

2 February 2011

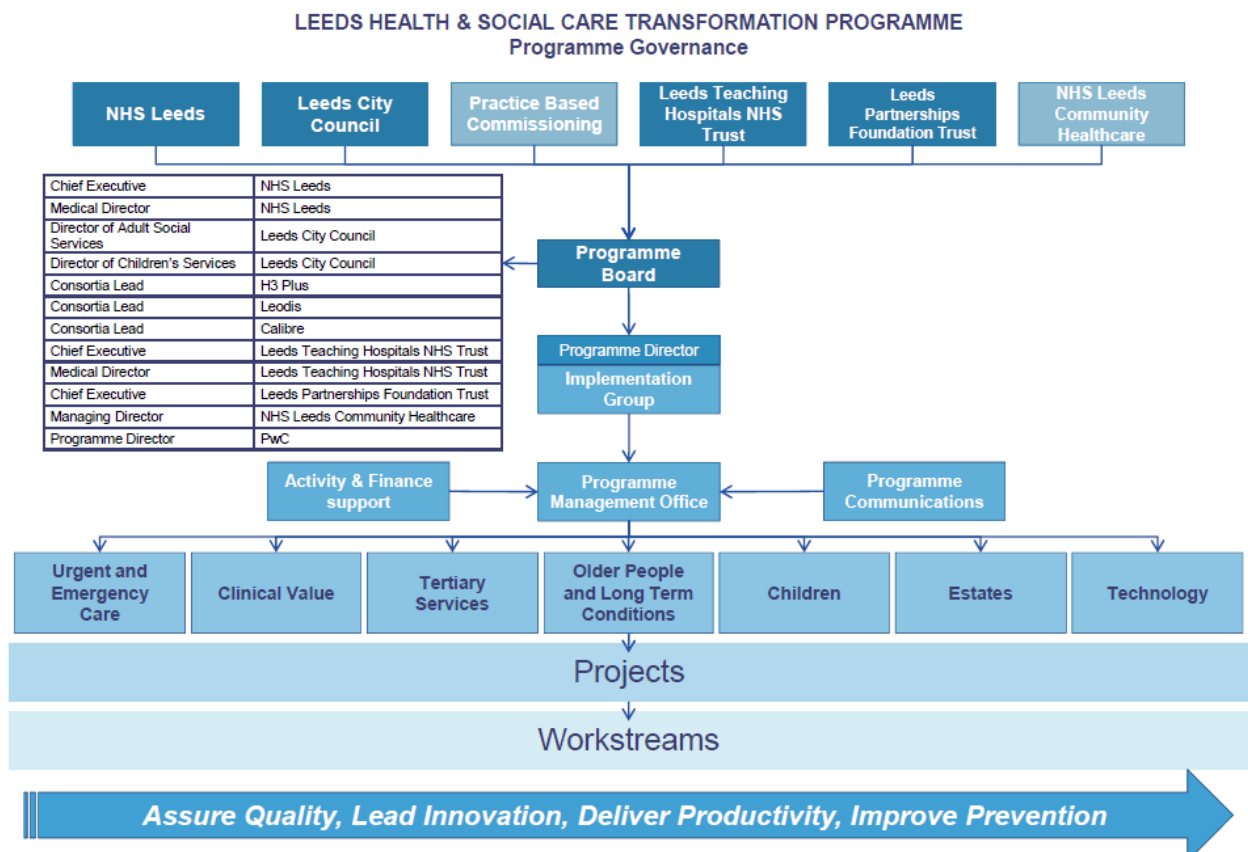
Leeds health and social care transformation programme

Background

The Leeds Transformation Programme is a city-wide agreement between Health and Social Care partners to work together to deliver the challenges ahead, including increasing quality and innovation and productivity.

It builds on the work previously undertaken by the Acute Services Strategic Review (ASSR) whilst addressing a broader agenda. It is designed to bring key organisations together on this important task; to ensure their full engagement in identifying and delivering the most appropriate solutions to sustain quality while substantially improving efficiency and reducing the overall cost in the Leeds health and social care economy by the end of 2013.

The programme governance arrangements are set out below.



The seven key areas (below) have been identified by the Programme Board. Project portfolio teams are currently being established from across the city to oversee the work in each:

- Urgent and emergency care;
- Clinical values (team already exists);

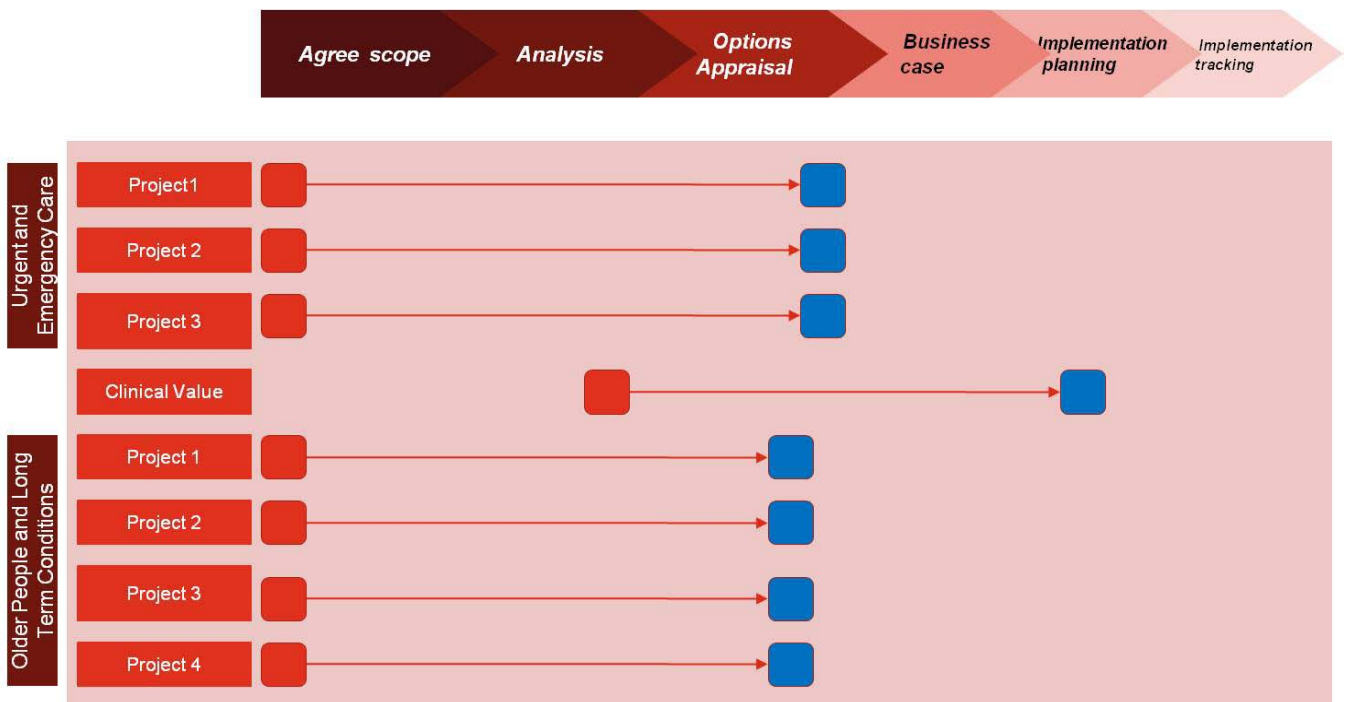
- Tertiary services;
- Older people and long-term conditions;
- Children;
- Estates; and
- Technology.

During this initial stage of the programme, the work within urgent and emergency care, older people and long-term conditions and clinical values has been prioritised for action.

An evidence-based approach

An evidence-based process will be employed in order to develop and implement the most appropriate service changes. This approach provides clarity around process, and the required steps for implementation of appropriate services with quantifiable benefits across the Leeds system. It allows whole system finance and activity flows to be understood and promotes the development of the largest and highest impact opportunities available to us.

The stages in this process are shown in the chevron arrows in the diagram below. Work is currently being undertaken by PricewaterhouseCoopers (PwC) to ensure that the fullest possible analysis of opportunities is available in the priority areas of urgent and emergency care, and older people and long-term conditions. The clinical values project portfolio is also being supported and used to pilot a programme management office (PMO) approach.



Programme progress

Following an initial period of stakeholder interviews, which focused on understanding challenges to the previous ASSR work, the Leeds Health and Social Care Transformation Board was reconstituted to strengthen governance arrangements and provide a new level of rigour to system-wide service redesign.

The Transformation Board agreed a focus on three priority portfolios:

- Urgent and emergency care (Project portfolio sponsor: Dr Simon Stockill, NHS Leeds);
- Older people and long-term conditions (Project portfolio sponsor: Philomena Corrigan, NHS Leeds); and
- Clinical values (Project portfolio sponsor: Brian Steven, Leeds Teaching Hospitals NHS Trust).

The Transformation Board has signed off a phased approach to delivery, which commenced with the period to mid-February. This includes a logical series of steps which;

- Agrees the high level objectives and scope for the current priority portfolios;
- Requires robust analysis to take place around existing services and potential service redesign, quantifying the value, scale and appropriateness of proposed changes; and
- Produces a detailed option appraisal for each of the priority portfolio areas, highlighting those of greatest benefit in respect of cost saving, quality, scale and opportunity. International and national best practice in these services will also be considered. Some proposed changes may be discounted as a result of this stage.

The objectives and scope of each priority portfolio will be agreed by the Programme Board at their meeting in early February.

PwC are also providing Programme Management Office (PMO) support to the clinical values portfolio as the pathfinder for future programme management arrangements. The arrangements will allow sight of how reporting on progress, activity and savings will take place for the priority areas above. Interdependencies across the whole system will also be mapped as part of the PMO arrangements and will include a review of each organisation's internal plans to avoid the potential for "double counting" of system-wide cost savings.

Next steps

Options Appraisal

The project portfolio teams will undertake an appraisal of the options for service change in the respective priority areas. They will use criteria relating to quality, potential saving and implementation implications to make a recommendation to the Programme Board on which options should be:

- Progressed to business case as a priority;
- Progressed to business case in a second wave; or
- Not progressed at this stage.

Recommendation to Board

These recommendations will be considered at the Leeds Health and Social Care Transformation Programme Board on 7 February 2011. At the subsequent Board meeting a decision will be made on the detailed business cases for these changes, which will set out the objectives, benefits, risks, costs and timescales of each.

Implementation group

Upon agreement of business cases, a programme implementation group will be formed under the chairmanship of a programme director; this is likely to be in late February. The remit of this group will be to oversee the immediate day-to-day implementation of the agreed options across the urgent and emergency care and older people and long-term conditions portfolios, and then roll out implementation across other workstreams and portfolios.

ENDS