Leeds CITY COUNCIL

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Report of the Director of Neighbourhoods and Housing

Inner North West Area Committee

Date: 21st September 2006

Subject: Making Leeds Better Progress Report

Electoral Wards Affected:	**Specific Implications For:**	
Headingley	Ethnic minorities	
Hyde Park and Woodhouse	Women	
Kirkstall	Disabled people	
Weetwood	Narrowing the Gap	✓

Council Function		Delegated Executive Function available for Call In		Delegated Executive Function not available for Call In Details set out in the report	✓

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."

This report provides an update on progress in key project areas.

Attached at Appendix 1 is an update provided by Making Leeds Better.

Members are requested to:-

1. Note progress on Making Leeds Better, and

2. Indicate if they would be interested in meeting to discuss priority issues for the Health Impact Assessment work, and

3. Raise any questions, concerns or ideas that can be fed into the plans for Making Leeds Better.

Appendix 1

1.0 The Making Leeds Better Vision

1.1 Making Leeds Better is the city wide strategy for improvements and new services in health and social care. At the heart of this strategy is a vision for change which will bring benefits for patients, service users, carers and their families from Leeds and across the region

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in medical science and technology, and in clinical practice – free from the limitations of old buildings and outdated ways of doing things.

1.2 The Making Leeds Better vision is being achieved through a programme of work across a range of project areas. The purpose of this paper is to update members on progress in key project areas.

2.0 Modelling and affordability

2.1 A project team has been working with colleagues from across the Leeds health and social care community to create an analytical model of how future services could look. Elements of the model include current and projected need for services; optimum lengths of hospital stay for procedures; number and types of staff needed to provide care etc. This modelling work will help to produce a range of options that can then be assessed for how practical and affordable they might be. The model is being analysed and tested by the clinicians who will be delivering the future services

3.0 Health Impact Assessment

3.1 As well as health benefits, Making Leeds Better will impact upon the people of Leeds in many other ways, for example:

- The creation of employment and training opportunities for local people – both during the building of new hospital, community and GP facilities and once facilities are up and running.
- The potential opportunities for local businesses to provide goods and services.
- The siting of facilities in the community will impact on the physical environment, access and traffic flows and has potential to strengthen social cohesion and community networks.

3.2 A Health Impact Assessment project team has now been created and a project plan confirmed. Their work will focus on combining consideration of local and national evidence about likely health impacts, with community profiling (for example demographic information) and community consultation exercises. The purpose is to understand any unintended potential impacts of the Making Leeds Better proposals, and whether any community groups or sectors will be particularly affected. The aim of this health impact assessment work is to influence development of the proposals in a positive way.

3.3 In addition to feedback from the main engagement and consultation process there will be specific discussions with vulnerable community groups followed by a one-day event at the end of November to bring together feedback and develop recommendations to ensure that the impact of the proposals is as positive as possible. The results will be fed back to all those involved.

4.0 Care Pathways

4.1 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 were originally chosen. These 21 Care Pathways showed 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). Of these original 21, 10 have now been chosen as 'early implementers' so that changes with proven benefits for patients can be put into action sooner rather than later. These 'early implementers' will help to test the effectiveness of redesign techniques and will provide a valuable learning for the rest of the care pathways programme.

4.2 The result is an emerging set of pathways which aim to:

- Incorporate the very latest clinical evidence.
- Reduce unnecessary duplication and eliminate bottleneck.
- Provide increased consistency and clarity for patients and professionals alike;
- Give patients better access to information so they can make more informed decisions about their own care.
- Cut down on the number of people admitted to hospital unnecessarily which will help us to build a new children's and maternity hospital and the centralise complex acute hospital services on the St James's site.

4.3 The care pathway work to date has focused on a range of common conditions that affect large numbers of patients. Areas being studied in detail include long term conditions (such as diabetes and heart disease), scheduled care (such as planned surgery), unscheduled care (such as emergency A&E attendances) and diagnostics (such as x-rays and blood tests). A number of specific areas affecting women and children (such as maternity services and childhood bed-wetting) also form part of the care pathway work.

4.4 The main focus of care pathway redesign for adults has now shifted to six common long-term conditions:

- Chronic obstructive pulmonary disease (COPD);
- Stroke;
- Diabetes;
- Heart disease;

- Hip fractures; and
- Dementia.

Each area has been studied in detail by dedicated teams of clinicians, patients and service managers. The way patients currently move through the system has been mapped against the latest clinical evidence on treatment, recent changes to health policy, the skill mix of staff, possible implications for the NHS estate and the overall patient experience. As a result, a range of improvements is now being implemented in line with recommendations from the recent government white paper, *Our Health, Our Care, Our Say*. These include:

Stroke – Better use of multi-disciplinary teams to ensure patients can leave hospital more quickly and can get faster access to rehabilitation services in the community. Improved monitoring of stroke patients by family doctors, reducing the chances of further attacks and subsequent re-admissions to hospital.

Diabetes – Providing enhanced community services to reduce the number of patients seen as hospital outpatients. It is estimated that up to 80 per cent of patients who currently go to hospital for tests could be seen more locally. Increased use of GP practice registers to monitor patients and provide regular health/lifestyle advice. The introduction of individual care plans to ensure patients and their carers have a named contact for advice and support.

Fractured hips – Better identification of patients at risk from falls and the provision of professional injury-prevention advice. More rehabilitation delivered in the community as part of an integrated care package, reducing the time patients spend recovering in hospital following a hip operation.

COPD – The creation of specialist community respiratory teams and dedicated COPD nurses to support patients in the community and help them manage their condition more effectively. Community-based pulmonary rehabilitation programmes designed to provide professional advice and reduce the number of emergency admissions to hospital.

Heart disease – Specialist cardiac nurses based in GP practices offering self-care advice and helping to identify those patients who may be at risk of developing heart disease. Structured exercise classes, often in local leisure centres, for patients who need rehabilitation following a heart attack.

Dementia – Increased community-based support for patients, relatives and carers. Clearer referral structures for GPs and better access to intermediate care facilities.

4.5 A key part of the children's and maternity care pathway work has been a redesign of the patient journey for pregnant women. Early implementation work in maternity services has already identified a number of potential changes to the patient pathway, including:

- Greater community involvement in childbirth – with GPs and community midwives increasingly replacing hospitals as the first point of contact for expectant mothers.
- Increased delivery of scans and some ante-natal day case services in local satellite clinics instead of a main hospital.
- The introduction of midwife-led home birth and labour induction services.
- Enhanced parent education through a series of children and family centres.

- A review of hospital services to facilitate direct home discharge and support alternative methods of delivery.

4.6 Three paediatric care pathways have also been identified as early implementers – enuresis (bed-wetting), constipation and diabetes. Work is ongoing to understand how enhanced community nursing services, better patient information and improvements to the way medicines are prescribed could create clearer and more consistent pathways for children with these conditions.

4.7 Whilst the redesign teams continue to make good progress on the early implementer care pathways, work is continuing in other areas. A comprehensive review is currently being carried out into unscheduled care to see how patients needing emergency treatment can access the right level of care without the need to visit hospital. A range of alternatives to traditional hospital emergency departments are being delivered including:

- The creation of rapid response and intermediate care teams to provide home-based care to people with chronic conditions – this helps to reduce the risk of a sudden deterioration and subsequent hospital visit;
- Enabling GPs to book patients straight onto hospital wards, avoiding the need to be admitted via accident and emergency;
- Dedicated minor injuries units and NHS walk-in centres providing speedy access to nurse-led treatment for less serious injuries and illnesses;
- Urgent care centres at strategic points in the city catering for more serious cases and offering a range of diagnostic and assessment facilities.

Plans are also being drawn up for a round the clock telephone number through which patients will be able to access urgent care services.

5.0 Engagement

5.1 Patient & Public Involvement (PPI) plans have been created for the early implementer care pathways. Each care pathway lead has been matched with a PPI 'buddy' from PPI leads across the city. Engagement activity and events for patients and carers with experience of the respective care pathways has begun.

5.2 In addition, 10 communities of interest have been identified and targeted for specific engagement activities and events in the wider Making Leeds Better proposals. The communities of interest are:

- Women
- Older people
- Carers
- Members of the black and minority ethnic communities
- People with disabilities
- Children
- Users of mental health services
- Lesbian, Gay and Bisexual people
- Gypsies and travellers
- Homeless people

The plans have identified a range of voluntary and community sector lead organisations with which the project team is working to reach these communities of interest.

5.3 A major engagement event for patients, carers and service users is being held on Monday 2nd October 2006. The venue is the Banquet Suite of Leeds Civic Hall. Guests will hear about the aims and progress so far of Making Leeds Better, and will be invited to give their views and ideas on a range of key project areas. The event is supported by Carers Leeds, Leeds Involvement Project, Leeds Voice and Voluntary Action Leeds.

6.0 Key milestones

6.1 There are a series of key milestones over the next few months for Making Leeds Better. One of these is a Board of Boards meeting on September 19th 2006. The purpose of this Board of Boards meeting is for NHS statutory stakeholder boards to consider the deliverability and affordability of proposed options. This will include the proposals for primary care services and the investment that will need to be made, and proposals for the hospital estate. Statutory boards will be asked to recommend any priorities that should be taken forward quickly to get the options to both an affordable and deliverable position. The statutory boards will also be asked to state their public commitment to the MLB vision and developing plans; and that the current 5 Leeds PCTs pass the MLB 'baton' on to the new PCT. In November, meetings are planned with the new Leeds PCT. It is hoped that the new PCT will take an early view on the developing plans so as to enable swift progression to public consultation as planned in 2007.

6.2 Other key milestones include meetings with the city council over September and October; presentations to Area Committees in December; and meetings with the Health and Adult Social Care Overview & Scrutiny Committee on October 23rd and December 18th respectively. October and November will see further engagement with non-Leeds health organisations and stakeholders.