

# Leeds Health & Wellbeing Board

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**Report of:** Chief Officer, NHS Leeds North CCG; Chief Officer, NHS Leeds West CCG; Clinical Chief Officer, NHS Leeds South and East CCG

**Report to:** Leeds Health & Wellbeing Board

**Date:** 18 June 2014

**Subject:** Five year strategic plan summary from the three CCGs in Leeds

Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input 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

- Leeds has a strong track record in developing shared priorities through the Joint Health & Wellbeing Strategy. This Strategy has been used by the Unit of Planning (the three CCGs and NHS England) to shape their five year strategic narrative summary for submission alongside the statutory templates for five year planning on 20<sup>th</sup> June.
- This submission follows the draft submission of 4<sup>th</sup> April 2014 that was approved by the Health & Wellbeing Board on 27<sup>th</sup> March and is a requirement as part of the NHS planning process and our Unit of Planning response to the guidance issued by the Department of Health “Everyone Counts: Planning for Patients 2014/15 - 2018/19”<sup>1</sup>.
- The planning process requires that we describe how the future health care system in Leeds will embody the six key characteristics and seven ambitions as set out in the guidance.
- This paper brings to the Board the strategic narrative summary from the Unit of Planning in Leeds in line with this requirement.

## Recommendations

<sup>1</sup> Available at <http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>

The Health & Wellbeing Board is asked to:

- Assure itself that the main points of the five year strategic plan summary of the Leeds CCGs take due regard of the Joint Health & Wellbeing Strategy.
- Agree the submission of the strategic summary to NHS England on 20<sup>th</sup> June 2014.
- Consider how the Health & Wellbeing Board can contribute to the delivery of the strategic narrative summary and contribute to the engagement of the city in the further development and subsequent delivery of the city-wide strategy.

## **1 Purpose of this report**

- 1.1 To ensure that the Health & Wellbeing board approves the current five year strategic plan summary for the CCGs in Leeds ahead of the planning submission deadline of 20<sup>th</sup> June.

## **2 Background information**

- 2.1 The three Leeds Clinical Commissioning Groups have been working with Leeds City Council, the NHS England Local Area Team and local provider services to describe our future direction for health care services over the next five years. This is due to the desire to develop a thriving health, social care and public health system for the city delivered through inclusive and jointly developed strategy and associated transformational change programmes and also to meet the statutory duty to take due regard of the Health & Wellbeing Board's Joint Health & Wellbeing Strategy.

- 2.2 The Department of Health released its 'Everyone Counts' planning guidance in December 2013. This guidance required CCGs to work collectively on a 'unit of planning' basis (a locally-determined geographical area) to produce 5 year strategic plans, for submission to NHS England by the 20<sup>th</sup> June. In response to this we have prepared shared views of our financial position, answers to the 'key lines of enquiry' raised by the guidance, a 'plan on a page' and a strategic narrative summary.

- 2.3 The strategic narrative summary recognises the established vision of the city where: "Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest." and the five outcomes set to achieve this vision:

- People will live longer and have healthier lives.
- People will live full active and independent lives.
- People's quality of life will be improved by access to quality services.
- People will be involved in decisions made about them.
- People will live in healthy and sustainable communities.

Alongside this we have recognised that there is a requirement to:

- Bring the overall cost of health and social care in Leeds within affordability limits - transformation is required to reduce current costs.
- Change the shape of health provision so that care is provided in the most appropriate setting.

2.4 The strategic narrative summary sets out how we will meet the needs of the NHS planning process and our Unit of Planning response to the guidance issued by the Department of Health “Everyone Counts: Planning for Patients 2014/15 - 2018/19” to describe how we will deliver a healthcare system in Leeds which will embody the six characteristics and achieve progress towards the seven ambitions. The six characteristics are:

- Citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care.
- Wider primary care, provided at scale.
- A modern model of integrated care.
- Access to the highest quality urgent and emergency care.
- A step-change in the productivity of elective care.
- Specialised services concentrated in centres of excellence.

The 7 ambitions are:

- Securing additional years of life for your local population with treatable conditions.
- Improving the health related quality of life of people with one or more long-term conditions.
- Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.
- Increasing the proportion of older people living independently at home following discharge from hospital.
- Increasing the number of people having a positive experience of hospital care.
- Increasing the number of people having a positive experience of care outside hospital, in general practice and in the community.
- Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

2.5 In order to meet this challenge, meeting planning process requirements and developing an effective strategic plan that helps meet our vision, an integrated programme approach across the City is being used. This links in the all key commissioners, providers and also the City Council. This is brought together under the Transformation Board.

2.6 Development of the strategy will continue and can only be done successfully through partnership between these organisations. Many stakeholder engagement activities have taken place to shape the content of the strategic narrative

summary and associated document at the level of both idea generation and consideration of planned changes and in the consideration of the six characteristics and seven outcomes as a whole. Engagement activities will continue as we build further on this work to develop the full five year strategy for the city over the coming months.

- 2.7 We have agreed through the Transformation Board to use an Outcome Based Accountability (OBA) approach to designing the transformation programmes and the measures for success. Sharing this approach with LCC has enabled us to align our priorities and indicators with those of the Joint Health & Wellbeing Strategy. Our OBA approach will help us not only be clear about what we are achieving strategically but also ensure that the programmes deliver results for the public and patients and make a difference to service users. This is particularly important in recognising and addressing health inequalities and identifying the outcomes that will improve those with the poorest health the fastest.
- 2.8 In developing the financial descriptions in the strategic narrative summary we have used a Leeds Economic Modelling tool. This has been developed with the Yorkshire and Humber Commissioning Support Unit and Ernst and Young and has used data collected by the CCGs and providers including community data, social care data and mental health data. By using the tool we have been able to get fine detail in terms of modelling and trend analysis and make an assessment of the financial challenges facing our system.
- 2.9 This holistic assessment of the system has indicated that we have a £550 million gap over the coming five years which is divided in to three categories – the gap between the funding available and the price of provision of services for CCG commissioners, the gap between the funding available and the price of provision of services for NHS England commissioners and the gap between the price paid and the cost of delivery of services for the providers.
- 2.10 NHS England commissioners are currently undertaking a programme to develop the strategy and associated plans in detail to address the financial gap in the commissioning of their services (Specialised, Offender Health and Primary Care) which will be developed over the next 6 months in conjunction with the Unit of Planning. As a result the strategic narrative summary currently assumes no financial impact of any planned changes and we expect to be able to include these in a later iteration.
- 2.11 The submission required for 20<sup>th</sup> June does not consider the financial gap for providers, but it is a key consideration for development of the city-wide strategy. The major providers in the city are in the process of finalising their own five year plans which are aligned to the strategic narrative summary and these quantify the impact of their own planned changes.

2.12 CCG commissioners have assessed the impact of our planned changes (including those in the transformational programmes described below) and we assess that our current approach will deliver approximately half of the required £88 million savings required to fully close the gap. The Transformation Board will continue to consider this financial challenge and work with established and emerging work streams to develop plans to further close this gap where possible. However, the Unit of Planning will also engage with NHS England to discuss the feasibility of closing this gap.

2.13 There are 6 key transformational programmes that will secure the change needed across the city to deliver the seven outcomes. These are:

- **Elective care** - Programme focusing on transforming elective care across health and social care. Transformation will be across all elective care specialties, but immediate focus would be on areas of high spend (absolute and compared with other economies) and on pathways where there are presently poor or unproven clinical outcomes. Transformation of elective care will focus on joint decision making with patients and provision of services in a community setting to provide more holistic and timely review for patients with an associated reduction in the requirement for routine outpatient follow up appointments.
- **Prevention and optimisation of LTC** - Prevention and optimisation of management of patients with long term conditions, frail elderly, EOL, dementia and multiple comorbidities. Includes optimisation of identification and application of evidence based frameworks for management of conditions and extended adoption of shared decision making.
- **Urgent care** - Programme focusing on urgent care arrangements. Links with optimising of LTC programme, but also targets urgent care for those not in those groups. Will include use of Accident and Emergency, ambulances and Out Of Hours provision of primary care and focus on ensuring that care is planned wherever possible and is responsive and appropriate whenever it cannot be planned.
- **Effective admission and discharge** - Integrated management of patients to reduce dependence on secondary care beds. Programme will focus on preventing admission from A&E, early supported discharge, appropriate discharge and prevention of re-admissions.
- **Growing Up in Leeds** – The established children’s programme.
- **Non Clinical Support Systems** - Programme considering the provision of services not directly related to care, plus non-pay spend that supports care. The focus will be on generating savings from estates, and procurement of

goods and services. It also addresses provision of support services such as finance, and HR across the economy.

These programmes will work to develop models of care that fulfil the six characteristics for a high quality, sustainable health care system. Elements of these models of care involve wider conversations and we will engage with NHS England commissioners and West Yorkshire programmes to ensure strategies are integrated and consistent across the region where they need to be.

We have identified 3 key issues which we wish to address through the delivery of these programmes. These are:

- Improving health
- Reducing health inequalities
- Parity of esteem

In addition to these transformational programmes we will also be considering mental health, learning disabilities and wider primary care development as areas of opportunity to enable the transformation programme to be delivered in its entirety. We will also look at cross cutting themes such as:

- Finance and activity – which will take responsibility for the financial strategy of the economy
- Workforce
- Primary Care
- Informatics
- Quality improvement
- Estates

2.14 There is significant work to be delivered over the coming two years to make improvements to the system that are transactional and will deliver some of the changes in the system we need. Without these first steps we will not be able to prepare the system, and the users of the system, for the transformational changes we need to make. Though some transformational change will occur in the short term, the most significant transformational impact will be seen from year 3 onwards. This work will be managed through the structures of the Transformation Board.

2.15 Developing the strategy to this point is only the start of the journey. We recognise that we cannot afford to keep doing what we are doing. By bringing together the transformational programmes we can deliver a model of care that is able meet our vision and improve quality for patients in terms of experience and clinical outcomes with greater quality, innovation whilst delivering better value for money.

2.16 Although there is a clear structure in place, this does not mean that the process is static. Build/measure/learn feedback loops will always be in place ensuring that

waste is kept to a minimum; local and national best practice will constantly feed into this process.

### **3 Main Issues**

- 3.1 Leeds has a strong track record in developing shared priorities through the Joint Health & Wellbeing Strategy. This Strategy has been used by the Unit of Planning (the three CCGs and NHS England) to shape their five year strategic narrative summary for submission alongside the statutory templates for five year planning on 20<sup>th</sup> June.
- 3.2 This submission follows the draft submission of 4<sup>th</sup> April 2014 that was approved by the Health & Wellbeing Board on 27<sup>th</sup> March and is a requirement as part of the NHS planning process and our Unit of Planning response to the guidance issued by the Department of Health “Everyone Counts: Planning for Patients 2014/15 - 2018/19”<sup>2</sup>.
- 3.3 The planning process requires that we describe how the future health care system in Leeds will embody the six key characteristics and seven ambitions as set out in the guidance.
- 3.4 This paper brings to the Board the strategic narrative summary from the Unit of Planning in Leeds in line with this requirement.

### **4 Conclusions**

- The five year strategic plan summary for the 3 CCGs in Leeds is in strategic alignment to the Joint Health & Wellbeing Strategy (JHWS).
- Extensive engagement activity with partners and wider stakeholders has been undertaken and will continue.
- It has been set within the NHS Planning requirements of six characteristics and seven ambitions.
- This strategic narrative summary represents an important step in the development of the City-wide five year strategy.

### **5 Health & Wellbeing Board Governance**

#### **5.1 Consultation and Engagement**

The strategic narrative summary has included extensive engagement activity with partners and wider stakeholders. In the further development of the City wide strategy we will continue to be mindful of the additional strategic challenges identified by Healthwatch including:

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- maintaining an on-going engagement and support and sharing consistent messages across the partners with the people of Leeds to improve understanding and support wide participation in the changes outlined in the strategic plans.
- maintaining open and transparent engagement to identify what development and support is needed for changes to be effective in the groups and communities they affect.

Engagement activities to date have included: shaping in response to feedback from a Call to Action; programme specific workshops with commissioners, providers, elected members and the public; commissioned research using interviews and other methods; Health and Wellbeing Board workshop and survey; and 'Twitterthon' and associated workshop and survey with the public.

## **5.2 Equality and Diversity / Cohesion and Integration**

5.2.1 There are no specific Equality and Diversity / Cohesion and Integration implications arising as a direct result of this report.

## **5.3 Resources and value for money**

5.3.2 There are no direct implications on resources and value for money arising from this report. However, the alignment of commissioning decisions and strategies has the potential to improve the use of the 'Leeds £'.

## **5.4 Legal Implications, Access to Information and Call In**

5.4.3 A legal view has been sought on the precise wording and stipulations within the Health and Social Care Act 2012 regarding the legal duty on the Council, CCGs and NHS England.

## **5.5 Risk Management**

5.5.4 The clinical commissioning groups, NHS England and the Local Authority have a statutory duty to demonstrate due regard with the JHWS. Failure to do so could result in:

- Public and political challenge
- Adversely affected reputation
- Missing the opportunity to take advantage of strategic citywide alignment leading to potential negative outcomes for people and finances

5.5.5 This risk has been mitigated by adoption of the JHWS Vision for the Unit of Planning, a shared OBA approach and therefore a shared approach to measurement of success.



## **6 Recommendations**

The Health & Wellbeing Board is asked to:

- Assure itself that the main points of the five year strategic plan summary of the Leeds CCGs take due regard of the Health & Wellbeing Strategy.
- Agree the submission of the strategic narrative summary to NHS England on 20<sup>th</sup> June 2014.
- Consider how the Health & Wellbeing Board can contribute to the delivery of the strategic narrative summary and contribute to the engagement of the city in the further development and subsequent delivery of the city-wide strategy.

## Key Statements for the Leeds Unit of Planning

### System vision

***Our aim is that Leeds will be a healthy and caring city for all ages, now and in the future, where people who are the poorest, improve their health the fastest.***

### Key values and principles

- People will live longer and healthier lives.
- People will live full active and independent lives.
- People's quality of life will be improved by access to quality services.
- People will be involved in decisions made about them.
- People will live in healthy and sustainable communities.

### Sustainability

Our plans have been developed to meet the shortfall in our system both in the short and long term. This is estimated as £135 million in 15/16 which we expect to rise to £550 million over 5 years.

### Governance overview

The Transformation Board which is comprised of senior directors including clinicians from both commissioners and providers in health, social care and public health has an effective governance structure that ensures that the work of the Board oversees the programmes beneath it and also reports into the Health and Wellbeing board.

### Improving quality and outcomes

### **Citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care**

#### Vision

To build a local health and social care system that supports individuals to be in control of their own care, enables local communities to influence and control commissioning decisions, and ensure patient experience measures are used as a key driver for change.

We will do this by:

- using asset based engagement.
- seeking and using customer insight.
- working with, and through, elected members to ensure that health care system changes reflect and meet local need.
- working through neighbourhood networks.
- ensuring all individuals and communities have equitable access to ill health prevention activities.
- developing our workforce to have the skills, knowledge and culture to support individuals to self-care.
- effective use of patient decision support tools.
- adopting the principles from the House of Care model.
- maximising use of new technologies.

### **Wider primary care, provided at scale**

#### Vision

Primary care teams will be at the heart of the patient pathway.

We will do this by:

- effectively managing clinical risk at an individual and population level.
- recognising continuity of care as a key enabler.
- tackling unwarranted variation through collaboration and shared learning.
- embedding integrated working between General Practice providers.
- General Practice leading integrated out of hospital care to meet the needs of the local population.
- working with local communities and Primary Care providers to improve access by developing capacity to meet population need.

### **A modern model of integrated care**

#### Vision

We will provide patient centred care for people by addressing the challenges of having multiple providers of care resulting in a greater quality of care and more effective use of resources.

We will do this by:

- ensuring we understand individuals and populations who are at risk now and in the future and ensuring they are known to the health and social care system.
- developing community based service models that are clinically integrated across social, primary, community and secondary care and incorporate the principles of the House of Care model.
- building trust and understanding between culturally different care workers to ensure effective working with clear accountability.
- maximising improvement in quality through the Leeds Institute for Quality Healthcare (LIQH) work across the whole care pathway.
- optimising linkage to and use of community assets (including neighbourhood networks).
- maximising the use of new technologies that identify risk, integrate care records and support self-care.
- aligning incentives across multiple providers by developing common outcomes, indicators and performance measures.
- exploring new contracting models that incentivise a modern model of integration and reflect accountability and risk.

### **Access to the highest quality urgent and emergency care**

#### Vision

Leeds will have an urgent care system that reliably delivers the best achievable outcomes for individuals with an actual or perceived urgent health need.

We will do this by:

- providing a planned response to urgent care needs which can be identified in advance.
- aligning services and resources to the needs of patient populations.
- providing new service responses for the intoxicated.
- enhancing services for people with mental health needs.
- providing timely access to urgent primary care for children.

### **A step-change in the productivity of elective care**

#### Vision

We will reduce differences in life expectancy and patient experience by working together to have the best planned care and diagnostic services.

We will do this by:

- using patient decision support to meet individual need.
- harnessing micro commissioning to meet local need.
- ensuring care flows for patients with pathways without boundaries.
- making effective use of the third sector.
- maximising improvement in quality through the LIQH work.
- using the latest evidence to obtain best outcomes for patients.
- using the latest technology to enable patients to be seen by the right professional at the right time in the right place.
- ensuring delivery of care is as close to the patients home as is safe and efficient.
- delivering high quality services with equal access to all communities.

### **Specialised services concentrated in centres of excellence**

#### Vision

The Leeds CCGs and NHS England will join together to ensure that we are able to support LTHT to deliver services as a centre of excellence.

We will do this by:

- working with our providers to develop their specialised services for Leeds with the wider commissioning community.
- providing system leadership.
- developing the cancer centre.
- working to integrate pathways locally and regionally.
- exploring research opportunities with the universities.

### **System enablers**

To achieve all this we have several overarching system changes that need to take place to enable transformational change to happen. They are:

- Exploring contractual mechanisms and pay systems, aligning incentives and considering how money can follow risk.
- Using open book accounting.
- Using technology enablers to improve patient care and efficiency.
- Driving efficiencies in health and social care estates utilisation and in non-pay costs.
- Maximising our workforce including transferring the workforce to meet the needs of patients. In this way we can maximise the experience of our staff and minimise cost as well as ensuring we have a future proof Leeds health and social care workforce.
- Freeing up efficiencies from IT, back office system and processes to remove duplication to minimise the financial impact on frontline clinical services.