

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 18 April 2012

Subject: Leeds Health and Social Care Transformation Programme: Update

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

Summary of main issues

1. The transformation of Health and Social Care Services is identified in the Scrutiny Board's Terms of Reference and at its meeting on 22 July 2011, the Board agreed to include the work of the Leeds Health and Social Care Transformation Board within its work schedule for the current year.

Previous reports to the Scrutiny Board

2. At its meeting in September 2011, the Scrutiny Board considered a position statement on behalf of the Transformation Board. This provided an overview of the Leeds Health and Social Care Transformation Programme and outlined the supporting managerial / governance arrangements. The report highlighted five portfolio areas and provided a summary of three priority areas, as detailed below:

Portfolio Area	Summary provided
Older people and long-term conditions;	Yes
Urgent and emergency care;	Yes
Clinical value in elective (planned) care;	Yes
Estates; and,	No
Technology	No

3. In line with the outcome from the meeting in September 2011, a further update report was presented to the Scrutiny Board meeting on 29 February 2012. At that meeting, members of the Scrutiny Board were reminded that the work being carried out by the

Transformation Board represented a city-wide agreement between health and social care partners intended to deliver solutions that sustained quality whilst substantially reducing the overall cost in the city of the health and social care economy by the end of 2014. The following extract from the minutes of that meeting summarise the main issues discussed:

- **Clinical value in elective care** – with the Board being informed that a reduction of around 12,000 face-to-face follow ups had been achieved since 1 April 2011, through using more appropriate and innovative follow-up care, including by telephone and primary care intervention.

It was highlighted that the alternatives to face-to-face follow-up appointments had been running for almost 12 months. Members were assured of safeguards in the process and advised that a blanket approach was not being adopted, rather it was for clinically led teams to consider the most appropriate way of following-up appointments, based upon the needs of the individual. Where telephone follow-ups were used, patients would be contacted by hospital staff and asked specific questions. Depending on the responses, a face to face appointment might be made, or a referral made to their GP if considered appropriate.

- **Urgent and emergency care** – that the 49 adult ambulatory pathways had been considered and were now being prioritised around where the greatest impacts were likely to be seen.
- *It was confirmed that the schedule of ambulatory pathways provided was a nationally defined list of pathways, and other than self harm did not include any other mental health pathways. Other work on mental health was taking place but this was part of a different workstream.*
- **Older people and long-term conditions** – that integrated care was being developed with the aim of providing a better experience for patients. For those with long-term conditions, this involved using available data to predict those who would be at risk of developing health problems and may benefit from a more proactive diagnostic and management of disease approach. Through early intervention and advice, the aim was to help patients to better manage their own health needs.

Members were advised that a range of sources were being used to gather local intelligence in order to help predict future illness. This included a number of different agencies, including the ALMOs, and mechanisms were in place for Councillors to alert the NHS and Social Care where there were concerns about constituents.

Members were further advised that structural changes in the working model were being piloted, as presented elsewhere on the agenda (minute 72 refers). This consisted of integrated teams, co-ordinated by an individual at GP practice level with a wrap around of professional disciplines in order to treat patients holistically.

It was highlighted that integrated working had been achieved in the area of people with learning disabilities but that to achieve this cultural and organisational change citywide was a significant undertaking.

- **Diabetes** – the improved model of care was nearly complete and reductions in associated secondary care costs had been achieved.

- **Home oxygen service** – aimed at improving patient care by enabling patients to more effectively manage their own health and reduce the number of hospital-based reviews needed, whilst increasing visits to homes where oxygen use can be monitored more effectively.

Members were informed that further advice would be available to clinicians and Adult Social Care staff around home oxygen, through an up-coming Oxygen Awareness Week and the importance of reiterating key messages to patients around safety and smoking cessation.

It was highlighted that while the Diabetes and Home oxygen service projects were relatively small, the projects provided good examples of where integrated teams were working with patients to develop models of care and assessment.

The Board welcomed the report, the work being undertaken and the progress reported. However, it was noted that a significant aim of the Transformation Board was to make efficiency savings within the health and social care economy by the end of 2014. This aspect was not addressed in the update provided.

4. The main outcome from the February meeting was that a further report be presented to the April 2012 meeting clearly identifying the efficiencies identified and generated through the work of the Transformation Board and the supporting projects, and where resources have been reinvested to improve the patient experience.
5. The report provided by NHS Airedale, Bradford and Leeds is presented at Appendix 1 to this report and appropriate representatives have been invited to attend the meeting to present and discuss the information provided.
6. It should be noted that that the Chair has requested an additional report from NHS Airedale, Bradford and Leeds be provided to the Scrutiny Board ahead of the meeting, that is written in plain English, with all acronyms explained and provides more explicit details of the savings generated and reinvestment against the portfolio areas and supporting projects detailed in the report presented to the Scrutiny Board in February 2012, as originally requested;
7. Any further information received in advance of the meeting will be circulated as soon as possible.

Recommendations

8. To consider the information presented and determine any additional scrutiny activity that may be required.

Background documents¹

- Scrutiny Board (Health and Well-Being and Adult Social Care) – Terms of Reference (May 2011)

¹ The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

- Report to the Scrutiny Board (Health and Well-Being and Adult Social Care) – The transformation of Health and Social Care Services (21 September 2011)
- Report to the Scrutiny Board (Health and Well-Being and Adult Social Care) – Leeds Health and Social Care Transformation Programme – Update (29 February 2012)
- Scrutiny Board (Health and Well-Being and Adult Social Care) – Minutes of the meeting held on 29 February 2012