EXECUTIVE SUMMARY

Making Leeds Better is the strategic programme for improving health and social care services in the city. The aim for the programme is:

To improve the health and wellbeing of the people who use health and social services in Leeds by providing them with speedy access to high quality care and treatment that is responsive to their needs and provided in the best possible settings.

Recommendations:

1. Area Committee members are requested to note progress on Making Leeds Better and agree to a presentation of proposals in the autumn.

2. Area Committee members are asked to raise any questions, concerns or ideas that can be fed into the process to develop the plans.
1. **Background**

1.1 In the summer of 2004, partners in the Leeds Health and Social Care Community agreed to work together to radically improve health and social care services in the City. The first demonstration of this shared commitment was the submission to the Department of Health of a strategic outline case (SOC) for a new Children’s & Maternity Hospital in Leeds. The proposals for a new hospital contained within the SOC were predicated on far reaching changes that would transform the delivery of health and social care across the City.

1.2 When the SOC was approved in July 2004, the partners established a programme – known as ‘Making Leeds Better’ – to develop a Strategic Services Plan for the City and an outline business case (OBC) for the Children’s & Maternity Hospital.

1.3 The Making Leeds Better vision is set out in the box below. The vision is entirely consistent with the direction outlined in the *NHS Improvement Plan* and the recent White Paper *Our health, our care our say*, enabling faster access to hospital services for patients who need them, combined with a significant reduction in hospitalisation through proactive community-based management of people with long term conditions. It is also the key to achieving financial balance across the health economy through the transition to Payment by Results.

### The Making Leeds Better Vision

Our vision is for a future where people who need health and social care get the best possible care and treatment in modern facilities closer to their own homes.

Care and treatment that until now have only been available in hospitals will be provided by doctors, nurses and other health and social care staff working in the community.

Staff will be able to take advantage of the latest development in medical science and technology, and in clinical practice – free from the limitations of old buildings and outdated ways of doing things.
2. **Main Elements of the Making Leeds Better Programme**

2.1 Making Leeds Better is a far-reaching and complex programme of change management. The governance structure and the project teams for the Making Leeds Better programme are given in Appendices 1 and 2. Regular monthly updates are given on the website and the timescales for the work are given in Appendix 3. The main elements of the Making Leeds Better programme are set out below.

**Involving People**

2.2 Making Leeds Better is for and about local people - patients, carers, service users, visitors, health or social care professionals, or residents of Leeds. Patient and Public Involvement (PPI) is an important priority of Making Leeds Better. People’s views will help to shape the new services and facilities. People can become involved in a variety of ways, including via the Making Leeds Better website: [www.makingleedsbetter.org.uk](http://www.makingleedsbetter.org.uk) Making Leeds Better will also provide better services for the children and families of West Yorkshire and beyond who use specialist children’s services in Leeds. (Further information about our plans for involving people is set out in Section 3.)

**New Community Facilities**

2.3 Making Leeds Better is about providing patients and service users with speedy access to the best possible care in the best possible settings. This is often best provided in the local community, rather than in an acute hospital. Making Leeds Better will include the development of proposals for new and updated community health centres, clinics and GP surgeries. These would be made possible with funds from both LIFT (Local Improvement Finance Trust) and PFI (Private Finance Initiative). This would mean that, following the Care Pathway redesign work (see below), services would be transferred out of acute hospital settings and into these new community facilities. This would also mean that there would be less need for beds in hospital.

**Care Pathways**

2.4 A Care Pathway is the journey a patient or service user takes across health and social care services during their care and treatment for a specific condition – it is the places that they go and the people that they see during that care and treatment.

2.5 Making Leeds Better aims to radically change these Care Pathways. We already know that in Leeds more people are admitted into hospital than people with similar problems who live in some other cities. We also know that patients with certain conditions are kept in hospital in Leeds longer than in some other cities and that when they are discharged their follow-up care or rehabilitation services back at home may not be as coordinated as they could be.

2.6 The care pathway work focuses on two areas – Adults, and Children’s & Maternity. 12 Care Pathways for adults and nine Care Pathways for children and maternity have been chosen. These 21 Care Pathways show the biggest potential for reducing unnecessary hospital admissions, and for providing better care for patients via their GP (primary care) or closer to their own home (community care).
A New Children’s and Maternity Hospital

2.7 The vision for Making Leeds Better has grown out of a long campaign for a Children’s & Maternity Hospital for Leeds and West Yorkshire. Currently, medical services for children are spread across the city which often results in them having to travel between different buildings to see different specialists. This can make going to hospital an upsetting and frightening experience for some children.

2.8 We propose to significantly improve services for children and their families in two ways: Firstly, building a dedicated Children’s & Maternity Hospital on the St James's University Hospital site, will ensure that children, pregnant mums and their families will have state-of-the-art services and facilities all together in one place - built especially for their needs. Cardiac and neurological services would need to be alongside too, to make sure that if children need specialists in these two areas, they can be found close by.

2.9 Secondly, the LIFT (Local Improvement Finance Trust) programme will mean that certain children's and maternity services can be offered from a range of new premises already being built in the local community - new buildings and better services located nearer to where children and their families actually live.

Bringing Hospital Services Together

2.10 Currently, hospital departments and facilities are spread across the two major hospitals in Leeds and a number of other sites. Making Leeds Better will look carefully at the location of health care services across the city. Pending further detailed work, and subject of course to public consultation, it is not known at this stage exactly which services will be located where. However, it is acknowledged that many of the buildings at Leeds General Infirmary are not of a high enough standard to provide health care in the 21st century, and some may not fit into plans for use in the future. To improve both the quality and safety of services for patients, and make best use of capacity, we would look to focus hospital care for the most complex cases onto a single main site at St James's University Hospital.

A Strategic Services Plan for Leeds

2.11 Making Leeds Better is a very large and complex programme of change and it is vital to ensure that any proposed improvements or new services and buildings are value for money, affordable and realistic. To do this we will develop a Strategic Services Plan which will look at how to:

- Transfer staff and finances from the traditional hospital settings to primary and community care settings. This way staff can deliver speedier access to services closer to patients’ homes.

- Make savings and be more efficient in order to be able to afford the finances for the schemes which will fund the new buildings, from which we could provide modern, efficient services for patients.

- Make sure that community buildings and facilities are made ready in the right place and at the right time in order to receive the gradual transference of acute hospital beds and services.
- Make sure that all the partner organisations are able to work together across the entire Leeds health and social care community in order to make the single vision of Making Leeds Better affordable.

2.12 We also want to ensure that any proposed new services we develop are accessible to everyone who needs them and that the way in which the programme as a whole is taken forward contributes to public health and to the narrowing the gap agenda of the Leeds Initiative. To help with this we will use tools such as Health Equity Audit and Health Impact Assessment to inform decisions on how the proposed changes are made. (Further information on Health Impact Assessment is provided in Section 4.)

2.13 We are also working closely with health organisations outside Leeds to ensure that our proposals are consistent with their plans. For example, we have asked Primary Care Trusts that commission health services from Leeds Teaching Hospitals NHS Trust (LTHT) to tell us their proposals for local services and the impact of these proposals on commissioning from LTHT.

3. **Involving People**

   **Patient & Public Involvement (PPI)**

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

3.2 Patients and staff are being involved at all stages of the care pathways development work, ensuring that new models of care are fully informed by service users and providers. Patient and public involvement is also expected in other key areas of the Programme, for example in informing requirements for new buildings in primary and hospital care and in remodelling the estate.

3.3 The Making Leeds Better team have worked with the local PPI leads to develop a PPI Charter. This Charter, shown below, was endorsed by the Making Leeds Better Programme Board.

**Making Leeds Better Charter for Public & Patient Involvement**

This Charter outlines the proposed ethos for Making Leeds Better.

We are committed to engaging and involving patients and the public in health plans and decisions. This will ensure we deliver first class health services for the communities that we serve, putting the patients’ needs at the heart of everything we do.

PPI is the responsibility of everyone involved in the Making Leeds Better Programme, and should be embedded in the work of each Project Team within the Programme.

We undertake to listen to what people tell us, incorporate their issues, concerns and suggestions into our work, and provide timely and clear feedback to show that we have listened.

PPI activity should be delivered in a planned, strategic and high quality manner.
3.4 A dedicated PPI & Communications Project was set up as part of the Making Leeds Better Programme. The PPI & Communications Project supported PPI through a number of mechanisms including:

- *Yes, But How Do I Do It?* A quick guide to the tools and techniques of PPI
- Face to face presentation of PPI benefits, requirements and techniques to managers leading the Children’s & Maternity and Adult Care Pathway work.
- A buddying system of matching PPI leads across the city to care pathway leads to provide help, advice and support
- A policy on payment of involvement fees and travelling expenses to the public and patients for participation in care pathway work.

3.5 Patient & Public Involvement activity to date has focused on incorporating patients’ views in care pathway redesign and on the piloting of children’s involvement in designing the building and services of the proposed Children’s and Maternity Hospital.

**Stakeholder engagement**

3.6 Making Leeds Better is a wide ranging programme which impacts on a large number of stakeholders. A stakeholder analysis identified over 50 separate stakeholder groups in Making Leeds Better. In communicating with stakeholders, Making Leeds Better signed up to the values set out in the box below.

---

### Making Leeds Better Stakeholder Engagement Values

**Diversity** - we recognise the wide diversity and communities of interest within the area we serve and will make every endeavour to use a wide range of approaches and techniques to reach this diverse community.

**Open and transparent communication** - there will be a presumption in favour of open and transparent communication – an assumption that information can be freely communicated to all stakeholders unless a case has been made to the contrary.

**Dialogue with all stakeholders** - there will be a commitment to establishing a dialogue with stakeholders. It is not sufficient to simply communicate information. Stakeholders are to be engaged and involved in making health service decisions.

**Links with involvement infrastructure** - the PPI Group will maintain strong links with the consultation and involvement infrastructure which already exists across Leeds and beyond. This will build on and celebrate existing PPI work and ensure good co-ordination and the avoidance of duplication.

**Leeds Compact** - the Making Leeds Better Programme endorses the Leeds Compact which governs relationships between the different sectors. In particular we will comply with Compact principles in our engagement with the Voluntary and Community Sector by promoting equal partnerships and quality in communication and consultation.

**Resources** - there will be a recognition of, and appropriate provision made across the Making Leeds Better Programme, for budget and resources in order to deliver high quality PPI work.

**Staff engagement** - staff must receive regular and timely briefings – to ensure that they are kept fully informed and engaged, and are able to answer queries from patients and the public.

**Good practice** - PPI work will follow the good practice guidance available in Leeds Initiative Community Involvement Guide and other good practice toolkits

**Clarity about decision making** - PPI work will be planned and delivered to ensure clarity about which decisions are negotiable and which are non-negotiable.

---
3.7 The Making Leeds Better stakeholder engagement plan has four distinct stages:

- **Stage 1 – Initiation**: This stage involves the creation of strategy, systems and processes to support PPI and communications, and the implementation of initial plans and activities. It is characterised by an internal focus.

- **Stage 2 – Engagement**: This stage consolidates the activities of stage 1. It includes wider staff engagement and wider stakeholder engagement. It is characterised by an external focus.

- **Stage 3 – Consultation**: This is the formal public consultation period. Consultation plans will focus on both the Strategic Services Plan for Leeds, and on the PFI proposals. It is anticipated that this stage will commence at the beginning of 2007. It will include the consultation process itself, together with evaluation and write up.

- **Stage 4 – Continuation**: This is the post-consultation period. It includes feedback to those consulted, and the continuous engagement and involvement of staff, stakeholders, patients and public through to the completion of the programme in 2012/13.

3.8 In the Initiation Stage of the stakeholder engagement plan for Making Leeds Better, the following communications mechanisms created by the PPI & Communications Project Team:

- The Making Leeds Better website [www.makingleedsbetter.org.uk](http://www.makingleedsbetter.org.uk) with email ‘opinion tool’ to capture visitors’ views and questions, and full content management system.

- The Making Leeds Better information leaflet. Distribution included 24,000 health staff, 2,200 social care staff, MPs, Councillors, Voluntary sector etc.

- Monthly Programme Update summarising progress and achievements which is distributed to over 120 communications leads and individuals from stakeholder groups.

- Articles for Primary Care Trust and Leeds Teaching Hospitals NHS Trust newsletters and bulletins.


3.9 Following the initiation phase, we began a more intense phase of engagement with stakeholders. This Engagement Stage, which began in January 2006 and continues up to formal public consultation in early 2007, aims to:

- Create a wider awareness of Making Leeds Better and a positive ‘run up’ to formal public consultation (Stage 3).

- Reach a comprehensive range of identified stakeholders.

- Generate active involvement of patients and service users in the early implementation of selected care pathways.

- Generate views, questions and ideas to help formulate proposals for formal public consultation.

3.10 To facilitate this wider engagement, Making Leeds Better stakeholders, who currently number 77 separate groups or categories of people, have now been organised into four stakeholder groups. The four stakeholder groups are shown in the table, along with an explanation about how the Making Leeds Better Programme will engage with them.
<table>
<thead>
<tr>
<th>Group</th>
<th>Consists of</th>
<th>Engaged through</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic</td>
<td>Health &amp; Wellbeing Overview and Scrutiny Committee; other Leeds City Councillors (Area Committees); Leeds City Council (LCC) leadership; Members of Parliament (MPs); members of Leeds Initiative; District Partnerships; Community Forums</td>
<td>Engagement will include visits, presentations and progress reports to meetings of the Area Committees, Leeds Initiative Boards, and District Partnerships etc, with personal briefings to MPs and LCC leadership as appropriate.</td>
</tr>
<tr>
<td>Staff</td>
<td>Staff of the seven current Leeds health trusts; local authority social care staff; general practitioners (GPs); other independent contractors (pharmacists, optometrists, dentists); relevant staff of the two Leeds universities</td>
<td>Staff and clinical engagement is an important part of the work required to successfully achieve the early implementation of seven selected care pathways. Engagement and communication will also take place via staff newsletters, open meetings, roadshows and events and through involvement in Health Impact Assessments where appropriate.</td>
</tr>
<tr>
<td>Public &amp; Patients</td>
<td>Patients; general public; voluntary, community and faith sector organisations; seven identified communities of interest (women, children, older people, carers, black &amp; minority ethnic communities, people with disabilities, and users of mental health services); the media</td>
<td>The involvement of specific patient groups (and the participation of members of the relevant Expert Patient Programmes) will be vital in achieving successful early implementation of seven selected care pathways. To complement this work, events and activities will be targeted at other patients, service users and voluntary sector organisations. A communications strategy including a media campaign and use of the Making Leeds Better website will reach and involve members of the general public.</td>
</tr>
<tr>
<td>Outside Leeds</td>
<td>West Yorkshire PCT Chairs; West Yorkshire Chief Executives Forum; West Yorkshire Commissioning Group; Cardiac Services Network; Cancer Services Network; Specialist Obstetrics and Paediatric Services; PCTs in North East Yorkshire &amp; Northern Lincolnshire that border Leeds metropolitan district</td>
<td>Engagement will include regular presentations and progress reports to meetings of key groups, including a special meeting of PCT Chairs and Chief Executives to discuss the emerging Strategic Services Plan for Leeds.</td>
</tr>
</tbody>
</table>
3.11 Engagement with these four stakeholder groups will take place over two engagement time zones. Existing activities, events and organisations will be used wherever possible.

- Engagement time zone 1 (January – September 2006): sharing and exchange of ideas on Making Leeds Better aims and proposals; views, questions and ideas sought; Health Impact Assessment workshops, for example on transport, workforce and estate proposals.

- Engagement time zone 2 (September – December 2006): further sharing and exchange of ideas; views, questions and ideas from time zone 1 fed back to stakeholders with the resulting modified proposals shared; further Health Impact Assessment workshops.

3.12 The engagement process, with its two time zones of activity, is designed to elicit views and ideas from stakeholders. It also provides further opportunities for feedback and engagement to stakeholders on those views. Outputs from this stage will be a series of completed Health Impact Assessments (see Section 4), together with documented contributions to current proposals. This work will then inform the final proposals and options to be presented at Stage 3, Consultation.

4. **Health Impact Assessment**

4.1 Health impact assessment (HIA) represents a new approach to the evaluation of social, economic and environmental policies, programmes and projects. Its importance has been strongly endorsed by the current government, it is a major recommendation in the Acheson report on inequalities in health and it is also recognised by Article 152 of the Amsterdam Treaty which calls for the European Union to examine the possible impact of major policies on health. As a result, HIA is now at the forefront of the public policy agenda and there is a growing body of UK experience and examples.

4.2 We are committed to HIA as part of developing the Making Leeds Better proposals. The purpose of HIA in the Making Leeds Better Programme is to:

- Ensure that the Making Leeds Better Programme maximises its contribution to improving health and reducing health inequalities across Leeds.

- Support the working groups and key decision making stages that will feed into the draft Strategic Services Plan. These cover workforce; transport; buildings; procurement of goods and services.

- Assess the potential health impacts (positive and negative) of the draft Strategic Services Plan and make recommendations that would enhance the positive impacts and minimise the negative impacts.

- Raise awareness of HIA and its value.

4.3 HIA will be tackled as a stream of activity rather than as a discreet process, with two distinct ‘stop and think’ points before the finalisation of the Strategic Services Plan and Outline Business Case for the new Children’s and Maternity Hospital respectively. HIA will also provide the mechanism for rapid assessments of major intended changes which occur in the interim.

4.4 As a result, four overlapping phases of HIA activity are now planned (approximate timing in brackets):

- **Training and awareness raising**: The goal is to train and motivate a range of patients, staff and managers to participate in the HIA process (February – July 2006).

- **Focused consultations**: The goal is to collect ideas and comments from specific stakeholders eg patients, staff, local residents, carers about particular aspects of the proposals eg transport, estates, and employment opportunities (May – September 2006).

- **Holistic consideration of the Strategic Services Plan (SSP)**: To combine and further develop outputs from the focussed consultations with an examination of the draft SSP. To
make recommendations to the Programme Board regarding the final version of the SSP. (October 2006).

- **Rapid appraisal**: To produce reports on the likely health impacts of any proposed changes to the SSP or subsequent documents, which occur during or after the public consultation process (December 2006 onwards).

4.5 A positive health impact will result if inequalities in access to care are reduced, and a negative impact if they are widened. Changes will be monitored by a programme of health equity audit, and results of the audit will feed into the measures of success as implementation of new care pathways takes place.

4.6 Successful HIA will mean participation of a wide range of stakeholders in each of the phases described above. HIA may be a means to involve additional stakeholders or to intensify the involvement of others. However it will not reach all those who need to understand and make contributions to the plan as a whole, and will form only one part of the overall programme of involving partners and other stakeholders.

5. **Recommendations**

Area Committee members are requested to:

- Note progress on Making Leeds Better and agree to a presentation of proposals in the autumn
- Raise any questions, concerns or ideas that can be fed into the process to develop the plans
Appendix 1

Making Leeds Better Programme Governance

The diagram below provides an overview of the governance arrangements for the Making Leeds Better Programme, following the structure set out in the Office of Government Commerce (OGC).

**Stakeholders**

*Have a stake in the outcomes of the programme*

- Users of Leeds health & social care services & their representatives
- Commissioners of Leeds health services
- Leeds health & social care staff

**Programme Board**

*Steers & oversees the Programme, ensuring delivery*

- Chair: Mike Farrar, CE West Yorkshire SHA
- Chairs, CEs & clinical leaders of partner organisations
- Director of Social Services
- Key stakeholders including patient & staff representatives, local councillors, etc

**Programme Executive**

*Leads, performance manages & problem solves*

- CEs of partner organisations
- Director of Social Services

**Programme Team**

*Delivers the projects & work streams*

- Project Directors & Managers

**Programme Manager**

*Manages the programme on a day-to-day basis*

- Alison Straughan

**Senior Responsible Owners**

*Ensure programme meets objectives & delivers benefits*

- Neil McKay, CE Leeds Teaching Hospitals Trust
- Lesley Smith, CE North West Leeds PCT

**Investment Decision Makers**

*Commit funding for the programme*

- Leeds PCT Boards
- Leeds Teaching Hospitals Trust Board
- West Yorkshire SHA (PFI funding)
The Making Leeds Better Programme consists of the following projects:

<table>
<thead>
<tr>
<th>Patient, Public &amp; Staff Involvement &amp; Communications</th>
<th>Service Redesign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children’s &amp; Maternity Care Pathways</td>
</tr>
<tr>
<td></td>
<td>Adult Care Pathways</td>
</tr>
<tr>
<td></td>
<td>Cardiac &amp; Neuro Pathways</td>
</tr>
<tr>
<td></td>
<td>Non-Pathway Hospital Services</td>
</tr>
<tr>
<td></td>
<td>Non-Pathway PCT/GP Services</td>
</tr>
<tr>
<td>Workforce</td>
<td></td>
</tr>
<tr>
<td>Estate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Estate (PFI, Remodelling)</td>
</tr>
<tr>
<td></td>
<td>Primary/Community/Mental Health/Social Care Estate (LIFT)</td>
</tr>
<tr>
<td>Information management &amp; technology</td>
<td></td>
</tr>
<tr>
<td>Commissioning &amp; Business Planning</td>
<td></td>
</tr>
<tr>
<td>Resources, Analysis &amp; Modelling</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3

Making Leeds Better Timescales

The Making Leeds Better Programme consists of a number of key stages of work with clear milestones. In addition, there is some cross-cutting work – such as governance and patient and public involvement and communications – that runs through all key stages.

The key stages of work are set out below.

### Planning new services

<table>
<thead>
<tr>
<th>Year</th>
<th>Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>Care pathway redesign, Efficient care delivery, Future demand</td>
</tr>
<tr>
<td></td>
<td>Capacity modelling</td>
</tr>
<tr>
<td>2006</td>
<td>Service, workforce, estates, IM&amp;T options &amp; costs</td>
</tr>
<tr>
<td></td>
<td>Affordable plan</td>
</tr>
<tr>
<td>2007</td>
<td>Public consultation</td>
</tr>
</tbody>
</table>

### Better estate & facilities

<table>
<thead>
<tr>
<th>Period</th>
<th>Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>Options &amp; costs of PFI &amp; estate solutions</td>
</tr>
<tr>
<td>Early 2008</td>
<td>Outline Business Case submitted</td>
</tr>
<tr>
<td>2008-2012</td>
<td>Refurbishment, PFI procurement &amp; build</td>
</tr>
<tr>
<td>2012</td>
<td>New Children’s &amp; Maternity Hospital</td>
</tr>
</tbody>
</table>

Community facilities built through LIFT