

Information Pack

NHS Leeds Clinical
Commissioning Group



Introduction

Leeds is a vibrant, dynamic and multi-cultural city. Keeping the 870,000 citizens safe and well is a challenging task. NHS Leeds CCG is one of the largest CCGs in the country and supports a population living in both affluent neighbourhoods and in some of the poorest. Our focus is on tackling health inequalities and driving up the quality of care. We are committed to working with a wide range of partners from across the health and care sector, and beyond, to achieve our ambition of establishing Leeds as a healthy and caring city for people of all ages, where people who are the poorest, improve their health the fastest. We've made great strides in city-wide working and those links have been well tested during the pandemic. We have learned new skills and formed new alliances, and we will build on them in the future.

Before the pandemic we had already started an ambitious programme to develop and embed a new operating model for the CCG. Reflecting current thinking in the NHS and best practice from around the world, 'Shaping our Future' sets out a compelling case for change and plans to transform the health and care landscape in Leeds. We can now add learning from the last few months and the clear appetite for innovation and change across the city.



About Leeds

Leeds is the third largest and one of the fastest growing, greenest cities in the country. A richly diverse and vibrant city, around 34% of our population are from Black, Asian, Chinese, and smaller ethnic groups.

Leeds is full of exciting places to visit, innumerable Victorian buildings and arcades, shopping centres and canalside walks. Formerly a city associated with the manufacturing of textiles, Leeds is now an important financial centre.

However there are health inequalities which are a priority to address. Over 224,000 people in Leeds live in areas within the most deprived 10% in England and there is a 9 year difference in life expectancy between those living in the most and least affluent council wards.

About NHS Leeds CCG

We're responsible for commissioning most healthcare services for people in Leeds and aim to ensure that they have good access to high quality primary, community and hospital care.

We recognise that working in partnership with Leeds City Council, voluntary and community organisations, other NHS partners, other public services and our local population is essential to make a difference to people's health and their lives.

Since the start of the coronavirus pandemic, all these services began to work even closer together to support people and quickly develop new ways of working, demonstrating that we are a compassionate city and really are stronger together.

<https://www.leedscg.nhs.uk>

Follow us on Twitter: www.twitter.com/nhsleeds

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Our ambition for Leeds

Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.



Facts and figures

- 170 languages spoken
- 34% from a Black, Asian or minority ethnic background
- One in 5 children live in poverty
- Almost 50% all children are inactive
- 40% of people have one or more long term conditions
- 19% of people smoke
- 15% have high blood pressure
- 23% are classed as obese

annual CCG budget

£1.3bn

population of Leeds

866,000

GP practices

94

as of 1 July 2020

19%
smoke

170
languages
spoken

almost
50%
of children inactive



This programme has defined a new operating model for the CCG reflecting the direction of travel set out by NHS England in the Long Term Plan. The model firmly places the CCG within the Leeds place and West Yorkshire and Harrogate system context and shows the critical inter-dependency needed between the CCG, partners and external system factors.

Case for Change

The CCG has a clear strategic aim to deliver better outcomes for people's health and well-being and reduce health inequalities across the city. It received an 'outstanding' rating in 2020 but, reflecting our commitment to continuous improvement, we want to do better for the people of Leeds. We have achieved some success and can cite lots of good effort from all staff and many examples of good practice in supporting the Primary Care and the Frailty agenda. But we have not been able to achieve these aims at scale, and across the whole of the system. So we need to change both our approach, and the way the system works together.

We will adopt a data-driven Population Health Management (PHM) approach to understand the long term needs of the population and deliver services that are informed by a thorough understanding of clinical risk. This will drive a 'left shift' (as we call it in Leeds) in the way clinical care is delivered to the different population segments, and increase the personalisation, planning, empowerment and early intervention and prevention functions of care. In practice, people will access more services locally and, following significant change in the last few months, many first contacts will be online.

This approach will reduce health inequalities, increase quality, reduce resource use, cut inefficiencies, and achieve better health outcomes for people and populations in Leeds. We will need to understand the

broader determinants of health and adopt a genuinely partnership based approach across the whole city of Leeds.

We will also need a detailed exploration of how the Leeds system interprets value for money - how should we spend the Leeds pound?

So the CCG will adopt a **strategic commissioning** approach. It will agree a set budget for a set population with a specific set of clear outcomes. Partners will have greater freedom to deliver those outcomes both individually and as an alliance. Adopting this partnership approach will create focus and incentive across the system.

At the same time, the CCG will prompt greater **system integration** by supporting and facilitating partners to deliver improved population outcomes by using data and soft intelligence to assess needs and use available resources to design and deliver proactive, personalised and integrated care for people and populations in Leeds.

We explore in more detail these two key strategic capabilities below.



The **Strategic Commissioning** capability will set strategy and outcomes in partnership with partners within the Leeds system, based on a Population Health Management (PHM) approach and robust clinical risk management. It will then develop long-term outcome based contracts, based around population groups and supported by capitated budgets. This will encourage investment in early intervention and prevention, and greater interest in the wider determinants of health.

The new contracting approach will stimulate networking and collaboration between providers in Leeds which will in turn support the goal of integrated care. The CCG's strategic commissioning capability will ensure that all decisions are based on the strongest possible intelligence, insight and long-term modelling, and create the environment and incentives to ensure those decisions are then implemented. It will involve close working with a wide range of partners, Leeds City Council, academia, and the broader private and third sectors.

The **System Integration** capability will work with all partners using a PHM approach to develop integrated models of care that deliver improved population outcomes. As importantly, it will also support the delivery of the technical and cultural change required to move towards genuine integration in Leeds. It will involve significant transformational work across the Leeds system to create 'a single version of the truth'. We will share data, clinical risk management, open book principles and clear mechanisms for financial risk sharing, the prioritisation of workforce, and development of standardised pathways.

We do not see this as a leading or controlling function. Rather we will create an enabling and facilitating function that offers additional capacity to providers to unlock existing potential. We know that there are already many good examples of integration between providers; some have emerged in response to the COVID-19 crisis. Clearly, our providers know their own services better than anyone, and so must be in charge

and responsible for the integration process. But progress on integration needs to accelerate and we see the System Integration capability applying pace by offering support on some of the big issues that prevent integration.

Together, the Strategic Commissioning and System Integration capabilities will help us deliver our strategic aims of improving outcomes and reducing health inequalities for the population of Leeds - we will ensure available resources are best used to achieve the greatest possible health gains and experience for our population.



West Yorkshire and Harrogate Health and Care Partnership

In West Yorkshire and Harrogate, we can be proud of how our health and care systems have made major improvements to services across our area over the past decade. Our health care services are treating more people than ever before, providing services faster, safely and in better environments.

Our health and social care system provides care and treatment to 2.6 million people with a budget of £5.6bn. The leadership across the organisations within the Partnership are working together in an Integrated Care System (ICS) to address the challenges set out in the NHS Long Term Plan.

To find out more about our priorities and the impact of our partnership, please visit [our website](#).

Find out what the aims and next steps are by viewing the following clips:

[Rob Webster, Chief Executive for West Yorkshire and Harrogate Health and Care Partnership – talking about the aims](#)

[Next steps for West Yorkshire and Harrogate Health and Care Partnership](#)



Our Governing Body and Executive Management Team



Dr Jason Broch
Clinical Chair



Tim Ryley
Chief Executive



Visseh Pejhan-Sykes
Executive Director of Finance



Dr Simon Stockill
Medical Director



Jo Harding
Executive Director of Quality and Nursing



Sabrina Armstrong
Director of Organisational Effectiveness



Helen Lewis
Interim Director of Commissioning, Acute, Mental Health and Learning Disability Services



Dr Ben Browning
Member Representative



Dr Julianne Lyons
Member Representative



Dr Keith Miller
Member Representative



Victoria Eaton
Director of Public Health



Dr Phil Ayres
Secondary Care Specialist Doctor



Angela Collins
Lay Member for Patient and Public Participation



Samantha Senior
Lay Member for Primary Care Co-Commissioning

