The Leeds DNA

Involving citizens in improving population health

Tony Cooke, Mick Ward, Howard Bradley, Joanne Curtis, Geraldine Talbot, Gaynor Connor, Jim Barwick.
Leeds has a bold ambition...

..to be the best city for health and wellbeing
Leeds Health and Wellbeing Strategy 2016-2021

We have a bold ambition: ‘Leeds will be the best city for health and wellbeing’.

And a clear vision: ‘Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest’.

5 Outcomes

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

In our city... wellbeing starts with people and everything is connected

Indicators
- Infant mortality
- Good educational attainment at 16
- People earning a Living Wage
- Incidents of domestic violence
- Incidents of hate crime
- People refusing to fuel their home
- Young people in employment, education or training
- Adults in employment
- Physically active adults
- Children above a healthy weight
- Avoidable years of life lost
- Adults who smoke
- People supported to manage their health condition
- Children’s positive view of their wellbeing
- Early death for people with a serious mental illness
- Employment of people with a mental illness
- Unnecessary time patients spend in hospital
- Time older people spend in care homes
- Preventable hospital admissions
- Repeat emergency visits to hospital
- Costs supported
# The Leeds Health and Care Plan

## Purpose
A plan that will improve the 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 with the reduced resources available

## Approach
Our community health and care service providers, GPs, 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 not 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 strengths of our hospital in specialist care to support the sustainability of services for citizens of Leeds and wider across West Yorkshire

## Programmes

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Self management and proactive care</th>
<th>Optimising secondary care</th>
<th>Urgent care and rapid response</th>
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</thead>
<tbody>
<tr>
<td>Living a healthy life to keep myself well</td>
<td>Health and care services working with me in my community</td>
<td>Go to a hospital only when I need to</td>
<td>I get rapid help when needed to allow me to return to management my own health in a planned way</td>
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**Leeds Left Shift**
Principles of our approach

The city’s community health and care service providers, GPs, local authority, hospitals and commissioning organisations work together with people (citizens), elected members, voluntary, community and faith sectors and our workforce.

Designing local solutions

- With people at the centre of all decisions
- Building on strengths
- Starting with localities or neighbourhoods
- Investing more in prevention
Using our strengths to lead change

- Leeds Health and Wellbeing Board
- Meetings in community venues
- Commitment to involving people in design of services
- Positive challenge welcomed
- Shared principles across leadership bodies
- Elected members around the table
- Local Care Partnerships
- Citizen voice and lived experience
Local Care Partnerships (LCPs)

Working in a more joined up way and closer together in local communities, led by people who live and work in those communities.
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.

Quality conversations make a difference, especially when used positively by services to work ‘with’ people to find solutions rather than things being done ‘to’ people or ‘for’ them.

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.

Better conversations: A social movement focused on people and their strengths

Working ‘with’ means…

- Focus on ‘what’s strong’ rather than ‘what’s wrong’
- Put people at the centre of all decisions
- Actively listen to what matters most to people
- Be ‘restorative’. Offer high support and high challenge
- Start with people’s lived experience
- Build on the assets in ourselves, our families & our communities
- Work as partners to achieve individual goals

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ASSET BASED COMMUNITY DEVELOPMENT IN LEEDS IN THE DNA TO IMPLEMENTATION

Mick Ward, Chief Officer, Transformation and Innovation Adults and Health, Leeds City Council
Howard Bradley, Strategic Business Development Manager, LS14 Trust
What do we mean by asset based approaches?

'You can't know what a person or a community needs, until they first know what they have.'

John McKnight, Co-Director, ABCD Institute
Community Capacity/Social Capital/Asset Based Community Development: Why is it important?

“No society has the money to buy, at market prices, what it takes to raise children, make a neighbourhood safe, care for the elderly, make democracy work or address systemic injustices…..

The only way the world is going to address social problems is by enlisting the very people who are now classified as ‘clients’ and ‘consumers’ and converting them into co-workers, partners and rebuilders of the core economy”

Professor Edgar Cahn, US-based civil rights lawyer and inventor of Timebanks
<table>
<thead>
<tr>
<th>The deficit approach</th>
<th>The asset based approach</th>
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</thead>
<tbody>
<tr>
<td>Starts with deficiencies and needs in the community</td>
<td>Start with the assets in the community</td>
</tr>
<tr>
<td>Respond to problems</td>
<td>Identify opportunities and strengths</td>
</tr>
<tr>
<td>Provider services to users</td>
<td>Invest in people as citizens</td>
</tr>
<tr>
<td>Emphasise the role of agencies</td>
<td>Emphasise the role of civil society</td>
</tr>
<tr>
<td>Focus on individuals</td>
<td>Focus on communities/ neighbourhoods and the common good</td>
</tr>
<tr>
<td>See people as clients and consumers receiving services</td>
<td>See people as citizens and co-producers with something to offer</td>
</tr>
<tr>
<td>Treat people as passive and done-to</td>
<td>Help people to take control of their lives</td>
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<tr>
<td>‘Fix people’</td>
<td>Support people to develop their potential</td>
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<tr>
<td>Implement programmes as the answer</td>
<td>See people as the answer</td>
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Proliferating Asset Based Community Development

ABCD Proliferation:
• The ‘Model’
• A way of working
• An approach
• Strategic implementation
COMMUNITY CONNECTORS

Howard Bradley, Strategic Business Development Manager, LS14 Trust
Joanne Curtis, Community Development Manager, LS14 Trust and Community Connector
Geraldine Talbot, Community Connector
WHAT WE DID

FIRST THINGS FIRST... WE GOT OURSELVES READY

1. We transformed our building to make it ABCD friendly, creating a listening corner for people to meet, developing a welcoming café space to encourage conversations and relationships and trained up all of our staff so the ABCD principles were at the heart of all we do.

THEN... WE GOT TOGETHER

3. We hosted conversations, shared meals, ran creative planning and visioning sessions, played in the park and opened a community café. We did this to bring all ages together in the community, to build on their strengths and passions to bring about change.

THEN... WE GOT OUT THERE

2. We walked the streets, knocked on doors, attended community groups and meetings, listened, met new members of the community and most importantly spent time chatting and drinking tea with anyone and everyone.
GET YOURSELF CONNECTED

AN EXAMPLE OF HOW AN ABCD APPROACH IS HAVING A POSITIVE IMPACT

OUR ABCD WORKER MET GERALDINE

GERALDINE LINKED UP WITH 6 OTHERS TO SET UP CRAFTY CUPPA - A WEEKLY ARTS/CRAFTS AND SUPPORT GROUP

ONCE CRAFTY CUPPA WAS ESTABLISHED GERALDINE LINKED WITH SOME OTHER FOLK WHO WANTED TO SUPPORT EACH OTHER IN A DIFFERENT WAY. CreativTEA WAS SET UP, A WEEKLY PERFORMANCE GROUP BASED AROUND A SHARED MEAL

GERALDINE HAS STRUGGLED WITH MENTAL HEALTH AND BELIEVES THAT PART OF THE SOLUTION IS TO BRING PEOPLE TOGETHER TO SUPPORT EACH OTHER...GERALDINE IS A BORN CONNECTOR.

THE EVENT WAS SUCH A SUCCESS THAT THE GROUP DECIDED TO SET UP SEACROFT SOCIAL: A MONTHLY EVENING MEAL AND KNEES UP OPEN TO EVERYONE IN THE COMMUNITY

ON VALENTINE’S DAY GERALDINE LINKED EVERYONE TOGETHER WITH THE STAFF OF LS14 TRUST TO PUT ON AN EVENING MEAL EVENT "LET US BE YOUR VALENTINE" FOR THOSE WHO WOULD OTHERWISE BE HOME ALONE

COMMUNITY CONNECTORS

LS14 TRUST
WHAT CHANGED?

INDIVIDUALS & COMMUNITIES ARE BETTER CONNECTED

25 Community Connectors have been recognised
5 Groups running regularly
19 Community events and groups have taken place lead by the community for the community

In the space of 1 year more people than ever have got involved with LS14 Trust, our volunteer team has grown from 10 people to 25. That's a 150% increase!

“I now know more about people now and people that I used to walk past have now shared their stories with me, as I have with them. Getting together in this group has helped me to realise that there are people in my community who want the same things that I do and we have shared ideas about how we might get things done together.”

COMMUNITY CONNECTORS
LS14 TRUST
WHAT WE HAVE LEARNED

WORKING IN THIS WAY MAKES A BIG DIFFERENCE:

There is much more going on.
People feel more valued and they feel like their voices are being heard.
There is now a culture of having a go, of working together to make a difference.
This is about telling a new story of values, of worth and possibility.
Staff team energised and focused with a clear sense of purpose.
It is not rocket science but it does take some thinking about.
It is easy to think you are doing ABCD work but you are actually trying to fix things.
You have to be optimistic but realistic, Its ok for it to not be perfect first time.
It is one thing committing to this on paper - it is another thing working in this way - life gets in the way.
This takes a long time although you can see small shoots early on.
ABCD is not just a bolt on but needs to be at the heart of everything you do.
LOCAL CARE PARTNERSHIPS

Jim Barwick, Chief Executive, Leeds West Primary Care Network and Interim Chief Executive, Leeds GP Confederation
Gaynor Connor, Director of Transformation and Improvement, Leeds GP Confederation
Why are we doing this?

People in Leeds have said

Using health and care services can be very complicated and it is often difficult to find the right services.

I feel that I’m not always heard.

I sometimes have to wait a long time for an appointment or between appointments with different services.

I feel I’m being ‘passed around’ and have to tell my story again and again.
Why are we doing this?

We are working really hard to provide high quality care to people

We have to ask people for information that they have already given to other professionals as we are poor at sharing data

We enjoy working with a wide variety of colleagues

We enjoy being able to provide continuity of care

We identify areas of duplication that could be removed

Staff in Leeds have said

Technology is not always up to date and can be onerous at times.

We can’t always follow through cases once a referral has been made due to handovers to other colleagues.
# The story so far

## The challenge

- People are living longer with more complex needs, often multiple complex needs
- Our financial resources are getting ever tighter across health and care
- It is difficult to attract and retain the varied workforce required

## The call to action

We have to co-produce with citizens and frontline staff different ways of delivering services as continuing to deliver services in the way we currently do is no longer an option.

## The solution

Lies in a joined-up collaborative effort that sees us developing and delivering person-centred co-ordinated care based on what we have already achieved in the city through the Neighbourhood Teams.
Local Care Partnerships (LCPs)

Working in a more joined up way and closer together in local communities, led by people who live and work in those communities.
4 key features of LCPs

1. Based on local areas and communities that have similar needs

2. Geographical patches of around 30,000 – 70,000 people, based on GP registered list sizes

3. Involving a full range of services offered in a locality including general practices; the full breadth of primary care; community services; council services; and the Third Sector

4. Accountable for health outcomes for their local population
Developing the LCPs from the ground up

- Engagement with Community Committees
- Deliberative event with public
- Engagement with Third sector
- Stakeholder Group with membership from all partners
- 18 locality footprint agreed – working with 13 neighbourhood teams
- Investment in building leadership within general practice
What have we achieved so far

- Emerging LCP leadership teams with general practice; adult social care; Leeds Community Health; Community pharmacy; Third sector
- Joining up LCC Communities – priority neighbourhoods – local connections with core teams eg Armley – New Wortley – Clyde's and Holdforth’s plus Lincoln Green and Boggart Hill
- Suite of staff communication material produced following extensive consultation with a range of stakeholders

- RELATIONSHIPS and BETTER CONVERSATIONS
And what’s next?

• Pilot of a model to engage with the public
• Development of the model for proactive care for people living with frailty – to be delivered in localities
• Programme of extensive staff engagement
• Continue to make connections – joining up local leaders and services
Find out more...

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