



HEALTH AND WELLBEING BOARD

Additional Meeting to be held in

**Conference Hall, Oxford Place Centre, Oxford Place, Leeds, LS1 3AX on
Thursday, 24th November, 2016 at 12.00 pm**

MEMBERSHIP

Councillors

R Charlwood (Chair)	S Golton	G Latty
D Coupar		
L Mulherin		

Representatives of Clinical Commissioning Groups

Dr Jason Broch	NHS Leeds North CCG
Dr Andrew Harris	NHS Leeds South and East CCG
Dr Gordon Sinclair	NHS Leeds West CCG
Nigel Gray	NHS Leeds North CCG
Matt Ward	NHS Leeds South and East CCG
Phil Corrigan	NHS Leeds West CCG

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adult Social Services
Steve Walker – Director of Children’s Services

Representative of NHS (England)

Moira Dumma - NHS England

Third Sector Representative

Kerry Jackson – St Gemma’s Hospice

Representative of Local Health Watch Organisation

Lesley Sterling-Baxter – Healthwatch Leeds
Tanya Matilainen – Healthwatch Leeds

Representatives of NHS providers

Sara Munro - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

**Agenda compiled by:
Governance Services – 0113 2474355**

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>WELCOME AND INTRODUCTIONS</p>	
2			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Rules (in the event of an Appeal the press and public will be excluded)</p> <p>(*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)</p>	
3			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

4

LATE ITEMS

To identify items which have been admitted to the agenda by the Chair for consideration

(The special circumstances shall be specified in the minutes)

5

DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.

6

APOLOGIES FOR ABSENCE

To receive any apologies for absence

7

NHS LEEDS CLINICAL COMMISSIONING GROUP (CCG) OPERATIONAL PLANS 2017-2019

1 - 18

To consider the report of the Chief Operating Officer, Leeds South and East CCG, which provides a high level overview of the NHS Leeds CCG's Operational Plans for 2017-2019. The Operational Plans provide years 1 and 2 of the Leeds Chapter of the Sustainability and Transformation Plan, which is considered the roadmap to delivering the Five Year Forward View for the NHS. The report describes how, through the Leeds Plan, the NHS Leeds CCG Operational Plans 2017-19 link to the Leeds Health and Wellbeing Strategy 2016-21, and support the delivery of a sustainable health and social care system.

8

DATE AND TIME OF NEXT MEETING

To note the date and time of the next formal Board meeting as Monday 20th February 2017 at 9.30 am

Third Party Recording

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties– code of practice

- a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
- b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

Leeds Health and Wellbeing Board



Report author: Directors of
Commissioning or Equivalent, NHS
Leeds CCGs (Sarah Lovell, Sue
Robins, Rob Goodyear)

Report of: Matthew Ward (Chief Operating Officer, Leeds South and East CCG)

Report to: Leeds Health and Wellbeing Board

Date: 24 November 2016

Subject: NHS Leeds CCG Operational Plans 2017-2019

Are specific geographical areas affected? If relevant, name(s) of area(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

All NHS organisations are required to submit Operational Plans to NHS England by 23rd December 2016. The NHS Clinical Commissioning Group (CCG) Operational Plans are required to cover a two year period from 2017-2019. NHS England requires that Operational Plans detail how CCGs will deliver 9 key 'Must Do' priorities. These priorities underpin the delivery of Sustainability and Transformation Plans (STPs) and a range of key national priorities and strategies, including meeting NHS Constitution standards, Cancer, Maternity, Mental Health, Learning Disabilities and Primary Care Five Year Forward View.

Operational Plans are required to be submitted in draft on 24th November 2016 with a final version due on 23rd December 2016. This report aims to provide the Leeds Health and Wellbeing Board with a summary of the NHS planning guidance and NHS England submission requirements for CCGs alongside an update of latest information available for the NHS Leeds CCG Operational Plans 2017-19.

Recommendations

The Health and Wellbeing Board is asked to:

- Provide an opinion on whether the available information for the NHS Leeds CCG Operational Plans 2017-19 takes proper account of the Leeds Health and Wellbeing Strategy 2016-21
- Comment on the requirements on NHS Leeds CCGs for the development of the NHS Leeds CCG Operational Plans 2017-19 and their complementary relationship to the Leeds Plan and the West Yorkshire Sustainability and Transformation Plans
- Note timescales for completion of plans and proposed process for sign off
- Agree proposed approach to engagement of Health and Wellbeing Board in review of NHS Leeds CCG Operational Plans 2017-19

1. Purpose of this report

This paper provides a high level overview of the NHS Leeds CCGs Operational Plans for 2017-2019. These Operational Plans provide years 1 and 2 of the Leeds Chapter of the STP, which is considered the roadmap to delivering the Five Year Forward View for the NHS. The content of the paper describes how, through the Leeds Plan, NHS Leeds CCG Operational Plans 2017-19 link to the Leeds Health and Wellbeing Strategy 2016-21, and supports the delivery of a sustainable health and social care system.

2. Background information

The NHS Operational Planning and Contracting Guidance 2017-2019 (22nd September 2016) sets out the requirements on all NHS organisations regarding the development of Operational Plans for the next two financial years.

The guidance requires that all CCGs and provider organisations develop a 2-year Operational Plan covering 2017-2019 that will secure the delivery of 9 key 'Must Do' priorities as follows:

- *Underpin Sustainability and Transformation Plans:* Each STP becomes the route map for how the local NHS and its partners make a reality of the Five Year Forward View. It provides the basis for operational planning and contracting. All Operational Plans must underpin agreed STP milestones and their share of trajectories identified within the STP core metrics set for 2017-2019 (TBC).
- *Finance:* Deliver individual CCG and local system financial control totals. Implement local STP plans and achieve local targets to moderate demand growth and increase provider efficiencies (e.g. Right Care and Carter review).
- *Primary care:* Ensure the sustainability of general practice area by implementing the General Practice Forward View, including the plans for Practice Transformational Support, and the ten high impact changes. Operational plans are the detailed plans for the first two years of the STP.
- *Urgent and Emergency Care:* Implementing the five elements of the Accident & Emergency (A&E) Improvement Plan to support delivery the four hour A&E standard, and standards for ambulance response times.
- *Referral to treatment times and elective care:* Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no

more than 18 weeks from referral to treatment (RTT). Improve use of e-referrals and choice.

- *Cancer*: Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report.
- *Mental health*: Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages.
- *People with learning disabilities*: Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.
- *Improving quality*: All organisations should implement plans to improve quality of care.

2.1 The Leeds Plan and West Yorkshire Sustainability and Transformation Plan

Throughout 2016/17 systems leaders have been working across West Yorkshire and within Leeds to develop the West Yorkshire Sustainability and Transformation Plan (WYSTP) and the Leeds Plan (the Leeds city contribution to the delivery of the WYSTP along with Leeds Health and Wellbeing Strategy 2016-21 priorities).

The Leeds Plan describes how Leeds will address the *triple aim* as required by the NHS Five Year Forward View. The *triple aim* requires that all health systems identify how they will address the following three identified gaps in health, quality and finance.

2.1.1 *The health gap*

The Leeds Health and Wellbeing Strategy 2016-21 includes the key priorities for health and wellbeing to be addressed by all partners in Leeds. The Leeds Health and Wellbeing Strategy 2016-21 is one of the key foundations on which the STPs has been built. The Leeds Plan describes the key gaps that will be addressed and the approach to closing those gaps. These include addressing health inequalities and conditions where under 75 mortality is high compared to national average.

2.1.2 *The quality gap*

The WYSTP and the Leeds Plan clearly demonstrate how quality and safety will be improved for patients across physical and mental health and wellbeing services. Leeds commissioners through the Leeds Plan have articulated the key areas of focus and the system wide plans through which these will be addressed. Maintaining quality of services and patient experience is particularly important as the financial situation becomes more pressured. In 2016/17 the NHS in Leeds has met with some difficulties in meeting a range of national priorities e.g. 4 Hour A&E waiting time, 18 Week Referral to Treatment, IAPT (Improving access to Psychological Therapies) and Cancer 62 Day Referral to Treatment Waiting Time targets.

2.1.3 *The financial gap*

The Leeds Plan articulates the financial gap between the resource available and the costs to maintain services if the health and social care system is to continue to meet growing demand and need for services. The Leeds Plan outlines both the gaps and the transformational plans that will be implemented to address that gap. CCG Operational Plans must describe how they will invest and disinvest in services and initiatives to support the STP in addressing the identified gap whilst continuing to meet the 9 national 'Must do' priorities. It should be noted that unlike in previous years all NHS partners will be held accountable for delivering agreed financial 'control totals' across all partners (i.e. if providers are in deficit and not meeting their 'control totals' this will be seen as a failure on all NHS organisations in the system).

2.2 NHS England Submission Requirements

NHS England requires that all CCGs submit an Operational Plan in the form of a series of templates that capture trajectories for performance, activity and finance.

There is no formal national requirement for CCGs to submit a narrative. However NHS England require that assurance be provided by their regional offices that CCGs in their region are prepared to meet the 9 'Must do' priorities as required within the planning guidance. NHS England (North) is seeking that assurance through the submission by CCGs of a template capturing information on the approach to delivery of the 9 'Must do' priorities.

2.3 Timetable for Operational Plan and STP

The timetable for submitting the NHS Leeds CCG Operational Plans is outlined below:

22nd Sept	Planning Guidance published
21st Oct	Commissioner allocations published Submission of STPs
1st Nov	Submission of CCG financial plan for 2017/18 to 2018/19
4th Nov	Commissioners to issue initial contract offers to providers Feedback to STPs
11th Nov	Providers to respond to initial offers from commissioners
18th Nov	Submission of full financial plan
24th Nov	Submission of full draft operational plans
16th Dec	Submission of full financial plan
23rd Dec	National deadline for signing of contracts and narrative Submission of final operational plans Final plans approved by Boards or governing bodies

3.0 Main Issues

3.1 NHS CCG Operational Plans 2017-2019 and Alignment with the Leeds Health and Wellbeing Strategy 2016-21

This section aims to provide assurance that the content and priorities of the NHS Leeds CCG Operational Plans 2017-19 take account of the Leeds Health and Wellbeing Strategy 2016-21.

The Leeds Health and Wellbeing Strategy 2016-21 describes a five-year vision for Leeds and its people. The Leeds Plan, which is underpinned by the NHS Leeds CCG Operational Plans, recognises the strong connection between people, populations and organisations to support Leeds in its vision to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

The Leeds Plan and underpinning NHS Leeds CCG Operational Plans are aligned, where appropriate, with the priorities of the Leeds Health and Wellbeing Strategy 2016-21. As with the Leeds Health and Wellbeing Strategy 2016-21, the NHS Leeds Operational Plans are founded in the Joint Strategic Needs Assessment (JSNA) and subsequent research and analysis, and both have benefited from the positive level of joint working evident across the city's people and organisations. The following points provide specific examples of how the NHS Leeds CCG Operational Plans 2017-19 support delivery of the Leeds Health and Wellbeing Strategy 2016-21.

3.1.1 *Priority 1 - A Child Friendly City and the best start in life*

The NHS Leeds CCG Operational Plans 2017-19 continue to support the delivery of the Maternity Strategy for Leeds, which launched in summer 2015. In particular, the focus on improving perinatal mental health, which has the potential to improve the lives of women, their children and their families with benefits evident for years to come. In addition the plans continue to focus on improving access to child and adolescent mental health services. To support this agenda, CCGs continue to invest, as required to meet the NHS requirement to support parity of esteem, in mental health and including services that support children and families. A number of cross sector boards around Children and Mental Health continue to support taking forward this agenda.

3.1.2 *Priority 2 - An Age Friendly City where people age well*

Through our work to develop new models of care integrated to better support older people and those with long term conditions and our aim to improve diagnosis and support for people with dementia through increasing access to memory tests.

3.1.3 *Priority 3 – Strong, engaged and well-connected communities*

Throughout 2016 NHS Leeds CCGs implemented and tested social prescribing services, which offer support, over and above those provided by GPs and community services, to meet the holistic needs of patients. The services have helped develop a range of partnerships with the third sector that supports people and communities to improve their wellbeing by combating social isolation; providing opportunities for volunteering; acting as a “gateway” to advice,

information, and services; and re-connecting people and communities. These services will continue to be provided throughout 2017. These services also enable NHS Leeds CCGs to support delivery of priorities 5 and 6 of the Leeds Health and Wellbeing Strategy 2016-21.

3.1.4 *Priority 7 – Maximise the benefits from information and technology*

Leeds commissioners have been strong supporters of the Leeds Care Record and there are ambitious plans to build on this through 2017-2019. NHS Leeds CCGs with partners have developed a Digital Roadmap that describes an ambitious set of objectives to support the development and deployment of Digital Systems and Technologies alongside supporting our population to be able to maximise the benefits of those technologies to support their own care. Our Digital Roadmap underpins a range of service and system objectives including integrated care at the point of delivery and facilitating the integration of services and organisations and how those services interact with the people of Leeds.

3.1.5 *Priority 8 - A stronger focus on prevention*

This is one of the highest priorities for NHS commissioners in Leeds and nationally. The Leeds Plan includes our plans to address health inequalities over the next five years with a focus on shifting investment from treatment to prevention, and from people/communities with better health to those with poor health and/or high prevalence of disease. NHS Leeds CCGs are embedding the Right Care approach promoted by NHS England to refresh their understanding of the key areas of opportunity to address health inequalities by resolving variation in access to services and in clinical practice. Specific emphasis across all plans are being placed on improving earlier diagnosis and one-year survival rates of cancer (including increasing access to diagnostic services and implementing NICE referral guidelines). The Right Care and approach, alongside the Leeds Plan prevention work stream, places significant focus on a range of pathways including Cardio Vascular Disease, Diabetes and Respiratory Conditions which all require an emphasis on supporting the public to improve their health through support for healthy living.

3.1.6 *Priority 9 - Support self-care, with more people managing their own conditions*

The Leeds Plan, underpinned by CCG Operational Plans, includes two key workstreams focussing on self-care and proactive management of patients with long term conditions. The programmes contain a range of initiatives across a range of pathways that aim to support the population to better manage their health and conditions. In addition, the CCGs are working towards commissioning that result in developing New Models of Care, which embed population, health-based approaches. This helps to further commissioning for outcomes. (This also supports Priority 8).

3.1.7 *Priority 10 - Promote mental and physical health equally*

Leeds has an agreed Mental Health Strategy. The Strategy has been reviewed against recently published national guidance on best practice to ensure that services develop towards those nationally outlined priorities. Mental health is one of the key investment areas for the NHS and CCGs in 2017-2019. The NHS in Leeds already funds mental health services as a higher percentage of overall spend when compared with other areas. NHS Leeds CCGs recognise mental

health as a key contributor to lower health and wellbeing and will continue to invest disproportionately in addressing mental health as required within NHS planning guidance. NHS Leeds CCGs Operational Plans 2017-2019 will focus on a range of national priorities, which include improving the quality of care available in a crisis, reducing out of area treatments and improving community based mental health services. Integrating mental health expertise with primary and community care will be tested as part of the new models of care work.

3.1.8 *Priority 12 – Best Care, Right Place, Right Time*

All CCGs are responsible for commissioning services which deliver the nine essential 'Must do' priorities as identified in NHS England Planning guidance. NHS Planning priorities focus on offering choice of a range of services within given access standards and that meet national defined quality standards. NHS Leeds Operational Plans 2017-19 are being developed to meet a range of standards across all sectors.

3.2 **Progress to Date in Developing the NHS Leeds CCG Operational Plans**

The NHS Leeds CCG Operational Plans 2017-19 aim to balance the requirements of provider sustainability (in order to deliver improvements in care as outlined) with the requirement to create financial headroom to deliver the prevention agenda to reduce health inequalities.

It should be noted that we are at an early stage of developments in NHS Leeds CCG Operational Plans 2017-19. Final details on the developments that we will take forward in the coming years are dependent upon a range of factors including, contract negotiations, financial allocations and impact of the national tariff.

The development of Operational Plans requires input from a range of sources including key milestones, trajectories and impacts from the WYSTP and the Leeds Plan. The timescales for the development of the NHS Leeds CCG Operational Plans 2017-19 are short, however given their alignment to the five year plans the content will be expected to reflect rather than build on those wider plans.

Completion of the operational plans will also depend on the available resource and outcomes of contract negotiations. As such it is currently not possible to describe in any detail the plans that the NHS Leeds CCGs will be putting in place. The following therefore describes current thinking with regards to how we will deliver both local and national priorities for 2017-2019.

3.3 **City-Wide or Individual CCGs**

Given the alignment required between NHS Leeds CCG Operational Plans and the West Yorkshire STP and Leeds Plan, it is clear that there will be little material difference between the approaches taken by each NHS Leeds CCGs to deliver their plans. As such, the NHS Leeds CCGs are developing 'one' operational plan narrative that will be submitted individually by each NHS Leeds CCG as required.

It should be noted that there may be some key differences between the submissions. These will primarily be in the approach being taken to support the development of primary care in the short term. Also each NHS Leeds CCG will submit separate trajectories for activity and finance plans (due to the differences in size and budgets of each). The following sections provide a brief summary of contents of the NHS Leeds CCG Operational Plans as of 8th November 2016.

3.4 Must Do No. 1 - Delivery of Key STP Milestones and STP Trajectories

The NHS Leeds CCGs Operational Plans 2017-2019 has been developed to underpin the delivery of the WYSTP and the Leeds Plan (the city wide plan that constitutes Leeds contribution to the local elements required to deliver the STP).

The Leeds Plan has been developed to secure the delivery of a range of key outcomes described within the Leeds Health and Wellbeing Strategy 2016-21. The following table provides a summary of the key work streams contained within the WYSTP and Leeds Plan.

West Yorkshire Sustainability and Transformation Plan: The following areas are being worked on across West Yorkshire under the Healthy Futures Programme (More detail can be found in the West Yorkshire STP).

- Cancer services
- Urgent and emergency care
- Specialist services
- Stroke (hyper-acute and acute rehab)
- Standardisation of commissioning policies
- Acute collaboration
- Primary and community services
- Mental health
- Prevention at scale

The Leeds Plan: The following programmes of work are to be undertaken on a city-wide basis (more detail can be found within the Leeds Plan).

- Investing more in prevention, targeting those areas that will reap the greatest reward.
- Building on our 13 integrated neighbourhood teams, we will develop new models of working, increasing and integrating our primary and community offer for out-of-hospital health and social care, providing proactive care and rapid response in a time of crisis: Self-Management and Proactive Care, Efficient and Effective Secondary Care, Urgent Care / Response.
- Increasing sustainability and transformation of general practice as the cornerstone for New Models of Care designed around GP registered lists.
- Using existing estate more effectively, ensuring it is fit for purpose, and disposing of surplus estate.
- Reviewing our procurement practices and top 100 supplier organisation spend to ensure that we get best value in spending for the Leeds £, and are benefitting from economies of scale.
- Engaging 'One Workforce' to work collaboratively and promote a 'working with' approach across all partners within the Health and Social Care system to provide high quality seamless services to support the delivery of new models of care to

meet the population needs.

- Work collaboratively across the system to attract recruit, retain, develop the workforce through leading edge innovation and education and optimise the use of new roles, apprentice and skills mix.
- Having nationally pioneering integrated digital capabilities being used by a 'digitally literate' workforce.
- Digital capabilities and consistent information to support effective discharges, referrals, transfers, self and assisted care and integrated intelligence to inform better whole-system operational and strategic decisions.
- Use our high quality education, innovation and research to strengthen service delivery and its outcomes.
- Creating a citywide culture of shared responsibility between citizens and services; working with' people at every stage of change through clear communications and engagement.

Whilst the NHS Leeds CCG Operational Plans 2017-19 will describe how we will underpin the workstreams above, CCGs are also required to respond to specific key lines of enquiry many of which will be delivered through the STP workstreams. The following provides a summary of the NHS Leeds CCGs progress to date on those key lines of enquiry.

3.5 Must Do No. 2 – Finance

NHS Leeds CCGs are required to develop plans that will deliver individual CCG local system financial control totals. The Leeds Plan includes a range of initiatives to moderate demand growth including:

Prevention: The Leeds Plan and WYSTP include significant focus and a range of programmes of work focussing on prevention and healthy lifestyles.

Implementing RightCare: Through our proactive management and medicines optimisation work streams we have a range of initiatives in the STP focussing on key pathways identified in Right Care including CVD, respiratory and Diabetes designed to reduce variation and as a result demand on acute sector.

Elective care redesign: Our acute commissioners are reviewing a range of pathways to ensure we achieve best value for money. In addition West Yorkshire Healthy Futures programme (the delivery body for the WYSTP) is reviewing its approach to optimisation of pathways.

Urgent and emergency care reform: NHS Leeds CCGs are part of the West Yorkshire Urgent Care Vanguard that is redesigning 111 and GP on call services to create a single point of access and streamlined pathways for patients seeking access to advice and care in urgent circumstances.

Supporting self-care: The Leeds Plan includes a wide range of initiatives to support self-care.

Progressing population-health new care models such as multispecialty community

providers (MCPs): Significant work is ongoing to progress the development of a Leeds approach to population health care based models. This will be underpinned through the ‘One Voice’ commissioning development initiative.

Improving the management of continuing healthcare processes.

3.6 Must Do No. 3 Primary Care

CCGs are required to ensure the sustainability of general practice through implementing the General Practice Forward View.

The NHS Leeds CCGs have developed a plan for primary care in response to the General Practice Forward View, which includes plans for Practice Transformational Support, and the ten high impact changes. This has been submitted separately. Our local investment plans meet and in many cases exceed the minimum required levels and embed our plans to tackle workforce and workload issues.

3.7 Must Do No. 4 - Urgent and emergency care

CCGs are required to provide assurance with respect to securing delivery of the A&E 4 hour standard through a range of programmes. The CCGs and partners take a whole system city-wide approach to meeting emergency and urgent care demand. The Leeds Health Economy has a comprehensive A&E delivery plan to ensure that we can meet the 4-hour emergency care standard target. The plan is assured by the System Resilience Assurance Board and details a range of short and longer term initiatives to address the 5 mandated elements listed below:

- Streaming at the front door
- NHS 111– Increasing the number of calls transferred for clinical advice
- Ambulances – Decision on Dispatch (DoD) and code review pilots
- Improved flow – Enhanced patient flow
- Discharge – Discharge to access and trusted assessor type models

Our plans also ensure the delivery of seven-day hospital services and CORE 24 (1 hour standard for mental health crisis).

A dedicated Operational Delivery Group oversees the delivery of the initiatives with task and finish groups adopting a flexible approach to change leading from the front line. This approach will enable all of the learning to inform the wider strategic approach to implementing the Urgent and Emergency Care review across Leeds and the wider WYSTP footprint. The following initiatives are either underway or planned to support improvement in Urgent and Emergency Care Standard:

- *Clinical Advisory Service (WY Vanguard)*. The development of a single point of access service which will deliver integration of a wide range of services including primary care in and out of hours with 999/111. This initiative will ensure that patient urgent care needs are met first time through a single point of contact.

- *Leeds Integrated Discharge Service:* This service aims to coordinate the discharge of all patients that require additional support to enable them to leave the hospital.

3.8 **Must Do No. 5 – Referral to treatment times and elective care**

NHS Leeds CCGs are working closely with secondary care providers to ensure we can deliver and maintain the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT).

NHS Leeds CCGs performance against the RTT standard has deteriorated in 2016/17. This deterioration is affecting orthopaedics and spinal surgery, plastic surgery, ENT, dental services along with some surgical specialities. There are a range of issues that are resulting in non-delivery including:

- Lack of beds as a result of increased non-elective demand
- Outpatient pressures, particularly for regional specialties and where capacity is heavily dependent on middle grade workforce
- Lack of theatre capacity linked to ongoing difficulties in theatre recruitment and exacerbated through the agency spending caps.

The key areas where additional activity is required if CCGs are to meet access targets are:

- Cancer specialties and cancer diagnostic pathways
- Specialties where backlog has been created due to non-elective pressures in 16/17.

In addition, we are also seeking to reduce demand in key specialities through working with associate CCGs to try to identify alternative pathways and providers for regional specialties, such as spinal surgery, and also working with NHS England to implement more streamlined pathways and choice offers in dental services.

- *E-Referrals and Choice:* The national expectation is that all referrals will be electronic by October 2018. NHS Leeds CCGs have a joint working group with LTHT looking at e-referrals and outpatient capacity to reduce the slot issues, which are impacting on GP willingness to undertake e-referral. We have already had some success in using e-referral for 2-week waits in the breast service and are looking to expand this. We are also looking at increased use of Clinical Assessment Services and Advice and Guidance in line with the national guidance and to ensure that straight to test pathways are used wherever clinically appropriate.
- *Pathway development:* NHS Leeds CCGs have ongoing work on elective care pathways in a number of specialties. Our plans include the implementation of a range of commissioning policies for post-operative follow-up for our most common conditions from April 2017.
- *Maternity:* NHS Leeds CCGs have put plans in place to ensure that we are well positioned to implement the national maternity services review, Better Births.

3.9 Must Do No. 6 – Cancer

Leeds is an active participant in the developing work plan of the Healthy Futures Work programme at West Yorkshire level. We currently have a bid to Macmillan for programme support to ensure that the healthy futures programme is rolled out on a primary care/population based approach. We await the results.

NHS Leeds CCGs have developed a Cancer Strategy that underpins the delivery of the national cancer taskforce report. This strategy contains a detailed work plan that describes the actions we are planning over the next two years. Our plans embed the need to increase focus on prevention, improve early diagnosis and one year survival rates as well as reducing the number of cancers diagnosed following an emergency admission. We have an integrated cancer team that leads citywide work on delivering our plans.

Cancer Standards: NHS Leeds CCGs continue to deliver two week and range of other standards standard however, despite intensive work CCG performance against the 62 day access standard has deteriorated in 16/17. This deterioration is largely as a result of a very significant increase in the numbers of 2-week wait patients referred in recent months as GPs increasing apply NICE guidelines. All partners are committed to develop and improve cancer pathways and cancer outcomes as well as timeliness of appointments and treatments.

There remain a number of risks to delivery of the 62-day referral to treatment target. This is impacted by a lack of diagnostic capacity. Actions planned to improve performance include:

- Undertaken an endoscopy capacity review across all providers including the independent sector. This demonstrated insufficient capacity at LTHT to meet demand. In 2016/17 Medinet (an IS provider) have been used to provide additional capacity within LTHT to bridge the gap. The Leeds CCGs have reviewed pathways to ensure appropriate patients can be directly referred from primary care to the independent sector rather than needing to be rerouted via LTHT.
- Commissioning of new additional direct access endoscopy capacity from an independent sector provider. This will provide an additional 60 scopes per week, which equates to over 3000 scopes per year.
- The IS provider is also able to offer LTHT an additional 80-120 scopes per month through inter provider transfers IPTs if LTHT can guarantee an increased guaranteed level of referral on a monthly basis
- There is also additional capacity coming on stream in early 2017.

Pathway Development: NHS Leeds CCGs are focussed on the redesign of cancer pathways in line with national guidelines. The CCGs have already implemented stratified follow-up work on breast cancer pathways, and are now working on colorectal and prostate cancer.

Leeds is a national pilot site for the 28 days to faster diagnosis work, with a focus on prostate, head and neck and gynaecology pathways. Our main aims are to increase early presentation, detection and treatment of cancer, which will result in improvements on the proportion of patients diagnosed at stages 1 and 2 and a reduction in emergency presentations.

ACE (Accelerate, co-ordinate and Evaluate): Leeds is a national pilot site for the ACE, which focusses on a new diagnosis model for non-specific symptoms.

Improving Uptake of Screening: Work is ongoing in all local CCGs with support from the Local Authority to improve uptake of bowel and breast screening with some visible improvements.

Recovery Packages: Leeds CCGs, in line with national guidelines, have commissioned all elements of the recovery package. This includes working with Leeds Teaching Hospital Trust (LTHT) to implement a needs analysis and care plan at the point of diagnosis and ensuring the completion and delivery of a treatment summary to the patient and the GP at the end of treatment. In addition we are working on a pilot project funded by Macmillan on the Cancer Care Reviews, we will test out with a group of GP Practices different models and evaluate outcomes.

3.10 Must Do No. 7 – Mental health

The Leeds Mental Health Framework (2014-17) is the Leeds Strategic Plan to improve mental health across the city. Although this plan was developed in 2013/14 (i.e. prior to the Mental Health Five Year Forward View 2016), the Leeds plans are consistent with the priorities outlined in that document.

Our plans for 2017-2019 reflect those areas that require further development to meet the requirement of the Five Year Forward View. We have undertaken a two year review of our Framework implementation and agreed that we will undertake more targeted work on physical health outcomes for those with SMI.

IAPT Access: Local access rates still remain lower than required. In 2016 NHSE reviewed the Leeds systems provision and identified a number of changes that could be made to improve uptake of service. However, some of the solutions for IAPT access are more systematic – NHS Leeds CCGs will put greater focus during 17/18 on a range of measures in order to improve the flow of the right people to IAPT.

Early Intervention in Psychosis: Leeds has an established EIP service delivered by the third sector and supplemented by acute support from Leeds and York Partnership NHS Foundation Trust (LYPFT). At present the service is only available to some age groups. Our intention is to improve access to the service to include all ages through increasing provision.

Individual Placement and Support: Leeds has well established IPS model commissioned by NHS Leeds CCGs and Adult Social Care from Leeds Mind called WorkPlace Leeds. The service has contributed to the national task force DH and DWP that reviewed the support options for people with MH issues and Leeds is recognised as an area of good practice.

Reducing Suicides: The suicide prevention work stream is overseen by a strategic multi agency partnership that meets quarterly led by Public Health. This strategic suicide prevention group oversees the citywide suicide prevention plan for the city. This plan is informed every three years by the undertaking of a detailed Suicide Audit. The suicide action plan is being refreshed to cover for 2017-20 based on findings of the audit.

Crisis Services: Leeds currently has a dispersed Crisis service that includes Street Triage, Nurse in Police Control Room (DCR), Section 136 Suite, Crisis Assessment Services, Crisis Assessment Unit and Intensive Community Service (providing home treatment) all provided by LYPFT. It is supplemented by a User Led Crisis Service that includes a helpline (open 6pm – 2am 365 days a year) and safe house open 6pm – 2am x 5 days per week.

Liaison: Leeds has a well-established psychiatric liaison service that includes Acute Psychiatric Liaison Services (ALPS) based in A&E, psychiatric liaison in-reach and outpatient service and an all age in-patient liaison service. Our provider (LYPFT) has been involved in the West Yorkshire Urgent Care Vanguard/STP work that has included a benchmarking process against Core 24. Leeds is not yet compliant on all CORE 24 elements. A review was undertaken by LYPFT in 16/17 to assess the service against Core 24 standard and a remodelling and service development plan agreed.

Eliminating Out of Area Placement (Acute): LYPFT have undertaken a Rapid Improvement Event supported by the System Resilience Assurance Board to assist with the review of systems that support improved discharge and system flow – all of which contributes to the reduction in out of area placements. LYPFT are developing a new clinical strategy to drive service structure and delivery.

Dementia Diagnosis: There are 6,095 people diagnosed with dementia on Leeds GP dementia registers (end September 2016); the Leeds-wide diagnosis rate (amalgamated figures for the three NHS Leeds CCGs) is 76.4%. Diagnosed numbers and diagnosis rate have continued to improve compared to 12 months previously (September 2015 figures were 5,952 and 75.8% respectively).

Memory Service waiting times: Our Leeds ambition by March 2020, 100% of will be seen within 8 weeks, and diagnosed within 12 weeks. A trajectory will be set to increase the proportion of patients having diagnosis within 8 weeks, subject to the ability to do this within a positive patient and carer experience.

3.11 Must Do No. 8 – Learning Disabilities

Transforming Care Partnership (TCP): Leeds has established a Transforming Care Partnership and has developed an integrated strategic commissioning and delivery plan designed to deliver the TCP in Leeds over the next three years. The outcomes to be achieved by the plan over the next three years include:

- Reduce the number of the hospital beds used by people with complex learning disabilities and/or autism by 50%.
- Prevent specialist hospital admissions where possible for people with complex learning disabilities and/or autism.
- Develop effective pathways through transition for young people with complex learning disabilities and/or autism.
- Ensure people with complex needs relating to their learning disability and/or autism can be supported in the community.

In order to support this process, a number of different work streams have been established to oversee the development and implementation of the local Transforming Care Plan.

The Leeds Plan has been approved by NHS England and progress in objectives is reported on a monthly basis, and the required trajectory on bed reductions has been established. There is still work to be done on the financial modelling to deliver the plan – and this remains a local challenge and part of the commissioning discussions.

Annual Health Checks – We have undertaken work to improve the general practice audit to establish the current rate of take up in order to set improvement plans for each CCG – and this will form part of the prevention element of the Leeds Plan (local STP).

A project over two years, completed in 2016 focussed on improving access to health checks, providing training and education to GP practice staff across the three Leeds CCGs, and guidance to ensure that reasonable adjustments are made to support accessing health checks. This work will be followed up as part of the prevention element of the Leeds Plan.

3.12 Must Do No. 9 – Improving quality in organisations

All organisations should implement plans to improve quality of care, particularly for organisations in special measures. It is not yet clear what expectations NHS England have with respect to meeting this requirement. It is anticipated that the CCG will be providing assurance with regards to its own understanding of robustness of its providers plans with regards to a range of issues including:

- Measuring and improving efficient use of staffing resources to ensure safe, sustainable and productive services.
- CCGs role in engagement in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare.

3.13 Alignment with Provider Plans

NHS England planning framework requires alignment between CCG (and other commissioners) and provider plans. STP and Operational finance and activity plans must reconcile (i.e. all activity and finance add up) to each other. In addition, finance and activity plans must reconcile with contractual agreements. This requirement will be used to demonstrate that the Leeds health system has collectively agreed its developments and how these will support the system to maintain financial balance.

4. Health and Wellbeing Board and Governance

4.1 Consultation, engagement and hearing citizen voice

The purpose of this report is to share information about national planning requirements and therefore consultation and engagement is not required. However plans are currently in draft form and further work is required to complete our submissions.

4.2 Equality and Diversity / Cohesion and Integration:

Service and commissioning plans developed as a result of the guidance will be assessed.

4.3 Resources and value for money

NHS Leeds CCG Operational Plans must demonstrate their role in achieving aggregate financial balance for Leeds. In so doing the plans must demonstrate how they intend to reconcile finance with activity in NHS provider contracts and their planned contribution to efficiency savings.

Our plans are built on the Leeds Plan and the WYSTP which are the key drivers through which Leeds will achieve financial balance

4.4 Legal Implications, Access to Information and Call In

There are no legal, access to information or call in implications arising from this report.

4.5 Risk Management

NHS Leeds CCG Operational Plans 2017-19 will demonstrate how risks across the local health economy plans have been jointly identified and mitigated through an agreed contingency plan. The NHS Leeds CCGs hold a combined risk register, monitored through their Governing Bodies. This will be amended as required during the planning process.

5.0 Conclusion

This paper has provided a high level overview of the NHS Leeds CCGs Operational Plans 2017-2019. This overview provides information regarding the likely content of NHS Leeds CCG Operational Plans 2017-19 and describes how, through the Leeds Plan, NHS Leeds CCG Operational Plans link to the Leeds Health and Wellbeing Strategy 2016-21, and how the NHS Leeds CCGs Operational Plans support the delivery of a sustainable health and social care system.

6. Recommendations

The Health and Wellbeing Board is asked to:

- Provide an opinion on whether the available information for the NHS Leeds CCG Operational Plans 2017-19 takes proper account of the Leeds Health and Wellbeing Strategy 2016-21.
- Comment on the requirements on NHS Leeds CCGs for the development of the NHS Leeds CCG Operational Plans 2017-19 and their complementary relationship to the Leeds Plan and the West Yorkshire Sustainability and Transformation Plans.
- Note timescales for completion of plans and proposed process for sign off.
- Agree proposed approach to engagement of Health and Wellbeing Board in review of NHS Leeds CCG Operational Plans 2017-19.

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How does this help reduce health inequalities in Leeds?

Operational Plans have an underpinning role in delivering the Leeds Plan and contributing to delivery of the Leeds Health and Wellbeing Strategy 2016-21.

How does this help create a high quality health and care system?

Through its underpinning role in delivering the Leeds Plan and delivery of a range of key national NHS priorities across sectors (i.e. Urgent and Emergency Care, Mental Health, Elective Care, Maternity, Primary Care Services, New Models of Care, Maternity Services).

How does this help to have a financially sustainable health and care system?

Through its underpinning role in delivering the Leeds Plan which aims, through its role in delivering the *triple aim*, to create a financially sustainable systems.

Future challenges or opportunities

N/A

Priorities of the Leeds Health and Wellbeing Strategy 2016-21 (please tick all that apply to this report)	
A Child Friendly City and the best start in life	✓
An Age Friendly City where people age well	✓
Strong, engaged and well-connected communities	✓
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	✓
A stronger focus on prevention	✓
Support self-care, with more people managing their own conditions	✓
Promote mental and physical health equally	✓
A valued, well trained and supported workforce	✓
The best care, in the right place, at the right time	✓



Conference Hall, Oxford Place Centre, Oxford Place, Leeds, LS1 3AX



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