

# Leeds Health & Wellbeing Board

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**Report of:** Clinical Chief Officer, Leeds South & East CCG

**Report to:** Leeds Health and Wellbeing Board

**Date:** 16 July 2014

**Subject:** The Leeds Transformation Programme

Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

## Summary of main issues

1. The Transformation Board comprising the commissioners and providers of health, social care and public health in Leeds have taken a shared view of the challenges facing the city over the coming 5 years and devised a transformational programme of change to deliver a sustainable system for the future.
2. The four main service provision programmes have completed the programme definition and initiation stage and are now proceeding to refine and deliver the specific actions required to deliver the planned changes.
3. Work will continue through the coming 3-6 months to determine the further actions required to address the challenges facing specialised commissioning, primary care and the programme of action required to co-ordinate enabling responses such as estates and workforce.

## Recommendations

The Health and Wellbeing Board is asked to:

- Note the progress of the Transformation Programme.
- Consider the role of the Health & Wellbeing Board in the continued development and delivery of the Transformation Programme.

- Agree the actions to be taken by the Health & Wellbeing Board to secure delivery of the Transformation Programme.

## **1 Purpose of this report**

- 1.1 To provide an update to the Health & Wellbeing Board regarding the development of the Leeds Transformation Programme with particular regard to the development of the governance structures and programme content.

## **2 Background information**

- 2.1 The Leeds Transformation Board is comprised of senior director representatives from Clinical Commissioning Groups, NHS England and Leeds City Council commissioners of services, alongside senior directors from Leeds Teaching Hospitals Trust, Leeds Community Healthcare Trust, Leeds and York Partnership Foundation Trust and third sector representatives. Together they consider, develop and manage delivery of the required strategy and associated programme of activity to transform health, social care and public health services in the city.
- 2.2 The Leeds Transformation Board has undertaken a development programme to build a shared vision for the city and identify the key areas of focus for transformation activity. This has resulted in the agreement to develop a shared city-wide, health, social care and public health, commissioner and provider strategy for the city. As a first step the Transformation Board has overseen the development of the 5 Year Health Commissioning Plan for the Leeds Unit of Planning which was agreed by the Health & Wellbeing Board at its meeting of 18<sup>th</sup> June 2014. Work on the city-wide strategy will now continue to incorporate the social care, public health, workforce, estates, informatics, infrastructure and provider perspectives in more detail and further refine the economic modelling and measurement processes.
- 2.3 In parallel the Transformation Programme which will ensure delivery against these strategic aims has been developed, see Appendix 1. This has been grounded in an evidence base drawn from the Joint Strategic Needs Assessment, the opportunities identified in the national Commissioning for Value work, commitments within the Better Care Fund and local improvement work. This work has included review, revision and establishment of governance arrangements, adoption of an Outcomes Based Accountability approach, alignment of measurements with the Joint Health & Wellbeing Strategy and definition of the programmes of work.
- 2.4 In support of this work the Transformation Business Unit has been established which provides the portfolio management, programme and project management, business intelligence, financial modelling, communications and engagement resource to the Transformation Programme. The Transformation Director who will head up this unit and work with all partners to drive the work of the Transformation Board joined the team on 1 July 2014. The Transformation Director will report to the Chair of the Transformation Board.
- 2.5 Over the last three months the Medical and Nursing Senates have established the Leeds Institute for Quality Healthcare (LIQH) which will be driving a set of quality improvement programmes across the city and build an extensive team of clinicians and managers across the city with the skills and tools to lead quality

improvement activity. The objectives of the LIQH are well aligned to the objectives of the Transformation Programme, the steering group has some shared membership with the Transformation Board, and we have arranged quarterly system wide meetings to ensure continued alignment and shared understanding of these two vehicles for change in the city. The senior director leading each programme is ensuring that the work of the LIQH in their area of responsibility is well understood and recognised in their own area.

### **3 Main issues**

- 3.1 There are six programmes which are core to the delivery of the transformation agenda in the city. The Growing Up in Leeds programme is already well established and sits with the Integrated Commissioning Executive. The Transformation Board maintains a communication channel with this programme to ensure that we are able to effectively manage the dependencies between this and other programmes, and are able to identify shared opportunities. The Goods and Support Services Programme will address the cross sector opportunities available in use of estates, procurement, shared buying power and other supplies issues. This programme will be fully developed now that the requirements of the service delivery focussed programmes are more fully understood.
- 3.2 Whilst all programmes are governed by the Transformation Board in order to ensure expert oversight some also report to other structures within the city. For example, the urgent care programme is overseen by the Strategic Urgent Care Board, and the dementia programme is overseen by the Dementia Partnership Board.
- 3.3 The following sections describe the emerging vision and priorities for the four core programmes which focus on services directly affecting patient care (excluding Growing Up in Leeds where the primary governance is through the Integrated Commissioning Executive).
- 3.4 *Elective Care:*
  - 3.4.1 The elective care vision is to reduce differences in life expectancy and patient experience by working together to have the best planned care and diagnostic services.
  - 3.4.2 The elective care programme will focus on the immediate priorities of: outpatient care including diagnostics; inpatient care; and the cancer work programme.
  - 3.4.3 Over the life span of the programme elective care will:
    - Use the latest evidence to obtain best outcomes for patients
    - Use the latest technology to enable patients to be seen by the right professional at the right time in the right place
    - Deliver care as close to patients' home as is safe and efficient
    - Enable patients to take more control of their health and care

- Deliver high quality services with equal access to all communities
- Ensure more productive use of NHS buildings and resources
- Better target cost-effective services within elective care
- Make every contact count to improve patients' individual health

### 3.5 *Effective Admission and Discharge:*

3.5.1 In simple terms the vision of the Effective Admission and Discharge Programme is for patients to receive the right care, at the right time in the right place.

3.5.2 The immediate priorities of the programme are to: build capacity to assess and sign post patients to an appropriate healthcare pathway in the event of an actual/perceived emergency; increase early and sustainable discharge into the community; and meet patients' needs in the community to avoid emergency admissions and enable early discharge.

3.5.3 In five years' time citizens of Leeds will:

- in the event of an emergency only be admitted to hospital if the medical care required is outside the extended scope of the services provided in the community
- in the event of an emergency hospital admission, be notified of their discharge date, within 24 hours of admission to hospital
- be discharged from a hospital bed in a timely manner and with the right support in place in the community to help them recover and rehabilitate and to prevent readmission
- be able to access a community bed without delay and receive a high standard of care across all community bed settings

### 3.6 *Urgent Care:*

3.6.1 The vision of the Urgent Care programme is to provide an Urgent Care and Emergency system that delivers the best achievable outcomes for individuals with an acute or perceived urgent care need

3.6.2 The immediate priorities of the programme are to address the needs of the following cohorts of people: frail and elderly people; those experiencing mental health crisis including self-harm; children and young people; and those using urgent care services for acute and chronic alcohol related needs.

3.6.3 To deliver this and subsequent changes the urgent care programme will:

- Use the latest evidence to obtain best outcomes for patients
- Convert urgent care into planned care where possible – plan discharge prior to event

- Make 111 the default place for early signposting and information
- Patients only Walk In once
- Establish clear brands – 111, 999, GP, Hospital
- Deliver care as close to patients' home as is safe and efficient
- Enable patients to take more control of their health and care
- Deliver high quality services with equal access to all communities
- Ensure more productive use of NHS buildings and resources
- Use IM&T to enable cross agency working
- Turn data into intelligence to inform commissioning decisions
- Maintain financial sustainability and commission value for money

### 3.7 *Long Term Conditions, Frail Older People, EOL & Dementia Programme (LTC):*

#### 3.7.1 The programme aims to achieve the following vision of the Leeds care system in 5 years:

- We have a tried, tested and systematic approach to the identification of those with, or at risk of developing, long term conditions, including frailty and dementia.
- We provide equitable access to services that prevent the development and slow the progression of these conditions, targeted at local populations of need.
- We have tackled variation in practice, driven up quality of care and embedded a culture of continuous improvement by applying the Leeds Institute of Quality Healthcare methodologies.
- We have a clear approach to developing and co-ordinating personalised, proactive care plans across the City with the aim of keeping people well.
- We provide consistency in supporting individuals and their carers across the primary, community, secondary, social and 3rd sectors. Every care professional understands the benefits of supported self care and can readily access the assets that sit in the community as part of this.
- People themselves understand how to manage their conditions and feel supported to do so.
- There are open conversations to identify people in their last year of life. The development of person centred end of life care plans enable people to be looked after in their preferred place of care during their final months.

### 3.7.2 In order to deliver this vision:

- The programme will use the Charter for Integration (see Appendix 1.), developed with service users and carers, as the basis for service user engagement in the programme. The programme will aim to co-produce models of care with users and carers.
- System changes will be designed around the wellbeing of individuals and carers, whilst also being mindful of the need to achieve the best value from the Leeds £.
- The work of the programme will be based on shared and meaningful outcomes that are agreed by partners across Leeds, including service users and carers. Success will be regularly evaluated against these outcomes.
- The system will act as a virtual single organisation in designing and implementing the programme. Clinical and non-clinical leaders will be mandated to work in partnership by their organisations in order to achieve the programme vision. This will require significant system wide clinical and non-clinical engagement and leadership at all levels.
- The House of Care model will be used as a framework to develop holistic, person-centred models of care which utilise care planning, partnership working, self-management and use of community assets to support people to stay well.
- Delivery will be managed through effective project and programme governance.

### 3.8 *Better Care Fund:*

- 3.8.1 The Health and Wellbeing Board has previously agreed the Better Care Fund (BCF) programme for the city which includes work which is aligned to the vision of the Transformation Board. The BCF will not create new structures to govern the schemes.
- 3.8.2 To ensure appropriate alignment of effort, avoidance of duplication, and the ability to share and spread learning, the accountability for each of the schemes will fall within the Transformation Board structure with each scheme being aligned to a specific board/group.
- 3.8.3 These boards/groups are accountable and responsible for development of the business cases for the specific schemes, delivery of the scheme in-line with its business case and reporting to the Transformation Board and ICE.
- 3.8.4 Leeds intends to use its Pioneer status to influence a preferred choice of indicators that may not be the same for Leeds as elsewhere.
- 3.8.5 It is expected that we will have to provide an update to our original submission towards the end of July. The exact details of what is required in this update is still to be confirmed by NHS England/LGA.

### **3.9**     *Integration Pioneer programme:*

- 3.9.1     As the Board will be aware, Leeds was successful in being named as one of 14 (now 15) integration pioneers in November 2013. Becoming an integration pioneer presents Leeds with the opportunity to achieve its ambition of becoming the Best City for Health and Wellbeing through a) make best use of freedoms and flexibilities and b) drawn on national/international expertise and support.
- 3.9.2     As details of the national programme for pioneers has emerged over the past few months and as senior leaders in Leeds have articulated our “asks” of central government, it has become clear that the pioneer locally can support the transformation programmes, including integrated health and social care. Each programme area will consider the opportunities afforded by our Pioneer status to enable further, or more rapid, transformation of our system.
- 3.9.3     To this end, the Leeds pioneer working group has been included as an “enabler” in the Transformation Programme with the Health and Wellbeing Board retaining overarching strategic leadership. Robust arrangements are being put in place to facilitate this enabling process, to ensure that local needs are fully understood and national support offers can be deployed for maximum impact.
- 3.9.4     Examples of national support to date include securing a systems leadership consultant to work with the city, Monitor is leading a round table workshop to look at payment and contracting mechanisms on 2 July and a workshop is planned with Health Education Yorkshire and the Humber (along with other workforce development national partners) to explore future workforce needs for the city.

## **4**       **Health and Wellbeing Board Governance**

### **4.1**       **Consultation and Engagement**

- 4.1.1     The Transformation Programme has been built from an extensive programme of engagement with the commissioner and provider organisations across the city and is designed to deliver the 5 Year City Wide Strategy which includes considerable consultation with the public and other stakeholders as described in the paper presented to the Health and Wellbeing Board on 18<sup>th</sup> June 2014.

### **4.2**       **Equality and Diversity / Cohesion and Integration**

- 4.2.1     There are no specific Equality and Diversity / Cohesion and Integration implications arising as a direct result of this report.

### **4.3**       **Resources and value for money**

- 4.3.1     There are no direct implications on resources and value for money arising from this report. However, the alignment of commissioning decisions and strategies has the potential to improve the use of the ‘Leeds £’. Work continues within the programmes to fully understand their impact on the use of the ‘Leeds £’.

### **4.4**       **Legal Implications, Access to Information and Call In**



4.4.1 This report is not subject to call in.

## **4.5 Risk Management**

4.5.1 The clinical commissioning groups, NHS England and the Local Authority have a statutory duty to demonstrate due regard with the Joint Health & Wellbeing Strategy. Failure to do so could result in:

- Public and political challenge
- Adversely affected reputation
- Missing the opportunity to take advantage of strategic citywide alignment leading to potential negative outcomes for people and finances

4.5.2 This risk has been mitigated by adoption of the JHWS Vision for the Unit of Planning, a shared OBA approach and therefore a shared approach to measurement of success.

4.5.3 The Transformation Board oversee the Transformation Programme to ensure that its activities are aligned to the 5 Year City Wide Strategy and thereby remain aligned to the Joint Health & Wellbeing Strategy.

## **5 Conclusions**

5.1 The Transformation Board comprising the commissioners and providers of health, social care and public health in Leeds have taken a shared view of the challenges facing the city over the coming 5 years and devised a transformational programme of change to deliver a sustainable system for the future.

5.2 Continuing work is required through the coming 3-6 months to determine the further actions required to address the challenges facing specialised commissioning, primary care and the programme of action required to co-ordinate enabling responses such as estates and workforce.

## **6 Recommendations**

6.1 The Health and Wellbeing Board is asked to:

- Note the progress of the Transformation Programme.
- Consider the role of the Health & Wellbeing Board in the continued development and delivery of the Transformation Programme.
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