Health and Social Care plans in Leeds: a two year 'look ahead' for the City
The view from the 3x CCGs, LTHT, LCH, LYPFT, Leeds City Council and NHS England (WY)

Background

Leeds has an ambition to be internationally renowned for its excellent health and social care economy and a vision to be the best city in the UK for health and wellbeing. The city faces many significant health and social care challenges commensurate with its size, diversity, urban density and history. As a community we have set three key challenges in terms of sustainability, to:

- Design services in line with the Joint Health and Wellbeing Strategy to meet the needs of people, not organisations
- Bring the overall cost of health and social care in Leeds within affordability limits - transformation is required to reduce current costs
- Change the shape of health provision so that care is provided in the most appropriate setting.

To facilitate work to address these challenges we have developed the concept of the Leeds pound (£). This describes how to make the best use of collective resources across the health and social care system, taking shared responsibility for the financial challenge and achieving a financially sustainable system regardless of the source of the financial pressure. The plan for the Leeds £ is to create a sustainable high quality health and social care system fit for the next generation. This will be achieved by having a clear vision for how the health and social care system needs to operate and how it will be experienced by patients in the future. It will be underpinned by a comprehensive and integrated five year commissioning and services plan which has this strategy at its core.

It is estimated that all health and social care provider organisations in Leeds spend around £2.5bn a year on services. The NHS and LCC have funding challenges ahead with projected demand outstripping income. Through an economic modelling approach a refined calculation of the whole health system financial challenge has been made and this is showing the estimated shortfall in the system as approximately £64.1 million in 15/16, expected to rise to £633 million over 5 years. The refined understanding is as a result of increasingly comprehensive modelling which now includes both LCC and specialised commissioning latest figures. The combined CCG commissioning gap remains unchanged at £88.3 million. As the total local health economy budget is £1.7bn per annum then this deficit equates to approximately 7.3% of the overall budget.

With its size, ambition and health and wellbeing assets, Leeds has the ability to lead the way for healthcare delivery. Whilst doing so, the city faces a number of health challenges commensurate with its size, diversity, urban density and history. On the positive side Leeds has a unique collection of assets which it can draw on to face the challenges and achieve its ambition. These include three Universities, the largest teaching hospital in Europe, a thriving and engaged voluntary and community sector, the geographical colocation of national bodies such as NHS England, The Health and Social Care Information Centre, The NHS Leadership Academy and excellent system leadership across health and social care.

Work since the Health and Wellbeing Board of 18th June 2014.

As work for the submission needed from the CCGs for the 20th June to NHS England was developed, the Transformation Board agreed that we needed to develop a programme of work across the City to link up this planning; this programme is headed by Liane Langdon. It was also clear that while for health there were clear planning process and submission demands for both provider organisations and commissioners, much of this work relies on close working with primary care and with social care and public health. The work programme brought key people from all these areas together. Working together a process has been developed to enable those who led on planning in all the health and social care organisations across Leeds to look at planning together to ensure that the work ongoing not only joins up on the ground but also at a more strategic level. To make this happen several things have been put in place. These are:

- **Regular meetings**

Senior planners from health, social care and public health come together in a variety of setting to share the work done internally within organisations. Together an approach has been agreed for city wide planning coordination across health and social care providers. The Citywide Planning Coordination Group[1] now meets regularly.

- **Workshops to examine the actions that will happen between now and spring 2015**

From this group, work started to ensure what is happening in the six Transformation Board programmes and other areas such as mental health and maternity service were coordinated. To do this, all the programme and work stream leads along with key planning members and Directors of Commissioning as well as public health came together to map the key actions that will happen between now and spring 2015

- **Identifying where areas need to be joined up**

From the workshops and from sharing plans, areas of closer working have been identified, for example cross-city issues such as the impact of changes in services on primary care, how to respond to commissioning changes for specialist services, and planning for the future need in terms of workforce.

As part of the work of the group an approach to describing the 'long view' for the next two years for response to the Health and Wellbeing Board was agreed, and the remainder of this paper is this work.

[1] For list of members see end of document

The 3 Clinical Commissioning Groups (CCGs) – submitted as a unit of planning

Title	Explanation	Organisational response
What principles, assets or unique role does your organisation hold?	What is the key thing that defines your organisation? What is your particular contribution to the health and wellbeing system in the city? What is your particular contribution to the Joint Health and Wellbeing Strategy? What are your key assets (HWB may be interested in key estate, provision capability or skills base)	The three CCGs in Leeds are working together as one planning unit along with NHS England, they are: • NHS Leeds North CCG. • NHS Leeds South and East CCG. • NHS Leeds West CCG. In addition to the responsibility each CCG has for delivering services in its geographical area we have nominated leads for commissioning areas to minimise duplication, increase decision making efficiency and avoid planning confusion. We are also working alongside NHS England to ensure that commissioning decisions support patient care, particularly for areas of specialist commissioning and primary care. Local work streams, such as locality and primary care development, are brought together through the meeting of lead officers in our Integrated Commissioning Executive (ICE). Our key role, and differences from the PCTs, is the level of clinical engagement that the membership model creates. This not only improves our links with staff working in primary and community care but also means that we are able to commission more effectively in response to the needs of local population. Combined with evidence based commissioning we are able to develop services that tackle the health and wellbeing of the most vulnerable populations whilst empowering people to manage aspects of their own care as we know this improves outcomes. <u>NHS Leeds North CCG</u> We lead on commissioning adult mental health, people with learning disability with complex need, dementia, and urgent care services on behalf of all three CCGs. We also are working with NHS England to agree the future framework for co-commissioning primary care services. Development of the mental health framework and creating new ways of delivering care to patients who have dementia, and their carers, is a key focus for the next two years. Further development of locality primary care models is a key area of work, as is engaging members of the public, patients and carers

		in describing to the CCG what they want from health and social care services. NHS Leeds North Clinical Commissioning Group (CCG) is an NHS organisation led by GPs and nurses. Leeds North CCG is unique in Leeds because it has a "Council" of members as its core decision-making body. The Council is made up of representatives of each of its 29 member GP practices. It meets every two months so practices can discuss and agree how to tackle health issues affecting their local patients and communities. This union of GP practices ensures that local participation is at the heart of everything Leeds North CCG does. <u>NHS Leeds South and East CCG</u> We lead on children's and maternity, community, continuing care and end of life service commissioning on behalf of all three CCGs. As part of this role we lead all contract and performance discussions with community providers, including Leeds Community Healthcare Trust. Our portfolio means that we work closely with our partners in health and social care to improve the integration of services for our patients. LSE also leads and supports the Transformation Board on behalf of all health and social care partners in the City. We have an ambition to reduce the Potential Years of Life Lost (PYLL) due to conditions amenable to healthcare by 26.6% in five years: There is recognition in the Health and Wellbeing Board strategy that health inequalities in Leeds cannot be tackled without significantly – and disproportionately – improving the health of the LSE population. Our local commissioning efforts are therefore focused on achieving this ambition. NHS Leeds South and East Clinical Commissioning Group (CCG) is an NHS organisation led by GPs and nurses within a membership committee. The membership committee is made up of representatives of each GP practice, and meets so practices can discuss and agree how to tackle health issues affecting their local patients and communities. This union of GP practices ensures that local participation is at the heart of everything Leeds South and East CCG does. <u>NHS Leeds West CCG</u> We lead on contract and performance discussions with acute providers, including the contract with

		Leeds Teaching Hospitals Trust on behalf of all 3 CCGs. This includes admissions avoidance and also elective and outpatient care. We also are working with NHS England to agree the future framework for co-commissioning specialist services from the acute sector. We have identified the key service change to focus on locally is building capacity and access in primary care and working with primary care to ensure that the increased capacity supports quality improvements and the delivery of the city wide transformation programme. We are also developing a Patient Empowerment Project which will work in a coordinated way across the CCG more closely with voluntary and community sector. This will primarily be in our more deprived areas to provide an increased number of non-clinical support services that will improve the lives and wellbeing of those populations e.g. signposting and help with accessing a range of services both health and welfare. NHS Leeds West Commissioning Group (CCG) is an NHS organisation led by GPs and nurses within a membership committee. The membership committee is made up of representatives of each GP practice, and meets so practices can discuss and agree how to tackle health issues affecting their local patients and communities. This union of GP practices ensures that local participation is at the heart of everything Leeds West CCG does.
Contribution to Joint Health and Wellbeing strategy	What key service changes are your organisation planning to make over the next two years (4-5 per organisation)	All three CCGs support the Transformation Board which brings together all the key players across the city from health, social care, finance and public health, commissioning and provision. This board has six transformational programmes: • Effective admission and discharge. • Elective care. • Urgent care. • Adult Integrated Care and Prevention. • Growing up in Leeds. • Goods and support services. In adding to these programmes of work we also support many other including the key areas of

		maternity and adult mental health. We have also built ownership of several underpinning system changes that need to take place to enable transformational change to happen. They are: • Exploring contractual mechanisms and pay systems, aligning incentives and considering how money can follow risk. • Using open book accounting. • Using technology enablers to improve patient care and efficiency. • Driving efficiencies in health and social care estates utilisation and in non-pay costs. • Maximising our workforce including transferring the workforce to meet the needs of patients. In this way we can maximise the experience of our staff and minimise cost as well as ensuring we have a future proof Leeds health and social care workforce. • Freeing up efficiencies from IT, back office system and processes to remove duplication to minimise the financial impact on frontline clinical services.
How will this change impact the role or function of your organisation?	What is the key thing(s) that will change about your organisation in the next 2 years?	There are already many workstreams delivering improvements and new initiatives, such as the Better Care Fund (BCF), are showing efficiencies from joined up working. Ideas such as linking health and wealth and defining the best use of the Leeds £ contribute to the work to improve the long term health of the population of Leeds by addressing inequalities and the fundamental causes of ill health. The development of primary care is the big agenda for CCGs, and the City, over the coming months and years. Working with members we will ensure that we shape the role that they can take in delivering a range of services and responding to the need for more care to be managed in the community and closer to home. Without this work our aspirations for reducing unnecessary admissions and shortening length of stay allowing us to reduce the bed base in LTHT will not be possible. The two most significant changes expected within the next two years are related, and concern the expanded commissioning role for CCGs in primary care and specialist services. Discussions have commenced with NHS England and we are working closely with our partners across West Yorkshire

		and with other major cities to influence these developments as far as possible. We welcome the opportunity to have a greater role in the development of primary care, because of the role primary care – as a strong provider – has to play in supporting more patients to live independently at home for longer. We also welcome the opportunity to commission appropriate specialist services in order to explore the clinical and productivity benefits associated with greater oversight at a local level. Other key areas for development and improvement are mental health – working both with LYPFT for adult mental health and LCH for CAMHS to ensure that we improve pathways and support prevention and recovery and also working with LTHT to improve maternity services. Both of these key areas of work are providing changes to the pathways and systems that service users have told us that they want.
Impact on the population	Outcomes and key impact measures of the key service changes	We have devised a set of principles about how we achieve integration across all health and social care services in partnership with our providers. These reflect the key concepts of commissioning for the needs of a population rather than for provider structures, and aligning finance and risk to enable the provider system to respond to the needs of that population: • Integration can be used as a tool to address the needs of populations – both as a model of care and as a model of commissioning. • Operational delivery/sign off of the Target Operating Model for integration during 2014/15 and the Better Care Fund must continue at pace and should not be affected. • Money should follow risk in the system and capitated budgets could facilitate this • Explore accountable provider structures for particular populations, cohorts or pathways as determined by need and potential for quality improvements. • The system should remain flexible to adapt to emerging needs. • We will work in collaboration with commissioners and providers over the most appropriate geographical footprint to optimise services for our population. There is work to be delivered over years one and two of the strategy timeline to make improvements to the system that are transactional and will deliver some of the changes in the system we need. Without these first steps we will not be able to prepare the system, and the users of the system, for

		the changes we need to make. The real transformational impact will be seen from year three onwards. Here we need primary care to be expanding its role to allow and support more community care and care closer to home.
Population affected	Any specific populations affected by your work e.g. demographic, age, geographical (locality or ward) – either positively or negatively (where negative give mitigating actions where available)	Although CCGs have a remit to improve the health of their whole population there are key population that will be the focus for work over the coming months and years. These are: • Those with long term conditions – including those with dementia. • Those who use A&E for urgent and non-urgent care support. • Older people – particularly those who are frail. • Carers. • People with mental health issues. • Children. • Vulnerable groups – including process of work to target the most vulnerable and those who do not access services readily. This includes those who are living in the most deprived wars of the City.
Best City	Roles outside of core functions - Such as enterprise, innovation, teaching and research – and other contributions to the Best City vision	Leeds Institute for Quality Healthcare - we are using the LIQH (with our academic partner) work to develop the skills of our leaders and clinicians to make significant quality improvements and reduce variation in all aspects of our health care system. This work is aiming to maximise improvement in quality across the whole care pathway. Pioneer status - we have developed 13 integrated teams wrapped around practices across the city, working with service users, GPs and the voluntary and community sector to help deliver better integration and seamless care. Integration of services is part of our work as one of the 14 Pioneer sites across the country testing approaches to funding and delivery of integrated care. Leeds and partners – we are working with the team that is attracting investment to the City to provide increased employment opportunities.
Risks and issues	Any key areas of concerns?	The financial risk is a key are where we need to manage and support out partners to enable us to change the commissioning landscape to make the scale of redesign needed. We will need to work in a way that ensures that the financial, legal and contractual frameworks are designed and

		implemented to commission integrated care. Additionally, providers will be incentivised to collaborate to design and deliver the holistic care models. This will include a commitment to the sustainability of the provider organisations who engage in developing integrated models of care where shifts of activity could have a destabilising effect. The impact of Specialised Commissioning changes will need management to ensure that we work with NHS England to improve services. We are also working alongside NHS England to ensure that commissioning decisions support patient care, particularly for areas of specialist commissioning and primary care. To improve our primary care structure we need to support the development of general practice services. They will require investment and innovation to improve access and quality of care for patients particularly as we move more services from a hospital setting to community environments. Thus we need to align incentives to allow this change. The work in Year of Care is examining how this can happen within the contracting framework. Work to address how we can support those who have mental health issues and learning disability will also require support from primary care.
Assumptions and dependencies	Which other organisations will support the achievement of your work? What are you doing to enable others?	Overall this system change will require new ways of working for not only commissioners and providers, but also for the public in how they interact with the health care system. <u>Primary care</u> Changes to primary care and the services that they deliver and the way they deliver them is key to enable us to do the system change the City needs to meet improvements in quality and bridge the deficit (£633m) that is forecast if we do nothing. Primary care will need to become more responsive and increase its capabilities across a range of services, if it is to become the first port of call for patients in future. <u>Voluntary and community sector</u> New roles for the voluntary and community sectors is another key part of the jigsaw if we are to fundamental transform services to bring care closer to home and to enable us to tackle the preventive agenda an deal with the increasing social isolation we know large sectors of the community face. <u>Commissioner</u>

		We are assuming that the dialogue with NHS England will be open and transparent, and so far this has been the case. There is obviously a risk that making changes to providers of local as well as specialist services may impact negatively on them as a viable organisation and we will make every effort to ensure that we work collaboratively to ensure that this is not the case. <u>Partners and providers</u> Increasing the support closer to home and in the community will also require commitment from all provider organisations including secondary care, mental health services and the voluntary and community sector. Member practices and the wider primary care team will need to work together to ensure that changes happen in the community to allow new ways of delivery to happen. Providers can deliver on their stated CIP. <u>Public and patients and carers</u> Patients and their carers need to be able and willing to take on a more proactive role to their care and some will need support to do this. We will also need to support members of the public to get in involved in the wider process of engagement and this will need innovative approaches to seek feedback from those who are traditionally seen as hard to reach.
Where the HWB Board can support delivery of our plans	Any areas where you need the support of the board?	Support for Leeds £ and pooled commissioning decisions. We have agreed across the system that we will make the best use of our collective resource across the health and social care system, including public health. Together we are taking shared responsibility for the financial challenge and achieving a financially sustainable system regardless of the source of the financial pressure. The plan for the Leeds £ is to create a sustainable high quality health and social care system fit for the next generation. This will be achieved by having a clear vision for how the health and social care system needs to operate and how it will be experienced by patients in the future. It will be underpinned by a comprehensive and integrated five year commissioning and services plan which has the Health and Wellbeing Strategy at its core. Support in making and communicating tough decision to the public – services will change and people will not be able to access them in the same way as before but we are working on developing how we move towards a consistent message that informs the public that we are driving up quality of care and

		improving clinical outcomes by changing the way that we offer services. Our commissioning is made on good evidence base and the public may need reassurance that it is this and not cost saving that this is at the heart of the changes.
Any other comment		

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Leeds and York Partnership NHS Foundation Trust (LYPFT)

Title	Explanation	Organisational response
What principles, assets or unique role does your organisation hold?	What is the key thing that defines your organisation? What is your particular contribution to the health and wellbeing system in the city? What is your particular contribution to the Joint Health and Wellbeing Strategy? What are your key assets (HWB may be interested in key estate, provision capability or skills base)	Leeds and York Partnership NHS Foundation Trust (LYPFT), have one core purpose; improving health and improving lives. This is best defined by the organisations ambition: "Working in partnerships, we aspire to provide excellent mental health and learning disability care that supports people to achieve their goals for improving health and improving lives". Our Trust is the main provider of specialist mental health and learning disability services in Leeds, York, and the surrounding area. We want to help people to live well, whatever their mental health condition or learning disability, and our commitment to person centred, recovery-focused care is at the heart of our services. Improving mental health and wellbeing is one of the 4 commitments of the Health and Wellbeing Board and we are the main contributor in the city in service provision, strategic leadership, and well developed anti-stigma and discrimination work. Our key asset is our staff who provide compassionate, high quality care that focuses on improving lives; they treat people with respect and dignity; they make sure that everyone counts by supporting people to achieve their individual goals; and our staff know the importance of working together with our partner organisations to make sure people get the best package of care and support to meet their needs. The majority of our care is provided in or close to people's own homes with a need for them to stay in hospital kept to a minimum. When inpatient care is required, it is provided primarily in purpose built units, responsive to the needs of people who use our services, their families and their carers.
Contribution to Joint Health and Wellbeing	What key service changes are your organisation planning to make	Our key service changes are multi-faceted comprising significant improvements to how we approach and deliver services, and in how we collaborate with partners. In the next 2 years we will be focusing on: • Implementing a major programme to improve service user outcomes by embedding new

strategy	over the next two years (4-5 per organisation)	approaches to recovery, person-centred care and effective care planning. • Developing and implementing integrated care pathways (ICPs) to improve quality. • Implementing specific clinical service developments to meet service user, carer, commissioner, and partner expectations. • Developing and implementing new partnership service models in collaboration with the voluntary sector to deliver improved outcomes. • Developing and implementing new integrated service models in collaboration with health and social care partners.
How will this change impact the role or function of your organisation?	What is the key thing(s) that will change about your organisation in the next 2 years?	The Trust enters the two year planning period in a strong financial position. This provides a solid platform in the context of the challenges we face, with potentially some opportunity and a degree of flexibility which will support our overall strategic direction. We will further develop partnerships and integration opportunities and seek specialist services growth into Centres of Excellence.
Impact on the population	Outcomes and key impact measures of the key service changes	The Trust has agreed that the Health of the Nations Outcome Score (HoNOS) should be the approved Clinician Reported Outcome Measure (CROM) or a derivative e.g. HoNOS Secure, HoNOS LD. A HoNOS report is produced in the PARIS electronic system, so comparisons of scores can be made for each service user. Work is ongoing to produce HoNOS reports at team, service and organisation level. The Trust is looking to agree a preferred Patient Reported Outcome Measure (PROM) for each of its main or specialist service areas. It is currently trialling SWEMWBS (the Short Warwick and Edinburgh Mental Wellbeing Scale), Psychological Therapies Services and many specialist services already use CORE 10 and will continue to do so. Our aim is that every service user is offered and has the opportunity to complete a PROM. Nationally, all NHS providers have to use the Friends and Family (F & F) Test as a Patient Reported Experience Measure (PREM). The Trust has agreed to incorporate the F & F Test as the first question of its 'Your Views' survey which Quality Health will be administering on the Trust's behalf from

		December 2014. The Trust also participates, on an annual basis, in the National Community Mental Health Service User Survey and National Inpatient Mental Health Service User Survey.
Population affected	Any specific populations affected by your work e.g. demographic, age, geographical (locality or ward) – either positively or negatively (where negative give mitigating actions where available)	Children, young people and adults with mental health conditions, learning difficulties or autism can lead healthy and fulfilling lives with the right support from family, friends, voluntary sector services, statutory services (like schools, health, social care and housing), and employers. For many, good mental health and wellbeing are achievable goals. Our role, in partnership with people themselves and other agencies, is to help them to achieve this and so improve their health and lives. Our work, particularly focused on adult and older people's mental health, is focused on improving the quality of care and outcomes we achieve with people, whilst developing longer term sustainable partnerships to ensure this continues.
Best City	Roles outside of core functions - Such as enterprise, innovation, teaching and research – and other contributions to the Best City vision	Our Trust is a teaching organisation with close links to local universities. We host the Northern Centre for Child and Adolescent Psychotherapy and the Andrew Sims Centre for Professional Development. We also have a strong reputation as a centre of excellence for research and excellence. We are developing plans with the University of Leeds to evaluate and develop our innovative work on partnerships and new models of service with the voluntary and community sector. Collaborative approaches to further improve self-management is also being led through the mHealth Digital tools project.
Risks and issues	Any key areas of concerns?	Partnership working and developing new models of service requires a well-developed and capable voluntary and community sector and or primary care mental health workforce. The Trust is developing a voluntary and community sector workforce in partnership with Commissioners through a Rehab and Recovery proto-type model. Lack of future investment into the Trust, particularly for specialised services represents a concern. A

		more coherent and clear plan on how specialised services are to be commissioned in the future would be of benefit. If we don't manage to either better utilise estate or get business from specialist services there are financial risks.
Assumptions and dependencies	Which other organisations will support the achievement of your work? What are you doing to enable others?	The Trust requires partnerships at all levels to ensure we can continue to deliver high quality and effective services. Our recovery and person centred approach to rehabilitation has been developed in partnership with service users and carers, supported by Commissioners and the health scrutiny working group, voluntary and community sector partners keen to develop new service models with us, and the University of Leeds. Through the Mental Health Partnership Board the Trust is leading a Provider Partnership Programme that brings together significant numbers of voluntary and community sector mental health providers to develop and design alternatives to statutory provision. Work has also been initiated between the Trust and Adult Social Care to consider how we better integrate mental health services.

Author: Richard Wall (Director of Strategy and Planning, LYPFT)

Leeds Community Healthcare Trust (LCH)

Title	Explanation	Organisational response
What principles, assets or unique role does your organisation hold?	What is the key thing that defines your organisation? What is your particular contribution to the health and wellbeing system in the city? What is your particular contribution to the Joint Health and Wellbeing Strategy? What are your key assets (HWB may be interested in key estate, provision capability or skills base)	Leeds Community Healthcare Trust (LCH) exists to provide coordinated and seamless health and social care to people in (or near to) their own home; wrapped around local neighbourhoods. We will ensure that community based care is the first option for NHS care, rather than 'just' the place for patients discharged from hospital for ongoing care. Our services engage with some of the most vulnerable people in society. They work with everyone from birth to end of life, everywhere from the hospital to home; from the street to the prison; from the health centre to the local school. They also provide the full spectrum of care from universal through to specialist. Our services are part of communities and work with partners to improve access for those who find it difficult to gain appropriate care and support. The expertise and culture of staff within community services ensures a real focus on prevention and the ongoing management of the conditions that patients live with every day. We have a pivotal role to play in delivering the city's ambitions and plans, leading on or being a major partner in delivering the outcomes of the Joint Health & Wellbeing Strategy and the commitment to be a Child Friendly City.
Contribution to Joint Health and Wellbeing	What key service changes are your organisation planning to make	i) Provide more care closer to home – Our services will be developed and increased to ensure more people can be treated in the community. LTHT have set out in their 5 year strategy the need to reduce admissions for the frail elderly and people with long term conditions by 20%. We need to ensure there is the capacity in the community to manage this change. Our

strategy	over the next two years (4-5 per organisation)	services will respond by continuing to ensure people remain in the community stopping any unnecessary admission to hospital or supporting people to be discharged from hospital earlier. New pathways will also be developed including increased prevention through proactive management (following risk stratification) of patients who are not yet ill through to more complex work being delivered in the community instead of the hospital. ii) Integration – a significant amount of work has already been undertaken on the integration of adult health and social care across the city. Over the next 6 months we will see the agreed operating model fully functioning with a single point of referral and 13 integrated neighbourhood teams wrapped around GP practice populations. We need to take this further and ensure closer collaboration/integration between the trust, LTHT, Primary Care and LYPFT. The integration of children's services will also be expanded to all vulnerable children, particularly those with complex needs and those at risk of being looked after to ensure children and their families experience one service. iii) Raising quality and improving efficiency of all our services. If we are to deliver 4% cost efficiencies year on year we need to ensure our services are as efficient and effective as possible focussed on delivering outcomes for patients through continuous improvement and redesigning services. iv) Greater focus on prevention and early intervention – our services will continue to develop to support people to change behaviours and lifestyles, work with people who have long term conditions to keep them well and provide support to families through a universal service
How will this change impact the role or function of your organisation?	What is the key thing(s) that will change about your organisation in the next 2 years?	We will be providing more care to patients in the community. These community based services will be clinically integrated with LTHT, social care, and primary care. We would expect there to be less organisational boundaries impacting on the care that is delivered with care focussed on the patients not organisations. This will in no way be delivered within the next two years but we will need to have made significant inroads in order to ensure clinical and financial sustainability. We will also grow services where we excel and there are market opportunities. The trust is still aiming to become a Foundation Trust (FT) in line with national direction. This is taking

		longer than expected due to the national focus on quality (following the Francis review) and the introduction of the new Care Quality Commission (CQC) inspections. One of the important benefits of being an FT particularly for a community based organisation is the governance model; ensuring we are truly accountable to our public and patients through our membership and in the future our council of governors.
Impact on the population	Outcomes and key impact measures of the key service changes	Integration outcomes based on 'I statements' and feedback gathered from patients and their families, staff and the third sector. Also the required reduction in admissions to hospital. We have a programme of work to ensure we have evidence based outcomes for all our services.
Population affected	Any specific populations affected by your work e.g. demographic, age, geographical (locality or ward) – either positively or negatively (where negative give mitigating actions where available)	The key populations effected by our plans will be: i) The frail elderly and people with long term conditions. It is this population for where there needs to be the most significant change in the services and pathways of care. As described earlier all/more of this care needs to be delivered in the community by integrated teams. This is in line with what patients tell us they want. ii) Vulnerable Groups – reduce health and social care inequalities for vulnerable groups particularly through the work of York Street Practice for the homeless and the provision of offender health care services in the prison and police custody suites. iii) Children further development of universal services to support the Best Start for children and families. Children with complex needs services developed in line with the Children and Families Bill – more integrated and control for parents.
Best City	Roles outside of core functions - Such as enterprise, innovation, teaching and research – and other contributions to the Best City	We are a teaching organisation with with a strong foundation in innovation and research. We intend to grow our research capacity and capability so that it is further embedded into the trust's 'core' business. We are also a partner in the citywide Leeds Institute for Quality Healthcare and Leeds Innovation Health Hub.

	vision	
Risks and issues	Any key areas of concerns?	We have a number of key risks and issues that could impact on the delivery of our strategy and plans. Some of these are also wider health and social care system risks. i) The ability to recruit the additional nursing workforce needed to enable the shift of care into the community. There is a national shortage of community nurses and the safer staffing requirement for NHS organisations is leading to increased demand in the hospital sector. ii) The challenge to deliver cost efficiencies year on year and maintain care quality. iii) We still operate on a block contract with a focus on activity not patient outcomes. The levers and incentives in the system do not support the new integrated models of care required and are not focussed on the delivery of good outcomes for patients. iv)
Assumptions and dependencies	Which other organisations will support the achievement of your work? What are you doing to enable others?	Strong partnerships with LTHT, Social Care and Primary Care are critical in order to deliver the integrated services closer to home that people and the system require. We are working closely with the leadership team at LTHT to ensure a shared vision and coordination of plans. The third sector also has a significant role to play and we will be working with them to explore possible partnerships.
Where the HWB Board can support delivery of our plans	Any areas where you need the support of the board?	To provide the vision and leadership in delivering the local health and social economy five year plan and support for vision of more integrated care in the community. To have one collective voice to patients and the public on the service changes that are required.

Author: Emma Fraser (Director of Strategy, LCH)

Leeds Teaching Hospitals Trust (LTHT)

Title	Explanation	Organisational response
What principles, assets or unique role does your organisation hold?	What is the key thing that defines your organisation? What is your particular contribution to the health and wellbeing system in the city? What is your particular contribution to the Joint Health and Wellbeing Strategy? What are your key assets (HWB may be interested in key estate, provision capability or skills base)	Leeds Teaching Hospitals NHS Trust (the Trust) provides a comprehensive range of hospital services to the residents of Leeds and a range of specialist services to a significant part of Yorkshire. Patients may come to the Trust as planned cases or they may present at Accident & Emergency. They may also arrive at the hospital via an inter hospital transfer. Regardless of admission method, all of our patients expect, and deserve, timely and high quality care within the performance measures laid down by our commissioners and through statute in the NHS Constitution. Through the delivery of this work the Trust is also committed to providing high quality education and clinical research. The key requirement of the Trust therefore, is to balance our resources to provide high quality planned care, with waiting times not exceeding those set out in the NHS Constitution, and to treat the unpredictable number of patients who present for emergency care throughout the day and night. The volume of patients we deal with each year is high. There are approximately eighty seven thousand inpatients admitted as emergencies or transfers, thirty thousand planned inpatients, one hundred thousand day cases and two hundred thousand A&E attendances. The Trust's main contribution to the health and wellbeing of the residents of Leeds is therefore to provide both generic and specialist hospital services on demand and available locally, eliminating the need to travel to another centre. The Trust also provides significant employment to Leeds and research and training opportunities with the city's universities and primary care professionals. The "walk in" nature of the Trust's accident and emergency service means that all patients who present at the Trust will be treated, even though some could have been more appropriately treated by primary care services. The Trust's duty of care also prevents us from discharging patients who are medically fit to leave hospital but do not have an agreed safe and appropriate destination.

		To address this problem, the Trust recognises the need to build better partnerships, and integrate our care with other Leeds health and social care agencies and clinical networks across the county. Better integration will improve the way all Leeds agencies use their financial resources and it also frees capacity to allow better access to hospital care for those who need it most, particularly in times of adverse weather or widespread outbreaks of illness. Most importantly, better integration also produces an improvement in patients' outcomes by allowing support to be provided in peoples' homes. The Trust's core business is hospital care and its key assets are the expertise of its staff and the equipment available. We have transferred some services to community settings and are happy to continue to work with GPs and nurse practitioners with special interests and expertise. We also have a large, though reducing, estate and will continue to work with other hospitals and health agencies in maximising its productive use.
Contribution to Joint Health and Wellbeing strategy	What key service changes are your organisation planning to make over the next two years (4-5 per organisation)	The Trust has consulted widely on an ambitious programme to reshape its culture and values. The resultant strategy, entitled the Leeds Way, has produced five principles which will shape all the Trust's future work. These are: • Patient Centred. • Fair. • Collaborative. • Accountable. • Empowered. This work is an ongoing initiative and includes one of the biggest use of crowdsourcing engagement anywhere in the country. It also involves a new clinically led management structure driving strategic and operational plans "bottom up". Although a long term strategy, the immediate output of this work will include:

		• The implementation of the Trust's financial recovery plan. This includes cost and productivity improvements, maximising Trust income and savings resulting from better partnership arrangements with our health and social care partners. • Review of the Trust's access and capacity to ensure that it fully meets the requirements of the NHS Constitution. • The implementation of the Trust's Quality Improvement Strategy which aims to make the Trust: o One of the safest hospitals in the UK, o One of the best for quality of care in the UK, o Develop integrated health and social care services with our partners. The Quality Improvement Strategy includes better discharge arrangements for the elderly, as mentioned above, but it also contributes to wider aspects of the HWB strategy such as the care of children, health screening and improved patient experience. • Our new Public Health Strategy highlights the Trust as an active partner in ensuring the Leeds population are as healthy as possible, contributing to reducing health inequalities and sets out how we are addressing the priorities in the Joint Health and Wellbeing Strategy e.g. supporting patients, staff and visitors to choose healthy lifestyles. • Addressing the above changes will make the Trust fit for purpose in achieving Foundation Trust status which is a key objective for the Trust and the Trust Development Authority
How will this change impact the role or function of your organisation?	What is the key thing(s) that will change about your organisation in the next 2 years?	The service changes stated above will raise the productivity and effectiveness of the organisation. It will directly impact on key access problem areas and improve quality across all services. The future of particular services at the Trust depends, in part, on our discussions with local health partners and commissioners, and particularly with NHS England who commission specialist services. Specialist services are in a transition period and the Trust may be asked to take in more work from other hospitals who are unable to meet the NHSE specifications. We may also consider withdrawing from work ourselves depending on the NHSE requirements. There are also services which, although not specialist, have specifications which neighbouring

		hospitals cannot provide without some partnership arrangements with a larger Trust. This may be due to new guidance or the inability to recruit a critical mass of staff. In these circumstances the Trust will seek to be supportive in preventing a service collapse in a neighbouring District General Hospital, if we are able to do this without prejudicing our own existing services and commitments.
Impact on the population	Outcomes and key impact measures of the key service changes	Accepting the above scenarios, the Trust does not expect to introduce or withdraw significant volumes of services. More significant changes are expected to arise from joint working with Leeds agencies to improve integrated care particularly for the elderly frail and those with long term conditions. The Trust will also look for a joint approach for the most appropriate use, and provision of, accident and emergency/urgent care services. The key impact measures will be quality and health outcomes but will also include productivity and improved access to services.
Population affected	Any specific populations affected by your work e.g. demographic, age, geographical (locality or ward) – either positively or negatively (where negative give mitigating actions where available)	Within Leeds the improvements to integrated care through joint working will primarily impact on the elderly and those with long term conditions.
Best City	Roles outside of core functions - Such as enterprise, innovation, teaching and research – and	The Trust‘s links with Leeds City Council, the University and other agencies extend over a number of areas. We will continue to play a full part as a major, and responsible, employer within the city. We are proud to be involved with the Leeds Innovation Health Hub bringing inward investment and expertise to Leeds.

	other contributions to the Best City vision	We aim to be an exemplary clinical research partner, responsive to new opportunities and with an excellent track record of research study delivery. Our primary academic partnership is with the University of Leeds and we recognise that a strong and enduring partnership with the University is essential to the success of our strategy. This will be developed as an Academic Health Science Partnership, which will also work with primary care, commissioners and Leeds City Council and include a joint research support service. We are also a member of the Leeds Institute for Quality Healthcare. Annually, approximately 1,000 medical students and 450 dental students come to the Trust on clinical placements. In addition, the Trust hosts 1,800 nursing, Allied Health Professions (AHP) and scientific undergraduate placements. We have close working relationships with a number of higher education institutions, most notably the University of Leeds (through a bi-monthly Joint Partnership Board of senior and executive leaders) and also Leeds Metropolitan University. The Leeds medical school ranks highly in the survey of satisfaction amongst final year students. As well as the more formal links, the Trust values its help from a host of charities and patient groups across Leeds and beyond.
Risks and issues	Any key areas of concerns?	The main risks and issues impacting on the Trust are linked to the Trust's financial recovery and access plans, which are key to the organisation's future. If integration schemes fail to reduce hospital acute admissions the Trust faces financial and service risks, particularly if bed capacity is removed before the schemes have proved successful. These risks include: • The need to reopen capacity at short notice with premium costs incurred to secure medical and nursing cover. • A reduced bed base which no longer has the capacity to cope with demand for hospital admissions, threatening elective care targets. • Pressures in A&E compromising the 4 hour waiting time target.

Assumptions and dependencies	Which other organisations will support the achievement of your work? What are you doing to enable others?	The Trust has close partnerships with a number of agencies particularly Leeds Community Healthcare, Leeds CCGs, NHS England, Leeds University and Leeds City Council. We will continue to work the Leeds Health and Care Transformation Programme and other associated groups and initiatives to achieve more effective partnerships across the city.
Where the HWB Board can support delivery of our plans	Any areas where you need the support of the board?	The Trust would value the help of the Leeds Health and Wellbeing Board in all aspects of its vision for improved integrated and specialist care for Leeds residents. We would also ask for support where we are able to help other hospitals continue to provide a viable service in nearby localities, often serving peripheral areas of Leeds as well as their local communities.

Author: Simon Neville (Director of Strategy and Planning, LTHT)

Leeds City Council

Title	Explanation	Organisational response
What principles, assets or unique role does your organisation hold?	What is the key thing that defines your organisation? What is your particular contribution to the health and wellbeing system in the city? What is your particular contribution to the Joint Health and Wellbeing Strategy? What are your key assets (HWB may be interested in key estate, provision capability or skills base)	Leeds City Council has a vast range of statutory responsibilities, and in particular within health and social care, it is tasked with ensuring the provision of Social Care Services for both vulnerable Children & Adults, together with the provision of statutory Public Health Services. In addition, the Council provides a range of discretionary, preventative and restorative Social Care services with the aim of improving the Health & Well Being of the local population. The Council also commissions and provides a range of other services that either directly or indirectly contribute to improved health and wellbeing of citizens, including housing related services, sport, leisure, culture, employment and skills and the shaping of the local environment. The Council, through its democratic mandate, also provides a key leadership role within the city, through its promotion of the Best Council Plan and Best City ambitions. Key aspects of the Council's approach now adopted citywide are the promotion of the Child Friendly City and Better Lives campaigns. The strategic context for Leeds City Council continues to be informed by the Commission for the Future of Local Government, published in 2012. In a nutshell, this reported that the municipalist model needed to be replaced by recreating the spirit of the civic entrepreneurs who started local government. Civic enterprise is where local government becomes more enterprising, businesses become more civic and citizens become more engaged. It set out the following key roles for councils: • Councils should stimulate good economic growth, jobs and homes, so that increased council tax and business rates could make up for the cuts in central government

		support and make local government more self-sufficient: smaller in size but bigger in influence. • Councils should work to develop a new social contract between the citizen and the local state whereby public services are provided differently, and co-designed with people. • Councils should enable the infrastructure and utilities of the smart cities and towns of the 21st Century, such as superfast broadband, low carbon and social networks. The Commission also asked about solving the "English Question", and made suggestions about how the unfinished business of UK devolution should be addressed by transferring powers and resources to local government via Combined Authorities. In light of the recent Scottish Referendum this is very topical and could lead to significant changes in the way council's funding and accountability operates.
Contribution to Joint Health and Wellbeing strategy	What key service changes are your organisation planning to make over the next two years (4-5 per organisation)	The Comprehensive Spending Review 2010 set out the Government's plans to eliminate the structural deficit by the end of the current parliament. This presented a significant financial challenge to the Council which was without precedent in recent times. In this period to the end of 2014/15 funding from Central Government for core services has reduced by £129m, and taking further account of the increase in costs due to inflation, demand and reductions in income due to the economic climate, this has meant the Council has had to respond through a number of measures including: • Staff reductions of over 2000 FTEs by the end of 2014/15, spending almost £50m less on employees • Savings of circa £30m through better procurement and demand management • Increased income of £21m by higher than inflation increases and from introducing new fees and charges • Increased income from Council Tax growth of £17.8m, including changes to discounts • Generated £6.7m growth from Business Rates

		• Reduced building maintenance by £1m and highway maintenance by over £1m • Reviewing grants to the third sector including 15% reduction in grants to major arts • Closure of 7 residential homes, 12 day centres, 14 libraries, 2 sports centres, 2 community centres, 1 one stop centre and 3 hostels • Reduced office accommodation space by almost 250,000 square feet • Maintaining a significant Capital programme without increasing debt costs The Council's approach to managing funding reductions has been successful to date to the extent that challenging savings and reductions have been delivered whilst continuing to prioritise care for vulnerable adults and children. The proportion of the Council's spend on Children's Services and Adult Social Care has increased from 48.5% in 2010/11 to 57.1% in 2014/15. In response to the significant reduction in resources available to the Council from Government funding as part of the Government's austerity programme, the Council has developed a Civic Enterprise approach where in the future the Council will be smaller in size, but bigger in influence. The priorities that have emerged from this work map directly on to the Joint Health and Wellbeing Strategy, in particular in the three directorates of Children's Services, Adult Social Care and Public Health: *Children and Young People* The Council aspires for Leeds to be the Best City for children and young people, a Child Friendly City that safeguards and promotes the well-being of children and young people across the city. The Council will seek to maintain investment in preventative services and work with families restoratively, with the aim to help more families help themselves and reduce the need for statutory intervention. In particular the Council will continue to reduce the numbers of Children Looked After, support more Children to remain within their family network and reduce the number of Children in external placements.

		Adults The Council's Better Lives Programme aims to enhance the range, amount and quality of adult social care services available. Better Lives through Housing Care and Support will provide more choice and control to support more people to live independently in their own homes. Better Lives through Enterprise will continue to enhance services through the Neighbourhood Networks and support new types of preventative services including Reablement, Integrated Community Care facilities and ALL (the assistive technology hub). Better Lives through Integration will continue to develop more personalised services integrated with our community health partners, Leeds Community Healthcare, prioritising those most at risk of deteriorating health & wellbeing. *Public Health* The priorities of the Public Health Service Plan are specifically aligned to a number of the outcomes in the Leeds Joint Health & Well Being Strategy. These include: people will live longer and have healthier lives; people's quality of life will be improved by access to quality services; people will live in health and sustainable communities. To achieve this, the Public Health priorities are to: • Ensure every child has the Best Start in life • Support more people to make healthy lifestyle choices • Protect the health of the whole population • Prevent people dying early and reduce ill health • Influence the social economic and environmental conditions that impact on health and wellbeing
How will this change impact the	What is the key thing(s) that will	The Council will continue to reduce in size over the next 2 years, particularly in relation to the numbers of staff directly employed. As part of this reduction the Council will move towards a

role or function of your organisation?	change about your organisation in the next 2 years?	commissioning and place shaping role rather than a direct provider of services. The Council will also focus on the integration of services both within the Council and with partners in the city, striving to deliver better services at reduced cost. The Council will also seek to devolve more powers, responsibilities and decision making to localities to ensure that services are increasingly responsive to the needs of local communities. The requirements of the Care Act 2014 will mean that more adult social care assessments will be undertaken, more carers assessments and support services will be provided and a greater focus on information and advice services, together with more preventative services. In addition, the requirements of the Children and Families Act 2014 will mean that children with complex needs will transition from statements of Special Educational Need on to Education, Health and Care plans, jointly produced with health partners. The act also increased the extent to which personalisation will play a part in services delivered to children with complex needs. In October 2015, the commissioning of public health services for 0-5s will transfer from NHS England to the local authority, including responsibility for commissioning the Healthy Child programme which includes health visiting services (delivery of the service vision, four stage model including universal, community and targeted services) and Family Nurse Partnership services (targeted service for teenage mothers).
Impact on the population	Outcomes and key impact measures of the key service changes	The council uses a basket of measures to understand the impact of key service changes on the population, particularly basing its understanding of population on the Joint Strategic Needs Assessment and collecting measures relating to the strategic priorities in the Best Council Plan.

		The council also uses various national frameworks to benchmark Leeds and identify area of improvements: the Adult Social Care Outcomes Framework, the Public Health Outcomes Framework, and various Ofsted frameworks of assessment for Children's services. From a health and wellbeing perspective, the indicators contained with the JHWS and the outcomes the Strategy is trying to achieve remain at the bedrock of the way the council assesses the impact of service changes on the city, with the aim that we become the best city in all 22 indicators within the strategy.
Population affected	Any specific populations affected by your work e.g. demographic, age, geographical (locality or ward) – either positively or negatively (where negative give mitigating actions where available)	The Council supports the whole population of Leeds, but with specific emphasis on Children and young people through its Children's Services Directorate, including Education Services, and on vulnerable elderly people, learning and physically disabled people and people with Mental Health needs, including Carers, through its Adult Social Care Directorate. The Council will continue to seek to reduce the inequalities that exist within the city between the most deprived and more affluent communities.
Best City	Roles outside of core functions - Such as enterprise, innovation, teaching and research – and other contributions to the Best City vision	As the council becomes smaller and operates differently, it will create new partnerships, teams and different arrangements for delivering support services. The Best Council plan sets the ambition and objectives, and is available in background documents. To help achieve these ambitions, the council will focus on seven 'breakthrough projects', as listed below. Key features of these will be: an Outcome Based Accountability (OBA) approach, integrated teams, including partners and support, strong project management discipline, digital by default, and clear political sponsorship. The projects are: - Hosting world class events on a global stage as a smart city

		- Housing growth, and jobs for young people - Putting children and families first: tackling domestic violence - Making Leeds the best place to grow old - Reshaping health and social care - Reducing fuel bills and setting a revised 2050 carbon target - Rethinking the city centre The council is involved in a large number of innovative schemes which go beyond its core remit as a deliverer of statutory services but which all exist to contribute to the breakthrough projects listed about. These include its involvement in the Leeds Innovation Health Hub, the Skills Academy and as a Care Ambassador.
Risks and issues	Any key areas of concerns?	In addition to the major savings already achieved and outlined above, the indicative settlement for 2015/16 as announced in the 2014/15 Local Government Finance Settlement shows a funding reduction for Leeds of £46m, or 14.7% from 2014/15. Whilst the government has not announced any indicative figures for 2016/17, an assumption has been made for 2016/17 based on provisional national totals for Departmental Expenditure Limits (DEL). This indicates a reduction of 8.8% or £23.4m in core support from Government. This level of budget reduction is the major risk affecting the council in the next two years. Taking account of demand pressures, the council is projecting that over the next two years it will need to save at least £72m to bridge its funding gap.
Assumptions and dependencies	Which other organisations will support the achievement of your work? What are you doing to enable others?	With particular reference to health and social care, the Medium Term Financial Strategy of the council depends on good joint working between the council, CCGs and provider organisations to deliver the Better Care Fund, using the fund to manage demand and integrated care so as to improve patient outcomes and make best use of the Leeds £, our collective resource.

Author: Steve Hume (Chief Officer Resources, Adult Social Care) and Doug Meeson (Chief Officer Financial Services), LCC

NHS England (West Yorkshire Team)

1. Overall

NHS England's role is to:

- Allocate resources to Clinical Commissioning Groups and support them to commission services on behalf of their patients according to evidence-based quality standards;
- Directly commission primary care services, public health services, prescribed specialised services, health services for the armed forces and health services in the justice system;
- Take autonomous decisions about how best to allocate commissioning resources, remaining accountable for ensuring expenditure remains within the limits set by the Secretary of State for Health;
- Focus on achieving equal access to health services, designed around the needs of the patient; and
- Deliver improved health and patient outcomes.

Through its role, NHS England is accountable for the delivery of agreed goals and objectives contained in a range of governing frameworks including the NHS Constitution, the NHS Outcomes Framework and the NHS Mandate.

The Area Team in West Yorkshire has specific responsibility for:

1. Enabling the operational delivery of the local NHS, including the NHS Mandate commitments (such as Winterbourne View and Parity of Esteem) and all NHS Constitution standards (such as waiting times, A&E standards and cancer waiting times) and to provide assurance of delivery through performance monitoring mechanisms.
2. Directly commissioning the following services for people in West Yorkshire:
    a) Primary Care (medical, dental, community pharmacy and community optometry);
    b) Secondary care dental services;
    c) Public Health services (0-5years, immunisations & vaccinations and screening);
    d) Health services in the justice system (led by West Yorkshire area team for all of Yorkshire & Humber);
    e) Healthcare for Armed Forces (led by North Yorkshire area team for all of Yorkshire & Humber); and

f) Specialised services (led by South Yorkshire area team for all of Yorkshire & Humber).

The total budget for directly commissioned services (excluding specialised services) in West Yorkshire in 2014/15 is £750million.

The current scope, performance and plans for commissioning primary care and secondary care dental services for the Leeds population are described in a separate paper to the Health & Well-Being Board. Leeds does not have an armed forces base. This paper will, therefore, provide an overview of the commissioning of public health and health services in the justice system, with a brief overview of the approach to specialised services.

2. Public Health

The commissioning of public health services is governed by a section 7a agreement between NHS England and the Department of Health. Public Health England provides professional advice including an embedded team of screening and immunisation clinical advisory staff.

2.1 What has been delivered in the first year

- Grown the Health Visiting workforce in West Yorkshire by 10%
- Increased the number of Family Nurse Partnership places to ensure the Area Team is on trajectory
- Improved performance Breast screening and Diabetic Retinopathy programmes
- Implementation of the BowelScope programme in Bradford, Calderdale, Kirklees and Wakefield.
- Introduction of new immunisation programmes (Rotavirus, Shingles, childhood flu, and Meningitis C booster)
- Successful vaccination campaigns including 75% uptake in over 65's for 'flu and successful MMR catch-up campaign which ensured that the target of 95% was reached in the unvaccinated 10-16 year olds.
- Undertaken a procurement exercise to ensure a safe and robust West Yorkshire cervical cytology laboratory service.
- Develop and implementation an incident management framework.

2.2 Two-Year Plan

The following key deliverables against the Section 7a agreement and the priorities for 2014-16 are:

Initiative	Key tasks	
Implement WY Cytology Service to support **cervical screening** programme	• Agree mobilisation plan with new provider	Oct 2014
Age extension is rolled out at LTHT for **bowel screening** programme	• Ensure national timeliness target is met • Include KPIs within contract	May 2014
Develop assurance process for **ANNB screening**	• A systematic process for all providers of Ante Natal & Newborn screening	April 2015
Consolidation of childhood **flu programme** for 2-4 yr olds with a roll-out pilot provision to secondary school age children	• Offer all GP practices the enhanced service • Produce lessons learnt from 2013/14 campaign, to allow planning in April 2014. • Include in school nurse contracts were appropriate	Sept 2014
Increase coverage of **pertussis immunisation** for pregnant women	• Roll over to enhanced to GP Practices • Include in contracts for midwifery providers	March 2014
Increase coverage of **screening and immunisations** in all vulnerable groups.	• Define vulnerable groups and identify localities working with DsPH • Identify gaps in provision • Include provision in relevant specifications	On-going
Meet the Prime Ministerial commitment **on Health Visitor** numbers	• Ensure all providers are clear about contractual targets • Process in place for monitoring against trajectory • Process in place	March 2015
Procurement of a West Yorkshire **Diabetic Eye Screening** Service	• Agree service specification and funding model • Undertake procurement • Agree contract arrangements • Agree mobilisation plan	Oct 2015
Work with stakeholders to improve provision and uptake of **screening and immunisation for prisons**	• Liaise with NSCP to address issues providing Bowel Cancer Screening • Realign provision of DESP in identified settings • Implementation of AAA Screening within population. • Establish process to ensure the correct codes are used to ensure accurate capture of immunisation uptake. • Development of an immunisation strategy with Prison healthcare staff to improve flu immunisation uptake	2014/2015

3. Health in the Justice System

The West Yorkshire Area team commissions health services in the justice system for Yorkshire & Humber. For the Leeds population, we work with the West Yorkshire Police, the court system, HMP Leeds (male), HMP Askham Grange (female), HMP Wakefield (high secure), HMYOI Wetherby (young male) and the secure children's home in Leeds.

3.1 What have we delivered in our first year?

- Procurement plan identified for Hull/Humber/Full Sutton
- Quality surveillance – established quality surveillance subgroup for health and justice
- SMS provision at Wetherby/Wakefield –procured new provider to address quality concerns
- CAMHS at Wetherby / Leeds SCH – procured new provider to address quality and capacity concerns
- Re-commissioned healthcare services in HMP Hull, HMP Askham Grange, and HMP North Allerton following changes to the prison role under national Transforming Rehabilitation programme
- Police Custody health care – procurement of new provider for West Yorkshire
- More focussed delivery of liaison and diversion services in West and South Yorkshire.
- Established processes for death in custody clinical reviews

3.2 Two-Year Plan

Activity	Timeline
Liaison and Diversion	Coverage to be increased to 25 per cent in 2014/15, 50 per cent in 2015/16, 75% in 2016/17 with full coverage in 2017/18.
Explore options for commissioning **Paediatric SARC** services across Y&H	Clinical network of services are in place by April 2015
Custody healthcare and adult SARC services	April 2015
Substance misuse services for HMYOI Wetherby and HMP Wakefield	mobilisation by June 14
Prison healthcare – Hull/Humber/Full Sutton undertake procurement.	2014/15 procurement with mobilisation from April 2015
Prison Healthcare – West Yorkshire prisons, develop plan and undertake procurement	2015/16 procurement with mobilisation from April 2016
Deaths in Custody – commission provider to oversee and manage clinical reviews for North	October 2015
Secondary care commissioning – Identify baseline activity, opportunities for in-reach and care closer to home.	Engage with providers during 2014/15 which will be a shadow year
Social care - Work with Y&H Directors of Adult Social Services to prepare for local authority commissioning of social care	Care Bill implementation April 2015

4. Specialised Commissioning

The South Yorkshire Area Team leads on the commissioning of specialised services for people in Yorkshire & Humber region with a budget of £1.1billion.

NHS England is considering how to improve the commissioning of specialised services. This is driven by two factors: firstly, the need to be able to consider and commission whole pathways of care, and secondly, the need to manage the financial pressures which have emerged in specialised services.

As a result of this, and in discussion with CCGs, NHS England is proposing to devolve the commissioning of three specialised services (bariatric surgery, specialised wheelchairs, and outpatient neurology) to CCGs in 2015/16. In addition, for all but a small number of very specialised services, the aim is to introduce co-commissioning with CCGs based around each "place".

For Leeds, this will mean that the Area Team will work with the CCGs across West Yorkshire to deliver a co-ordinated approach to commissioning all services from LTHT. Future plans developed through this collaborative arrangement will be discussed with the Health & Well-Being Board.

Author: Alison Knowles, Commissioning Director NHS England (West Yorkshire)

Leeds Citywide Strategic Planning Coordination Group

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