



Report of the Director of Adult Social Services

Executive Board

Date December 2006

Subject: Making Leeds Better

Electoral Wards Affected:

ALL

Specific Implications For:

Ethnic minorities

Women

Disabled people

Eligible for Call In

Not Eligible for Call In

(Details contained in the report)

Executive Summary

In the summer of 2004, the health service in Leeds along with the Local Authority agreed to work together to make major improvements in the way that health and social care services are delivered in the city. The first demonstration of this commitment was the submission to the Department of Health of a strategic outline case (SOC) for a new Children and Maternity Hospital in Leeds. Implicit within this proposal were far-reaching changes in the way that health care is delivered in the city, and the work programme became known as Making Leeds Better (MLB). The service improvements and developments that the MLB programme seeks to deliver are to :

Build a new Children's & Maternity Hospital to provide clinically safe, dedicated facilities for children and mothers.

Invest in primary and community services so that we can improve health and well-being and reduce the reliance on hospital care.

Tackle inequalities in health by improving access to health and social care services.

Consolidate complex care for adults at St James's hospital to improve clinical safety and quality; and to enable better use of healthcare resources across the city.

The programme has reached a key milestone in its development. The outputs to date are described in a series of detailed themed reports and summarized in an Executive Summary appended to this report. With the establishment of the new Leeds PCT in October 2006, the former statutory boards met together in September to review progress on Making Leeds Better and agree a resolution which noted progress and requested that certain further actions are taken prior to the commencement of the formal public consultation.

As these proposals have the potential to make a significant impact on the city and services

that the City Council has a statutory responsibility to provide, Elected Member and officer representatives have been involved as key partners throughout this process. In this report the Executive Board is asked to note progress to date in formulating the plans and the further consultation to be undertaken. Attention is drawn to six key themes which have emerged through the consultation process and a commentary on these themes from the Council's perspective.

1.0 Purpose Of This Report

- 1.1 The proposals being drawn up for Making Leeds Better will have a significant impact for all residents of the city and for public services which contribute to the overall health and well being of the city. This report provides information on the progress towards preparing the Outline Business Case and the statutory public consultation. Widespread consultation and engagement has led to the identification of six key themes, which will require addressing prior to formal public consultation.

1.0 Background Information

- 2.1 Appendix 1 of this report is an Executive Summary prepared for the meetings of the NHS statutory Boards, which provides an overview of the work programme to date. Each section of the Executive Summary is backed up by a more detailed working paper which is available on the Making Leeds Better website.
- 2.2 The introduction to the executive summary provides the context for the MLB programme, and reminds readers of the vision for the future of health and social care in the city, which was first described in the Strategic Outline Case. The focus of the programme has been on delivering better patient care by detailed consideration of over 90 condition specific care pathways, including the involvement of clinicians, patient representatives and their carers, and other health and social care professionals.
- 2.3 A significant amount of work has been undertaken to model and plan the capacity required to deliver new models of patient care, in the long term. These models have factored in population change, the impact of new services such as intermediate care, the impact of patient choice, and a wider range of services that GP's will be able to offer in the future. The results of this modeling are detailed in a separate document.
- 2.4 Critical to delivery will be the development of existing staff to fulfill new roles, and to recruit and retain new staff identified as necessary to deliver the health and social services being planned. Building on experience gained from 'The New Type of Worker Project', led by Social Services, which trained staff to provide personal care and low-level clinical tasks for people at home, will avoid duplicated effort between agencies and improve services for patients and service users.
- 2.5 Although the original Strategic Outline Case focused on the Children and Maternity Hospital, a variation on the original plan will see proposals being developed for new A&E, cardiac and neurological units on the St James's site; a £625m investment in new hospital facilities for the city. The Executive Summary provides information on how the proposal has changed, since the original SOC and the assumptions that are now being made about the affordability of this capital investment..

- 2.6 Besides proposed investment in the hospital estate, progress is being made in the investment in new 'state of the art' community based facilities using the LIFT mechanism. The Executive Summary provides details of the schemes that have already been built and those that are in the pipeline. For the future new community facilities containing diagnostic and other services will be considered for existing hospital sites, for example Seacroft, and Wharfedale.
- 2.7 Changes on the scale being proposed require consideration of the impact for public transport, roads and wider infrastructure. The MLB programme team has worked closely with the City Council's Development Department and METRO to discuss these issues and develop the necessary plans. The team has published a separate paper on the transport implications.
- 2.8 The MLB affordability modeling assumes that PCT growth is fully committed in future years and that any developments in primary, community and social care services will need to be funded by resource transfer from hospital care or from internally generated efficiencies. The modeling indicates that £37m could be transferred from acute care to community health and social care services. More work is required to model the impact for community based services however a first run of the model indicates that the programme is broadly affordable.
- 2.9 Finally, the Executive Summary provides details on the consultation, with the wider public and stakeholders, which has already taken place and the expected scope of the formal public consultation in May 2007.
- 2.10 On the 19 September 2006 all seven statutory NHS Boards in Leeds reviewed the progress and outputs to date of Making Leeds Better in a "Board of Boards" meeting. The Boards met in the same location to discuss a single agenda item. A copy of the public resolution agreed by all seven statutory Boards can be found in appendix 2.

3.0 Key Themes Emerging from the Consultation to date

- 3.1 At a presentation made to the Scrutiny Board Health and Social Care on the 20th November 2006, representatives from the Making Leeds Better team identified six common themes emerging from the consultation process so far. They are:
- The impact for carers
 - Transport and access issues
 - The Implications for people with mental health needs
 - New community health services that are tried and tested
 - The implications for social care services
 - The role of the voluntary, community and faith sector.

There follows a commentary on each of these themes.

- 3.2 **The Impact for Carers:** The issue of the impact for carers has been raised by the Council and more widely through the consultation process. It is estimated, based on the 2001 census, that there are 70,000 carers in Leeds, providing support for relatives and friends with long term ill-health or disability. Although the impact for carers is not fully understood at this stage, it could mean that more care at home for people with long term health conditions will create greater demand for services which give carers

a break. However, in the white paper *Our health, our care, our say*, the government announced new initiatives which are to be implemented throughout the country, providing new care pathways for patients with long term health conditions. The implication of these changes is similar to those that *Making Leeds Better* is seeking to deliver.

- 3.3 As Social Services is largely responsibly for commissioning services which provide support for carers the department is concerned to ensure that new care pathways do not fail in providing better outcomes for people with long term health conditions because their carers can not access the support that they require. Along with the Leeds PCT, the department is working with the Care Services Improvement Partnership (CSIP is an agency of the Department of Health) to find acceptable measures of the impact for carers from these changes in the delivery of health care. CSIP anticipate that other areas of the country can benefit from the work undertaken in Leeds.
- 3.4 **Transport and Access issues:** The importance of transport and access to new or relocated community health services has been highlighted by patient groups and by elected members in the consultation process. The PCT stresses that this is an issue which can only be resolved through a partnership with the City Council and Metro. Some of the suggestions being made through the consultation include the extension of the free city centre bus service, although the resources required for this or other proposals will need to be identified by all the partners. A group of officers from the Council and Metro are meeting to address these issues, however until the specific proposals for new or re-located health facilities are known it is impractical to make specific proposals.
- 3.5 **The Implications for People with Mental Health Needs:** Concern has been expressed by people with mental health needs that the impact of changes in health services needs to consider their specific requirements, and ensure that their mental and physical health needs are met in a complementary or holistic way. The Social Services Department wishes to lend weight to these concerns and will ensure that the social care perspective is included in further planning work which is required to address this issue.
- 3.6 **Services in the Community:** Significant comment and concern has been expressed about the new community health facilities ability to demonstrate that the service is in place and tested before the changes in delivery of health care are finally implemented. Elected Members have expressed concern about the lack of detail concerning new facilities, where they will be located and what care and treatment patients can expect to receive from these facilities. These concerns apply equally to the new health facilities as well as the additional staff teams that deliver home based care.
- 3.7 **Implications for Social Services:** For social services, *Making Leeds Better* brings forward many of the policy changes set out by the Department of Health in *Our Health, our care, our say*. The development of strong joint commissioning arrangements as well as integrated health and social cares services lie at the center

of government policy to reduce the need for hospital admission and provide long term support in the community for patients with long term conditions, for example lung disease and coronary heart disease.

- 3.8 Reduced hospital admissions and shorter length of stay in hospital are bound to increase the need for more and better care in the community. Services will need to be available seven days a week, and more intensive services will be required, for shorter periods of time. Concern has been expressed by service users and members of the public that representatives from Social Services have not been available at larger public consultation events to explain how social care services will meet additional needs as well as answer questions raised at these events.
- 3.9 As the national implementation for the White Paper is rolled out over the next eighteen months social services will have to respond to the national targets and local plans. Working closely with CSIP and the Leeds PCT it is hoped that methods for measuring the impact of significant change in health care provision can be developed and new models of integrated care planned and implemented. However until the results of this work are known it is not possible to give an accurate forecast for the resource implications for social care arising from Making Leeds Better.
- 3.10 **The role of the Voluntary, Community and Faith Sector:** Representations from the sector have drawn attention to the knowledge and experience that the sector can bring to both the consultation and planning of the Making Leeds Better programme. The sector is also concerned that insufficient attention is being given to opportunities to introduce new providers from the not for profit sector into the delivery of health care in the city. There are obvious implications for social care provision within the city whichever way these issues are addressed.
- 3.11 **Consultation:** It is now proposed to commence the statutory consultation in September 2007, following representations from the Health Scrutiny Boards, including Bradford, Wakefield, North Yorkshire and York City, who drew attention to the fact that new Health Scrutiny Boards are unlikely to begin meeting before July 2007, following the elections in May 2007. The revised timing has been recommended so as to avoid the holiday period.
- 3.12 Prior to September 2007 it is intended that there will be a programme of targeted engagement with key stakeholders to address the issues that have emerged so far. Specific activities include to:
- Hone down emerging themes into specific questions,
 - Close the gaps in information and build on 'awareness' through closer engagement with key groups, including elected members.
 - Answer the specific questions e.g. the impact for specific geographical locations
 - Create a small, dedicated team to undertake this engagement work.
- 3.13 The Leeds Health and Social Care Scrutiny Board sitting with Members from Bradford Health Scrutiny received a detailed report on the consultation activity undertaken so far, the emerging themes described in this report, and the next steps in the consultation process. Scrutiny Board members asked to receive further reports during the lead in to the statutory consultation.

3.14 Responding to specific questions from elected members the MLB team has confirmed that during the next stage of the consultation they will indicate those aspects of the plans, which are 'non-negotiable' and the parts of the plan that can be influenced through further consultation. They also indicated in response to a separate question that the team has concluded there is general support for the direction of travel set out in the Making Leeds Better plan.

4.0 Implications For Council Policy And Governance

4.1 There are no immediate implications for Council policy or governance. This aspect will be kept under review as the work programme develops.

5.0 Legal And Resource Implications

5.1 There will be important legal considerations when the governance arrangements for joint commissioning and integrated service delivery are put forward for approval. As indicated in section 3 identifying the resource implications for the Council and how they are to be managed through new ways of working as well as resource transfers is a key part of the work required for the next stage of the MLB programme.

6.0 Conclusions

6.1 The six themes that have emerged through the consultation process to date reflect and confirm representations made by the Social Services Department regarding the impact for social care. They also reflect wider concerns expressed by elected members, key stakeholders, including health and social care professionals, patients and the wider public. The commitment to address these concerns during the next phase of consultation is welcomed.

The next phase of Making Leeds Better, which will see a government requirement to implement some aspects of the white paper during 2007/08, alongside further public and stakeholder engagement, will serve to emphasize the extent of the scale and complexity of the Making Leeds Better programme. The inter-connection between the MLB plan and the national white paper policy agenda presents both an opportunity and a challenge for the city.

7.0 Recommendations

7.1 The Executive Board is asked:

- (a) to note the position outlined in section 2 and appendix 1 regarding the proposals for Making Leeds Better.
- (b) to note the six themes which the MLB team have identified through an analysis of the initial phase of consultation.
- (c) to note the implications for social care and other City Council responsibilities with regard to the six themes.
- (d) to request that the Leeds Health and Social Care Scrutiny Board in partnership with the Scrutiny Boards of adjoining authorities continue their oversight of the consultation process.

The Resolution Agreed by the Seven Statutory Health Boards in September 2006

The seven NHS Boards agreed the following joint statement at the conclusion of the meeting:

“Members of the seven NHS Boards in Leeds have resolved that the vision set out in Making Leeds Better concurs with and builds upon the Government’s new direction for the health and social care system, and that the delivery of that vision will offer significant additional benefits to patients, service users and local communities. The Boards are committed to achieving that vision.

The Boards are assured of the scope, quality and outputs of the work undertaken to date and agreed it as a robust base from which to develop more detailed service proposals for public consultation and an outline business case for capital development.”

The specific resolutions agreed by all seven NHS statutory Boards are as follows.

- The Boards resolved that the vision set out in Making Leeds Better concurs with and builds upon the Government’s new direction for the health and social care system in *Our health, our care, our say, the National Service Framework for children, young people and maternity services* and other programmes of service and health improvement.
- The Boards resolved that the delivery of the Making Leeds Better vision and the care pathway model will offer significant additional benefits to patients, service users and local communities. The Boards are committed to achieving that vision.
- The Boards are assured of the scope, quality and outputs of the work undertaken to date by the Leeds health and social care economy as part of the Making Leeds Better programme. This is a robust base from which to develop more detailed service proposals for public consultation and an outline business case, which includes a new Children’s & Maternity Hospital.
- The Boards recommended that the new Leeds PCT quickly establishes the consulting and decision taking infrastructure necessary to progress to public, staff and other stakeholder consultation on proposed options at the earliest stage possible.

The Boards recommended the following key priorities for further action:

- a. ensure MLB is resourced, progressed and delivered as part of the mainstream work of the health and social care community
- b. develop, with all provider agencies, fuller options and costs, including the use of all available estate, and taking account of access and transport implications

- c. develop citywide arrangements for the delivery of key areas of the programme, including workforce planning, organisational development, engagement of patients, service users and staff, and public education about the new Leeds services
- d. establish local arrangements and agreements for tariff sharing and releasing the agreed level of commissioning spend
- e. agree a process through which the integration of health and local authority commissioning and provision should be explored and delivered
- f. develop a transition plan and risk management framework, for commissioners and providers, to mitigate the clinical, service, workforce and financial risks of delivery between now and completion of the programme
- g. ensure that the MLB programme is fully connected and compatible with the wider Leeds Integrated Service Improvement Programme, including those elements relating to mental health and tackling health inequalities