

# Leeds Health & Wellbeing Board

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**Report of:** Clinical Accountable Officer, Leeds South & East CCG

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

**Date:** 4 February 2015

**Subject:** City wide planning co-ordination

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

1. There are a large number of wide ranging plans in place across the health and social care system in Leeds for the next 3 years for commissioners and providers of health services. These plans encompass known service changes, legislation due to be implemented locally, transformational work, and business as usual activity. Detailed planning is available for 2015/16, with indicative headlines for beyond 2016.
2. The Transformation Programme has instigated a 'citywide planning coordination group' whose purpose is to bring providers and commissioner across health and care together to capture and map these plans, and to keep a regular track of assumptions, dependencies and risks around this activity. The transformation programme is only part of this 'whole picture' although it will start to address many issues and demonstrates many interconnections with what is presented here.
3. This paper presents a series of these 'maps' (appendix 1), to inform the board of the level of activity and to aid discussion of the huge undertakings currently ongoing to build a sustainable and high quality health and social care system in Leeds. This process has aimed to put the Joint Health and Wellbeing Strategy (JHWS) at the heart of services plans in the city, which is reflected in the division of the maps into the five JHWS outcomes. Board members are also being asked to note a gap in

planning due to uncertainties around funding and the need to evaluate present projects throughout and after April 2016

## **Recommendations**

The Health and Wellbeing Board is asked to:

- Note the contents of the report and the outputs of the group's work so far (appendix 1). To consider how this supports the 5 year Forward View, and whether we need to be doing other / additional work.
- Discuss the timelines and extensive work being done across the provider and commissioner landscape in health and care, and provide comment or other relevant information that could add to the picture.

[NB The NHS Five Year Forward view can be found as a background paper at <http://www.england.nhs.uk/ourwork/futurenhs/>]

### **1. Purpose of this report**

- 1.1 To update the Health and Wellbeing Board (HWBB) on the work of the City Wide Planning Co-ordination group for health and social care services. In particular how we are ensuring a coordinated and strategic approach to changes across the City of Leeds.
- 1.2 To present the outputs of this group, created through recent workshops held with key stakeholders, plotting plans for changes to health and social care up until 2016/17.

### **2. Background information**

- 2.1 Following on from the work undertaken for the 20 June submission of CCG Strategies to NHS England ('Five year strategy for Leeds A view from the Leeds Unit of Planning') a City Wide Planning Co-ordination group for health and social care services was established to bring together key strategic leads to address the gaps identified in the content of this document and the identified gap in funding c £650M over the next 5 years. The aim of the group was to work together to co-ordinate planning across health and social care to ensure that we improved quality of care for patients and users and, through this coordinated approach, deliver a more accessible and efficient service which better meets the needs of the people of Leeds.
- 2.2 In the summer, a series of workshops were held with key leads for planning and commissioning of health and social care services across the City. The feedback from these workshops was developed, mapping the actions planned against the five key outcomes of the Health and Wellbeing Strategy. This process was perceived as so useful by members of the City Wide Planning Co-ordination group

for health and social care services that it was repeated to map out the period leading up until 2016/17.

- 2.3 The workshops invited a mixed group of planners and commissioners from the key work streams across Leeds (both those under the Transformation Programmes and others such as mental health) to come together to plot the activities that are planned over the coming months and years. Participants were asked to plot all the activities that were happening and also to record those where business cases were being prepared or where there was a high level of certainty that activities would take place, even if the detail was not confirmed.
- 2.4 A wide range of services were represented, though follow up work is needed with some people as they were not available to attend the workshops.

### **3. Main issues**

- 3.5 The activities recorded at the workshop were plotted against the five Health and Wellbeing Strategy outcomes. The results of this are shown in Appendix 1. All five outcomes show significant pieces of work planning underneath them; understandably, given the health and care service nature of this work, the first three outcomes of the Health and Wellbeing Strategy are well represented ('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') whereas there are fewer activities planned under 'People will be involved in decisions made about them (probably as this is considered to be integral to the previous three) and 'People will live in healthy and sustainable communities', as much of this work is wider than health and social care alone and not captured in this exercise. In addition, robust engagement and involvement plans are being prepared for each change programme to expedite and promote a policy of public engagement.
- 3.6 Not surprisingly, the majority of the activities are planned for the remainder of 2014/15 and 2015/16. There is less detail as 2015/16 progresses and less again for 2016/17. This is in part due to the timing of the workshops which were ahead of the NHS's Planning Guidance for 2015/16 and budget allocations for both health and social care.
- 3.7 There is little detail of the work that is needed in 2017 and afterwards. This issue needs to be addressed if the gap in funding identified in the "Five year strategy for Leeds A view from the Leeds Unit of Planning – June submission" of c £650M

## **4. Health and Wellbeing Board Governance**

### **4.1 Consultation and Engagement**

4.1.1 The engagement from key planners and commissioners has been high. A citywide communications and engagement framework has been drafted to ensure that individual plans for the transformation programmes are consistent and linked to the Health and Wellbeing Strategic outcomes. As noted above some people were unable to attend the latest round of workshops and these people are being followed up individually or in appropriate groups.

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

4.2.1 The approach taken to this work by its very nature addressed issues of cohesion and integration. By mapping out the 'whole system' view this allows a joined up and holistic view. There are no direct equalities impacts arising from this piece of work, and services changes captured in this exercise will be subject to their own impact assessments and equalities processes.

### **4.3 Resources and value for money**

4.3.1 As part of the Strategic Planning work an economic modelling exercise was undertaken. The Leeds Economic Modelling tool used data collected by the health and social care commissioners and providers. Using this approach it has been possible to get fine detail in terms of modelling and trend analysis. Throughout the modelling, there were a number of assumptions used which drove the financial challenge facing individual organisations and subsequently the Leeds Health Economy (LHE). In order to determine which assumptions should be used, a horizon scan of nationally available publications as well as experience from the wider health sector was used. Phase 2 of this project is in start-up now. This next phase will not only review the finance challenges but model scenarios of change, testing the implications for implementation. It will be available to specifically inform the 2016-17 planning round.

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

4.4.1 There are no direct legal implications or access to information issues for this work

### **4.5 Risk Management**

4.5.1 The interdependencies across the initiatives have been addressed although there is still much to do to mitigate the risks associated with them

## **5. Conclusions**

- 5.1 There are a large number of wide ranging plans in place across the health and social care system in 2015/16, and (at a less detailed level) into 2017. That activity is captured here for Board discussion.
- 5.2 The Transformation Programme is only part of this 'whole picture', but together with work across the partnership to deliver the JHWS, it will start to address many issues

## **6. Recommendations**

The Health and Wellbeing Board is asked to:

- Note the contents of the report and the outputs of the group's work so far (appendix 1). To consider how this supports the 5 year Forward View, and whether we need to be doing other / additional work.
- Discuss the timelines and extensive work being done across the provider and commissioner landscape in health and care, and provide comment or other relevant information that could add to the picture.