

Insight Report: **Healthy Adults**

Understanding the experiences, needs and preferences of healthy adults, their family / friends, and staff, in relation to maintaining health and wellbeing.

January 2023 V2.9

1. What is the purpose of this report?

This paper summarises what we already know about the healthy adults population in Leeds. It outlines what matters to people in order to stay mentally, physically and socially well. This includes the experiences, needs and preferences of:

- Healthy adults
- Their families and friends
- Staff working with healthy adults

Specifically, this report:

- Sets out sources of insight that relate to this population
- Summarises the key experience themes for this population
- Highlights gaps in our understanding and areas for development
- Outlines next steps

This report is written by the [Leeds Health and Care Partnership](#) with the support of the [Leeds People's Voices Partnership](#). We have worked together (co-produced) with the key partners outlined in [Appendix A](#). It is intended to support organisations in Leeds to put people's voices at the heart of decision-making. It is a public document that will be of interest to third sector organisations, health and wellbeing services and people with experience of services and support for healthy adults. The paper is a review of existing insight and is not an academic research study.

2. What do we mean by a healthy adult?

Our aim in Leeds is to support people to make healthier lifestyle choices and to treat avoidable illness early on. This will help people to live longer, healthier lives, and to reduce the demand on and delays in treatment and care.

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (WHO, 2022)

This new focus on prevention is an exciting and significant challenge, building on our existing prevention work. Our work will focus on helping people to stay healthy by addressing things like tobacco addiction, obesity, and social problems like loneliness and isolation – particularly in areas with the highest rates of ill health.

We describe this group of people, or population, as 'healthy adults'. Healthy adults are defined as 'all people aged 18 and above not appearing in the end-of-life, frailty or long-term conditions populations'. Although identified as 'healthy', people in this population may potentially be living with an undiagnosed condition or may have health behaviours that are seen as putting them at high risk of illness or disease.

3. Outcomes for healthy adults in Leeds

The Healthy Adults Population Board brings together partners from across Leeds so that we can tailor better health and social care services and make better use of public resources.

The ambition of our healthy adults work in Leeds is to help support adults to remain healthy. Our ambitions are that:

- People in Leeds are mentally healthy
- People in Leeds have good physical health
- Leeds is a happy place to live

These are our identified outcomes. By setting these clear goals, that are focused on how services impact the people they serve, the board is better able to track whether we're really doing the right thing for people in Leeds. The full outcomes framework can be seen in [Appendix B](#).

4. What are the key themes identified by the report?

The insight review looked at what was important to people in order for them to stay healthy. The report highlights a number of key themes:

- People told us that being able to access **patient-centred** services was important if they are to stay healthy. They told us a number of things that impacted on access:
 - People value having a **choice** about whether they access face-to-face or digital appointments.
- People value having local green spaces (**wider determinants - environment**) to visit and exercise in. People tell us this is important for their health and wellbeing.
- People told us that to stay healthy they need services to talk to each other and work together (**joint-working**)
- People told us that they see their GP as the central point of their care and care navigation. (**Patient-centred**)
- We will add additional themes as we gather more insight

(This insight should be considered alongside city-wide cross-cutting themes available on the Leeds Health and Care Partnership website. It is important to note that the quality of the insight in Leeds is variable. While we work as a city to address this variation, we may include relevant national and international data on the experiences of healthy adults).

5. Insight review

We are committed to starting with what we already know about people’s experiences, needs and preferences. This section of the report outlines insight work undertaken over the last four years and highlights key themes as identified in [Appendix C](#).

| Source | Publication | No of participants and demographics | Date | Key themes relating to healthy adults experience |
|--------------------------|--|--|------|--|
| Healthwatch Leeds | Big Leeds Chat 2022 big-chat-leeds-2022-RevC.pdf (healthwatchleeds.co.uk) | Approx. 548+ Details of demographics are not available – but the chats were held in various wards and with community groups such as LGBT adults | 2022 | <p>The chats were held in Local Care Partnerships areas, as well as at Community of Interest groups and young people’s organisations. 43 chats took place and a number of themes emerged that relate to ‘staying healthy’:</p> <ul style="list-style-type: none"> • Wider determinants (living, learning and playing) – People told us that to be physically, mentally and socially healthy, people in Leeds need access to safe community activities. • Choice – people told us that they want to connect with services face-to-face when they need to. • Choice / environment – People told us that to stay healthy they need to feel confident they will get help from their GP when they need it. • Wider determinants (crime) – People told us that they had concerns about crime and antisocial behaviour and that this sometimes made them feel unsafe. • COVID-19 / health inequality (Mental health) – people told us that the pandemic has had a significant negative impact on their mental wellbeing • Wider determinants (cost-of living) / health inequality (deprivation) – People told us that they often struggled to access health activities due to high costs. • Wider determinants / environment – People told us that access to welcoming, safe green spaces was important to them and helped them stay healthy. • Transport and travel / health inequality (age / deprivation) – Some people told us that travelling around the city for appointments and |

| Source | Publication | No of participants and demographics | Date | Key themes relating to healthy adults experience |
|--|---|---|---------------------|--|
| | | | | <p>activities was difficult due to infrequent, expensive and unreliable public transport. This was particularly the experience of older people and people from deprived backgrounds.</p> |
| NHS West Yorkshire Integrated Care Board (ICB) in Leeds | Involving You https://www.healthandcareleeds.org/publications/involving-you-2021-2022/ | Total engaged with 37,222 Males: 9,612 Females: 14,241 Under 25: 2,859 Transgender: 85 Aged over 65: 3,438 LGBTQIA+ 470 Non-binary / other 81 Carers: 2,147 Homeless people:37 Diverse ethnic backgrounds 2,798 People with disabilities 1,933 | Apr 2021 - Mar 2022 | <p>The People’s Voices Partnership’s annual report on involvement activities in Leeds for the year 2021 / 2022. Key themes identified:</p> <ul style="list-style-type: none"> • Satisfaction - People told us that generally their experience of using healthcare services in Leeds is positive (from National GP Survey, Big Leeds Chat 2021, other feedback through the year). • Joint working / communication / information - People told us they want their care to be more joined up and to be communicated with regularly, in a compassionate and accessible way at all stages in their health and care journey. • Communication / Timely care - People told us they want faster access to joined-up mental health services and better information about what mental health support is available. • Choice - People have told us how much they value their GP practice. However, patients have increasingly reported more difficulty in accessing their doctor. • Information / communication - People told us they want better quality and accessible information about health services, including while they wait for treatment. • Choice - People told us that they want the option to be able to access services both digitally and in-person. • Health inequality / wider determinants / person-centred - People reminded us that Leeds is a diverse city and we must support people in all our different communities to access our services. |

| Source | Publication | No of participants and demographics | Date | Key themes relating to healthy adults experience |
|--|---|--|------------------|--|
| | | | | <ul style="list-style-type: none"> • Wider determinants - People told us that parks and green spaces are important for maintaining your wellbeing and keeping fit. |
| HealthWatch Leeds and Forum central | Leeds Health and Care Tackling Health Inequalities Toolkit: Qualitative Data Pack https://docs.google.com/presentation/d/1456gDM0qCjNEpTVVzULi8cwqawvtG32x/edit#slide=id.p6 Leeds Health and Care Tackling Health Inequalities Toolkit: Qualitative Data Pack https://docs.google.com/ide=id.p6 | Details of demographics are not available Details of demographics are not available | 2021 2021 | <p>This data pack brings together written information and analysis to provide the health and care system with a simple, unified view of health inequalities in Leeds.</p> <p>The document outlines ten key actions to address health inequalities in Leeds based on feedback from local people and communities.</p> <ul style="list-style-type: none"> • Information / choice / timely care / health inequality – People told us that they see their General practice as their central point of information, their key access point to healthcare, the co-ordinator of their care, as a trusted partner in their health and care, of the central part of someone’s health and care journey. Actual or perceived difficulties in accessing GP care has a significant impact on health inequalities and general health and wellbeing. • Person-centred – people told us that front-of-house services, such as the receptionists, have a significant impact on their experience of using services. • Information / Health inequality (general) – People told us that to stay well they need to be communicated with in a suitable way. This includes accessing translation and digital services. People also told us they have difficulties in accessing documents in plain English, jargon free. • Joint working – people told us that they have to repeat their stories as services often do not appear talk to each other. • Wider determinants (poverty) / health inequality (deprivation) – people told us that to stay healthy and well they need affordable health care. People reported not being able to access the same services or |

| Source | Publication | No of participants and demographics | Date | Key themes relating to healthy adults experience |
|-------------------|---|---|------|---|
| | Leeds Health and Care Tackling Health Inequalities Toolkit: Qualitative Data Pack | | | <p>services as quickly as people who could afford private care such as dentistry.</p> <ul style="list-style-type: none"> • Health inequality / choice (digital inclusion, deprivation) – people told us that the move to digital services during Covid had left behind many people and communities who struggled to access care digitally. • Person-centred / workforce – To stay healthy and well people told us that they need to be able to access services that support different cultures and needs such as those for people whose first language was not English. |
| Healthwatch Leeds | <p>Big Leeds Chat Report 2018</p> <p>https://healthwatchleeds.co.uk/wp-content/uploads/2019/02/BLC-report.pdf</p> | Approximately 500 people from across the city | 2018 | <p>This partnership citywide event was held at Leeds Market and aimed to understand what matters to people in Leeds. People told us that:</p> <ul style="list-style-type: none"> • Satisfaction - People generally love living in Leeds. People think that Leeds is a friendly city. People value shopping in the city centre and enjoy living in a diverse community. • Wider determinants (diet and exercise) - Many people know what they need to do to stay fit and healthy. Eating healthily and exercising is seen as important to people in Leeds. • Wider determinants (families and communities) - Families and communities are important in maintaining health and wellbeing. Spending time with friends and family and getting involved in community activities is important to people in Leeds. • Communication To stay healthy and well people want to see more opportunities for communities to work together to promote health and wellbeing. • Access / patient centered - To stay healthy and well GP practices are important places to promote health and wellbeing and are seen as a hub for health and wellbeing. |

| Source | Publication | No of participants and demographics | Date | Key themes relating to healthy adults experience |
|--------|-------------|-------------------------------------|------|---|
| | | | | <ul style="list-style-type: none"> • Choice / Wider determinants (life style commitments) People told us they struggle with self-care and activities to manage their wellbeing due to commitments like childcare and employment. • Wider determinants (cost) - People told us that the cost of healthy activities is a barrier to health and wellbeing. • Communication - People told us that there is not enough information about what health and wellbeing activities are happening in their local area. • Access / travel and transport - People told us the impact of poor public transport is a barrier to health and wellbeing. • Environment - People told us that the environment people live in has a direct impact on their health and wellbeing. • Environment - People told us that they are concerned about pollution in Leeds and want to see green spaces protected and promoted more to stay healthy and well. • Access / timely care - People told us to stay well they want access to a better mental health service in Leeds that offers quicker appointments and access to counselling. • Wider determinants (working) - People told us that unemployment has a significant impact on health and wellbeing. • Wider determinants (housing) - People told us that having stable housing has a significant impact on health and wellbeing. |

Additional Reading

6. Inequalities Review

We are committed to tackling health inequalities in Leeds. Understanding the experiences, needs and preferences of people with protected characteristics is essential in our work. This section of the report outlines our understanding of how healthy adults care is experienced by people with protected characteristics (as outlined in the Equality Act 2010 – [Appendix D](#)).

Please note that we are aware that the terminology used in relation to the recognition of a person's identity may depend on the context of its use. Some people may define some terms differently to us. We have tried to use terminology that is generally accepted. Please do get in touch if you would like to discuss this further.

| Protected Characteristic | Insight |
|--------------------------------|---|
| Age | Some people told us that travelling around the city for appointments and activities was difficult due to infrequent, expensive and unreliable public transport. This was particularly the experience of older people and people from deprived backgrounds. (Big Leeds Chat, 2022) |
| Disability | We have been unable to source any local evidence relating to the experience of people who have disabilities |
| Gender (sex) | We have been unable to source any local evidence relating to the experience of people of different genders |
| Gender reassignment | We have been unable to source any local evidence relating to the experience of people who have had gender reassignment |
| Marriage and civil partnership | At present, we have been unable to source any local evidence relating to marriage and civil partnership. |
| Pregnancy and maternity | We have been unable to source any local evidence relating to the experience of people who are pregnant or have recently given birth |
| Race | To stay healthy and well people told us that they need to be able to access services that support different cultures and needs such as those for people whose first language was not English. (Leeds Health and Care Tackling Health Inequalities Toolkit: Qualitative Data Pack, 2021) |
| Religion or belief | We have been unable to source any local evidence relating to the experience of people who have different religions and beliefs |
| Sexual orientation | We have been unable to source any local evidence relating to the experience of people who have different sexual orientations |

| | |
|----------------------|---|
| Homelessness | We have been unable to source any local evidence relating to the experience of homeless people |
| Deprivation | <p>Some people told us that travelling around the city for appointments and activities was difficult due to infrequent, expensive and unreliable public transport. This was particularly the experience of older people and people from deprived backgrounds. (Big Leeds Chat, 2022)</p> <p>People told us that to stay healthy and well they need affordable health care. People reported not being able to access the same services or services as quickly as people who could afford private care such as dentistry. (Leeds Health and Care Tackling Health Inequalities Toolkit: Qualitative Data Pack, 2021)</p> |
| Carers | We have been unable to source any local evidence relating to the experience of carers |
| Access to digital | People told us that the move to digital services during Covid had left behind many people and communities who struggled to access care digitally. (Leeds Health and Care Tackling Health Inequalities Toolkit: Qualitative Data Pack, 2021) |
| Served in the forces | We have been unable to source any local evidence relating to the experience of people who have served in the forces |

7.Gaps and considerations – are there any gaps in our evidence or things we need to consider?

This section explores gaps in our insight and suggests areas that may require further investigation.

Gaps identified in the report:

These will be added at a later date, in the first quarter of 2023.

Additional gaps and considerations identified by stakeholders

These will be added at a later date, in the first quarter of 2023.

8. Next steps – What happens next?

We would like to outline our next steps to demonstrate how this insight report will be used to improve healthy adults care in Leeds.

Add the report to the Leeds Health and Care Partnership website

We will add the report to our website page for the Healthy Adults Population Board, and will use this platform to demonstrate how we are responding to the findings in the report.

Hold a workshop with key partners in early 2023

We will meet with healthy adults stakeholders in the new year to:

- Describe our healthy adults work in Leeds
- Outline and agree the findings of this report
- Identify and agree additional gaps
- Plan involvement work to understand the gaps in our knowledge
- Coproduce an approach to involving the public in shaping services for healthy adults Leeds

Explore how we feedback our response to this report

We will work with partners to feedback to the public on how this insight is helping to shape and improve local services.

Appendix A: Key partners

It is essential that we work with key partners when we produce insight reports. This helps us capture a true reflection of people's experience and assures us that our approach to insight is robust. To create this insight report on healthy adults, we are working with the following key stakeholders:

Board Members

| Name | Organisation |
|---|----------------------------------|
| Anna Frearson (chair) | Public health |
| Steph Lawrence | Leeds Community Healthcare Trust |
| Lucy Jackson | Leeds Teaching Hospital Trust |
| Tony Cooke | Leeds City Council |
| Heather Thompson | Public health |
| Emily Griffiths (chair) | ICB in Leeds |
| John Preston (3 rd sector rep) | The Conservation volunteers |
| Hannah Davies | Healthwatch |
| Dr Natasha Hulson | Clinical Lead |
| Neil Maguire | Leeds city council |
| John Preston (3 rd sector rep) | The conservation volunteers |

Third Sector and public representatives

| Name | Organisation |
|--|-------------------------|
| ActiveLeeds@Leeds.gov.uk | Active Leeds |
| info@healthforall.org.uk | Health for all |
| Kianna kianna.leader@getawaygirls.co.uk | Getaway girls |
| admin@zestleeds.org.uk | Zest for Life |
| joanne@ls14trust.org | LS14 Trust |
| info@theoldfirestationgipton.org.uk | Fire station |
| Rachel Moore Rachel.Moore@carersleeds.org.uk | Carers Leeds |
| office@fgleeds.org | Feel good factor |
| Heather Nelson | Black health initiative |

| | |
|--|--|
| hnelson@bhileeds.org.uk | |
| info@leedscf.org.uk | Leeds community foundation |
| linking.leeds@nhs.net | Linking Leeds |
| Karl witty Karl.witty@forumcentral.org.uk | Forum central (local care partnerships lead) |

Networks and partnerships

| Name | Group |
|--------------|-------------------------------------|
| Mary Halsey | Communities of interest network |
| Adam Stewart | Patient participation network group |

Appendix B: Healthy Adults Outcomes Framework

| Healthy Adults Population Outcome Framework | | | |
|---|--|--|--|
| Link to Healthy Leeds Plan Strategic Indicators | | | |
| Health Outcome Ambitions | System Activity Metrics | | Quality Experience Measures |
| Improve healthy life expectancy Reduce rate of early death under 75 from Respiratory disease, alcoholic liver disease, CVD and cancer Reduce potential years life lost avoidable causes and rates of early deaths Reduce suicide rates | Reduce the proportion of adults: - With a BMI over 30 - Who smoke Increase expenditure on the 3 rd Sector Reduce rate of growth in non-elective bed days and A&E attendances | | Person centred co-ordinated care experience P3C-EQ |
| Vision statement – People in Leeds will enjoy healthier lives for longer | | | |
| Outcome | Process Measure (shorter term) | Outcome measures (medium term) | Outcome Measures (long term) |
| 1 People in Leeds are mentally healthy | <ul style="list-style-type: none"> IAPT waiting times (& other key upstream MH support services) % reduction in hospital admission rates as a result of self harm Reduction in isolation/loneliness – ONS social isolation and loneliness score | <ul style="list-style-type: none"> % reduction in suicide rate Reducing the number of people in Leeds with a Common Mental Illness | A set of shared outcome measures for these statements. These are: <ul style="list-style-type: none"> The % of the population who are in Healthy Adults Average age people leave the Healthy Adults population Increasing the length of time people spend in the 'Healthy Adults population' (slowing down progression to the other core populations such as Long-Term Conditions and End of Life) Reducing the level of 'health inequality' in the areas above linked to postcode, age, gender, ethnicity and other risk factors |
| 2 People in Leeds have good physical health | <ul style="list-style-type: none"> Decrease the proportion of people in Leeds who smoke Increase the proportion of people in Leeds who take regular exercise Decrease the proportion of people in Leeds with a BMI over 30 Decrease the proportion of people in Leeds who regularly drink over the recommended amount of alcohol Decrease the number of people who use recreational drugs (possibly something about people going to A&E due to drugs) Decrease the proportion of people in Leeds who display 3 or more of the above risk factors | <ul style="list-style-type: none"> Reducing the proportion of people with Cancer Reducing the proportion of people with cardiovascular diseases Reducing the proportion of people with respiratory diseases Reducing the proportion of people with digestive disorders Reducing the proportion of people with drug use disorders Reducing the number of people accessing on the day services for drug and alcohol misuse | |
| 3 People in Leeds are supported to live well and minimise the stress in their lives | <ul style="list-style-type: none"> Increase the number of people identified as being subject to domestic abuse and supported NHS, LCC and third sector providers which have signed up to the Compassionate Leeds Strategy as Trauma Informed organisations NHS, LCC and third sector providers which have signed up to the Healthy Weight Declaration Staff survey results for the main providers – pay and stress measures Proportion of NHS and LCC staff being paid the living wage Proportion of NHS and LCC procured services which include a living wage requirement NHS and LCC staff accessing food banks Social Prescribing – numbers accessing and evaluation measure Homelessness measure – linked to hospital discharge Measure around poverty – what can/should the NHS influence? Recruitment to NHS and LCC roles from deprived postcodes within Leeds. Any others? | <ul style="list-style-type: none"> Improving ONS wellbeing score for Leeds | |
| Context Measures: <ul style="list-style-type: none"> Crime rates Universal credit rates Something about private rental housing vs social housing Homelessness rates IMD for Leeds | | | |

Link to Healthy Leeds Plan strategic indicators:

- **Health outcome ambitions**
 - Improve healthy life expectancy
 - Reduce the rate of early deaths of under 75's from respiratory disease, alcoholic liver disease, cardiovascular disease and cancer
 - Reduce the potential years of life lost by avoidable causes and rates of early deaths
 - Reduce suicide rates
- **System activity metrics**
 - Reduce the proportion of adults: with a body mass index of over 30, who smoke
 - Increase expenditure on the 3rd Sector
 - Reduce the rate of growth in non-elective bed days and A&E attendances.
- **Quality experiences measures**
 - Improve patient-centred coordinated care experience

| Outcome | Process measures (short term) | Outcome measures (medium term) | Outcome measures (long term) |
|--|---|---|--|
| 1. People in Leeds are mentally healthy. | <ul style="list-style-type: none"> • IAPT waiting times (and other key upstream mental health support services) • % reduction in hospital admission rates as a result of self harm • Reduction in isolation / loneliness – office of national statistics social isolation and loneliness score | <ul style="list-style-type: none"> • % reduction in suicide rates • Reducing the number of people in Leeds with a Common Mental Illness | <p>A set of shared outcome measures for these statements. These are:</p> <ul style="list-style-type: none"> • The % of the population who are in Healthy Adults • Average age people leave the Healthy Adults population • Increasing the length of time people spend in the Healthy Adults population (slowing down progression to the other core populations such as Long-Term • Conditions and End of Life) |

| Outcome | Process measures (short term) | Outcome measures (medium term) | Outcome measures (long term) |
|---|--|---|--|
| | | | <ul style="list-style-type: none"> Reducing the level of health inequality in the areas above linked to postcode, age, gender, ethnicity and other risk factors |
| <p>2. People in Leeds have good physical health</p> | <ul style="list-style-type: none"> Decrease the population of people in Leeds <ul style="list-style-type: none"> who smoke with a body mass index of 30 who regularly drink over the recommended amount of alcohol who use recreational drugs (possibly something about people going to A&E due to drugs) who display three or more of the above risk factors Increase the proportion of people in Leeds who take regular exercise | <ul style="list-style-type: none"> Reducing the proportion of people with: <ul style="list-style-type: none"> cancer cardiovascular diseases respiratory diseases digestive diseases drug use disorders Reducing the number of people accessing on the day services for drug and alcohol misuse | |
| <p>3. People in Leeds are supported to live well and minimise the stress in lives</p> | <p>Increase the number of people identified as being subject to domestic abuse and supported. NHS, Leeds city council and third sector providers which have signed up to the</p> <ul style="list-style-type: none"> compassionate Leeds strategy as Trauma Informed organisations. Healthy Weight Declaration | <ul style="list-style-type: none"> Improve the Office of National Statistics wellbeing score for Leeds | <ul style="list-style-type: none"> |

| Outcome | Process measures (short term) | Outcome measures (medium term) | Outcome measures (long term) |
|---------|---|--------------------------------|------------------------------|
| | <p>Staff survey results for the main providers – Pay and stress measures</p> <p>Proportion of NHS and Leeds City council staff being paid the living wage</p> <p>Proportion of NHS and Leeds City council procured services which include a living wage requirement</p> <p>NHS and Leeds City Council staff accessing food banks</p> <p>Social prescribing – numbers accessing and evaluation measure</p> <p>Homelessness measure – linked to hospital discharge</p> <p>Measure around poverty – what can / should the NHS influence? Recruitment to NHS and Leeds City Council roles from deprived postcodes within Leeds. Any others?</p> | | |

Appendix C: Involvement themes

The table below outlines key themes used in our involvement and insight work. The list is not exhaustive and additional themes may be identified in specific populations.

| Theme | Description | Examples |
|---|--|--|
| Choice | Being able to choose how, where and when people access care. Being able to choose whether to access services in person or digitally | People report wanting to access the service as a walk-in patient. People report not being able to see the GP of their choice |
| Clinical treatment | Services provide high quality clinical care | People told us their pain was managed well |
| Communication | Clear communication and explanation from professionals about services, conditions and treatment. | People report that they're treatment was explained in a way that they understood |
| Covid-19 | Services that are mindful of the impact of Covid-19 | People report the service not being accessible during the pandemic |
| Environment | Services are provided in a place that is easy to access, private, clean and safe and is a way that is environmentally friendly and reduces pollution | People report that the waiting area was dirty |
| Health inequality | Services are provided in a way that meet the needs of communities who experience the greatest health inequalities. | Older people report not being able to access the service digitally |
| Information | Provision of accessible information about conditions and services (leaflets, posters, digital) | People report that the leaflet about their service was complicated and used terms they did not understand |
| Involvement in care | Involvement of people in individual care planning and decision-making. | People told us they were not asked about their needs and preferences |
| Involvement in service development | Involvement of people in service development. Having the opportunity to share views about services and staff. | People told us that they were given an opportunity to feedback about the service using the friends and family test |
| Joint working | Care is coordinated and delivered within and between services in a seamless and integrated way | People report that their GP was not aware that they had been admitted to hospital |

| | | |
|-----------------------------|---|---|
| Person centred | Receiving individual care that doesn't make assumptions about people's needs. Being treated with dignity, respect, care, empathy and compassion. Respecting people's choices, views and decisions | People report that their relative died in the place they wanted |
| Resources | Staff, patients and their carers/family/friends have the resources and support they need | Family reported that adaptations to the house took a long time to be made |
| Satisfaction | Services are generally satisfactory | Most people told us that they were very happy with the service. |
| Timely care | Provision of care and appointments in a timely manner | People report waiting a long time to get an appointment |
| Workforce | Confidence that there are enough of the right staff to deliver high quality, timely care | People raised concerns that the ward was busy because there were not enough staff |
| Transport and travel | Services are provided in a place that is easy to access by car and public transport. Services are located in a place where it is easy to park. | People report poor local transport links People report good access to parking |
| Wider determinants | Services and professionals are sensitive to the wider determinants of health such as housing | People told us that their housing had a negative impact on their breathing |

Appendix D: Protected characteristics (Equality and Human Rights Commission 2016)

- **Age** - Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).
- **Disability** - A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
- **Gender (Sex)** - A man or a woman.
- **Gender reassignment** - The process of transitioning from one gender to another.
- **Marriage and civil partnership** - Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1]
- Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
- **Pregnancy and maternity** - Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
- **Race** - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
- **Religion or belief** - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
- **Sexual orientation** - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Other characteristics

Other protected characteristics identified by the ICB in Leeds include:

- **Homelessness** – anyone without their own home
- **Deprivation** – anyone lacking material benefits considered to be basic necessities in a society
- **Carers** - anyone who cares, unpaid, for a family member or friend who due to illness, disability, a mental health problem or an addiction
- **Access to digital** – anyone lacking the digital access and skills which are essential to enabling people to fully participate in an increasingly digital society
- **Served in the forces** – anyone who has served in the UK armed forces