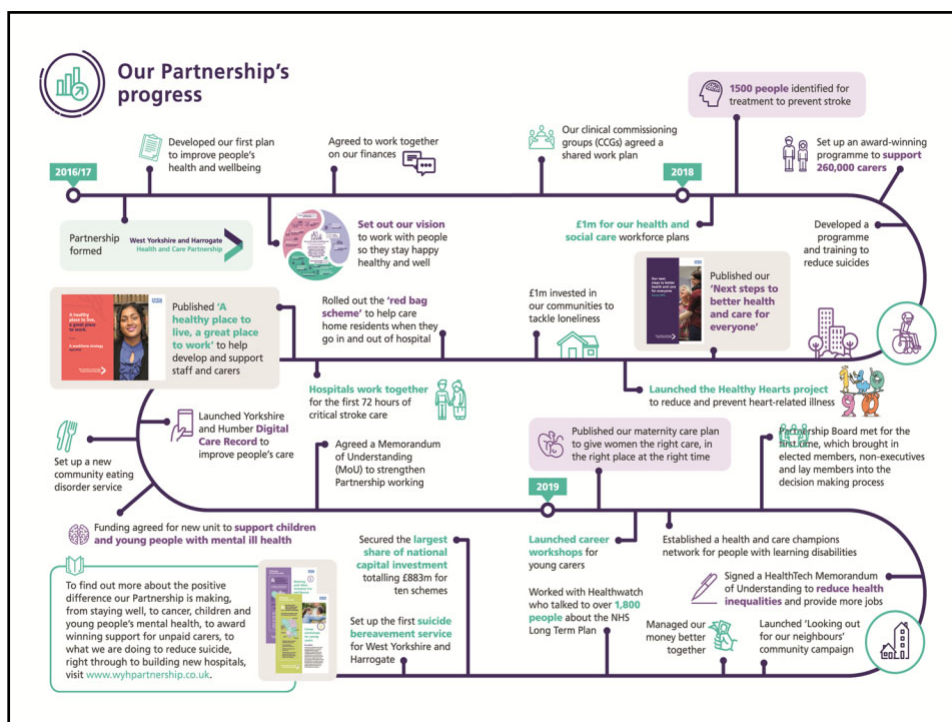
Our Partnership belongs to us all...

‘The better we work with communities, staff, politicians involved across local and wider systems, the better we're going to design services that meet the needs of us all & the more chance we've got of creating systems that people can & will use’.

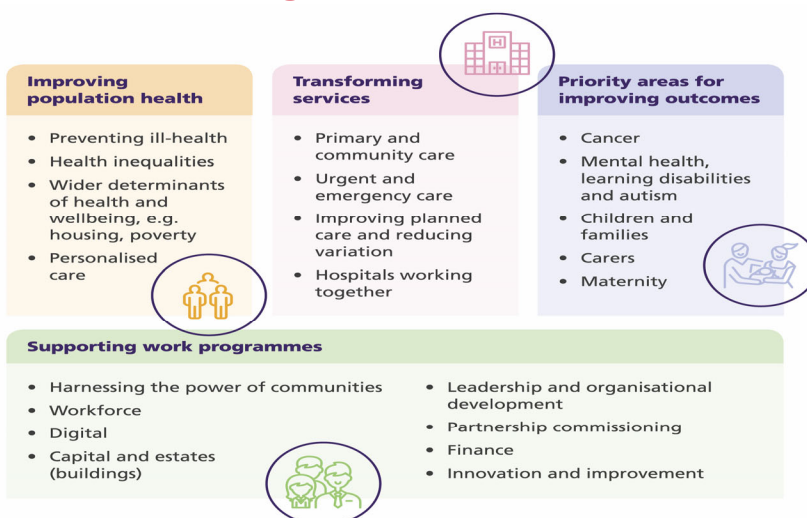


Our vision





Our programmes of work...



Leeds Health and Wellbeing Board

We all have a role...

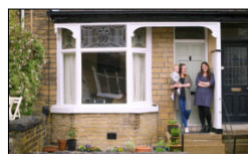
‘All those working within the Partnership have an important role to play in meeting these aims, ranging from the Board to colleagues, the Communications & Engagement Network to VCSE organisations, Healthwatch and communities’.



Memory Land Café, Halifax



The Leeds Jamaica Society and Leeds Irish Health and Homes



Bradford district and Craven People's Board.



Leeds Health and Wellbeing Board

Leeds...

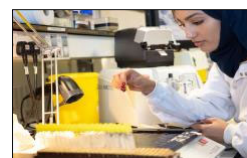
- Economic centre of the LCR
- Our tertiary centre for world class healthcare
- The driver of health tech agenda
- A substantial component of the ICS
- Leading WY&H programmes on MH, LD, WYAAT etc.
- Vibrant third sector.

The benefits....

- CAMHS unit
- Two new hospitals
- Transformation funding
- Scale for innovation and tech MOU etc.
- Collaboration and networks with the wider region e.g. cancer, pathology, imaging, acute mental health



Adult hospitals: Architect plan – building may change



Leeds Academic Health Partnership



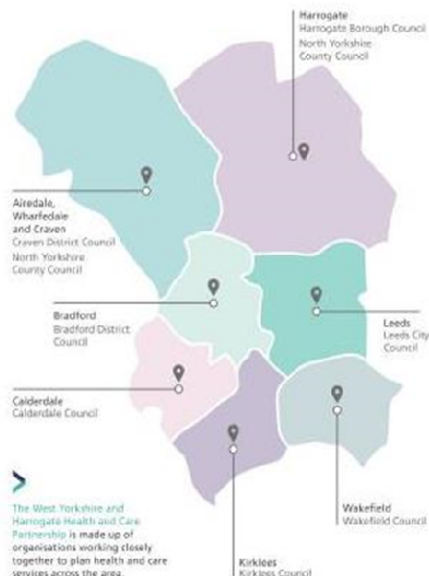
Photo credit: Leeds Community Foundation



Leeds Health and Wellbeing Board

Further info...

- Visit www.wyhpartnership.co.uk
- Ourneighbours.org.uk
- Weekly blog www.wyhpartnership.co.uk/blog
- View our films on YouTube West Yorks & Harrogate Health & Care Partnership
- Twitter: @NHS_RobW / @wyhpartnership



Leeds Health and Wellbeing Board

Discussion

