



The Leeds Health and Social Care Transformation Programme

What is the Programme?

The Leeds Health and Social Care 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 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 whilst substantially reducing the overall cost in the Leeds health and social care economy by the end of 2014.

In parallel, the city is moving to a new model of health and social care as a result of the national reforms for the NHS and local authority, where we need to focus even further on:

- Improving the health and well being of people in our communities;
- Reducing health inequalities and social exclusion;
- Improving health and social outcomes through our services;
- Achieving savings and cost reductions; and
- Implementing efficiencies to help meet increasing demand.

The programme will be delivered in a constrained financial environment and, at the same time, ensure that we respond successfully to increasing demands on services. It is the means by which, together, we will drive and deliver the transformation of health and social care services with the people of Leeds.

It is linked to, but does not encompass the programme of work required to deliver the transitional and systemic changes to the health and social care system set out by the government in *Equality and Excellence: Liberating the NHS*.

What will it deliver?

Programme success will mean the following benefits will be achieved for the people of Leeds:

- A continued strong focus on quality and safety;
- The local people who receive both health and social care services will benefit from more integrated services which are tailored to their needs;



- Local people will be supported to remain independent for longer and empowered to take greater personal responsibility for their health and wellbeing;
- More health and care services will be delivered in the community and closer to people's homes, when and where appropriate;
- Front line health and social care services will be better able to respond to increasing demand through a strong focus on increased productivity and the smarter use of technology in key areas; and
- Public money will be spent in more effective and targeted ways to better meet the needs of individuals and local communities.

How will we do this?

The Transformation Programme builds upon all the existing improvement work that is going on within the health and social care settings around the city. To deliver these improvements, all the partners have agreed to use this set of principles to guide collaborative working:

- Commission and develop services that are based around the needs of the people of Leeds and their communities rather than the needs of organisations;
- Reduce barriers for all people within communities in Leeds to accessing services and reduce the number of unnecessary or repeat contacts that people need to have by increasingly getting it right first time;
- Look at the totality of investment and resources available to public bodies concerned with health and social care and agree how these could be better utilised to meet community needs and increasing demands for services;
- Develop an agreed approach to managing the risks and sharing the rewards from designing better ways of delivering services in Leeds and not seek to move costs from one organisation to another; and
- As part of the approach to governance, assess the impact of proposals to achieve efficiencies within and across individual organisations on others.

Board members have agreed the initial priority portfolios of clinically focused work as:

- Clinical value in elective care;
- Urgent and emergency care; and
- Older people and long term conditions.

How will we ensure delivery?

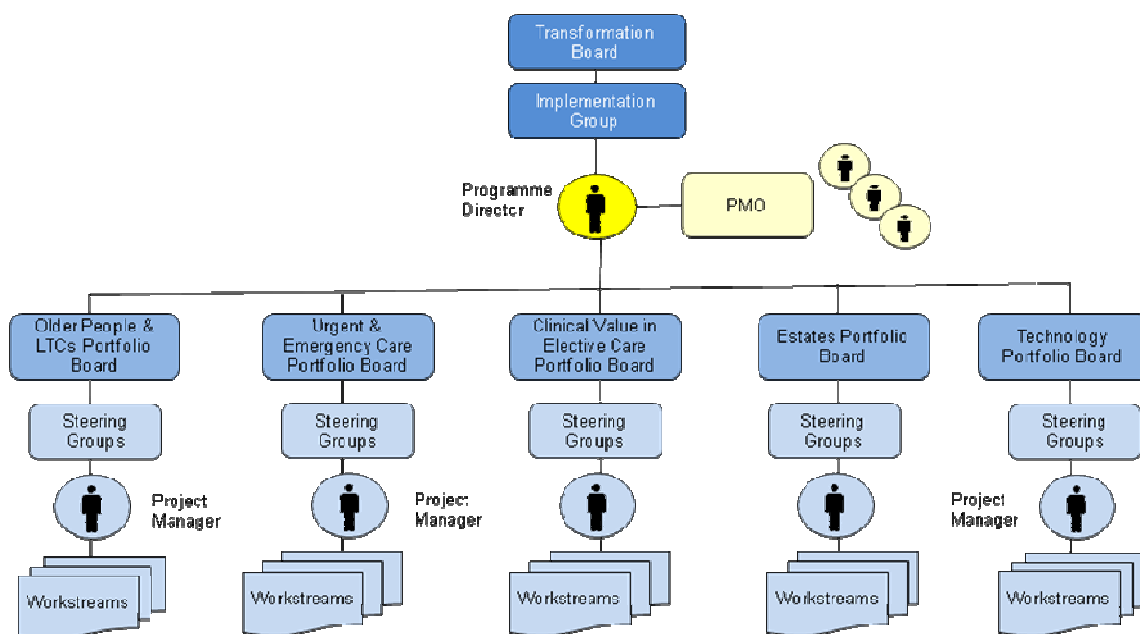
The programme is being led by NHS Leeds, which has the legal responsibility for improving health across the city. The organisations listed overleaf are key partners in the programme and therefore have a seat on the Board which guides this work:

- NHS Leeds
- Leeds City Council
- Local GP Commissioners
- Leeds Teaching Hospitals NHS Trust
- Leeds Partnerships NHS Foundation Trust
- Leeds Community Health Care NHS Trust

The Transformation Board is chaired by John Lawlor, Chief Executive of NHS Leeds. The role of the Programme Board is to steer and oversee the programme, ensuring delivery. It provides a mechanism for high level governance and ownership with strong links back to the boards of partner organisations. As a non-statutory partnership, the Programme Board does not have formal decision-making responsibilities. Its role is to clear the path ahead by agreeing shared approaches for consideration by individual boards.

The Programme Board meets monthly, although the precise timing and frequency of meetings is flexible to take account of key milestones in the programme plan.

It is supported in its role by a programme infrastructure which is summarised in the diagram below.





How will stakeholders be involved?

Involving the public and patients for whom health and social care services are provided in Leeds and working with them as we plan and make decisions about the future is fundamental to the way we want to work. This comes down to a core belief that if we work in this way, then the results achieved will be more appropriate, work better and fit more closely with what is needed.

This is coupled with a statutory duty on all NHS trusts to involve and consult patients and the public on planning services they are responsible for, developing and considering proposals for changes in the way those services are provided and decisions to be made that affect the operation of those services. We also have a duty to consult the local Scrutiny Board (Health and Wellbeing and Adult Social Care) on any proposal for “substantial development or variation of the health services.”

NHS Leeds retains organisational responsibility for ensuring that appropriate and adequate public consultation and engagement is undertaken on proposed health service changes until closure in 2013. Leeds City Council holds similar responsibilities for ensuring appropriate consultation around changes to social care services. The Programme Board has agreed that each partner organisation is responsible for supporting the delivery of this patient and public consultation and engagement work for individual projects.

What is the current position?

Clinical value in elective care

This portfolio has prioritised three main projects: redesign of some clinical pathways; clinical value in prescribing and outpatient follow-ups. The work will identify efficiencies within elective (planned) care which have a basis in clinical evidence, values and best practice. It will make the patient journey and the health economy streamlined and more efficient. Some examples include reducing unnecessary follow-up appointments or finding more innovative ways to deliver follow-up care.

The redesign of musculoskeletal clinical pathways has involved patient representatives working alongside clinicians and commissioners to review the pathways and ensure they meet patient need and are delivered to a modern standard.

The prescribing project is considering how the wider economy in Leeds can achieve cost savings and improved patient experience by making changes to prescribing processes. There are three workstreams to support this work: improved shared management of medicines, including the use of drugs with limited clinical value and the prescribing care of patients who use multiple health and wellbeing services; the



development of a centralised supply chain to reduce unnecessary prescribing costs; and work to reduce medicines waste in the city through, for example, unnecessary repeat ordering and stockpiling. Once the scope of the projects has been finalised a programme of stakeholder and patient level consultation will commence. The initial focus will be on staff in particular healthcare settings involved in prescribing activity with patient engagement following shortly after. An awareness campaign to reduce medicines waste will also be planned.

Once the impact of the follow up project on patients becomes clearer, engagement work will be undertaken with patients to ensure they understand the proposed changes.

Urgent and emergency care

This portfolio of work is focused initially on redesigning ambulatory care (non-inpatient) pathways; and front end (primary care) assessment.

The former aims to improve the way in which the health economy responds to patients who need assessment or treatment for ambulatory conditions (those conditions which do not require treatment in a hospital bed). It aims to avoid unnecessary admissions to hospital, reduce lengths of stay and replace emergency responses with more proactive elective services through the review of current “pathways” for 49 clinical conditions which are nationally recognised as being effectively treated using ambulatory models of care.

The front end assessment project focuses on simplifying and improving access to urgent primary care services by exploring the options for re-procuring the urgent care out of hours service from 2013, and examining the potential risks and benefits of integrating urgent care out of hours services with an A&E department.

The level of engagement and consultation will depend on the final service model. It is likely that a formal period of public consultation will be undertaken to get people’s views on the proposed changes.

Older people and long term conditions

This portfolio focuses on the key long-term conditions areas where there is the largest opportunity for improvement and potential to integrate services.

The first of these projects will look at risk stratification. This is a process that can help to identify patients who are most at risk of hospital admission and would therefore benefit from a more proactive approach to diagnosis and management of disease. The introduction of a citywide approach to this is in the early stages. Once the impact on patients becomes clearer, engagement work will be undertaken with



people with long-term conditions to support them in understanding this new proactive approach to their care.

The second project in this group aims to further improve support for older people and people with long-term conditions outside of hospital by reducing duplications and gaps in care. The proposal is for integrated health and social care teams to provide more unified care by delivering community health and social care services for this cohort of patients through fully integrated services. Both staff and patients will be involved in the ongoing developments to services. This is supported by funding secured from the National Endowment for Science Technology and the Arts (NESTA) for an innovative project that puts patients with long term conditions in control of their own health. The project will involve NHS staff, GP commissioning consortia, Leeds LINK and Leeds City Council, working in partnership to make sure that all the services people need are involved. Over the next 15 months this work will benefit from a financial grant and non financial support from leading experts.

The next project is to strengthen the current arrangements for patients with type 2 diabetes so that they are managed more effectively in a community setting by their GP, in conjunction with the specialist community team. Patients are already involved in these developments through a number of channels including diabetes pathways events to gauge their views and understand how the changes may impact on them. The new GP Clinical Commissioning Groups (CCG) are leading the roll out to their member practices of the new referral pathways pack.

The final project in this portfolio focuses on home oxygen services. This work will improve patient care by enabling them to more effectively manage their own health. It will reduce the number of hospital-based reviews they need to attend whilst increasing visits to their home where oxygen use can be monitored more effectively. And, it will mean that fewer patients are inappropriately given long-term oxygen therapy; freeing them from the routine of using home oxygen and saving the NHS money. Patients who currently use long-term home oxygen therapy will be engaged in developing the local assessment and review processes through ongoing involvement work.

Next Steps

The members of the Programme Board meet monthly to drive forward this work, with a work programme which both holds to account and supports projects to deliver.

The engagement and consultation elements of each project are included as appropriate under the Transformation theme of the horizon scanning material and agendas for the Health Service Development Working Group. Each element of the Programme will therefore be shared with the Scrutiny Board (Health and Wellbeing and Adult Social Care) in accordance with usual working arrangements.



Given the pace of change and arrangement that appropriate projects will continue to be considered by the Health Service Development Working Group , Members are asked to agree that a subsequent report covering progress against the breadth of the programme be requested for their meeting in March 2012.

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Programme Director

5 September 2011